

# Application Form

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## Introduction

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Submission of an application is not a guarantee or commitment of funding. This application will be made public, in its entirety, including any attachments or uploads.

To see the rubric by which your organization's application will be scored, [click here](#).

**Please answer these questions FIRST**, as the application will show you the required sections and fields to complete based on your answers.

### Priority Funding Areas\*

Please select the priority area(s) most relevant to your request (see the PCF website for examples).

Behavioral Health

### Reimbursement\*

The Pinellas CARES Nonprofit Partnership Fund allows requests to ask for reimbursement of expenditures related to COVID-19 programming within the Priority Funding Areas that took place between March 1, 2020 and the time of application.

Will your organization be applying for this cost reimbursement?

Yes

### Future Programming\*

Will your organization be applying for funding for services to be delivered between the grant award decision and December 30, 2020?

Yes

### Project Name\*

CASA Domestic Violence Services

### EIN\*

59-2114359

### DUNS Number\*

Please provide your organization's DUNS number. This is the Data Universal Numbering System.

You can search for your DUNS number here: <https://www.dnb.com/duns-number/lookup.html>

If you do not have a DUNS number, you can apply for one here (it is free and may take 3-4 days for approval): <https://www.dnb.com/duns-number/get-a-duns.html>

**This field is optional as to not stop a qualifying organization from applying. HOWEVER, a DUNS number *will* be required if your organization is approved for a grant. Your organization should apply for a DUNS number now if it does not yet have one.**

122625858

### Mission Statement\*

OUR MISSION

Challenging the societal acceptance of all forms of domestic violence, CASA Stands Up To Silence through advocacy, prevention, intervention and support services.

OUR VISION

A society free from domestic violence.

### Total Operating Expenditure\*

What are your total annual operating expenses?

\$6,502,015.00

### Amount Requested\*

Please review the entire application and its fiscal requirements before determining the total amount your organization will be requesting. This amount should include any reimbursements your organization is seeking for past COVID-19 programming.

Typical funding requests will range between \$25,000 and \$250,000. Amounts above and below are accepted, provided the request can be justified by community need.

**Requests at the higher end, or above this range must have a significant and sustained impact on the vulnerable community being served. Your organization's capacity for spending a large amount of funds must also be justified.**

\$51,781.00

If you are requesting more than \$250,000 or a large capital expenditure, please speak with PCF program staff to discuss the feasibility of your request **PRIOR TO submission**.

### Priority Populations\*

Please select the priority populations your programming will serve:

Note: Examples of "high-risk pandemic response jobs" include front-line workers, nurses, medical housekeeping staff, nonprofit employees, law-enforcement and medical first responders.

- People experiencing homelessness
- Low-income families

### Guiding Principles\*

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

**From the priority populations you have indicated above, please explain to what extent one or more these populations are involved in the creation, design, and impact of your organization (or this specific project).**

Persons served are encouraged to make informal suggestions for improvement, and are free to approach staff members regardless of the service they are receiving. Upon exit from the emergency shelter or rapid rehousing, survivors are offered a satisfaction survey to give anonymous feedback. This survey is also offered to support group members on a quarterly basis, since that program has no foreseeable end date. This information, along with quantitative data analyzed from our in-house database is shared with program supervisors, executive staff, Board members, and funders. Additionally, at least 2 Board members have disclosed a history of domestic violence and homelessness.

Regarding survivors, no discrimination is made with regard to race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, marital status, disability, immigration status, education, employment status, residency, legal history, or socio-economic status.

### Length of time operating program/project\*

Please briefly explain how long you have been operating the program or project for which you are requesting funds. **This funding is for expansion of existing programming or sustaining an existing expansion to meet community needs.**

Community Action Stops Abuse, Inc. (CASA) is a nonprofit organization, and has provided safety and sanctuary to survivors of domestic violence and their children since 1977.

### Service Area\*

In which areas of the county do you physically provide services?

- North County (locations such as Tarpon Springs, Crystal Beach, Palm Harbor)
- Mid-County (locations such as Clearwater, Largo, Safety Harbor)
- South County (locations such as St. Petersburg, Lealman, Kenneth City)

## Impact on Organization\*

What has been the impact of the coronavirus/COVID-19 on the services of your organization? (Example: inability to provide enough food, unable to provide behavioral health sessions, lack of volunteerism, etc.)

COVID-19 has changed our operations, and keeps changing our operations daily! Much of our grant funding is restricted, meaning that it is for very specific line items, and doesn't always cover what needs arise at our center from moment to moment, especially during this emergency. We are rehousing families who can move into the community safely, by providing temporary financial assistance to pay for rent and utility deposits. We have opened some apartments on a property we have access to, in order to temporarily house some families who are safe to leave the shelter, but cannot yet do so independently. This means outfitting each living space with furniture, dishes, cookware, and everything needed for daily living besides starting the utility services and wifi at that property.

While we continue to serve survivors in support groups, court cases, and case management via Zoom technology, demands have increased on the resources of our emergency shelter. Survivors and their children are spending more time at the shelter due to no school, losing their jobs, and self sheltering, which means we are providing more food, personal items, cleaning supplies, childcare, etc.

We have re-deployed additional staff members to work at the shelter to help, as well as an amplified cleaning regime, and to make sure that we don't have groups greater than 10 people congregating in our large communal living facility. We package food for every meal and deliver so that families don't gather in the kitchen areas. This means having additional disposable packaging and plasticware available. We have doubled the number of youth advocates to make sure children are tutored and otherwise occupied in small groups and by age appropriate activities. This means having extra snacks and other group supplies available for the children, as well as supplies to offer age appropriate activities.

## Fiscal Accountability

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### Federal Fund Disclosure\*

If your organization is awarded this grant, you may be considered a subrecipient of federal funding. THEREFORE, if you are deemed a subrecipient and your organization reaches a threshold of having spent more than \$750,000 in federal funding this fiscal year (this INCLUDES other federally funded programs), it will be subject to requirements of the Federal Single Audit Act. This will require your organization to comply with Federal Compliance Requirements and may necessitate additional expenses for your organization and you should prepare for this.

It is advisable that you contact a certified public accountant (CPA) or other professional for guidance.

Yes, my organization understands and assumes all liabilities/costs in regards to federal funding.

### Audited Financial Statements\*

Does your organization routinely contract to have an audit conducted of its financial statements?

Yes

**Most Recently Filed IRS Form 990\***

Please upload a copy of the organization's most recently filed IRS Form 990. **This is absolutely required.**

06\_30\_2019 IRS 990 CASA Public Disclosure Copy.pdf

**Board-Approved Budget\***

Please upload your most recently board-approved budget for this fiscal year in PDF format.

2020\_2021 CASA Annual Budget - approved.pdf

## ***Audited Financial Statements***

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**Most Recent Audited Financial Statements\***

If your organization routinely contracts for an independent audit of its financial statements, including audits in accordance with Uniform Guidance and/or Chapter 10.650, Rules of the Auditor General, upload the most recent audit. The document should not be more than a year old.

CASA Audited Financials 06\_30\_2019.pdf

See attached.

**Management Letter\***

Please provide a management letter indicating any findings from your organization's most recent independent audit.

**If there is no management letter, please explain why.**

Letter is included in the audited financials.

## ***Expansion or Sustaining of Exact Programming Funded by Another Source***

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**Existing Contract**

If you are applying for funding to expand and/or sustain COVID-19 response programming that has already been funded by another source, please upload that contract here and provide a brief description of the funding source and relationship with the funder. Please note that any costs funded by another source are not allowed to be included in this application. Only the costs that are required to expand or sustain programs in excess of that funding will be considered for the purposes of this application.

CASA was granted funds for COVID-related expenses from other sources, but associated expenses are not requested for reimbursement in this application. Money spent to pay the attached invoices came from

unrestricted CASA cash, and was diverted from other agency needs. For example, CASA received CARES funds from the City of St. Pete for professional sanitizing of the emergency shelter, and that contract will not be in place until October. The Emergency Food & Shelter Program awarded money strictly for food at the emergency shelter. Mary Kay Foundation sent a case of hand sanitizers to support our efforts to minimize virus spread. United Way provided COVID funds for food, housing supports, and shelter operations. Pinellas County granted CARES monies specifically for food, operating expenses (like participant needs) and program materials.

## ***Reimbursement of COVID-19 Related Expenses***

Your organization may seek reimbursement for COVID-19 related expenditures between March 1, 2020 and the time of submittal of this application. **This is NOT a replacement for the loss of revenue from canceled fundraising events or a decrease in private/public support. These are costs already incurred and paid from reserves or rainy day funds that were used to deliver services within this funding's focus areas, *specifically* in response to the COVID-19 pandemic. These are funds that were NOT budgeted for use in this fiscal year.**

### **Attestation\***

I affirm that this funding was expended by my organization solely for program costs in relation to COVID-19, and is not being requested on a unit-of-service basis. None of these costs have been reimbursed by any other funding source.

Yes, I affirm the above is accurate and true.

### **Amount of Reimbursement Requested\***

Please specify the total amount of reimbursement your organization is seeking.

\$11,540.00

### **Documentation of Expenses\***

**Please use this template to describe the expenses for which you are seeking reimbursement.**

Upload records of expenses indicating the use of unbudgeted funds using some or all of the financial documents:

- Receipts documenting the purchase of unbudgeted items or service
- Credit Card Statements showing payment of items (with MOST account numbers REDACTED)
- Bank Statements showing payment of credit cards (with MOST account numbers REDACTED)
- Financial reports that were presented to a Board of Directors
- Board minutes that show authorization of withdrawal(s) from reserve funds
- Bank statements with redacted account numbers indicating usage of unbudgeted funds

**If you have selected more than one Priority Funding Area in the introductory section, please ensure to include information that separates the expenses.** If necessary, use the textbox below to indicate any clarifying information regarding uploaded documentation.

Expenses paid between March and July -- CASA.pdf

As our community is faced with these unusual circumstances, and many of us continue to distance and isolate ourselves within our homes, please remember that for many, home is not a safe place. In fact, with the rising social tension due to children being at home or school life being disrupted, people losing their jobs, shortages of supplies, and serious health concerns, incidents of domestic violence are expected to increase.

As things change dramatically in light of the community's response to COVID-19, CASA works to maintain flexibility in responding to survivors' needs. This flexibility requires funding. CASA has implemented text-to-landline software for our crisis hotline. With high stress in the community and many persons sheltering at home, not only does the likelihood of domestic violence increase, but it may be more difficult for victims outside of the shelter to find a private and safe place to call our crisis line for support, safety planning, and resources. Using a text messaging to access our advocates might help solve the problem, so that survivors do not risk having their private conversation with us overheard as well as erasing those texts from the phone history.

Both direct service staff (those provide direct care to participants and their children) and support staff members are using technology like never before. Zoom licenses have been purchased to hold support groups, provide public education to break the cycle of violence, and otherwise meet.

## Number Served by Funding Area\*

Please *briefly* specify how many people were served by the programming for which you are seeking reimbursement. If you are applying for reimbursement in multiple Funding Areas, *be sure* to provide numbers for each one. Numbers do not need to be unduplicated.

### Example

**Food: 1250 people**

**Behavioral Health: 250 people**

Behavioral Health: 40 people who exit shelter

## Funding and Usage

### Client Service Delivery\*

Briefly describe the services to be delivered under the programming for which you are requesting funding. Please include when and where the services will occur, how the target population will access the services, and the length of time the services will be provided. **Please specify the zip codes of participants. If not available, specify the zip codes of service delivery points.**

This request outlines a need for technology to continue to reach survivors who need our support. The quarantine due to pandemic has been shown to trigger a spike in DV incidents in other areas, and that is why these requests are COVID-related. The items identified in this request were unbudgeted and the need was minimum until the pandemic forced a change in our service delivery. Essential supports for survivors of domestic violence and their families remain the same, and CASA continues to be available. But for immediate needs, advocacy will take place virtually. Our non-residential services are not physically meeting in the community as much with company and government offices closures. Our headquarters has become more important for advocates to maintain a presence, providing intake and advocacy virtually.

