			** PUBLIC DISCLOSURE COPY		-	OMB No. 1545-0047
F	Q	an	Return of Organization Exempt Fro			0040
Forr	Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce b Do not enter social security numbers on this form as it may be					
		of the Treasury enue Service	 Go to www.irs.gov/Form990 for instructions and the 	-	-	Open to Public Inspection
-					UN 30, 2019	inspection
_	heck if		f organization		D Employer identific	ation number
a	pplicab	le:	rorganization			
	Addre		UNITY ACTION STOPS ABUSE INC			
	Name chang		usiness as		59-22	L14359
	Initial			om/suite	E Telephone number	
	 	PO E	OX 414			895-4912
	termir ated	0	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,803,618.
	Amen	SAIN	T PETERSBURG, FL 33731-0414		H(a) Is this a group re	turn
	Applie diam	F Name a	nd address of principal officer: LARIANA FORSYTHE		for subordinates	? Yes X No
	pendi	SAME	AS C ABOVE		H(b) Are all subordinates ind	cluded? Yes No
		empt status:		527	If "No," attach a	list. (see instructions)
			CASA-STPETE.ORG		H(c) Group exemption	
			X Corporation Trust Association Other ►	L Year c	of formation: 1981 N	I State of legal domicile: ${f FL}$
Pa	rt I	Summary				
ø	1	Briefly describ	be the organization's mission or most significant activities: SEE SC	HEDUI	LE O	
Governance	_					
ern	2	Check this bo				
<u>So</u>	3	Number of voting members of the governing body (Part VI, line 1a)				<u> 19</u> 19
	4		lependent voting members of the governing body (Part VI, line 1b)			97
ties	-		of individuals employed in calendar year 2018 (Part V, line 2a)			250
Activities &	6		of volunteers (estimate if necessary)			0.
Ac			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, line 38			0.
	d	Net unrelated		<u></u>	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		4,961,666.	5,104,175.
Revenue	9		and grants (Part VIII, line 1n) ce revenue (Part VIII, line 2g)		15,800.	1,344.
ver		•	come (Part VIII, column (A), lines 3, 4, and 7d)	222,467.	118,669.	
Å			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-83,681.	-187,066.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,116,252.	5,037,122.
			nilar amounts paid (Part IX, column (A), lines 1-3)		110,566.	586,287.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
s	45		r compensation, employee benefits (Part IX, column (A), lines 5-10)		2,496,573.	2,685,518.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		21,370.	21,426.
Expenses	b		ing expenses (Part IX, column (D), line 25)	•		
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,035,257.	1,704,821.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,663,766.	4,998,052.
		Revenue less	expenses. Subtract line 18 from line 12		452,486.	39,070.
Net Assets or Fund Balances					inning of Current Year	End of Year
ssets	20	Total assets (Part X, line 16)		11,751,161.	11,591,989.
st As	21		(Part X, line 26)		5,652,578.	5,684,102.
			fund balances. Subtract line 21 from line 20		6,098,583.	5,907,887.
	rt II	Signatur				
			I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which	preparer l	nas any knowledge.	
<u>o</u> .	_	Signatur	e of officer		Date	
Sigr		, -			Duit	
Here			ANA FORSYTHE, CEO			

	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date					
Paid	CORINNE TURCOTTE	CORINNE TURCOTTE	02/21/20	D self-employed P01500189				
Preparer	Firm's name JAMES MOORE & CO	., P.L.	Firm	n's EIN ► 59-3204548				
Use Only	Firm's address 5931 NW 1ST PL							
	GAINESVILLE, FL	32607-2063	Pho	ne no.352-378-1331				
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)							

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

	990 (2018) COMMUNITY ACTION STOPS ABUSE INC 59-2114359 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
Ū	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 \$
40	CASA'S PEACEMAKERS PROGRAM PROVIDES HOLISTIC PEACE EDUCATION TO ALMOST
	2,200 PRESCHOOLERS, ELEMENTARY AND MIDDLE SCHOOL CHILDREN ANNUALLY, IN
	A WIDE VARIETY OF CLASSROOMS AND SCHOOLS THROUGHOUT PINELLAS COUNTY,
	NURTURING A SENSE OF PEACE AND JUSTICE DURING CRITICAL TIMES IN CHILD
	DEVELOPMENT. PEACEMAKER ALSO PROVIDES RESOURCES FOR TEACHERS TO
	CONTINUE THE PROGRAM IN CLASSROOMS.
	CASA ADVOCATES OFFER ONE ON ONE CONFIDENTIAL SUPPORT, CRISIS
	COUNSELING, SAFETY PLANNING, LETHALITY ASSESSMENT, SUPPORT GROUPS, HELP
	NAVIGATING THE CRIMINAL JUSTICE SYSTEM, ACCOMPANIMENT TO COURT,
	ASSISTANCE FILLING OUT INJUNCTIONS, VICTIMS RIGHTS INFORMATION AND
	ADVOCACY, SAFETY CELL PHONE PROGRAM, TEEN DATING VIOLENCE ASSISTANCE
	(WITH PARENT OR GUARDIAN CONSENT), ACCESS TO MENTAL HEALTH RESOURCES
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 ► 4,369,894.
	Form 990 (2018)

Form	990	(2018)	

Form 990 (2018) COMMUNITY ACTION STOPS ABUSE INC 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		77
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	х	
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	<u>_</u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
-	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	- 23	
D		11b	х	
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	<u> </u>
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	X	<u> </u>
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Form 990 (2018)	COMMUNITY		
Part IV	Checklis	st of Required Schedu	lles (continue	ed)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23		X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		<u> </u>	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	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			
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x	
06	Schedule L, Part I	25b			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"				
	complete Schedule L. Part II	26		x	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member				
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а					
b				X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,				
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30		<u> </u>	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v	
~~	If "Yes," complete Schedule N, Part I	31		X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		x	
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55			
01	Part V, line 1	34	х		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
	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)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	If "Yes," complete Schedule R, Part V, line 2	36		X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37		
Pa	Note. All Form 990 filers are required to complete Schedule O ttv Statements Regarding Other IRS Filings and Tax Compliance	38	Х		
ra	Check if Schedule O contains a response or note to any line in this Part V			X	
			V		
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b				
u u	Did the organization comply with backup wi	1			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form 990 (2018)	COMMUNITY					
Part V Statements	Regarding Other	IRS Filings	s and Tax	Complia	nce	(continued)