The technological equipment and licenses will make it easier for staff members to reach survivors at any location, as well as document services for reports, public awareness, apply for additional funding,

communicate, etc. This will assist to maintain a community presence and satisfy other grant funders with whom we are currently under contract. The building equipment will make it easier for staff to offer centralized services, meet with partners/ funders/ attend training remotely, and provide in-person supports (such as clothing or food) when needed.

Zipcodes for participants served cannot be predicted since CASA services are available to anyone who calls our crisis hotline. However, in the past fiscal year we have served about 7% of our Tampa Bay zipcodes from Hillsborough County (33563, 33573, 33594, 33602, 33604, 33606, 33610, 33612, 33613, 33615, 33617, 33619, 33635); about 0.3% from Sarasota County (34292); about 2% from Manatee County (34203, 34205, 34208, 34237), and the majority or 90% from Pinellas County. There were also a few survivors who claimed to flee from outside these areas.

### Communication/Outreach and Community Engagement Efforts\*

In what ways is your organization marketing and communicating its available programming to the community it serves? How will you ensure that your target population is aware of your services and utilizes them?

CASA partners with many community resources who often refer survivors when that person self-discloses in the course of receiving other services. This includes the local homeless providers, since the number one reason for women to be homeless is flight from domestic abuse. We provide education and pamphlets to hospitals, clinics, schools, hair stylists, law enforcement, as well as having advocates present in the police department, courthouses, whether in person or virtually. In fact, remote training is offered via free webinar to teach the community how to recognize the signs and behaviors of abusers and victims and how to support someone who may be experiencing abuse. Tampa Bay Rays have posters on the back of each women's restroom stall that inform women how to get in touch with CASA, assuring them that they will be believed/ supported. Our website is safe and secure, and outlines available services, including a button that allows the visitor to quickly close the website so that someone walking by does not see what website is being consulted. We maintain an active presence on Facebook, Twitter, and Instagram.

### Hurricane Preparedness\*

If a hurricane-related emergency were to strike Pinellas County this year and cause an interruption in your organization's normal programming, how would you return to offering the programming, and continue to spend awarded funds from this grant?

**There is an expectation that your programming will be able to continue in the event of a hurricane-related emergency.**

***If your organization has a COOP (Continuity of Operations Plan), you may upload it here instead of providing a text answer. You may redact sensitive information from your organization's COOP.***

2020 COOP - final.pdf

See attached.

### Evidence of Insurance Coverage\*

Grantees of the Pinellas CARES Nonprofit Partnership Fund will be required to maintain appropriate insurance to cover the services proposed in this application. PCF will determine whether this coverage is appropriate.



Please upload evidence of insurance policies that cover the programming for which your organization is requesting funds.

**If there is no insurance coverage for this programming, please provide an explanation as to why.**

CASA Victorias Place.pdf  
See attached.

### **Insurance Requirement\***

**If you are awarded a contract for the Pinellas CARES Nonprofit Partnership Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance. If you would like to begin this process now, please contact your general liability insurance carrier.**

**Here is the information for your carrier:**

Pinellas Community Foundation  
17755 US Highway 19 N  
Suite 150  
Clearwater, FL 33764  
727-531-0058

**Please check the box below to indicate that you understand and will be able to comply with this requirement.**

The Budget Summary and Budget Narrative sections are absolutely critical to a successful application. Improperly completed forms will be returned to you to fix, and will delay a funding decision being made on your application. Please see the examples in each section. To avoid rejection of your organization's application, PCF HIGHLY recommends you watch this short, instructional video as well: Budget Narrative/Summary Instructions

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If you would like to use a unit of service cost as a basis for your budget, you **MUST** contact Pinellas Community Foundation program staff **FIRST** to discuss this possibility.

## Budget Summary\*

Please download the budget summary template **HERE** and complete it. **If you have selected multiple Priority Fund Areas, you should include ALL costs in this summary.**

**Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.**

**CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET SUMMARY.**

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-- CASA.pdf

## Budget Narrative\*

Please download the budget narrative template **HERE** and complete it.

**The budget narrative needs to do more than define the expenses. It should clearly state what is going to be paid using CARES funds and then justify the expenses as a program expansion (or sustaining an already expanded program) as a result of COVID-19. Do not bold, underline, or italicize. Use dollar amounts that match your Budget Summary.**

**If you have selected multiple Priority Fund Areas, you should include ALL costs in this narrative.**

**CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET NARRATIVE.**

**Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.**

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Narrative-- CASA revd.pdf

## Capital Requests

If you are requesting funding for capital expenses, please upload bids/estimates/rental agreements to match the expenses described in your budget summary and narrative.

Please upload in PDF format.

Quotes - CASA.pdf

Logistical partner organizations (LPOs) are considered to be a critical part of service delivery strategy for this grant program, and using them is highly encouraged. Typical LPOs are:

- Grassroots organizations with small annual operating budgets (under \$50,000)

- Churches and other faith-based organizations
- Neighborhood associations
- Social organizations/collaboratives
- Resident councils in low-income house communities
- Neighborhood family centers
- Senior centers

Their essential role is to serve as outreach, information, referral and service delivery sites for food distribution, legal aid counseling to prevent evictions and behavioral health services, consistent with the three priority need areas in the grant specifications.

### Are you going to use LPOs in this programming?\*

No

## Behavioral Health

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This grant will require weekly reporting on the following measures:

- Number of individuals receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone by zip code of participant or service delivery point (participant zip code is preferred)

This grant will require monthly reporting on the following measures:

- **Percentage of target met** of the projected number of people receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone.
- **Monthly Progress Rate** as defined by your measurement and methodology specified below

### Affirmation of Reporting\*

I affirm that my organization is capable of providing weekly and monthly reports on the above measures.

Yes

### Measurement - Behavioral Health\*

The Pinellas CARES Nonprofit Partnership Fund understands that behavioral health involves several dimensions of clinical need and organizational infrastructure.

For the purpose of this grant, applicants are asked to select **ONE** robust measure of progress that can be validly measured on a monthly basis. Please describe the instrument that you are going to use and how the results are interpreted to indicate progress.

We use a participant satisfaction survey, and it is given to each survivor to complete when we know they are leaving our emergency shelter. It is a series of statements that they rank on a Likert scale, and so can be easily quantified. For our one outcome measure, we would like to use: increased knowledge about domestic violence. This would indicate that as a result of participation in services associated with our emergency shelter, survivors would increase their knowledge about domestic violence. There may be additional survivors who are receiving outreach services who will be surveyed once during the funding period, and these numbers will also be reported, but not anticipated here due to the uncertainty of offering support groups via virtual means. We anticipate that the average score for at least 98% survivors leaving the emergency shelter or receiving virtual support groups will be 4.0 or higher (indicating agree to strongly agree).

## Methodology\*

Please state how you will define and document a **monthly** Progress Rate for all clients in the program based on the selected behavior change measure(s) specified above.

**Monthly Projected Progress Rate (%):** Using the definition of progress described above, project the percentage of progress achieved on a monthly basis.

It is anticipated that 98% persons exiting the emergency shelter who complete the satisfaction survey will agree or strongly agree that they have increased their knowledge about domestic violence. That is, the average rank for each month will be 4.0 on a 5-point scale when responding to the statement "My level of knowledge about domestic violence has increased." Average stay is 60 days (which varies) and average adult exits per month is about 8 to 10. Each response reflects several weeks of services.

The knowledge areas that will be addressed include the different types of abuse (physical, sexual, financial, emotional, verbal), using intimidation or isolation to control the survivor so that they do not have outside resources or means by which to easily escape the abuser, minimizing/ denying/ or blaming so that the survivor is lead to believe the abuse is normal or non-existent, threatening to use the children or pets if the survivor does not do as told or says he/ she is going to report the abuser, and so forth. The education will be individualized, using the survivor's unique circumstances as examples and talking about warning signs as well as what they can do if they find themselves in a similar situation in the future.

## Number of Clients Served During Grant Period - Behavioral Health\*

This grant period ends on December 30, 2020. Please estimate the number of clients that will be served for **behavioral health** by the end of the grant period.

40

## Estimated Percentage of Progress - Grant Period\*

Please estimate % of progress on the proposed measure during the grant period.

98

### September Projections - Number Served - Behavioral Health\*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **September 2020**.

10

### September Projections - Progress Rate - Behavioral Health\*

Please project an estimated progress rate for your clients **for September 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

98

### October Projections - Number Served - Behavioral Health\*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **October 2020**.

10

### October Projections - Progress Rate - Behavioral Health\*

Please project an estimated progress rate for your clients based **for October 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

98

### November Projections - Number Served - Behavioral Health\*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **November 2020**.

10

### November Projections - Progress Rate - Behavioral Health\*

Please project an estimated progress rate for your clients based **for November 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

98

### December Projections - Number Served - Behavioral Health\*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **December 2020**.

10

## December Projections - Progress Rate - Behavioral Health\*

Please project an estimated progress rate for your clients based **for December 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

98

## Funder Involvement

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### Which of the funders have provided a grant to your organization within the last three years?\*

Allegany Franciscan Ministries  
Foundation for a Healthy St. Petersburg  
Funding from a Pinellas County Municipality  
Juvenile Welfare Board of Pinellas County  
Pinellas Community Foundation  
Pinellas County Government  
Tampa Bay Resiliency Fund  
United Way Suncoast  
Wells-Fargo

## Other Funding Sources

If your organization has submitted applications to other funders or has received funding in response to coronavirus/COVID-19 from another funder, please briefly describe below:

CASA was granted funds for COVID-related expenses from other sources, but associated expenses are not requested for reimbursement in this application. For example, CASA received CARES funds from the City of St. Pete for professional sanitizing of the emergency shelter, and that contract will not be in place until October. The Emergency Food & Shelter Program awarded money strictly for food at the emergency shelter. Mary Kay Foundation sent a case of hand sanitizers to support our efforts to minimize virus spread. United Way provided COVID funds for food, housing supports, and shelter operations. Pinellas County granted CARES monies specifically for food, operating expenses (like participant needs) and program materials. Additionally, many line items for outreach and other non-residential services are currently funded by contracts with federal, state, and local government or agencies.

## Corrective Action\*

Is your organization currently under a corrective action agreement with any funder (including but not limited to those listed above)? If yes, please explain in detail, including the status of the corrective action. If no, state **No**.

No.

## ***Confirmation***

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### **Signature and Affirmation\***

By submitting this application, I hereby swear that executive leadership is aware of this request for funding, and if this funding is approved, my organization will be able to use these funds in the manner described in the application.

**Please type your name as an electronic signature and the date on which you are submitting this application.**

Jill D. Flansburg, 9/2/2020 and revised per PCF request 9/10/2020

## File Attachment Summary

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### ***Applicant File Uploads***

- 06\_30\_2019 IRS 990 CASA Public Disclosure Copy.pdf
- 2020\_2021 CASA Annual Budget - approved.pdf
- CASA Audited Financials 06\_30\_2019.pdf
- Expenses paid between March and July -- CASA.pdf
- 2020 COOP - final.pdf
- CASA Victorias Place.pdf
- CARES-Partnership-Fund-Budget-- CASA.pdf
- CARES-Partnership-Fund-Budget-Narrative-- CASA revd.pdf
- Quotes - CASA.pdf



Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <div style="border: 1px solid black; padding: 2px;">COMMUNITY ACTION STOPS ABUSE INC</div> Doing business as <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</div> <div style="border: 1px solid black; padding: 2px;">PO BOX 414</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">SAINT PETERSBURG, FL 33731-0414</div> <b>F</b> Name and address of principal officer: <b>LARIANA FORSYTHE</b> <div style="border: 1px solid black; padding: 2px;">SAME AS C ABOVE</div>	<b>D</b> Employer identification number <div style="border: 1px solid black; padding: 2px;">59-2114359</div> <b>E</b> Telephone number <div style="border: 1px solid black; padding: 2px;">(727) 895-4912</div> <b>G</b> Gross receipts \$ <b>7,803,618.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ <b>WWW.CASA-STPETE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1981</b> <b>M</b> State of legal domicile: <b>FL</b>		

**Part I Summary**

1	Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	97
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	4,961,666.	5,104,175.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,800.	1,344.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	222,467.	118,669.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-83,681.	-187,066.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,116,252.	5,037,122.
14	Benefits paid to or for members (Part IX, column (A), line 4)	110,566.	586,287.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,496,573.	2,685,518.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,370.	21,426.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	283,061.	
19	Revenue less expenses. Subtract line 18 from line 12	2,035,257.	1,704,821.
20	Total assets (Part X, line 16)	4,663,766.	4,998,052.
21	Total liabilities (Part X, line 26)	452,486.	39,070.
22	Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year	End of Year
		11,751,161.	11,591,989.
		5,652,578.	5,684,102.
		6,098,583.	5,907,887.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <div style="border: 1px solid black; padding: 2px;">LARIANA FORSYTHE, CEO</div> Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name <b>CORINNE TURCOTTE</b> Preparer's signature <b>CORINNE TURCOTTE</b> Date <b>02/21/20</b> Check if self-employed <input type="checkbox"/> PTIN <b>P01500189</b> Firm's name ▶ <b>JAMES MOORE &amp; CO., P.L.</b> Firm's EIN ▶ <b>59-3204548</b> Firm's address ▶ <b>5931 NW 1ST PL</b> <b>GAINESVILLE, FL 32607-2063</b> Phone no. <b>352-378-1331</b>		

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 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?
- ☐
- Yes
- ☒
- No**

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

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No**

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ **4,369,894.** including grants of \$ **586,287.** ) (Revenue \$ **1,344.** )

**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.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

X

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 1	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 97		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		
<b>15</b> 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?	<b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

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

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

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	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 O.				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent		19		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?				X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

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

**Section 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 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **HARRY LINN - 727-895-4912**  
**PO BOX 414, ST PETERSBURG, FL 33731-0414**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREA MASTERSON DIRECTOR	0.50	X						0.	0.	0.
(2) BRITTANY MAXEY-FISHER DIRECTOR	0.50	X						0.	0.	0.
(3) DAVID DANZIG DIRECTOR	0.50	X						0.	0.	0.
(4) DEBI ALBERDI DIRECTOR	0.50	X						0.	0.	0.
(5) GAELLYNN THURMAN CHAIR	2.00 0.50	X		X				0.	0.	0.
(6) JUSTIN MCCLAIN DIRECTOR	0.50	X						0.	0.	0.
(7) KATHLEEN PREMO DIRECTOR	0.50	X						0.	0.	0.
(8) KRISTEN MCGETTIGAN SECRETARY	1.00	X		X				0.	0.	0.
(9) KRISTINA ALSPA DIRECTOR	0.50	X						0.	0.	0.
(10) LINDA RENDLEMAN DIRECTOR	0.50 0.50	X						0.	0.	0.
(11) MARK DAWSON DIRECTOR	0.50 0.50	X						0.	0.	0.
(12) NICHOLAS MCDEVITT PAST CHAIR	1.00 0.50	X		X				0.	0.	0.
(13) PATTI HELTON DIRECTOR	0.50	X						0.	0.	0.
(14) PATTY ROBINSON TREASURER	1.00	X		X				0.	0.	0.
(15) RACHEL CARPENTER DIRECTOR	0.50	X						0.	0.	0.
(16) RENEE BAKER DIRECTOR	0.50	X						0.	0.	0.
(17) SAM HELLER DIRECTOR	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHEILA KING VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(19) TRICIA MANNING DIRECTOR	0.50	X						0.	0.	0.
(20) LARIANA FORSYTHE CEO, INTERIM	54.00 1.00			X				127,431.	0.	5,081.
(21) SUZANNE CALTRIDER-HORN COO	39.00 1.00			X				43,850.	0.	1,663.
(22) HARRY LINN CFO	38.00 2.00			X				101,010.	0.	5,081.
<b>1b Sub-total</b>								272,291.	0.	11,825.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								272,291.	0.	11,825.

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

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	68,999.					
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>	580,737.					
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	2,918,203.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,536,236.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		788,215.					
	<b>h Total.</b> Add lines 1a-1f .....				5,104,175.			
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM FEES .....	<b>Business Code</b> 900099		1,344.	1,344.			
	<b>b</b> .....							
	<b>c</b> .....							
	<b>d</b> .....							
	<b>e</b> .....							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....				1,344.			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			151,086.			151,086.	
<b>4</b> Income from investment of tax-exempt bond proceeds .....								
<b>5</b> Royalties .....								
<b>Other Revenue</b>	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal					
	<b>b</b> Less: rental expenses .....							
	<b>c</b> Rental income or (loss) .....							
	<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses .....							
	<b>c</b> Gain or (loss) .....							
	<b>d</b> Net gain or (loss) .....							
	<b>8 a</b> Gross income from fundraising events (not including \$ 580,737. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	0.					
	<b>b</b> Less: direct expenses .....	<b>b</b>	187,066.					
	<b>c</b> Net income or (loss) from fundraising events .....							-187,066.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities .....							
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	758,742.					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	758,742.					
	<b>c</b> Net income or (loss) from sales of inventory .....							0.
	<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> .....							
	<b>b</b> .....							
<b>c</b> .....								
<b>d</b> All other revenue .....								
<b>e Total.</b> Add lines 11a-11d .....								
<b>12 Total revenue.</b> See instructions .....				5,037,122.	1,344.	0.	-68,397.	

**Part IX Statement of Functional Expenses**

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

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

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

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

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	362,739.	<b>1</b>	564,076.
	<b>2</b> Savings and temporary cash investments .....	2,709,559.	<b>2</b>	68,924.
	<b>3</b> Pledges and grants receivable, net .....	870,757.	<b>3</b>	776,810.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	6,288,400.	<b>7</b>	6,304,121.
	<b>8</b> Inventories for sale or use .....	52,600.	<b>8</b>	60,800.
	<b>9</b> Prepaid expenses and deferred charges .....	78,599.	<b>9</b>	86,821.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,777,555.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,002,240.	<b>10c</b>	1,775,315.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	-521,880.	<b>12</b>	1,930,517.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	24,563.	<b>15</b>	24,605.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	11,751,161.	<b>16</b>	11,591,989.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,090,628.	<b>17</b>	331,172.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	4,561,950.	<b>23</b>	4,282,970.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	1,069,960.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	5,652,578.	<b>26</b>	5,684,102.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	5,377,123.	<b>27</b>	5,186,427.
	<b>28</b> Temporarily restricted net assets .....	721,460.	<b>28</b>	721,460.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	6,098,583.	<b>33</b>	5,907,887.
	<b>34</b> Total liabilities and net assets/fund balances .....	11,751,161.	<b>34</b>	11,591,989.

**Part XI Reconciliation of Net Assets**

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

☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,037,122.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,998,052.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	39,070.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	6,098,583.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	70,140.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-299,906.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	5,907,887.

**Part XII Financial Statements and Reporting**

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

☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>2c</b>	<input checked="" type="checkbox"/>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<b>3a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	<input checked="" type="checkbox"/>

Form 990 (2018)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

COMMUNITY ACTION STOPS ABUSE INC

Employer identification number

59-2114359

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4310301.	4157630.	4549084.	4961666.	5104175.	23082856.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4310301.	4157630.	4549084.	4961666.	5104175.	23082856.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						23082856.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	4310301.	4157630.	4549084.	4961666.	5104175.	23082856.
<b>8</b> 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.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						23735700.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	800,517.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.25 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	97.93 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		► <input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		► <input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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 <b>Part VI</b> 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.			
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

## Schedule B

(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2018

Name of the organization

COMMUNITY ACTION STOPS ABUSE INC

Employer identification number

59-2114359

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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

- ☒ 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 ..... ▶ \$ \_\_\_\_\_

**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).

Name of organization

Employer identification number

COMMUNITY ACTION STOPS ABUSE INC

59-2114359

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ 265,535.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ 728,335.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ 278,346.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ 159,207.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ 237,565.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ 759,958.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

59-2114359

## Part II

[illegible]

Name of organization

Employer identification number

**COMMUNITY ACTION STOPS ABUSE INC****59-2114359****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



**SCHEDULE D**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY ACTION STOPS ABUSE INC

Employer identification number

59-2114359

**Part I**

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

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

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

☐ Yes ☐ No

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

**Part III**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ .....

(ii) Assets included in Form 990, Part X ▶ \$ .....

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ .....

b Assets included in Form 990, Part X ▶ \$ .....

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow 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 ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	50,000.	50,000.	50,000.	50,000.	50,000.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	25,000.				
f Administrative expenses	395.				
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 Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		32,100.		32,100.
b Buildings		2,163,569.	938,818.	1,224,751.
c Leasehold improvements		1,559,118.	1,410,068.	149,050.
d Equipment		905,455.	546,917.	358,538.
e Other		117,313.	106,437.	10,876.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,775,315.

**Part VII Investments - Other Securities.**

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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO RELATED PARTY	1,069,960.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,069,960.	

2. 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 ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	6,002,507.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	70,140.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	945,850.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	1,015,990.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	4,986,517.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	50,605.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	50,605.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	5,037,122.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	5,893,255.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	945,808.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	945,808.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	4,947,447.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	50,605.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	50,605.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	4,998,052.

**Part XIII Supplemental Information.**

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.

**Part XIII** Supplemental Information *(continued)*

## 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.

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization

COMMUNITY ACTION STOPS ABUSE INC

Employer identification number	
--------------------------------	--

59-2114359

## Part I

### Fundraising Activities.

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
STUDIO 4 FORTY LLC - 440 CRYSTAL SPRINGS RD, ST.	FARM TO TABLEAUX - PLANNING/PRODUCTION OF	X		386,561.	21,426.	386,561.
<b>Total</b> .....				386,561.	21,426.	386,561.

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

FL

**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.

		(a) Event #1 <b>FARM TO TABLEAUX</b> (event type)	(b) Event #2 <b>PEACE BREAKFAST</b> (event type)	(c) Other events 30 (total number)	(d) Total events (add col. (a) through col. (c))
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) .....				
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	2,519.	2,880.		5,399.
	7 Food and beverages .....	70,501.	9,970.		80,471.
	8 Entertainment .....				
	9 Other direct expenses .....	88,047.	13,149.		101,196.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				187,066.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-187,066.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization 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
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: STUDIO 4 FORTY LLC

(I) ADDRESS OF FUNDRAISER: 440 CRYSTAL SPRINGS RD, ST. HELENA, CA 94574

(II) ACTIVITY: FARM TO TABLEUX - PLANNING/PRODUCTION OF EVENT



<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

Name of the organization

COMMUNITY ACTION STOPS ABUSE INC

Employer identification number

59-2114359

Part I General Information on Grants and Assistance

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

☒ Yes ☐ No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RELIGIOUS COMMUNITY SERVICES INC 503 SOUTH MLK JR AVENUE CLEARWATER, FL 33756	59-1309186	501(C)(3)	57,541.	0.			PEACEMAKER PROGRAM
VICTORIA'S PLACE ST. PETE., INC. PO BOX 414 ST PETERSBURG, FL 33731	46-5053521	501(C)(3)	506,200.	0.			SERVICES & CONCESSION AGREEMENTS

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

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

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

Schedule I (Form 990) (2018)

**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.	THRIFT 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

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

- ▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**COMMUNITY ACTION STOPS ABUSE INC**

Employer identification number

**59-2114359**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....	<b>X</b>		<b>788,215.</b>	<b>THRIFT SHOP VALUES</b>
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( ..... )				
26 Other ▶ ( ..... )				
27 Other ▶ ( ..... )				
28 Other ▶ ( ..... )				

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

**29**

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

**b** If "Yes," describe the arrangement in Part II.

**31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

**b** If "Yes," describe in Part II.

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
<b>30a</b>		<b>X</b>
<b>31</b>	<b>X</b>	
<b>32a</b>		<b>X</b>
<b>33</b>		

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

**Schedule M (Form 990) 2018**

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

COMMUNITY ACTION STOPS ABUSE INC

Employer identification number

59-2114359

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,  
GENDER IDENTITY, PREGNANCY, CITIZENSHIP, RELIGION, NATIONAL ORIGIN,

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

AGE, FAMILIAL STATUS, DISABILITY (PHYSICAL OR MENTAL, INCLUDING 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 PROVIDERS, PUBLIC AGENCIES, PLANNING GROUPS AND FUNDING BODIES TO PROMOTE COMMUNITY EDUCATION, PREVENTION AND AWARENESS ON THE SUBJECT OF DOMESTIC VIOLENCE. CASA CONDUCTS ONGOING RESEARCH AND EVALUATION IN THE AREAS OF DOMESTIC VIOLENCE TO ENSURE A HIGH QUALITY OF SERVICE TO OUR 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.