2a Inter the number of employees reported on from W3, Transmittal of Wage and Tax Statements, to a galaxy of the capacitation of the expansion of the star mark of the sta						Yes	No
b If a least one is responded on line 2a, did the organization fiel all required derive the services instructions? 2b X 30 Did the organization have unvested business gross income of \$1,000 or more during the year? 3a X 31 At any time during the calendary service an explanation in Schedule O 3b 4a 34 At any time during the calendary service an explanation role and interest in, or a signature or other authority over, a financial account? 4a X 35 With **es, 'hast ifted a foreign country, isouth as a bank account, securities account, or other financial account? 5a X 36 With **es, 'hast ifted a foreign country, isouth as a bank account, a count iso any time during the tax year? 5a X 37 With **es, 'instancial account? 5a X 38 With erganization a park to explorabilist dax is park to a prohibited tax is bleft transaction? 5a X 38 With erganization acity of the erganization in the mass set is a park to a prohibited tax is bleft transaction? 5a X 39 With erganization acity of the erganization in the erganization acity of the erganization acity or solution and park to acountibutions or gifts were not tax deductible as charitable contributions? 5a X 30 If 'Yes, 'indicate the number of the wase of How s	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-fig. (see instructions) Image: Sec: Sec: Sec: Sec: Sec: Sec: Sec: Se		filed for the calendar year ending with or within the year covered by this return	2a	97			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, 'Isai Ifield a Form 3992 for this year? If 'No' to <i>ins 8b, provide</i> an explemation in Schedule O 3b 4a b If Yes, 'Isai Ifield a Form 3992 for this year? If 'No' to <i>ins 8b, provide</i> an explemation or other mancial account? 4a X b If Yes, 'Isai Ifield a Form 3990 For this year? * X b If Yes, 'Isai Ifield a Form 3990 For this year? * See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial account? (FBAN), See instructions for bing or during the organization in the rong matchine from 88677? See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial account? (FBAN), See instructions for the organization in the organization in the rong anciant in the from 88677? See /// X b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization incide with every socilation an express statement that such contributions or gits were not tax deductible? Yes, 'Isai If the organization incide with every socilation and party for goots and services provided to the payor? Yes, 'Isai If the organization incide with every socilation and party for goots and services provided to the payor? Yes, 'Isai If the organization incide with every socilation and party for goots and services provided to the payor? Yes, 'Isai If the organization foreint setter the subso file	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
b If Yes, 'has it field a form 990-T for this year? If Yes' for lans 2b, provide an explanation in Schedule 0. 90 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a think account, scultes account, or other financial account for the financial account for the regulation that accounts counts a bank account, scultes account, or other financial accounts of thing regulation entry to a prohibited tax shellar transaction at any time during the tax year? 5a 5W Did any taxability party of the year organization that was or is a party to a prohibited tax shellar transaction of a prohibited tax shellar transaction? 5a X 6D Does the organization nual gross reception tax as count party to a prohibited tax shellar transaction solicit ary contributions that are normally greater than \$100,000, and did the organization solicit as count acts deductible or organization near tax deductible acchinization induces with every solicitation an express statement that such contributions or gifts were not tax deductible or offs mude party as a contributions and greater than \$100,000, and did the organization near acceleration trave as appressible or induced to the property for which it was required to the form 8282? 7b X 10 Uf the organization near acceleration to a prohibition and party as a contribution and party to grob ad services provided? 7b X 10 Uf the organization near acceleration to the value of the goods or services provided? 7b X 10 Uf the organization near earby throus dispos			s)				
4 At any time during the calendar year, idd the organization have an interest in, or a signature or other funncial accountly over, a financial accountly a contribution such as hank account, sortier funncial accountly. 4a X bit Pres," enter the name of the foreign country; >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>							<u> </u>
manufal account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b f1*Yes,* enter the name of the foreign country: > > Sea instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sea Sa Was the organization a party to a prohibited tax shifter transaction at any time during the tax year? Sea Sa Was the organization aparty to a prohibited tax shifter transaction at any time during the tax year? Sea Sa Does the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solid: any contributions that were not tax deductible contributions? Sea 0 Tyres,* did the organization near provide deductible contributions under section 170(c). Sea 1 Tyres,* did the organization near provide deductible contributions under section 170(c). Sea 1 Tyres,* did the organization near provide do the year? To 2 To the organization receive aparty fund, directly or indirectly, to pay premiums on a personal benefit contract? To 2 Tyres,* indicate the number of Forms 8282 filed during the year? To X 4 Tyres,* indicate the number of Forms 8282 filed during the year? To X 6 Did the organization receive a contribution of dars, boats, airplanes, or other vehicles, did the organization file a Form 1098C? To 8					3b		
b If "Yes," enter the name of the toreign country: See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 6 Was the organization aperty to a prohibited shelter transaction? Sea 7 Did any taxable party notify the organization find Form 888-7? Sea 6 Does the organization aperty os a prohibited bite organization find Form 888-7? Sea 6 Does the organization aperty os a prohibited bite organization function we prese statement that such contributions or gifts are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Sea X 9 If "ses," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? To Ya X 9 If "ses," did the organization motify the donor of the value of the godo or services provided? To X 10 If "ses," did the organization sells, exchange, or othrevies dispose of tangble personal property for which it was required? To X 11 If "ses," did the organization freed, schange, or dishevies provided? To X To 11 If "ses," did the organization freed, wear, pay prenume, directly or indirectly, to pay prenumes on a personal benefit contract? To X	4a			•			77
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa X 5a Was the organization a party to a prohibited tax shelter transaction? Sa X 5a Visa the organization has a party to a prohibited tax shelter transaction? Sa X 5b Cl any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction? Sa X 6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solute with every solicitation an express statement that such contributions or gifts were not tax deductible? To grainations that may receive deductible contributions under section 170(c). Sb Bb 7 Organization sells, canage, or otherwise dispose of tangible personal property for which it was required to the grainization netwice tay may meetin excess of tangible personal property for which it was required to the grainization netwice any tands, directly or indirectly, to pay premiums on a personal benefit contract? Te X 1 Tyes, 'indicate the number of Forms 2822 filed during the year? Te X Te X 0 Did the organization neeve any tands, directly or indirectly, to pay premiums on a personal benefit contract? Te X 1 Tyes, 'indicate the number of Forms 2822 filed during the year? Te X<			accou	nt)?	4a		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization file Form 8886 T? 5b X 6a Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were not tax deductible excentrable contributions? 6a X 7 Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b X 7 Organization totle de organization outly the doors of the organization solicit as a contributions and party for goods and services provided to the part? 7a X 11 11 Yes," indicate the number of Forms 8282 filed during the year 7d X 10 Did the organization neceive any function of qualified intellectual property, for which it was required? 7e X 10 Did the organization received a contribution of qualified intellectual property, did the organization file a Contribution of qualified intellectual property, did the organization file a Contract? 7f X 10 Did the organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization marke any taxable distributions under section 49667 9a 9a 11 Did the organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization marke as distribution to a door,	b			(50.4.5)			
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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 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13c 14a X b Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 X 16 X	а		11a				
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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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			11b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 X 16 X	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? 13a 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 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note. See the instructions for additional information the organization must report on Schedule O. Image: Construction of the instruction o	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	13				15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					13		- 23
	16		t inco	me?	16		х
		If "Yes," complete Form 4720, Schedule O.			10		

Form **990** (2018)

Form 990 (2018)

COMMUNITY ACTION STOPS ABUSE INC

X

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

Section A. Governing Body and Management	
Check if Schedule O contains a response or note to any line in this Part VI	
	-

Sec	tion A. Governing Body and Management					
		1	1 10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	19			
	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 0.		10			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					х
~	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the					х
4	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization become aware during the year of a significant diversion of the organization s as			6		X
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
14	more members of the governing body?			7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			14		
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
a	The governing body?	-	-	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \hfill \h$			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befoi	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe		37	
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X X	
14	Did the organization have a written document retention and destruction policy?			14	~	
15	Did the process for determining compensation of the following persons include a review and approva	aı by in	uepenaent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150	х	
	The organization's CEO, Executive Director, or top management official			15a 15b	X	<u> </u>
U	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			150	- 23	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
100	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	nd 990-	T (Section 501(c)(3)	s only) a	availab	le
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain	n in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest policy, and	financ	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records			
	HARRY LINN - 727-895-4912					

PO	BOX	414.	ST	PETERSBURG,	FL	33731-04	14

Part VII	Compensation of Officers	, Directors, Trustees	, Key Employees,	Highest Compensated
	Employees, and Independ	ent Contractors		