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 REGARDING  
COMPENSATION MATTERS ARE DOCUMENTED IN THE MINUTES OF THE RESPECTIVE  
MEETINGS.

LINE 15B - COMMITTEE AND BOARD DISCUSSION AND DECISIONS REGARDING  
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, BASED ON DOCUMENTS  
REQUESTED THEY ARE EITHER SENT ELECTRONICALLY OR REVIEWED 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 SUPERVISION OF THEIR  
INDEPENDENT AUDITOR HAS REMAINED CONSISTENT WITH THE PRIOR YEAR.



**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY ACTION STOPS ABUSE INC**

Employer identification number

**59-2114359**

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

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

Schedule R (Form 990) 2018

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

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" 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 country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VICTORIA 'S PLACE ST PETE INC	E	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	O	0.	SHARING OF EMPLOYEES
(6) VICTORIA 'S PLACE ST PETE INC	O	0.	SHARING OF EMPLOYEES

**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.

[illegible]

**Part VII** Supplemental Information.

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.



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

Notice	CP211A
Tax period	June 30, 2019
Notice date	December 2, 2019
Employer ID number	59-2114359
To contact us	Phone 877-829-5500 FAX 877-792-2864

Page 1 of 1

147693.207174.219126.9523 1 AB 0.412 370



COMMUNITY ACTION STOPS ABUSE INC  
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.

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### 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](http://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.

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### Additional information

- Visit [www.irs.gov/cp211a](http://www.irs.gov/cp211a)
- For tax forms, instructions, and publications, visit [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or call 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

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

**From:** [CCH-ReturnNotification@wolterskluwer.com](mailto: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.

**CASA Annual Operating Budget**  
**July 2020 - June 2021**  
**OPERATING BUDGET**

FY 2020/2021 Budget			
	Grant Funded	CASA Cash	TOTAL
<b>Revenue</b>			
Federal Grant Revenue	2,106,768	-	2,106,768
State Grant Revenue	332,510	-	332,510
City/County Grant Revenue	246,557	-	246,557
Local & Foundation Grant Revenue	1,034,670	100,000	1,134,670
Contributions	-	850,000	850,000
Event Revenue	-	650,000	650,000
Thrift Sales	-	720,000	720,000
Other Income	-	81,300	81,300
Gifts in Kind	-	20,000	20,000
<b>TOTAL REVENUE</b>	<b>3,720,505</b>	<b>2,421,300</b>	<b>6,141,805</b>
<b>Expense</b>			
Staffing	2,985,992	1,124,952	4,110,944
Temporary Labor	-	6,000	6,000
Insurance	32,870	75,130	108,000
Contracted Services	15,915	36,425	52,340
IT Support	48,909	23,991	72,900
Security	810	4,010	4,820
Phone & Internet	24,150	27,250	51,400
Utilities	88,607	40,693	129,300
Fuel for Vehicles	4,500	900	5,400
Office Supplies	32,956	10,184	43,140
Operating Supplies	68,618	24,220	92,838
Food	40,000	-	40,000
Repairs & Maintenance	63,165	21,545	84,710
Software	-	34,290	34,290
Equipment	1,000	2,000	3,000
Housing Assistance for Participants	150,000	-	150,000
Other Participant Direct Assistance	96,413	-	96,413
Advertising/PR/Promotional	5,000	7,000	12,000
Printing	5,000	5,000	10,000
Direct Mail	-	5,000	5,000
Event Expense	-	175,000	175,000
Licenses/Taxes	-	3,150	3,150
Postage/Delivery	-	2,500	2,500
Rental/Facilities	-	7,400	7,400
Local Mileage	19,600	3,100	22,700
Conferences & Staff Training	37,000	3,000	40,000
Meetings	-	6,000	6,000
Dues/Subscriptions/Memberships	-	3,000	3,000
FCADV Dues	-	-	-
Staff and Volunteer Recognition	-	1,000	1,000
Bank & Merchant Fees	-	55,000	55,000
Loan Interest	-	352,370	352,370
Uncollectible Pledges	-	15,000	15,000
Misc	-	500	500
Depreciation	-	538,600	538,600
Loan Amortization	-	147,300	147,300
InKind	-	20,000	20,000
<b>TOTAL EXPENSE</b>	<b>3,720,505</b>	<b>2,781,510</b>	<b>6,502,015</b>
<b>OPERATING NET INCOME</b>	<b>-</b>	<b>(360,210)</b>	<b>(360,210)</b>
Payroll Protection Plan Funds	-	442,015	442,015
Endowment Contribution	-	-	-
<b>CHANGE IN NET ASSETS</b>	<b>-</b>	<b>81,805</b>	<b>81,805</b>



**COMMUNITY ACTION STOPS ABUSE, INC.  
AND AFFILIATE**

**CONSOLIDATED FINANCIAL STATEMENTS**

**JUNE 30, 2019**

**COMMUNITY ACTION STOPS ABUSE, INC.  
AND AFFILIATE  
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JUNE 30, 2019**

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## INDEPENDENT AUDITORS' REPORT

To the Board of Directors,  
Community Action Stops Abuse, Inc., and Affiliate:

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Community Action Stops Abuse, Inc., and Affiliate, which comprise the consolidated statement of financial position as of June 30, 2019, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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### ***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Community Action Stops Abuse, Inc., and Affiliate as of June 30, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

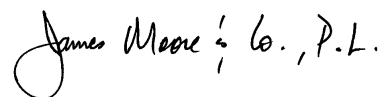
### ***Other Matters***

#### ***Other Information***

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating statement of financial position and consolidating statement of activities are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating statement of financial position, consolidating statement of activities, and the Schedule of Expenditures of Federal Awards is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

### ***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated September 13, 2019 on our consideration of Community Action Stops Abuse, Inc., and Affiliate's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Community Action Stops Abuse, Inc., and Affiliate's internal control over financial reporting and compliance.

James Moore & Co., P.L.

Tallahassee, Florida  
September 13, 2019

**COMMUNITY ACTION STOPS ABUSE, INC. AND AFFILIATE**  
**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**  
**JUNE 30, 2019**

**ASSETS**

<b>Current assets</b>	
Cash and cash equivalents	\$ 667,143
Investments	2,752,345
Grants and contracts receivable	491,357
Unconditional promises to give, net of allowance	248,696
Inventory	60,800
Prepaid expenses and other assets	102,542
Total current assets	<u>4,322,883</u>
<b>Property and equipment, net</b>	<u>10,998,829</u>
<b>Notes receivable - new markets tax credit</b>	<u>6,288,400</u>
<b>Other assets</b>	
Unconditional promises to give, long-term portion	36,757
Interest in net assets of the Foundation	24,605
Total other assets	<u>61,362</u>
<b>Total Assets</b>	<u><u>\$ 21,671,474</u></u>

**LIABILITIES AND NET ASSETS**

<b>Current liabilities</b>	
Accounts payable	\$ 78,540
Accrued expenses and other current liabilities	258,327
Current portion of long-term debt	283,150
Total current liabilities	<u>620,017</u>
<b>Long-term liabilities</b>	
Mortgage note grants	113,801
Mortgage note payable, less current portion and loan costs	3,886,019
Note payable - new markets tax credit, net of loan costs	11,143,750
Total long-term liabilities	<u>15,143,570</u>
<b>Total liabilities</b>	<u>15,763,587</u>
<b>Net assets</b>	
Without donor restrictions	
Investment in property and equipment, net	1,860,509
Undesignated	3,646,205
	<u>5,506,714</u>
With donor restrictions	
Purpose and time restrictions	401,173
Total net assets	<u>5,907,887</u>
<b>Total Liabilities and Net Assets</b>	<u><u>\$ 21,671,474</u></u>

The accompanying notes to the consolidated financial statements  
are an integral part of this statement.

**COMMUNITY ACTION STOPS ABUSE, INC. AND AFFILIATE**  
**CONSOLIDATED STATEMENT OF ACTIVITIES**  
**FOR THE YEAR ENDED JUNE 30, 2019**

	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>
<b>Revenues</b>			
Grants and contracts	\$ 2,987,202	\$ -	\$ 2,987,202
Thrift store sales	737,609	-	737,609
Fundraising	580,737	-	580,737
Bequests and major gifts	207,072	25,000	232,072
Contributions and donations	284,389	231,560	515,949
In-kind revenue	758,742	-	758,742
Interest income on notes receivable	62,884	-	62,884
Investment gain	125,925	-	125,925
Program income	1,345	-	1,345
Change in net assets of the Foundation	42	-	42
Net assets released from time restrictions	534,762	(534,762)	-
Net assets released from purpose restrictions	42,085	(42,085)	-
Total revenues	<u>6,322,794</u>	<u>(320,287)</u>	<u>6,002,507</u>
<b>Expenses</b>			
Program services			
Domestic Violence	4,291,817	-	4,291,817
Thrift stores	1,086,162	-	1,086,162
Total program services	<u>5,377,979</u>	<u>-</u>	<u>5,377,979</u>
Supporting Services			
Administrative and general	345,097	-	345,097
Development and fundraising	470,127	-	470,127
Total supporting services	<u>815,224</u>	<u>-</u>	<u>815,224</u>
Total expenses	<u>6,193,203</u>	<u>-</u>	<u>6,193,203</u>
<b>Increase (decrease) in net assets</b>	<u>129,591</u>	<u>(320,287)</u>	<u>(190,696)</u>
<b>Net assets, beginning of year</b>	<u>5,377,123</u>	<u>721,460</u>	<u>6,098,583</u>
<b>Net assets, end of year</b>	<u>\$ 5,506,714</u>	<u>\$ 401,173</u>	<u>\$ 5,907,887</u>

The accompanying notes to the consolidated financial statements  
are an integral part of this statement.

**COMMUNITY ACTION STOPS ABUSE, INC. AND AFFILIATE**  
**CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2019**

	<b>Program Services</b>			<b>Supporting Services</b>			
	<b>Domestic Violence</b>	<b>Thrift Store</b>	<b>Total Program Services</b>	<b>Administrative and General</b>	<b>Development and Fundraising</b>	<b>Total Support Services</b>	<b>Total</b>
Salaries and benefits	\$ 2,290,159	\$ 217,519	\$ 2,507,678	\$ 253,418	\$ 256,889	\$ 510,307	\$ 3,017,985
Services	250,639	23,791	274,430	13,273	72,062	85,335	359,765
Supplies	142,020	6,231	148,251	7,114	93,638	100,752	249,003
Property management	62,795	6,020	68,815	7,101	6,012	13,113	81,928
Interest	366,437	2,513	368,950	1,472	591	2,063	371,013
Utilities	116,342	17,551	133,893	7,469	5,478	12,947	146,840
Equipment management	56,373	3,839	60,212	11,537	9,795	21,332	81,544
Client assistance	296,143	-	296,143	-	-	-	296,143
Travel and vehicle maintenance	35,426	1,082	36,508	930	3,401	4,331	40,839
Employee and volunteer development	28,522	-	28,522	9,952	8,877	18,829	47,351
Other expenses	7,903	19,499	27,402	22,134	10,417	32,551	59,953
Cost of goods sold	-	758,742	758,742	-	-	-	758,742
Total expenses before depreciation	3,652,759	1,056,787	4,709,546	334,400	467,160	801,560	5,511,106
Depreciation and amortization	639,058	29,375	668,433	10,697	2,967	13,664	682,097
Total functional expenses	<u>\$ 4,291,817</u>	<u>\$ 1,086,162</u>	<u>\$ 5,377,979</u>	<u>\$ 345,097</u>	<u>\$ 470,127</u>	<u>\$ 815,224</u>	<u>\$ 6,193,203</u>

The accompanying notes to the consolidated financial statements  
are an integral part of this statement.