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one		Reportable Reportable		Estimated			
	hours per	box	, unle	ss pei	rson i	is both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or dir	ee e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	ional		ploye	t com				organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANDREA MASTERSON	0.50	_	-		-	1				
DIRECTOR		х						0.	0.	0.
(2) BRITTANY MAXEY-FISHER	0.50									
DIRECTOR		Х						0.	0.	0.
(3) DAVID DANZIG	0.50									
DIRECTOR		Х						0.	0.	0.
(4) DEBI ALBERDI	0.50									
DIRECTOR		Х						0.	0.	0.
(5) GAELYNN THURMAN	2.00									
CHAIR	0.50	Х		X				0.	0.	0.
(6) JUSTIN MCCLAIN	0.50									_
DIRECTOR		Х						0.	0.	0.
(7) KATHLEEN PREMO	0.50									_
DIRECTOR		Х						0.	0.	0.
(8) KRISTEN MCGETTIGAN	1.00									
SECRETARY		х		X				0.	0.	0.
(9) KRISTINA ALSPAW	0.50									
DIRECTOR		х						0.	0.	0.
(10) LINDA RENDLEMAN	0.50									
DIRECTOR	0.50	х						0.	0.	0.
(11) MARK DAWSON	0.50									
DIRECTOR	0.50	х						0.	0.	0.
(12) NICHOLAS MCDEVITT	1.00									•
PAST CHAIR	0.50	Х		X				0.	0.	0.
(13) PATTI HELTON	0.50									•
DIRECTOR	1 00	Х						0.	0.	0.
(14) PATTY ROBINSON	1.00								0	0
TREASURER	0 50	Х		X		<u> </u>		0.	0.	0.
(15) RACHEL CARPENTER	0.50								0	0
DIRECTOR		Х				<u> </u>		0.	0.	0.
(16) RENEE BAKER	0.50								•	0
DIRECTOR		Х				-		0.	0.	0.
(17) SAM HELLER	0.50	x						0.	0.	0
DIRECTOR		Ā					I	<u> </u>	U.	. 0

	990 (2018) COMMUNITY									59-21	143	359	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,			ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box	not cł , unles	Pos heck i ss per	rson i	than o than o is both pr/trus	an	(D) Reportable compensation from	(E) Reportable compensatior from related	ı	(F Estim amou oth	nated Int of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS0		comper from organi: and re organiz	the zation elated
	SHEILA KING CHAIR	1.00	х		х				0.		0.		0.
(19)	TRICIA MANNING	0.50											
DIRE			Х						0.		0.		0.
	LARIANA FORSYTHE INTERIM	54.00			х				127,431.		0.	5,	081.
(21) COO	SUZANNE CALTRIDER-HORN	39.00			x				43,850.		ο.		663.
(22)	HARRY LINN	38.00											
CFO		2.00			Х				101,010.		0.	5,	081.
	Sub-total								272,291.		0.	11,	825.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)		•••••						0.		<u>0.</u> 0.	11	0. 825.
	Total number of individuals (including but n							o re			••	,	025.
	compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·				2
3	Did the organization list any former officer,	director or tru	Ister		v en	nnlo		ort	highest compensated er	nnlovee on	ſ	Ye	es No
U	line 1a? If "Yes," complete Schedule J for s			-	•	•					[3	X
4	For any individual listed on line 1a, is the su		e co	mpe	ensa	tion	and	oth	er compensation from t	he organization			v
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,		'								4	<u> </u>
	rendered to the organization? If "Yes," com											5	X
	tion B. Independent Contractors												
1	Complete this table for your five highest control the organization. Report compensation for										ensat	ion from	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	services	С	(C) ompensa	ition
2	Total number of independent contractors (in \$100.000 of compensation from the organized)	•	ot lin	nited	l to i	thos (-	ted	above) who received m	ore than			

Forn	n 990 (ION STOPS	S ABUSE INC	2	59-2114	359 Page 9
Pa	rt VII	I Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lin	(
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns	1a	68,999.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
و کې	с	Fundraising events	1c	580,737.				
ar	d	Related organizations	1d					
s, o Iiii	е	Government grants (contribut	ions) 1e	2,918,203.				
r Si	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included abo	ve 1f	1,536,236.				
d O	g	Noncash contributions included in lines	1a-1f: \$	788,215.				
<u>0</u> e	h	Total. Add lines 1a-1f			5,104,175.			
				Business Code				
Ge	2 a	PROGRAM FEES		900099	1,344.	1,344.		
ervi	b							
u Si	С							
Jev	d							
Program Service Revenue	е							
Δ.		All other program service reve			1,344.			
	<u> </u>	Total. Add lines 2a-2f			1,311.			
	3	other similar amounts)			151,086.			151,086.
	4	Income from investment of tax			,,			,
	5	Royalties						
	Ŭ		(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		••••••••••••••••••••••••••••••••••••••		>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,788,271.					
	b	Less: cost or other basis						
		and sales expenses	1,820,688.					
	с	Gain or (loss)	-32,417.					
	d	Net gain or (loss)			-32,417.			-32,417.
e	8 a	Gross income from fundraising	•					
nue		including \$ 580	,737. of					
leve		contributions reported on line						
er F		Part IV, line 18						
Other Revenue		Less: direct expenses			107 055			
•		Net income or (loss) from func		····· ►	-187,066.			-187,066.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		▶				
	10 a	Gross sales of inventory, less		758,742.				
	h	and allowances Less: cost of goods sold						
		Net income or (loss) from sale			0.			
	Ŭ	Miscellaneous Revenu		Business Code				
	11 a							
	b							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			5,037,122.	1,344.	0.	-68,397.

COMMUNITY ACTION STOPS ABUSE INC

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

0000	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	563,741.	563,741.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	22,546.	22,546.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	252,733. 1,956,936.	161,232. 1,622,254.	91,501.	
7	Other salaries and wages	1,956,936.	1,622,254.	124,795.	209,887.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	239,445.	203,530.	16,236.	19,679.
10	Payroll taxes	236,404.	195,274.	17,850.	23,280.
11	Fees for services (non-employees):				
а	Management				
b		5,546.		5,546.	
с	Accounting	28,429.	24,482.	1,957.	1,990.
	Lobbying				
	Professional fundraising services. See Part IV, line 17	21,426.			21,426.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	131,563.	127,292.	3,824.	447.
12	Advertising and promotion	1,138.	647.	491.	
13	Office expenses	133,761.	127,944.	5,817.	
14	Information technology	39,226.	32,102.	7,124.	
15	Royalties				
16	Occupancy	157,748.	147,508.	7,446.	2,794.
17	Travel	35,689.	34,759.	930.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,422.	6,668.	7,754.	
20	Interest	148,130.	146,067.	1,472.	591.
21	Payments to affiliates	-	-	-	
22	Depreciation, depletion, and amortization	140,993.	127,329.	10,697.	2,967.
23	Insurance	71,274.	67,212.	4,062.	
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 0.)				
а	THRIFT SHOP EXPENSES	327,420.	327,420.		
b	CLIENT ASSISTANCE	294,729.	294,729.		
c	EQUIPMENT MANAGEMENT	69,138.	57,601.	11,537.	
d	IN-KIND EXPENSE	29,473.	29,473.		
	All other expenses	76,142.	50,084.	26,058.	
25	Total functional expenses. Add lines 1 through 24e	4,998,052.	4,369,894.	345,097.	283,061.
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)				
	►				Earm 990 (2019

COMMUNITY	ACTION	STOPS	ABUSE	INC
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59-2114359 Page 11

1 0		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	362,739.	1	564,076.
	2	Savings and temporary cash investments	2,709,559.	2	68,924.
	3	Pledges and grants receivable, net	870,757.	3	776,810.
	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			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	6,288,400.	7	6,304,121.
Ä	8	Inventories for sale or use	52,600.	8	60,800.
	9	Prepaid expenses and deferred charges	78,599.	9	86,821.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a4,777,555.Less: accumulated depreciation10b3,002,240.			
	b	Less: accumulated depreciation 10b 3,002,240.	1,885,824.	10c	1,775,315.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	-521,880.	12	1,930,517.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	24,563.	15	24,605.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,751,161.	16	11,591,989 331,172
	17	Accounts payable and accrued expenses	1,090,628.	17	331,172.
	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	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ē		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	4 000 070
_	23	Secured mortgages and notes payable to unrelated third parties	4,561,950.	23	4,282,970.
	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	0		1 0 6 0 6 0
		Schedule D	0. 5,652,578.	25	1,069,960. 5,684,102.
	26	Total liabilities. Add lines 17 through 25	5,052,570.	26	5,004,102.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
Sec	07	complete lines 27 through 29, and lines 33 and 34.	5,377,123.	27	5,186,427.
and	27	Unrestricted net assets	721,460.	27	721,460.
Bal	28	Temporarily restricted net assets	721,400.	20 29	/21,400.
pu	29	Permanently restricted net assets		29	
Ë.		Organizations that do not follow SFAS 117 (ASC 958), check here			
s 01	20	and complete lines 30 through 34.		20	
set	30	Capital stock or trust principal, or current funds		30 31	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32 33	Retained earnings, endowment, accumulated income, or other funds	6,098,583.	32 33	5,907,887.
_		Total net assets or fund balances	11,751,161.	33 34	11,591,989.
	34	Total liabilities and net assets/fund balances		ა4	<u> </u>

Form **990** (2018)

Part X Balance Sheet

Form	990	(201	8
1 01111	000	101	0

Form	1 990 (2018) COMMUNITY ACTION STOPS ABUSE INC	59-211	L4359	Pad	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,03	7,1	22.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,998	3,0	52.
3	Revenue less expenses. Subtract line 2 from line 1	3	39	9,0'	70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,098	3,5	83.
5	Net unrealized gains (losses) on investments	5	7(),14	40.
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	-299	9,9	06.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,90	7,8	87.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	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				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	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 X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		L

Form **990** (2018)

SCHEDULE A	١
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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.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service				Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection
Name of t	he organizatio	on						Employer	identification number
				ON STOPS ABU					9-2114359
Part I	Reason f	or Public (Charity Status 🖟	All organizations must co	omplete th	is part.) Se	e instruction	s.	
The organi	ization is not a	private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1	A church, cor	vention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).		
2	A school desc	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	A hospital or a	a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(ii	ii).		
4	A medical res	earch organiz	ation operated in con	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
	city, and state	e:							
5	An organizatio	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	init describe	ed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, stat	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X		· -	-	ntial part of its support fi				he general r	oublic described in
	-		omplete Part II.)		U			0 1	
8	-			(1)(A)(vi). (Complete Par	t II.)				
9	-			in section 170(b)(1)(A)(ed in conju	inction with a	land-grant	college
	•	-	-	ulture (see instructions).		-		-	-
	university:			, , , , , , , , , , , , , , , , , , ,		, ,	,	0	
10		on that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from a	contributio	ns, members	hip fees, an	d gross receipts from
	-		•	ct to certain exceptions,				-	•
				(less section 511 tax) fro					-
	See section &	509(a)(2). (Co	mplete Part III.)	· · · ·		·		-	
11				ively to test for public sa	fety. See	section 50	09(a)(4).		
12	-	-	-	ively for the benefit of, to	•			arry out the	purposes of one or
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) of	r section	509(a)(2).	See section	509(a)(3). (Check the box in
			-	f supporting organization					
a	7	-	• •	upervised, or controlled		-		-	giving
			-	gularly appoint or elect a	•	-			
		•	complete Part IV, Se						
b	7 7		-	l or controlled in connect	tion with it	s supporte	ed organizatio	on(s), by hav	ving
			-	anization vested in the s			-		-
		0	t complete Part IV,		•			0 11	
c	7 7		-	g organization operated	in connec	tion with. a	and functiona	llv integrate	ed with.
		-). You must complete I				, ,	
d	7	-		oorting organization oper				rted organiz	zation(s)
		-		ation generally must sat				-	
		-		nplete Part IV, Sections	-		-		
e	Check this I	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
	functionally	integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f Ente	r the number o	of supported of	organizations		0 0				
g Prov	vide the followi	ng informatior	n about the supporte						
(i	i) Name of suppo	orted	(ii) EIN	(iii) Type of organization	(iv) Is the org in your govern	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
_									
								_	
				1	1	1	1		1

Schedule A (Form 990 or 990-EZ) 2018 COMMUNITY ACTION STOPS ABUSE INC Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(

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.)

260	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	4310301.	4157630.	4549084.	4961666.	5104175.	23082856.		
2	Tax revenues levied for the organ-								
	ization'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	4310301.	4157630.	4549084.	4961666.	5104175.	23082856.		
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.						23082856.		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	Amounts from line 4	4310301.	4157630.	4549084.	4961666.	5104175.	23082856.		
	Gross income from interest.								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	125,710.	130,118.	117,217.	128,713.	151,086.	652,844.		
9	Net income from unrelated business			,					
•	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)								
44	Total support. Add lines 7 through 10						23735700.		
	Gross receipts from related activities,		20)			12	800,517.		
	First five years. If the Form 990 is for	•	,	d fourth or fifth to			000,517.		
13	organization, check this box and stop	-			•				
Sec	tion C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2018 (I		•	olumn (f))		14	97.25 %		
	Public support percentage from 2017		-			15	97.93 %		
	33 1/3% support test - 2018. If the c								
104	stop here. The organization qualifies						N V		
h	33 1/3% support test - 2017. If the c		-		line 15 is 33 1/3%				
, D	and stop here. The organization qual								
170									
17a	10% -facts-and-circumstances test	-							
	and if the organization meets the "fac			-		-			
	meets the "facts-and-circumstances"	-		• • • •		To and line 15 is			
b	10% -facts-and-circumstances test	•							
	more, and if the organization meets th						*		
40	organization meets the "facts-and-circ		•	•	,				
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								

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 COMMUNITY ACTION STOPS ABUSE INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						<u> </u>
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (f) Total
	Amounts from line 6				(,	()/==	(7)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
14	First five years. If the Form 990 is for	•					
_	check this box and stop here						>
See	ction C. Computation of Publi	<u>c Support Per</u>	rcentage				
15	Public support percentage for 2018 (li	ne 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colur	mn (f), divided by l	ne 13, column (f))		17	%
18	Investment income percentage from 2	2017 Schedule A,	Part III, line 17			18	%
19 a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and I	line 17 is not
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the	nd stop here. The	organization qual	fies as a publicly s	supported organiza	ation	►
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
		ala not oncon a	~	., or roo, oncor ti			Г

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 COMMUNITY ACTION STOPS ABUSE INC

59-2114359 Page 4

1

2

3a

3b

3c

4a

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 9	10b	0-EZ	2018
Schedule A (Form 9	30 01 98	J-EZ)	2010

Schedule A (Form 990 or 990-EZ) 2018 COMMUNITY ACTION STOPS ABUSE INC Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	uon B. Type i Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
4	Did the exception provide to each of its supported exceptions, by the last day of the fifth month of the		163	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions))	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
U				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

Part V	Type III Non-Function	onally Integrate	d 509(a)(3)	Supporti	ng Organiz	ations
Schedule A	(Form 990 or 990-EZ) 2018	COMMUNITY	ACTION	STOPS	ABUSE :	INC

Check he	e if the organization satisfied the Integral Part Test as a qualifying trust	on Nov. 20	, 1970 (explain in Pa	art VI.) 🕄	See instructions.	. All	
other Type III non-functionally integrated supporting organizations must complete Sections A through E.							