**COMMUNITY ACTION STOPS ABUSE, INC. AND AFFILIATE**  
**CONSOLIDATED STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED JUNE 30, 2019**

<b>Cash flows from operating activities</b>	
Cash received from grantors and others	\$ 5,907,645
Cash paid to suppliers and employees	(5,111,721)
Interest paid	(371,013)
Cash received from interest and dividends	151,086
Net cash provided by operating activities	<u>575,997</u>
<b>Cash flows from investing activities</b>	
Purchases of investments	(1,793,336)
Proceeds from sale of investments	1,788,271
Purchases of property and equipment	(55,687)
Net cash used in investing activities	<u>(60,752)</u>
<b>Cash flows from financing activities</b>	
Principal payments on long-term debt	(283,150)
Net cash used in financing activities	<u>(283,150)</u>
<b>Increase in cash and cash equivalents</b>	<u>232,095</u>
<b>Cash and cash equivalents, beginning of year</b>	435,048
<b>Cash and cash equivalents, end of year</b>	<u><u>\$ 667,143</u></u>
<b>Reconciliation of decrease in net assets to net cash provided by operating activities</b>	
<b>Decrease in net assets</b>	<u>\$ (190,696)</u>
Adjustments to reconcile decrease in net assets to net cash provided by operating activities:	
Depreciation and amortization	682,097
Unrealized loss (gain) on investments	(70,140)
Realized loss on investments	32,417
Increase in grants receivable	(111,868)
Decrease in contributions receivable	205,815
Increase in inventory	(8,200)
Increase in prepaid expenses and other current assets	(23,985)
Increase in accounts payable	22,464
Increase in accrued expenses and other current liabilities	38,093
Total adjustments	<u>766,693</u>
<b>Net cash provided by operating activities</b>	<u><u>\$ 575,997</u></u>

The accompanying notes to the consolidated financial statements  
are an integral part of this statement.



**COMMUNITY ACTION STOPS ABUSE, INC., AND AFFILIATE**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**JUNE 30, 2019**

(1) **Summary of Significant Accounting Policies:**

The following is a summary of the more significant accounting policies and practices of Community Action Stops Abuse, Inc., and Affiliate (the “Organization”), which affect significant elements of the accompanying consolidated financial statements:

(a) **Organization and Purpose**—Community Action Stops Abuse, Inc. (CASA) is a Florida not-for-profit organization. CASA’s mission is to influence our community to stand up to silence through advocacy, empowerment, and social change to prevent and end domestic violence. CASA promotes social change through advocacy, community education, outreach, and support for victims/survivors of Intimate Partner Violence. CASA provides comprehensive services to empower survivors of Intimate Partner Violence and their families with a safe supportive emergency shelter environment; rapid rehousing; a 24-hour crisis hotline; support groups; youth programs; substance abuse advocacy; information and referral programs; justice advocacy; outreach to under-served populations; peacemakers programs to preschools, elementary and middle schools; a very active volunteer program; and a thrift shop. Funding is provided primarily through individual donors; local fundraising activities; federal, state, and local government grants; and a private foundation.

Victoria’s Place St. Pete, Inc. (Victoria’s Place), a Florida not-for-profit organization was formed to work in conjunction with CASA’s mission by constructing a 100-bed emergency shelter for domestic violence survivors. Victoria’s Place is consolidated since CASA has both an economic interest in and control of the entity through a majority voting interest in their governing board. All significant inter-company transactions and accounts are eliminated.

Effective January 1, 2012, CASA’s board of directors approved formation of Community Action Stops Abuse Foundation, Inc. (the Foundation). CASA has recorded an interest in the net assets of the Foundation, since CASA and the Foundation are deemed to be financially interrelated. Net assets of the Foundation totaled \$24,605 at June 30, 2019.

(b) **Basis of Presentation**—The Organization reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions. The Organization implemented ASU 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities*, during 2018.

Net assets without donor restrictions—Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.

Net assets with donor restrictions—Net assets subject to donor-imposed stipulations. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

(c) **Basis of Accounting**—The consolidated financial statements of the Organization have been prepared on the accrual basis of accounting, and accordingly, reflect all significant receivables, payables, and other liabilities.

**COMMUNITY ACTION STOPS ABUSE, INC., AND AFFILIATE**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**JUNE 30, 2019**

(1) **Summary of Significant Accounting Policies:** (Continued)

(d) **Functional Allocation of Expenses**—The costs of providing the various programs and other activities have been summarized on a functional basis in the consolidated statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

(e) **Income Taxes**—Community Action Stops Abuse, Inc. and Victoria's Place St. Pete, Inc. are generally exempt from income taxes under Section 501(c)(3). The Organization files income tax returns in the U.S. Federal jurisdiction. The Organization's income tax returns for the past three years are subject to examination by tax authorities and may change upon examination.

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.

(f) **Use of Estimates**—The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

(g) **Cash and Cash Equivalents**—For the purpose of reporting cash flows, cash and cash equivalents include cash on hand, amounts in demand deposits and short-term investments with an original maturity of ninety days or less.

(h) **Grants and Contracts Receivable**—Grants and contracts receivables are stated at the amount management expects to collect from balances outstanding at year-end and are primarily due from Federal and State governmental agencies. Based on management's assessment of the credit history with parties having outstanding balances and current relationships with them, it has concluded that realization losses on balances outstanding at year-end will be immaterial.

(i) **Contributions**—The Organization accounts for contributions in accordance with generally accepted accounting principles. Accordingly, contributions received are recorded as increases in net assets without donor restrictions or net assets with donor restrictions depending on the existence or nature of any donor restrictions. Contributions that are restricted by the donor are reported as an increase in net assets with donor restrictions.

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. Conditional promises to give are not included as support until the conditions are substantially met. Contributed property and equipment is recorded at fair value at the date of donation.

**COMMUNITY ACTION STOPS ABUSE, INC., AND AFFILIATE**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**JUNE 30, 2019**

(1) **Summary of Significant Accounting Policies:** (Continued)

(j) **Property and Equipment**—Property and equipment acquired by the Organization is considered to be owned by the Organization. However, funding sources may maintain an equitable interest in the items purchased with grant monies as well as the right to determine the use of any proceeds from the sale of these assets. The State of Florida has a reversionary interest in those assets purchased with its funds which have a cost of \$1,000 or more and an estimated useful life of at least one year. The Federal Government has a reversionary interest in those assets purchased with its funds which have a cost of \$5,000 or more and an estimated useful life of at least one year.

Property and equipment with a value greater than \$1,000 and an estimated useful life of at least one year is recorded at cost when purchased or at estimated fair value when contributed. If a donor stipulates how long the assets must be used, the contributions are recorded as restricted support. In the absence of such stipulations, contributions of property and equipment are recorded as unrestricted support. Depreciation is computed using the straight-line method over the estimated useful life of the assets, ranging from three to thirty-nine years.

(k) **Inventory**—Inventory consists of donated clothes and miscellaneous household items. Inventory is stated at fair value when contributed.

(l) **Notes Receivable**—Notes receivable are reported at their outstanding principal balance. Notes receivable are considered by management to be fully collectible and, accordingly, no allowance for doubtful accounts is considered necessary. In making that determination, management evaluated the financial condition of the borrowers, the estimated value of the underlying collateral, and current economic conditions.

(m) **Accrued Leave**—The Organization may compensate its employees for up to 80 hours of their unused paid time off balance upon termination of employment at 50% of their hourly rate. The amount of the change in accrued leave for all employees from one year to the next is reported as an expense during the current year.

(n) **Revenue Recognition**—The Organization receives all of its grant and contract revenue from Federal, State and local agencies. The Organization recognizes contract revenue (up to the contract ceiling) from its contracts over a period which represents the service period for certain contracts, or to the extent of expenses. Revenue recognition depends on the contract.

(o) **Subsequent Events**—The Organization has evaluated events and transactions for potential recognition or disclosure in the consolidated financial statements through September 13, 2019, the date the financial statements were available to be issued. No subsequent events have been recognized or disclosed.

**COMMUNITY ACTION STOPS ABUSE, INC., AND AFFILIATE**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**JUNE 30, 2019**

(1) **Summary of Significant Accounting Policies:** (Continued)

(p) **Recently Issued Accounting Pronouncements**—The Financial Accounting Standards Board (FASB) has issued several pronouncements that have effective dates that may impact future financial statements. Listed below are pronouncements with the required implementation dates effective for subsequent fiscal years that have not yet been implemented. Management has not currently determined what, if any, impact implementation of the following will have on the Organization's consolidated financial statements.

In May 2014, the FASB issued Accounting Standards Update 2014-09: *Revenue from Contracts with Customers*, to clarify the principles used to recognize revenue for all entities. The new standard (as amended) is effective for fiscal years beginning after December 15, 2018 and may be adopted early. The Organization is currently evaluating the effect that implementation of the new standard will have on its consolidated financial position, results of operations, and cash flows.

In February 2016, the FASB issued Accounting Standards Update 2016-02: *Leases (Topic 842)*, to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the consolidated statement of financial position and disclosing key information about leasing arrangements. The new standard is effective for fiscal years beginning after December 15, 2019 and may be adopted early. The Organization is currently evaluating the effect that implementation of the new standard will have on its consolidated financial position, results of operations, and cash flows.

In June 2018, the FASB issued Accounting Standards Update 2018-08: *Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*, to clarify whether a transaction should be considered a contribution or an exchange transaction and to determine whether a contribution is conditional. The new standard is effective for fiscal years beginning after December 15, 2018 and may be adopted earlier. The Organization is currently evaluating the effect that implementation of the new standard will have on its consolidated financial position, results of operations, and cash flows.

(2) **Concentrations of Credit Risk:**

(a) **Demand Deposits**—The Organization has demand deposits with one financial institution. The Organization has no policy requiring collateral or other security to support its deposits, although all demand and time deposits with financial institutions are insured up to FDIC limits. At times, such deposits may be in excess of FDIC limits.

(b) **Grants and Contracts Receivable**—The Organization's grants and contracts receivable are for amounts due under contracts with local governments, the State of Florida and Federal government agencies. The Organization has no policy requiring collateral or other security to support its receivables.

**COMMUNITY ACTION STOPS ABUSE, INC., AND AFFILIATE**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**JUNE 30, 2019**

(2) **Concentrations of Credit Risk:** (Continued)

(c) **Financial Instruments**—Financial instruments that potentially subject the Organization to concentrations of credit risk include investments. The investments are held in a high quality institution with a high credit rating.

(d) **Notes Receivable**—The Organization's notes receivable are amounts due with corporations. The Organization has a policy of requiring collateral to support the notes receivable.

(3) **Contingencies:**

Amounts received or receivable from grantor agencies are subject to audit and adjustment by grantor agencies, principally the Federal government and the State of Florida. Any disallowed claims, including amounts already collected, may constitute a liability of the applicable funds. The amount, if any, of expenditures which may be disallowed by the grantor cannot be determined at this time although the Organization expects such amounts, if any, to be immaterial.

During the years ended June 30, 2015 and 2014, the Organization received a total of \$2,370,364 and \$129,636, respectively, totaling \$2.5 million, from the State of Florida Department of Children and Families through a Fixed Capital Outlay Grants and Aids for the purchase and construction of the 100-bed emergency shelter. Under the terms of this program, the Organization must use the facility as a domestic violence shelter for 20 years. The funder may require repayment of the grant if the Organization does not use the property for its intended use during the specified time. It is the intent of the Organization to maintain and use the shelter for the entire 20-year period.

During the year ended June 30, 2017, the Organization received a total of \$287,830 from Pinellas County through the Community Development Block Grant Program (CDBG) for the purchase and installation of solar panels at the 100-bed emergency shelter. Under the terms of this program, the Organization must maintain the shelter and benefit area residents, and 51% of the households benefiting from services shall be households whose annual incomes do not exceed 80% of the median family income for the area, as determined and made available by U.S. Department of Housing and Urban Development, for 13 years. The funder may require repayment of the grant if the Organization does not use the property for its intended use during the specified time. It is the intent of the Organization to maintain and use the shelter for the entire 13-year period.

(4) **Matching Requirements:**

The Organization received a portion of its support through grants and contracts. Certain grants and contracts require the Organization to provide specified amounts of matching revenue. Each contract, where applicable, has met all matching requirements. Also, for each contract that ended on or before June 30, 2019, no obligation remains outstanding to the funding source.