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
	6		
emergency temporary reduction (see instructions)			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

1

Schedule A (Form 990 or 990 EZ) 2018 COMMUNITY ACTION STOPS ABUSE INC

Par	I ype III Non-Functionally Integrated 509	(a)(s) Supporting Orga	inizations (continued)	
Secti	on D - Distributions		· · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
-	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017 Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018	COMMUNITY	ACTION	STOPS	ABUSE	INC	59-2114359	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and	nation. Provide t 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part I	he explanation a, 6, 9a, 9b, 9c V, Section E, lir	s required b , 11a, 11b, a nes 1c, 2a, 2	y Part II, line and 11c; Par b, 3a, and 3	10; Part II, line 17a o t IV, Section B, lines ⁻ b; Part V, line 1; Part ⁻	r 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa	C,
	(See instructions.)			, and o. , noo				

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service ** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

Name of the organization	

COMMUNITY	ACTION	STOPS	ABUSE	INC	59-2114359
Organization type (check one):					

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set is the set in the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts unless to the parts unless the set is organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for a set is the s

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Employer identification number

59-2114359

COMMUNITY ACTION STOPS ABUSE INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 265,535. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 728,335. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 278,346. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 159,207. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 237,565. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person Payroll 759,958. Noncash \$ (Complete Part II for noncash contributions.)

823452 11-08-18

Employer identification number

59-2114359

COMMUNITY ACTION STOPS ABUSE INC

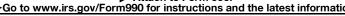
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a)	(see instructions). Use duplicate copies of Part	(c)	()
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2018)		Page 4							
Name of o	rganization		Employer identification number							
COMMIT	NITY ACTION STOPS ABUSE	TNC	59-2114359							
Part III	Exclusively religious, charitable, etc., contributor from any one contributor. Complete columns completing Part III, enter the total of exclusively religious	utions to organizations described in s (a) through (e) and the following line er , charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year							
(a) No. from Part I	Use duplicate copies of Part III if additiona (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
-		(e) Transfer of git								
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee							
(a) No.										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
-	(e) Transfer of gift									
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee							
(a) Na										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
	(e) Transfer of gift									
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
-	(e) Transfer of gift									
·	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee							

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.





Name of the organization

CUTON STODS ABUSE INC -

Employer	' ide	entifica	ation	number
-	\mathbf{a}	011	4 2 1	

Der	rt I Organizations Maintaining Donor Advised		59-2114359
Par			is of Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		
•	are the organization's property, subject to the organization's of		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		ľ m m
Par	impermissible private benefit? t II Conservation Easements. Complete if the org	appiration answered "Map" on Form 00	Dert IV line 7
			J, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		interiorally important land area
	Preservation of land for public use (e.g., recreation or e	<i>'</i>	istorically important land area
	Protection of natural habitat		ertified historic structure
0	Preservation of open space	fied concernation contribution in the for	m of a concernation accompant on the last
2	Complete lines 2a through 2d if the organization held a qualif	ned conservation contribution in the for	
_	day of the tax year.		Held at the End of the Tax Year
a ⊾			
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stru	ustura included in (a)	
C d			
d			
2	listed in the National Register Number of conservation easements modified, transferred, rele		
3		leased, extinguished, or terminated by t	ne organization during the tax
4	year ► Number of states where property subject to conservation eas	soment is located	
- 5	Does the organization have a written policy regarding the per		 .f
3	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
U		nanding of violations, and emotering ee	iscivation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conser	vation essements during the year
'		and enorcing conser	valion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 17	$\Omega(\mathbf{b})(\mathbf{A})(\mathbf{B})(\mathbf{i})$
U	and section 170(h)(4)(B)(ii)?	, ,	
9	In Part XIII, describe how the organization reports conservation		
•	include, if applicable, the text of the footnote to the organizat	•	
	conservation easements.		
Par	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stat	ement and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descril		
b			nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$

Schedule D (Form 990) 2018

\$

Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued). 3 Using the organization's accusition, accession, and other records, check any of the following that are a significant use of its collection items (continued). a Proble collubition d Loan or exchange programs b Scholarly research o Other c Provide acception of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Dring the year, did the organization's collections? Yes No Particle control in a mount on form 909, Part X, line 21. The control in the intermediate as part of the organization's collection? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Yes No No b If "Yes," explain the arrangement in Part XIII and complete the following table: Intermediate and another on Form 909, Part X, line 21, for server or custodial account labbility? Yes No b Differing balance Intermediate and the organization include an anount on Form 990, Part X, line 21, for server or custodial account labbility? Yes No b If 'Yes,' explain the arrangement in Part XIII Check here If the explanation has been provided on Part XIII Provide the dow	Sche	Schedule D (Form 990) 2018 COMMUNITY ACTION STOPS ABUSE INC 59-2114359 Page 2							
clineck all that apply: □ public exhibition □ Loan or exchange programs □ Scholarly research □ Preservation for huture generations's collections and explain how they further the organization's exempt purpose in Part XIII. Provide according to the organization solution or other similar assets □ be solution or them to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 2, nor reported an amount on Form 990, Part X, line 21, for servery or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Is the organization answered "Yes" on Form 990, Part X, line 21, for servery or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII Provide the explanation include an amount on Form 990, Part X, line 21, for secret array of the explanation explanation has been provided on Part XIII Provide the explanation explanation include an amount on Form 990, Part X, line 10. <t< th=""><th>Par</th><th>t III Organizations Maintaining C</th><th>ollections of Art</th><th>, Historical Tre</th><th>asures, or Ot</th><th>her Simi</th><th>ar Asset</th><th>s _{(continu}</th><th>ued)</th></t<>	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Ot	her Simi	ar Asset	s _{(continu}	ued)
a Public exhibition during the generations development of the organization's exempt purpose in Part XII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization societ 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? Perfit VI Excore and CutoSocial Arrangements. Complete the organization answered "Yes" on Form 990, Part X, line 8. Is the organization anagent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization anagent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization anagent, trustee, custodian or other intermediary for contributions or other assets not include an on the intermediary for contributions or other assets not include and on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21, for escore or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. I 'tys' explain the arrangement in Part XIII and complete the organization answered "Yes" on Some 990, Part X, line 21, for escore or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escore or custodial account liability? Addition of the organization analysis and the organization answered "Yes" on Form 990, Part X, line 10. I as genining of year balance Addition of the organization answered "Yes" on Form 990, Part X, line 10. Addition of the organization analysis and losses Addition of the organization answered "Yes" on Form 990, Part X, line 10. Addition of the organization analysis and the organization answered "Yes" on Form 990, Part X, line 10	3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that are	a significan	t use of its	collection i	tems
b Scholary research e Other 4 Prevaluation for huture generations 5 Dring the year, did the organization scolections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization scolections and explain how they further the organization assess to the subset of the organization answered "Yes" on Form 980, Part IV, line 9, or responded an amount on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21. 2a Did the organization include an amount on Form 990, Part X, line 21. 2a Did the organization include an amount on Form 990, Part X, line 21. 2a Did the organization include an amount on Form 990, Part X, line 21. 2b Other expanditure static (Di Prev year Edit (Di Prev year		(check all that apply):							
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solic to receive donations of art, historical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part X, line 91, or reported an amount on Form 990, Part X, line 21. 13 is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? 14 Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Detimo organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Detimo organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Detimo organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 3 Detimo organization Detimo organization include an amount on Form 990, Part X, line 10. Intervestheatings, gias, and besset Sol	а	Public exhibition	d	Loan or exc	hange programs				
Provide a description of the organization's collections and explain how they further the organization's exempt purgoes in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is a list the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is a list the organization in agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is a list organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Is a list many particular and the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Is a list many particular between the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Part W Endowment Funds. Complete if the organization inform 900, Part X, line 10. Part W Endowment Funds. Complete if the organization answered "Yes" on Form 900, Part X, line 10. Is a light in the estimated percentage of the current year maintaine (light Yes" on 50, 000. So, 000	b	Scholarly research	е	Other					
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization is collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X It uses, organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X It uses a custodian or other intermediary for contributions or other assets not included on Form 990, Part X It uses a custodian or other intermediary for contributions or other assets not included on Form 990, Part X It uses a custodian or other intermediary for contributions or outpet to the organization angent in Part XIII and complete the following table: It uses a custodian include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. If Yes a vapial the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Punds. Complete if the organization answered 'Yes' or Form 990, Part IV, line 10. If a deministry or sponder to receive and polyment and polyment in Part XIII and the organization answered 'Yes' or form 990, Part X III Port appenditues to rabalines In or yor and polyment in Part XIII and the organization answered 'Yes' or form 990, Part X, line 10. Porvide the estimated per	с	Preservation for future generations							
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b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets r	not included	k	_	
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b Contributions									
c Net investment earnings, gains, and losses			50,000.	50,000.	50,00	<u>.</u>	50,000	·	50,000.
d Grants or scholarships	b							+	
e Other expenditures for facilities and programs 25,000. 1 f Administrative expenses 395. 24,605. 50,000. 50,000. 50,000. g End of year balance 24,605. 50,000. 50,000. 50,000. 50,000. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶	c							+	
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e Other 117,313. 106,437. 10,876.									
						-			