**COMMUNITY ACTION STOPS ABUSE, INC., AND AFFILIATE**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**JUNE 30, 2019**

**(5) Employee Leasing Company:**

The Organization utilizes the services of an employee leasing service for staffing purposes. The employee leasing service provides employee benefits, including life insurance and 401(k) plan participation. All expenses associated with the services provided by the employee leasing service are shown as personnel expense on the consolidated statement of functional expenses.

**(6) Property and Equipment:**

Property and equipment consists of the following as of June 30, 2019:

Land	\$ 932,100
Building and improvements	11,631,683
Leasehold improvements	1,557,618
Vehicles	117,313
Furniture and equipment	1,243,625
	<hr/> 15,482,339
Less: Accumulated depreciation	4,483,510
Net property and equipment	<hr/> <u>\$ 10,998,829</u>

Depreciation expense for the year ended June 30, 2019 was \$534,800.

**(7) Notes Receivable:**

Notes receivable consists of the following at June 30, 2019:

1.00% interest bearing note receivable due from Florida NMTC Investment Fund, LLC, to be repaid by quarterly payments of principal and interest in an amount necessary to fully amortize the outstanding principal amount of the loan for the period of July 1, 2021 through April 10, 2043. Interest is payable quarterly through June 30, 2021. Secured by first interest in pledged securities.

\$ 2,263,400

1.00% interest bearing note receivable due from Stonehenge Florida NMTC Investment Fund III, LLC, to be repaid by quarterly payments of principal and interest in an amount necessary to fully amortize the outstanding principal amount of the loan for the period of July 1, 2021 through April 10, 2043. Interest is payable quarterly through June 30, 2021. Secured by first interest in pledged securities.

4,025,000

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6,288,400

Less: current portion of notes receivable

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Notes receivable, less current portion

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\$ 6,288,400

Interest revenue for the related notes receivable totaled \$62,884 for the year ended June 30, 2019, and is recognized in the consolidated statement of activities.

**COMMUNITY ACTION STOPS ABUSE, INC., AND AFFILIATE**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**JUNE 30, 2019**

**(8) In-Kind Support:**

The Organization receives donations of various types of household items to sell in its thrift store. The value of this in-kind support is based upon the fair value of the donated items. In-kind revenue related to these donations totaled \$758,742 for the year ended June 30, 2019, and is recognized as thrift stores revenue in the consolidated statement of activities and as cost of goods sold in the consolidated statement of functional expenses.

**(9) Long-term Debt:**

Long-term debt consisted of the following at June 30, 2019:

	<u>Principal Amount</u>
3.45% note payable to financial institution, payable in monthly principal installments of \$23,596 plus interest, maturing March 31, 2021, subject to certain financial covenants and secured by real estate, capital campaign pledges, and \$1.5 million of investments.	\$ 4,176,467
Mortgage note payable for funds received pursuant to a Community Development Block Grant from City of St. Petersburg. Compliance with all provisions set forth in the note shall defer payment of the principal amount through December 31, 2021, at which time all sums due and payable shall be forgiven. Interest will not accrue while payment of the principal is deferred. Secured by real estate.	113,801
1.93% note payable to Florida Community New Markets Fund XIV, LLC, payable in interest only payments through October 1, 2021, payments of principal and interest in the amount of \$63,663 will be payable quarterly beginning on July 1, 2021 through October 1, 2044. Secured by property and equipment, inventory, receivables, and other miscellaneous assets of the organization.	4,762,500
1.93% note payable to Florida Community New Markets Fund XIV, LLC, payable in interest only payments through October 1, 2021, payments of principal and interest in the amount of \$61,214 will be payable quarterly beginning on July 1, 2021 through October 1, 2044. Secured by property and equipment, inventory, receivables, and other miscellaneous assets of the organization.	4,579,327
1.93% note payable to Florida Community New Markets Fund XIV, LLC, payable in interest only payments through October 1, 2021, payments of principal and interest in the amount of \$27,913 will be payable quarterly beginning on July 1, 2021 through October 1, 2044. Secured by property and equipment, inventory, receivables, and other miscellaneous assets of the organization.	2,088,173
	<u>15,720,268</u>
Less: Current portion	283,150
Less: unamortized loan origination fees	293,548
Long-term debt, less current portion	<u>\$ 15,143,570</u>

**COMMUNITY ACTION STOPS ABUSE, INC.,  
AND AFFILIATE  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
JUNE 30, 2019**

(9) **Long-term Debt:** (Continued)

Principal maturities of long-term debt for each of the next five years:

<u>Year ending June 30,</u>	<u>Principal</u>	<u>Forgiveness</u>	<u>Total</u>
2020	\$ 283,150	\$ -	\$ 283,150
2021	3,991,016	-	3,991,016
2022	395,528	113,801	509,329
2023	403,209	-	403,209
2024	411,040	-	411,040
Thereafter	10,122,524	-	10,122,524
Total	<u>\$ 15,606,467</u>	<u>\$ 113,801</u>	<u>\$ 15,720,268</u>

The Community Development Block Grant was used to renovate certain facilities. If the programs associated with the grant are terminated prior to the maturity date, the entire principal balance shall become immediately due and payable. In addition, the lender will be entitled to recover the fair market value of the respective property, less any principal amount and any portion of the value of the property attributable to non-Community Development Block Grant funds expended for acquisition, improvements, or renovations of the respective properties.

The mortgage note payable subject to certain covenants with which Community Action Stops Abuse, Inc., and Affiliate must comply includes meeting a minimum annual debt service coverage ratio. As of June 30, 2019, the Organization has complied with this covenant and as such, is considered to be in compliance with their agreement with the financial institution.

**New Market Tax Credit Program:**

During the year ended June 30, 2014, CASA completed a \$12 million transaction (Transaction) under Federal and State of Florida New Markets Tax Credit Programs (Program) with Florida Community New Markets Fund, FCLF Florida NMTC Investment Fund, and Stonehenge Florida NMTC Investment Fund and their affiliates. As part of the transaction, CASA was required to create a new affiliated entity, Victoria's Place St. Pete, Inc. (Victoria's Place). Victoria's Place used the proceeds to construct a new 100-bed emergency shelter for survivors of domestic violence (the Shelter) pursuant to and in accordance with the Concession and Service Agreements between Victoria's Place and CASA. The Transaction includes a net subsidy to the Organization of \$5,141,600, which represents the amount of long-term debt expected to be extinguished and forgiven at the conclusion of the transaction as detailed below:

Notes payable – new markets tax credit	\$ 11,430,000
Notes receivable – new markets tax credit	(6,288,400)
Net subsidy	<u>\$ 5,141,600</u>

The subsidy is intended to cover fees and costs related to the Organization's continued participation in the program in accordance with the Concession and Service Agreement.



**COMMUNITY ACTION STOPS ABUSE, INC.,  
AND AFFILIATE  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
JUNE 30, 2019**

(9) **Long-term Debt:** (Continued)

New Market Tax Credit Program: (continued)

The Transaction includes the following agreements:

Federal Investment Fund: Investment Fund Put and Call Agreement. U.S. Bancorp Community Development Corporation (USBCDC) can elect to have the Organization purchase USBCDC's investment in the Transaction at a purchase price equal to the sum of (1) \$1,000; (2) taxes and closing costs; (3) any amounts due from Victoria's Place; (4) accrued and unpaid annual management fee (Put Option). In the event that USBCDC has not exercised the Put Option, the Organization can elect to purchase USBCDC's investment in the Transaction (The Call Option). The Organization can exercise the Call Option on the 180th day following the seventh anniversary of the Transaction. The purchase price of USBCDC's interest shall be an amount equal to the greater of (1) the fair market value of the interest as agreed to by USBCDC and the Organization or, if an amount cannot be agreed upon, the price shall be determined by an independent appraiser; and (2) the put option price.

State Investment Fund 1: State Investment Fund Call Agreement (State Fund 1). The Organization can elect to purchase FCLF Florida NMTC Investment Fund's investment in the Transaction. The Organization can exercise the Call Option on the 180th day following the seventh anniversary of the Transaction. The purchase price of FCLF Florida NMTC Investment Fund's interest shall be an amount equal to the greater of (1) the fair market value of the interest as agreed to by FCLF Florida NMTC Investment Fund and the Organization or, if an amount cannot be agreed upon, the price shall be determined by an independent appraiser; and (2) the aggregate amount of principal and interest due and owing by FCLF Florida NMTC Investment Fund on the loan receivable as of the call closing date.

State Investment Fund 2: State Investment Fund Call Agreement (State Fund 2). The Organization can elect to purchase Florida Community New Markets Fund XIV investment in the Transaction. The Organization can exercise the Call Option on the 180th day following the seventh anniversary of the Transaction. The purchase price of Florida Community New Markets Fund XIV's interest shall be an amount equal to the greater of (1) the fair market value of the interest as agreed to by Florida Community New Markets Fund XIV and the Organization or, if an amount cannot be agreed upon, the price shall be determined by an independent appraiser; and (2) the aggregate amount of principal and interest due and owing by Florida Community New Markets Fund XIV on the loan receivable as of the call closing date.

(10) **Net Assets with donor restrictions:**

Net assets with donor restrictions consist of the following at June 30, 2019:

	<b><u>July 1, 2018</u></b>	<b><u>Additions</u></b>	<b><u>Releases</u></b>	<b><u>June 30, 2019</u></b>
Unconditional promises to give	\$ 535,321	\$ 192,160	\$ (523,494)	\$ 203,987
Land leases	120,651	-	(11,268)	109,383
United Way	32,995	-	(32,995)	-
Thrift store	-	25,000	-	25,000
Outreach	6,500	-	-	6,500
Youth programs	6,933	9,600	(2,255)	14,278
Shelter programs	19,060	29,800	(6,835)	42,025
Total	<u>\$ 721,460</u>	<u>\$ 256,560</u>	<u>\$ (576,847)</u>	<u>\$ 401,173</u>

**COMMUNITY ACTION STOPS ABUSE, INC.,  
AND AFFILIATE  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
JUNE 30, 2019**

**(11) Unconditional Promises to Give:**

Unconditional promises to give consist of cash contributions receivable and contributed use of land. The Organization had unconditional promises to give representing the following at June 30, 2019:

Contributed use of land	\$ 109,383
Special events	168,287
Sunshine and Hope Campaign	35,700
	<u>313,370</u>
Less allowance for doubtful accounts	27,917
Total	<u>\$ 285,453</u>

Unconditional promises to give due in more than one year are scheduled to be received as follows at June 30, 2019:

Less than one year	\$ 183,995
One to five years	74,086
Thereafter	91,131
	<u>349,212</u>
Less:	
Unamortized discount	879
Allowance for doubtful accounts	27,917
Unamortized rent contributions	34,963
	<u>285,453</u>
Less current portion	(248,696)
	<u>\$ 36,757</u>

Contributions receivable due from trustees, staff, and board members total approximately \$13,700 for the year ended June 30, 2019.

**(12) Significant Funding Source:**

The Organization receives a substantial amount of its funding from the U.S. Department of Justice passed through State of Florida, Office of the Attorney General and The Juvenile Welfare Board of Pinellas County. Revenues from these funding agencies for the year ended June 30, 2019, represented approximately 27% of total revenues. A significant reduction in the level of this funding, if this were to occur, could have an adverse effect on the Organization's programs and activities.

**COMMUNITY ACTION STOPS ABUSE, INC.,  
AND AFFILIATE  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
JUNE 30, 2019**

**(13) Liquidity and Availability:**

Financial assets available for general expenditure, that is, without donor restrictions or internally board designations limiting their use, within one year of the statement of financial position date, comprise the following:

Cash and cash equivalents	\$ 667,143
Investments	2,752,345
Grants and contracts receivable	491,357
Unconditional promises to give, net of allowance	248,696
Financial assets available to meet cash needs for general expenditures	<u>\$ 4,159,541</u>
Less those unavailable for general expenditures within one year due to donor imposed restrictions	(401,173)
Less investments subject to financial covenants	(1,500,000)
Financial assets available to meet cash needs for general expenditures	<u><u>\$ 2,258,368</u></u>

The Organization is supported in part by donor restricted contributions. Because a donor's restriction requires resources to be used in a particular manner or in a future period, the Organization must maintain sufficient resources to meet those responsibilities to its donors. Thus, financial assets may not be available for general expenditure within one year.

**(14) Investments:**

The Organization's investments at June 30, 2019, consist of marketable securities recorded at fair market value as summarized below:

	<u>Cost</u>	<u>Fair Value</u>	<u>Unrealized Gain (Loss)</u>
Fixed Income	\$ 1,521,216	\$ 1,490,460	\$ (30,756)
Mutual funds			
Equities	1,033,375	1,070,159	36,784
Alternative Strategies	121,516	122,086	570
Real estate investments	65,452	69,640	4,188
	<u><u>\$ 2,741,559</u></u>	<u><u>\$ 2,752,345</u></u>	<u><u>\$ 10,786</u></u>

**COMMUNITY ACTION STOPS ABUSE, INC.,  
AND AFFILIATE  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
JUNE 30, 2019**

(14) **Investments:** (Continued)

The following schedule summarizes the investment return in the Statement of Activities for the year ended June 30, 2019:

Interest and dividend income	\$ 88,202
Realized loss	(32,417)
Change in unrealized gain	70,140
Total	<u>\$ 125,925</u>

Investments in marketable securities with readily determinable fair values are reported at fair values in the consolidated statement of financial position. Unrealized gains and losses are included in net assets.

(15) **Fair Value Measurements:**

The Organization adopted the provisions of FASB ASC 820-10 which provides a framework for measuring fair value under generally accepted accounting principles. These standards define fair value, provide guidance for measuring fair value and require certain disclosures. These standards do not require any new fair value measurements, but rather apply to all other accounting pronouncements that require or permit fair value measurements. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The following is a brief description of the three levels within the fair value hierarchy that prioritize the inputs to valuation techniques:

- **Level 1:** Observable inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities.
- **Level 2:** Inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities that are not active. Such inputs may include interest rates and yield curves, volatilities, prepayment speeds, credit risks, and default rates.
- **Level 3:** Unobservable inputs to measure fair value of assets and liabilities for which there is little, if any market activity at the measurement date, using reasonable inputs and assumptions based upon the best information at the time, to the extent that inputs are available without undue cost and effort.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2019.

*Mutual funds*— Valued at quoted market prices.

**COMMUNITY ACTION STOPS ABUSE, INC.,  
AND AFFILIATE  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
JUNE 30, 2019**

(15) **Fair Value Measurements:** (Continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following is a summary of the valuation as of June 30, 2019, for the Organization's investments based upon the three levels defined above:

	<b>Fair Value</b>	<b>Quoted Prices (Level 1)</b>	<b>Significant Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>
Investments:				
Fixed Income	\$ 1,490,460	\$ 1,490,460	\$ -	\$ -
Mutual Funds:				
Equities	1,070,159	1,070,159	-	-
Alternative Strategies	122,086	122,086	-	-
Real estate investments	69,640	69,640	-	-
Total investments at fair value	<u>\$ 2,752,345</u>	<u>\$ 2,752,345</u>	<u>\$ -</u>	<u>\$ -</u>

**COMMUNITY ACTION STOPS ABUSE, INC. AND AFFILIATE**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**FOR THE YEAR ENDED JUNE 30, 2019**

<b>Federal Grantor/Pass Through Grantor/ Program Title</b>	<b>Federal CFDA Number</b>	<b>Contract Number</b>	<b>Pass-Through to Subrecipients</b>	<b>Expenditures</b>
<b>FEDERAL AWARDS</b>				
<b>U.S. Department of Agriculture</b>				
Child and Adult Care Food Program	10.558	H-4807	\$ -	\$ 44,310
Total U.S. Department of Agriculture			-	44,310
<b>U.S. Department of Housing and Urban Development</b>				
Continuum of Care Program	14.267	FL0447L4H021604	-	114,103
Continuum of Care Program	14.267	FL0447L4H021705	-	151,432
			-	265,535
Passed through City of St. Petersburg, Florida				
Community Development Block Grants/Entitlement Grants	14.218	B-18-MC-12-0017	-	15,179
Passed through Pinellas County				
Community Development Block Grants/Entitlement Grants	14.218	CD18CASA (B-18-UC-12-0005)	-	17,498
Total Community Development Block Grants - Entitlement Grants Cluster			-	32,677
Passed through City of St. Petersburg, Florida				
Emergency Solutions Grant Program	14.231	E-18-MC-12-0017	-	15,515
Total U.S. Department of Housing and Urban Development			-	313,727
<b>U.S. Department of Justice</b>				
Passed Through Pinellas County				
Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program	16.590	2018-WE-AX-0016	-	11,637
Passed Through Florida Coalition Against Domestic Violence, Inc.				
Violence Against Women Formula Grants	16.588	Basic Needs Supplemental to 19-2206-DVS	-	3,412
Violence Against Women Formula Grants	16.588	Participant Program Needs Supplemental to 19-2206-DVS	-	1,812
			-	5,224
Crime Victim Assistance	16.575	19-2206-IFP-LEGAL-VOCA	-	57,464
Crime Victim Assistance	16.575	18-2206-CPI VOCA	-	17,485
Crime Victim Assistance	16.575	19-2206-CPI VOCA	-	39,464
Passed Through State of Florida, Office of the Attorney General				
Crime Victim Assistance	16.575	VOCA-2017-Community Action Stops Ab-00306	-	245,027
Crime Victim Assistance	16.575	VOCA-2018-Community Action Stops Ab-00007	-	483,308
			-	842,748
Total U.S. Department of Justice			-	859,609
<b>U.S. Department of Health and Human Services</b>				
Passed Through Florida Coalition Against Domestic Violence, Inc.				
Temporary Assistance for Needy Families	93.558	19-2206-DVS	-	154,069
Temporary Assistance for Needy Families	93.558	Basic Needs Supplemental to 19-2206-DVS	-	4,640
Total TANF Cluster			\$ -	\$ 158,709

The accompanying notes to Schedule of Expenditures of  
Federal Awards is an integral part of this schedule.

**COMMUNITY ACTION STOPS ABUSE, INC.,  
AND AFFILIATE  
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
JUNE 30, 2019**

(1) **Basis of Presentation:**

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the Federal awards activity of Community Action Stops Abuse, Inc., and Affiliate under programs of the federal government for the year ended June 30, 2019, in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Community Action Stops Abuse, Inc., and Affiliate it is not intended to and does not present the financial position, changes in net assets, or cash flows of Community Action Stops Abuse, Inc., and Affiliate.

(2) **Summary of Significant Accounting Policies:**

Expenditures reported on the schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowed or are limited as to reimbursement.

(3) **De Minimis Indirect Cost Rate Election:**

Community Action Stops Abuse, Inc., and Affiliate has elected not to use the 10 percent de minimis indirect cost rate as allowed under Uniform Guidance.

**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL  
REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN  
AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH  
GOVERNMENT AUDITING STANDARDS**

To the Board of Directors,  
Community Action Stops Abuse, Inc., and Affiliate:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the consolidated financial statements of Community Action Stops Abuse, Inc., and Affiliate, which comprise the consolidated statement of financial position as of June 30, 2019, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated September 13, 2019.

**Internal Control over Financial Reporting**

In planning and performing our audit of the consolidated financial statements, we considered Community Action Stops Abuse, Inc., and Affiliate's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of Community Action Stops Abuse, Inc., and Affiliate's internal control. Accordingly, we do not express an opinion on the effectiveness of Community Action Stops Abuse, Inc., and Affiliate's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the Organization's consolidated financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

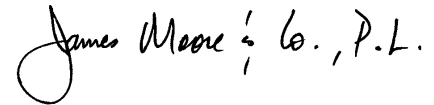


## **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Community Action Stops Abuse, Inc., and Affiliate's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

## **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "James Moore & Co., P.L." The signature is written in a cursive, flowing style.

Tallahassee, Florida  
September 13, 2019

**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL  
PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE IN  
ACCORDANCE WITH THE UNIFORM GUIDANCE**

To the Board of Directors,  
Community Action Stops Abuse, Inc., and Affiliate:

**Report on Compliance for Each Major Federal Program**

We have audited Community Action Stops Abuse, Inc., and Affiliate's compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Compliance Supplement, that could have a direct and material effect on each of Community Action Stops Abuse, Inc., and Affiliate's major federal programs for the year ended June 30, 2019. Community Action Stops Abuse, Inc., and Affiliate's major federal programs are identified in the accompanying schedule of findings and questioned costs.

***Management's Responsibility***

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

***Auditors' Responsibility***

Our responsibility is to express an opinion on compliance for each of Community Action Stops Abuse, Inc., and Affiliate major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the audit requirements of Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance, require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Community Action Stops Abuse, Inc., and Affiliate compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major Federal program. However, our audit does not provide a legal determination Community Action Stops Abuse, Inc., and Affiliate's compliance.

## Opinion on Each Major Federal Program

In our opinion, Community Action Stops Abuse, Inc., , and Affiliate complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major Federal programs for the year ended June 30, 2019.

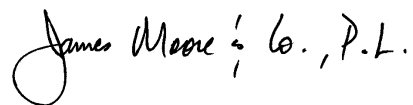
## Report on Internal Control Over Compliance

Management of Community Action Stops Abuse, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Community Action Stops Abuse, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major Federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major Federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Community Action Stops Abuse, Inc.'s and Affiliate internal control over compliance.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a Federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a Federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency* in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



Tallahassee, Florida  
September 13, 2019

**COMMUNITY ACTION STOPS ABUSE, INC.,  
AND AFFILIATE  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
FOR THE YEAR ENDED JUNE 30, 2019**

**I. Summary of Auditors' Results:**

*Financial Statements*

Type of audit report issued on the financial statements: *Unmodified*

Internal control over financial reporting:

- Material weakness(es) identified? ☐ yes ☒ no
- Significant deficiencies identified? ☐ yes ☒ none reported

Noncompliance material to financial statements noted? ☐ yes ☒ no

*Federal Awards*

Internal control over major Federal programs:

- Material weakness(es) identified? ☐ yes ☒ no
- Significant deficiency(ies) identified? ☐ yes ☒ none reported

Types of auditor's report issued on compliance for major Federal programs: *Unmodified*

Any audit findings that are required to be reported in accordance with section 2 CFR200.516(a)? ☐ yes ☒ no

Identification of major programs:

<u>Federal Program</u>	<u>Federal CFDA Number</u>
Crime Victim Assistance	16.575
Dollar threshold used to distinguish between type A and type B program:	\$ 750,000
Auditee qualified as low risk auditee?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no

**II. Financial Statement Findings: None**

**III. Federal Award Findings and Questioned Costs: None**

**IV. Summary of Prior Year Audit Findings - Federal Awards:** There were no findings for the year ended June 30, 2018.

**COMMUNITY ACTION STOPS ABUSE, INC. AND AFFILIATE**  
**CONSOLIDATING STATEMENT OF FINANCIAL POSITION**  
**JUNE 30, 2019**