Schedule D (Form 990) 2018

Schedule [) (Form 99	0) 2018	C	OMMU	NITY	ACTION	STOPS	ABUSE	INC	
		-	A	-						

Part VII Investments - Other Securities.
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INTEREST IN NET ASSETS OF		
(B) FOUNDATION	-821,828.	COST
(C) FIXED INCOME	1,490,460.	END-OF-YEAR MARKET VALUE
(D) MUTUAL FUNDS	1,261,885.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	1,930,517.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) De	cription of liability	(b) Book value
(1)	Federal income taxes		
(2)	DUE TO RELATE	D PARTY	1,069,960.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal For	m 990 Part X col (B) line 25)	1,069,960.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2018 COMMUNITY ACTION STOPS ABO				2114359 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	la.			
1	Total revenue, gains, and other support per audited financial statements			1	6,002,507.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	70,140.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	945,850.		
е	Add lines 2a through 2d			2e	1,015,990.
3	Subtract line 2e from line 1			3	4,986,517.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	50,605.		
С	Add lines 4a and 4b			4c	50,605.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. <u></u>	5	5,037,122.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total expenses and losses per audited financial statements			1	5,893,255.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а		1 1			
	Donated services and use of facilities	2a			
b	Donated services and use of facilities Prior year adjustments				
b c		2 b			
b c d	Prior year adjustments	2b 2c	945,808.		
C	Prior year adjustments Other losses	2b 2c 2d		2e	945,808.
c d	Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		2e 3	945,808. 4,947,447.
c d e	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d			
c d e 3	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2b 2c 2d			
c d e 3 4	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d 4a			4,947,447.
c d e 3 4	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 4a 4b	50,605.		<u>4,947,447.</u> 50,605.
c d e 3 4 a b c 5	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. <i>(This must equal Form 990, Part I, line 18.)</i>	2b 2c 2d 4a 4b	50,605.	3	4,947,447.
c d e 3 4 a b c 5	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2b 2c 2d 4a 4b	50,605.	3 4c	<u>4,947,447.</u> 50,605.

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.

PART V, LINE 4:

BOARD DESIGNATED ENDOWMENT THAT WOULD SUPPORT SUSTAINABILITY OF FUTURE

PROGRAM SERVICES PROVIDED BY CASA HELD THROUGH RELATED PRIVATE FOUNDATION.

PART X, LINE 2:

THE ORGANIZATION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS

OF EACH OF THEIR TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES

GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA FOR ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE ARE NO UNCERTAIN

TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE CONSOLIDATED

FINANCIAL STATEMENTS.

Schedule D (Form 990) 2018 COMMUNITY ACTION STOPS ABUSE INC Part XIII Supplemental Information (continued)	59-2114359 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	758,742.
DIRECT FUNDRAISING EXPENSES	187,066.
CHANGE IN NET ASSETS OF FOUNDATION	42.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	945,850.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
VOUCHER DISCOUNTS NETTED AGAINST REVENUE ON AUDIT	21,132.
IN-KIND DONATIONS OF CLOTHING/HOUSEHOLD ITEMS	29,473.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	50,605.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD NETTED AGAINST SALES	758,742.
DIRECT FUNDRAISING EXPENSES NETTED WITH FUNDRAISING EVENTS	187,066.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	945,808.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
VOUCHER DISCOUNTS NETTED AGAINST REVENUE ON AUDIT	21,132.
IN-KIND DONATIONS OF CLOTHING/HOUSEHOLD ITEMS	29,473.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	50,605.

SCHEDULE G	Suppleme	ental Information Regarding	Func	Iraisi	ing or Gaming A	ctiv	ities	OMB No.	1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	20	18
Department of the Treasury		Attach to Form 990							o Public
Internal Revenue Service		o to www.irs.gov/Form990 for instr	uction	s and	the latest information	on.	Emmlanan	Inspec	
Name of the organization		TY ACTION CHODE AD	псъ	TNI	7		59-211		ion number
Part I Fundrais		TY ACTION STOPS AB • Complete if the organization answer				ine 1.			ro not
	complete this par		erea "Y	es" or	1 Form 990, Part IV, I	ine i	7. Form 990	EZ filers a	re not
 a X Mail solicitation b X Internet and c X Phone solicitation d X In-person sol 2 a Did the organization 	ons email solicitations ations icitations n have a written o	f X Solicita g X Special or oral agreement with any individual	tion of tion of fundra (incluc	non-g gover aising ding of	overnment grants nment grants events ficers, directors, trus	tees,	or X		
, , ,	-	art VII) or entity in connection with p viduals or entities (fundraisers) pursu			•	oo fuur			No
compensated at lea	•	. ,.	antio	agree	ments under which tr	ie iur	Idraiser is to	be	
(i) Name and address or entity (fund	s of individual	(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paio or retained b fundraiser ted in col. (i)	y) to (or	mount paid retained by) anization
STUDIO 4 FORTY LLC		FARM TO TABLEAUX -	Yes	No	-				
CRYSTAL SPRINGS RD,	ST.	PLANNING/PRODUCTION OF	X		386,561.		21,42	6.	386,561.
or licensing.	ch the organizatio	on is registered or licensed to solicit o	contrib	▶ utions	386,561. or has been notified	it is e	21 , 42 exempt from		386,561. on
FL									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Part II Fundraising Events. Complete if the organization answered "Yes" on 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 of fundraising event contributio , \$5,000

		of fundraising event contributions and group	oss income on Form 990			s greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			FARM TO	PEACE		(add col. (a) through	
			TABLEAUX	BREAKFAST	30	col. (c)	
e			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	386,561.	166,426.	27,750.	580,737	
	2	Less: Contributions	386,561.	166,426.	27,750.	580,737	
	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
	5	Noncash prizes					
Denses	6	Rent/facility costs	2,519.	2,880.		5,399	
Uirect Expenses	7	Food and beverages	70,501.	9,970.		80,471	
ā	8	Entertainment					
	9	Other direct expenses		13,149.		101,196	
	10	Direct expense summary. Add lines 4 through				187,066	
	11 rt I		ine 3, column (d)			-187,066	
heverue		\$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. (d	
неу	1	Gross revenue					
ses	2	Cash prizes					
Exper	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes%	Yes%	Yes %		
	6	Volunteer labor	No	No No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►		
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
		ter the state(s) in which the organization condu he organization licensed to conduct gaming a		states?		Yes N	
		No," explain:					
)a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes N	
b	lf "`	Yes," explain:					

832082 10-03-18

Sch	hedule G (Form 990 or 990-EZ) 2018 COMMUNITY ACTION STOPS ABUSE INC 59-2	2114359	Page 3
11	Does the organization conduct 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
	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	a 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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
ł	o 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
ł	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, §	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	3:	
(I) NAME OF FUNDRAISER: STUDIO 4 FORTY LLC		
(I) ADDRESS OF FUNDRAISER: 440 CRYSTAL SPRINGS RD, ST. HELENA, CA	A 9457	4
(т	I) ACTIVITY: FARM TO TABLEAUX - PLANNING/PRODUCTION OF EVENT		
<u>, т</u>	1, ACTIVITI, FAMI TO FADILAGA THANNING/TRODUCTION OF EVENT		

	(Form 990 or 990-EZ)	COMMUNITY		STOPS	ABUSE	INC
Part IV	Supplemental Infor	mation (continued	'n			

I alt IV	Supplemental information (continued)	

SCHEDULE I		G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)		Go	vernments, an ete if the organizatio	nd Individual	s in the Ŭni	ted States		2018
Department of the Treasury		• · · · •	-	Attach to Form	m 990.			Open to Public
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organization	COMMUNITY	ACTION S	TOPS ABUSE	INC				Employer identification number 59-2114359
Part I General Informat	tion on Grants an	nd Assistance						
 Does the organization n criteria used to award th 	ne grants or assist	tance?				•		
2 Describe in Part IV the c								
		-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
			be duplicated if additi			(f) Method of		
1 (a) Name and address of or governme		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RELIGIOUS COMMUNITY SE 503 SOUTH MLK JR AVENU CLEARWATER, FL 33756		59-1309186	501(C)(3)	57,541.	0.			PEACEMAKER PROGRAM
VICTORIA'S PLACE ST. PI	ETE., INC.							
PO BOX 414		46 5052521	$E_{01}(a)(a)$	E06 200	0			SERVICES & CONCESSION
ST PETERSBURG, FL 3373	L	46-5053521	501(C)(3)	506,200.	0.			AGREEMENTS
2 Enter total number of se	ection 501(c)(3) an	nd government or	I ganizations listed in the	I e line 1 table				▶ 2.
3 Enter total number of ot		. .			·····	·····	·····	
LHA For Paperwork Reduc	ction Act Notice,	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

59-2114359

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
EMERGENCY FUNDS	26	1,414.	0.		
CLOTHING AND HOUSEHOLD ITEMS	328	0.	21,132.	THIRFT STORE VALUE	DONATED ITEMS

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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 PART III - ASSISTANCE TO INDIVIDUALS THE ORGANIZATION

ASSISTS ITS CLIENTS WITH CLOTHING VOUCHERS FOR

ITS THRIFT SHOP AND EMERGENCY FUNDS FOR RENT, UTILITIES, LEGAL EXPENSES AND

OTHER NEEDS WHEN NECESSARY

Noncash Contributions

OMB No. 1545-0047 2018

Open to Public

Inspection

ſ

Employer identification number

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

COMMUNITY ACTION STOPS ABUSE INC

	COMMUNITY ACTION STOPS ABUSE INC 59-211								
Pa	rt 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 de noncash contribu	etermin	0	s	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		788,215.	THRIFT SHOP	VA	LUE	S	
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								
10	securities - Miscellaneous								
12 13	Qualified conservation contribution -								
13									
44	Historic structures Qualified conservation contribution - Other								
14 45									
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()								
26	Other ► ()								
27	Other ► ()								
28	Other 🕨 ()								
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions					
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowledg	gement 29					
							Yes	No	
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it				
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for				
	exempt purposes for the entire holding period?	?				30a		X	
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard contribut	ions?	31	Х		
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?					32a		X	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is chec	ked,				
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

Schedule M	(Form 990) 2018	COMMUNITY						59-2114359	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information. F I, column (b), the r dditional information	Provide the info number of conti n.	rmation req ributions, th	uired by Part e number of	I, lines 30b, 3 items received	32b, and 33, a d, or a combir	nd whether the organiza nation of both. Also com	ation Iplete
	. ,								

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



COMMUNITY ACTION STOPS ABUSE INC

mployer identification num

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

CHALLENGING THE SOCIETAL ACCEPTANCE OF ALL FORMS OF DOMESTIC VIOLENCE,

CASA STANDS UP TO SILENCE THROUGH ADVOCACY, PREVENTION, INTERVENTION,

AND SUPPORT SERVICES. CASA PREVENTION SERVICES INCLUDE COMMUNITY

TRAININGS FOR CORPORATIONS, CIVIC GROUPS, COLLEGES, RELIGIOUS GROUPS

AND MORE.

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

OUR MISSION: CHALLENGING THE SOCIETAL ACCEPTANCE OF ALL FORMS OF

DOMESTIC VIOLENCE, CASA STANDS UP TO SILENCE THROUGH ADVOCACY,

PREVENTION, INTERVENTION, AND SUPPORT SERVICES. CASA PREVENTION

SERVICES INCLUDE COMMUNITY TRAININGS FOR CORPORATIONS, CIVIC GROUPS,

COLLEGES, RELIGIOUS GROUPS AND MORE.

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

FOR CHILDREN & FAMILIES WHO HAVE BEEN EXPOSED TO DOMESTIC VIOLENCE,

VICTIM COMPENSATION APPLICATION ASSISTANCE, RAPID REHOUSING PROGRAM

REFERRAL, CONNECTION TO INJUNCTION FOR PROTECTION PROJECT FLORIDA BAR

ATTORNEY, AND DOMESTIC VIOLENCE RELOCATION ASSISTANCE.

IN FY 2018-19 CASA SERVED OVER 500 SURVIVORS THROUGH EMERGENCY SHELTER,

50% OF THOSE BEING CHILDREN. CASA'S NONRESIDENTIAL PROGRAMS SERVED OVER

2,300 SURVIVORS OF DOMESTIC VIOLENCE WITH SUPPORT GROUPS, JUSTICE

ADVOCACY, SAFETY PLANNING, AND MORE. IN FY 2018-19 CASA ADVOCATES

ANSWERED OVER 3,700 CALLS THROUGH OUR 24-HOUR HOTLINE.

SERVICES ARE AVAILABLE TO ALL SURVIVORS, REGARDLESS OF RACE, GENDER,

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization COMMUNITY ACTION STOPS ABUSE INC	Employer identification number $59 - 2114359$
AGE, FAMILIAL STATUS, DISABILITY (PHYSICAL OR MENTAL, INCL	UDING HIV
STATUS), MILITARY SERVICE OR AFFILIATION, VETERAN STATUS,	BANKRUPTCY OR
BAD DEBTS, OR GENETIC INFORMATION.	
CASA WORKS COLLECTIVELY TO DEVELOP A COORDINATED COMMUNITY	RESPONSE TO
DOMESTIC VIOLENCE BY COLLABORATING WITH OTHER SERVICE PROV	IDERS, PUBLIC
AGENCIES, PLANNING GROUPS AND FUNDING BODIES TO PROMOTE CO	MMUNITY
EDUCATION, PREVENTION AND AWARENESS ON THE SUBJECT OF DOME	STIC
VIOLENCE. CASA CONDUCTS ONGOING RESEARCH AND EVALUATION IN	THE AREAS OF
DOMESTIC VIOLENCE TO ENSURE A HIGH QUALITY OF SERVICE TO O	UR PROGRAM
PARTICIPANTS AS DESCRIBED ABOVE.	

FORM 990, PART VI, SECTION B, LINE 11B:

CASA'S FINANCE COMMITTEE REVIEWS THE 990 PRIOR TO THE ANNUAL BOARD MEETING PRESENTATION. ALL BOARD MEMBERS ARE PROVIDED ACCESS TO A COPY OF THE 990 AT CASA'S ADMINISTRATIVE OFFICE PRIOR TO THE BOARD OF DIRECTOR'S MEETING PRESENTATION.

FORM 990, PART V, LINE 2B:

W-2S ARE FILED UNDER THE NAME OF THE PEO (OASIS OUTSOURCING CONTRACT

VII, INC) AND THE PEO DOES FILE ALL NECESSARY EMPLOYMENT TAX RETURNS.

COUNT FOR 2A IS BASED ON EMPLOYEES INCLUDED ON THE LAST PAYROLL IN

DECEMBER, 2018.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY THE BOARD MEMBERS ARE ASKED TO REVIEW AND SIGN THE CONFLICT OF

INTEREST POLICY.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2								
Name of the organization COMMUNITY ACTION STOPS ABUSE INC	Employer identification number 59-2114359								
FORM 990, PART VI, SECTION B, LINE 15:									
LINE 15A - COMMITTEE AND BOARD DISCUSSION AND DECISIONS REG	GARDING								
COMPENSATION MATTERS ARE DOCUMENTED IN THE MINUTES OF THE P	RESPECTIVE								
MEETINGS.									
LINE 15B - COMMITTEE AND BOARD DISCUSSION AND DECISIONS REG	GARDING								
COMPENSATION MATTERS ARE DOCUMENTED IN THE MINUTES OF THE RESPECTIVE									
MEETINGS.									
FORM 990, PART VI, SECTION C, LINE 19:									
DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST, BA	ASED ON DOCUMENTS								
REQUESTED THEY ARE EITHER SENT ELECTRONICALLY OR REVIEWED A	AT CASA'S								
ADMINISTRATIVE OFFICE.									
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:									
CHANGE IN UNRESTRICTED NET ASSETS OF CASA FOUNDATION	42.								
CASA CHANGE IN NET ASSETS OF RELATED ORGANIZATION,									
VICTORIA'S PLACE	-299,948.								
TOTAL TO FORM 990, PART XI, LINE 9	-299,906.								
FORM 990, PART XII, LINE 2C									
THE PROCESS FOR THE ORGANIZATION'S SELECTION AND SUPERVISIO	ON OF THEIR								
INDEPENDENT AUDITOR HAS REMAINED CONSISTENT WITH THE PRIOR	YEAR.								

SCH	EDUI	E R
		-

(Form 990)

,

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number 59 - 2114359

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

COMMUNITY ACTION STOPS ABUSE INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on 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" on 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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
CASA FOUNDATION INC - 45-4485786							
PO BOX 387							
ST. PETERSBURG, FL 33731	SUPPORT	FLORIDA	501(C)(3)	LINE 12A, I			х
VICTORIA'S PLACE ST PETE INC - 46-5053521							
PO BOX 414							
ST. PETERSBURG, FL 33731	SUPPORT	FLORIDA	501(C)(3)	LINE 10			х
	-						
	-						
	_						
	-						

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 COMMUNITY ACTION STOPS ABUSE INC

59-2114359 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income			Genera manag partne	or Percentage ownership		
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
	1										
	-										
	-										
	-										
	-										
	1										
	1	1		1		1		L	1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on 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	(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 Sect 512(b contr enti	i) :tion ɔ)(13) rolled ity?
		country)		or tructy		400010		Yes	No

Schedule R (Form 990) 2018 COMMUNITY ACTION STOPS ABUSE INC

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s No
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	1a		Σ
b Gift, grant, or capital contribution to related organization(s)			2
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)		X	-
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)			
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)		X	
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	+
Reimbursement paid to related organization(s) for expenses	1p		T
Reimbursement paid by related organization(s) for expenses			Ŧ
Other transfer of cash or property to related organization(s)			
Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VICTORIA'S PLACE ST PETE INC	Е	1,069,960.	INTERCOMPANY LOAN
(2) VICTORIA'S PLACE ST PETE INC	L	506,200.	PERFORMANCE OF SERVICES
(3) VICTORIA'S PLACE ST PETE INC	N	0.	SHARING OF FACILITIES
(4) CASA FOUNDATION INC	N	0.	SHARING OF FACILITIES
(5) CASA FOUNDATION INC	0	0.	SHARING OF EMPLOYEES
(6) VICTORIA'S PLACE ST PETE INC	0	0.	SHARING OF EMPLOYEES

Schedule R (Form 990) 2018 COMMUNITY ACTION STOPS ABUSE INC

59-2114359 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org: Yes	rs sec. c)(3) s.?	(f) Share of total income	Dispr tion alloca	n) ropor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner Yes No	(k) Percentage ownership

Schedule R (Form 990) 2018

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R ITEMS N AND O

THE ORGANIZATION SHARES EMPLOYEES, EQUIPMENT AND OTHER ASSETS WITH

COMMUNITY ACTION STOPS ABUSE FOUNDATION, INC. (FOUNDATION) AND

VICTORIA'S PLACE ST PETE, INC. (VICTORIA'S PLACE). THE ORGANIZATION HAS

NOT ASSIGNED A VALUE TO THE SHARED FACILITIES AND EMPLOYEES.

RECEIVED DEC 1 7 2019



Department of the Treasury Internal Revenue Service Ogden, UT 84201

CP211A
June 30, 2019
December 2, 2019
59-2114359
Phone 877-829-5500
FAX 877-792-2864

C A S A PO BOX 414 ST PETERSBURG FL 33731-0414



147693

Important information about your June 30, 2019 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your June 30, 2019 Form 990. Your new due date is May 15, 2020.	What you need to do
	File your June 30, 2019 Form 990 by May 15, 2020. We encourage you to use electronic filing—the fastest and easiest way to file.
	Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.
Additional information	
	 Visit www.irs.gov/cp211a For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).

If you need assistance, please don't hesitate to contact us.

From:	CCH-ReturnNotification@wolterskluwer.com
To:	Mindy Forey
Subject:	2018 Electronic Return Accepted by the IRS
Date:	Wednesday, February 19, 2020 5:42:00 PM

Community Action Stops Abuse Inc,

You are receiving this e-mail on behalf of JAMES MOORE & CO PL.

Your electronically filed Exempt federal income tax return for tax year 2018 has been acknowledged as accepted for processing by the IRS on 02/19/2020.

Your return was sent to the Ogden Service Center.

Your SubmissionID is **5956122020050034be03**. Your Client ID is **510634.1**.

Do not mail the paper copy of your tax return to the IRS. It is for your use only.

PLEASE DO NOT REPLY TO THIS E-MAIL.

We generate this e-mail automatically from your request to be notified when your return or extension is accepted by the taxing authority. We do not monitor this e-mail address for incoming e-mail traffic. If you need assistance or have a question, please contact the firm preparing this return for you. Thank you.