	<b>Community Action Stops Abuse, Inc.</b>	<b>Victoria's Place St. Pete, Inc.</b>	<b>Eliminations</b>	<b>Consolidated Totals</b>
<b><u>ASSETS</u></b>				
<b>Current assets</b>				
Cash and cash equivalents	\$ 633,000	\$ 34,143	\$ -	\$ 667,143
Investments	2,752,345	-	-	2,752,345
Grants receivable	491,357	-	-	491,357
Contributions receivable, net of allowance	248,696	-	-	248,696
Inventory	60,800	-	-	60,800
Due from related party	-	1,069,960	(1,069,960)	-
Prepaid expenses and other current assets	102,542	-	-	102,542
Total current assets	<u>4,288,740</u>	<u>1,104,103</u>	<u>(1,069,960)</u>	<u>4,322,883</u>
<b>Property and equipment, net</b>	<u>1,775,315</u>	<u>9,223,514</u>	<u>-</u>	<u>10,998,829</u>
<b>Notes receivable - new markets tax credit</b>	<u>6,288,400</u>	<u>-</u>	<u>-</u>	<u>6,288,400</u>
<b>Other assets</b>				
Contributions receivable, long-term portion	36,757	-	-	36,757
Interest in net assets of Victoria's Place St. Pete, Inc.	(821,828)	-	821,828	-
Interest in net assets of the Foundation	24,605	-	-	24,605
Total other assets	<u>(760,466)</u>	<u>-</u>	<u>821,828</u>	<u>61,362</u>
<b>Total Assets</b>	<u><u>\$ 11,591,989</u></u>	<u><u>\$ 10,327,617</u></u>	<u><u>\$ (248,132)</u></u>	<u><u>\$ 21,671,474</u></u>
<b><u>LIABILITIES AND NET ASSETS</u></b>				
<b>Current liabilities</b>				
Accounts payable	\$ 78,540	\$ -	\$ -	\$ 78,540
Accrued expenses and other current liabilities	252,632	5,695	-	258,327
Current portion of long-term debt	283,150	-	-	283,150
Due to related party	1,069,960	-	(1,069,960)	-
Total current liabilities	<u>1,684,282</u>	<u>5,695</u>	<u>(1,069,960)</u>	<u>620,017</u>
<b>Long-term liabilities</b>				
Mortgage note grants	113,801	-	-	113,801
Mortgage note payable, net of current maturities and loan costs	3,886,019	-	-	3,886,019
Note payable - new markets tax credit, net of loan costs	-	11,143,750	-	11,143,750
Total long-term liabilities	<u>3,999,820</u>	<u>11,143,750</u>	<u>-</u>	<u>15,143,570</u>
<b>Total liabilities</b>	<u>5,684,102</u>	<u>11,149,445</u>	<u>(1,069,960)</u>	<u>15,763,587</u>
<b>Net assets</b>				
Without donor restrictions	5,506,714	(821,828)	821,828	5,506,714
With donor restrictions	401,173	-	-	401,173
Total net assets	<u>5,907,887</u>	<u>(821,828)</u>	<u>821,828</u>	<u>5,907,887</u>
<b>Total Liabilities and Net Assets</b>	<u><u>\$ 11,591,989</u></u>	<u><u>\$ 10,327,617</u></u>	<u><u>\$ (248,132)</u></u>	<u><u>\$ 21,671,474</u></u>

**COMMUNITY ACTION STOPS ABUSE, INC. AND AFFILIATE  
CONSOLIDATING STATEMENT OF ACTIVITIES  
FOR THE YEAR ENDED JUNE 30, 2019**

	<b>Community Action Stops Abuse, Inc.</b>	<b>Victoria's Place St. Pete, Inc.</b>	<b>Eliminations</b>	<b>Consolidated Totals</b>
<b>Revenues</b>				
Grants	\$ 2,987,202	\$ -	\$ -	\$ 2,987,202
Thrift store sales	737,609	-	-	737,609
Fundraising	580,737	-	-	580,737
Bequests and major gifts	232,072	-	-	232,072
Contributions and donations	515,949	-	-	515,949
In-kind revenue	758,742	-	-	758,742
Interest income	62,884	-	-	62,884
Investment gain	125,925	-	-	125,925
Program income	1,345	-	-	1,345
Change in net assets of the Foundation	42	-	-	42
Other income	-	1,200	(1,200)	-
Management fees	-	505,000	(505,000)	-
Total revenues	<u>6,002,507</u>	<u>506,200</u>	<u>(506,200)</u>	<u>6,002,507</u>
<b>Expenses</b>				
Domestic Violence	3,991,869	806,148	(506,200)	4,291,817
Thrift stores	1,086,162	-	-	1,086,162
Supporting services				
Administrative and general	345,097	-	-	345,097
Development and Fundraising	470,127	-	-	470,127
Total expenses	<u>5,893,255</u>	<u>806,148</u>	<u>(506,200)</u>	<u>6,193,203</u>
Change in net assets of Victoria's Place St. Pete, Inc.	<u>(299,948)</u>	<u>-</u>	<u>299,948</u>	<u>-</u>
	<u>(299,948)</u>	<u>-</u>	<u>299,948</u>	<u>-</u>
Change in net assets	<u>(190,696)</u>	<u>(299,948)</u>	<u>299,948</u>	<u>(190,696)</u>
<b>Net assets, beginning of year</b>	6,098,583	(521,880)	521,880	6,098,583
<b>Net assets, end of year</b>	<u><u>\$ 5,907,887</u></u>	<u><u>\$ (821,828)</u></u>	<u><u>\$ 821,828</u></u>	<u><u>\$ 5,907,887</u></u>



Total Air, Inc.  
3100 39th Avenue North  
St. Petersburg, FL 33714  
727-822-7700

**BILL TO**  
Casa  
1011 1st Avenue North  
St. Petersburg, FL 33705 USA

INVOICE  
15041452

INVOICE DATE  
Aug 20, 2020

**JOB ADDRESS**  
Casa  
1011 1st Avenue North  
St. Petersburg, FL 33705 USA

Completed Date: 8/20/2020  
Technician: Josh Whiteside  
Technician: Nathan Rambally

#### DESCRIPTION OF WORK

1. Furnish and install one (1) 7.5ton 3-phase Daikin package unit.
2. Furnish and install one (1) 16kw electric heater.
3. Furnish and install one (1) roof curb adapter.
4. Furnish and install one (1) Fresh Air Damper.
5. Furnish and install one (1) digital thermostat.
6. Provide five (5) year factory compressor warranty.
7. Provide one (1) year labor warranty.
8. Perform start up procedures.
9. Includes crane service.
10. All required electrical code, including disconnect box, conduit and wiring.
11. Permit fees included.
12. All work performed to Local and State Building Code.
13. Contractor will perform it's work in a food and workmanlike manner.

Installed new Daikin 7.5 ton rooftop unit on new curb adapter. Installed new disconnect. Installed heater, and drain line. Started up system and everything is in perfect working condition. Customers very happy so she's looking into finding more money for us to do next unit.

TASK	DESCRIPTION	QTY	PRICE	TOTAL
Equipment	Equipment - Install C:	1.00	\$10,909.00	\$10,909.00
- Install C	Install			

POTENTIAL SAVINGS \$1,090.90  
SUB-TOTAL \$10,909.00  
TAX \$0.00

Order #

**PURCHASE / PAYMENT REQUISITION (PPR)**

PPR #

400-0354



P.O. Box 414, St. Petersburg, FL 33731

727-895-4912

Tax Exempt # 85-8012639704C-5Requested by: TomekoDate: 8/20/2020*Please check appropriate box and provide required back-up documents*

Purchased on:

☒ Vendor AccountMaster Card ☐

or

☒ Issue A Check ☒ Due Date: upon receiptApproved Total Cost: \$ 10,909

Deposit or partial payment required

☐ see reverse (must be completed)Vendor:  
(Company)Total Air

Contact:

Phone:

Address:

City, State, Zip:

Options ☒☐ Mail to vendor or☐ Pick up at Admin by whom: \_\_\_\_\_ (must notify A/P prior)☐ Special instructions:**Approvals**

Approved by:

Approval Date:

Up to \$400.00 Coordinator/Manager

\$400.01 - \$1500 Department Director

\$1500.01 - \$2000 Financial Officer

\$2000.01-\$10,000 or more Chief Executive Officer

\$10,000.01 or more Board Officer

8/27/2020**FISCAL OFFICE USE ONLY**

Invoice Total: \$ \_\_\_\_\_ / Final Department Cost: \$ \_\_\_\_\_

Accounting Code:

Project Code:

Amount:

01-52310-10-100-1009999\$10,909

Fiscal II Rcv'd on:

revised 9/29/2018





## INVOICE

Zoom Video Communications Inc.  
65 Almaden Blvd, 6<sup>th</sup> Floor  
San Jose, CA 95113  
billing@zoom.us

Invoice Date: 03/16/2020  
Invoice #: INV1685400  
Payment Terms: Due Upon Receipt  
Due Date: 03/16/2020  
Account Number: 51987781  
Currency: USD  
Account Information: Community Action Stops Abuse, Inc.  
PO Box 414,  
St. Petersburg, Florida 33731  
United States  
mforey@casa-stpete.org

Purchase Order #:

TaxExemptCertificateID:

Zoom W-9

CHARGE DETAILS				
Charge Description	Service Period	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Monthly Quantity: 1 Unit Price: \$14.99	03/16/2020-04/15/2020	\$14.99	\$0.00	\$14.99

INVOICE TOTALS		
Subtotal:		\$14.99
Total (including Tax):		\$14.99
Invoice Balance:		\$0.00

TAX DETAILS				
Charge Name	Tax Name	Jurisdiction	Charge Amount	Tax Amount
			Total Tax	\$0.00

Invoice Total				\$14.99
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
03/16/2020	P-12464042	Payment		(\$14.99)
Invoice Balance				\$0.00

Order #

PPR #

**PURCHASE / PAYMENT REQUISITION (PPR)**

P.O. Box 414, St. Petersburg, FL 33731  
727-895-4912

Tax Exempt # 85-8012639704C-5

ENTERED MA 31 2020

Requested by: MindyDate: 3/16/2020

Please check appropriate box and provide required back-up documents

Purchased on:	<input type="checkbox"/> Vendor Account	Master Card → <input checked="" type="checkbox"/> <u>Mindy</u>
	or	
	<input type="checkbox"/> Issue A Check → Due Date: _____	<u>8138</u>

Deposit or partial payment required

☐ see reverse (must be completed)Approved Total Cost: \$ 14.99

Vendor: (Company)	<u>Zoom</u>	Contact:
Address:		Phone:
City, State, Zip:		
Options →	<input type="checkbox"/> Mail to vendor or <input type="checkbox"/> Pick up at Admin by whom: _____ (must notify A/P prior) <input type="checkbox"/> Special instructions: _____	

**Approvals**

Approved by:	Signature:	Approval Date:
Up to \$400.00 Coordinator/Manager		
\$400.01 - \$1500 Department Director		
\$1500.01 - \$2000 Financial Officer	<u>Mindy Jerey</u>	<u>3/16/2020</u>
\$2000.01-\$10,000 or more Chief Executive Officer		
\$10,000.01 or more Board Officer		

**FISCAL OFFICE USE ONLY**

Invoice Total: \$ _____ / Final Department Cost: \$ _____		
Accounting Code:	Project Code:	Amount:
<u>01-57200-10-100-100</u>	<u>—</u>	<u>14.99</u>
	<u>MSJ</u>	<u>3/27/2020</u>

Fiscal II Rcv'd on:

revised 9/29/2018



## INVOICE

Zoom Video Communications Inc.  
55 Almaden Blvd, 6th Floor  
San Jose, CA 95113  
billing@zoom.us

Invoice Date: 04/16/2020  
Invoice #: INV15769749  
Payment Terms: Due Upon Receipt  
Due Date: 04/16/2020  
Account Number: 51887781  
Currency: USD  
Account Information: Community Action Stops Abuse, Inc.  
PO Box 414,  
St. Petersburg, Florida 33731  
United States

Purchase Order #:

TaxExemptCertificateID:

mforey@casa-stpete.org

Zoom W-9

CHARGE DETAILS				
Charge Description	Service Period	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Monthly Quantity: 10 Unit Price: \$14.99	04/16/2020-05/15/2020	\$149.90	\$0.00	\$149.90

INVOICE TOTALS	
Subtotal:	\$149.90
Total (Including Tax):	\$149.90
Invoice Balance:	\$0.00

TAX DETAILS				
Charge Name	Tax Name	Jurisdiction	Charge Amount	Tax Amount
			Total Tax	\$0.00

Invoice Total				\$149.90
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
04/16/2020	P-16630163	Payment		(\$149.90)
Invoice Balance				\$0.00

Order #

## PURCHASE / PAYMENT REQUISITION (PPR)

PPR #



P.O. Box 414, St. Petersburg, FL 33731  
727-895-4912

Tax Exempt # 85-8012639704C-5Requested by: MindyDate: 4/16/2020

Please check appropriate box and provide required back-up documents

Purchased on:	<input type="checkbox"/> Vendor Account	Master Card → <u>Mindy</u>
	or	
	<input type="checkbox"/> Issue A Check →	Due Date: _____

Approved Total Cost: \$ <u>149.90</u>	Deposit or partial payment required <input type="checkbox"/> see reverse (must be completed)
---------------------------------------	---

Vendor: (Company)	<u>Zoom</u>	Contact:
Address:		Phone:
City, State, Zip:		
Options →	<input type="checkbox"/> Mail to vendor or <input type="checkbox"/> Pick up at Admin by whom: _____ (must notify A/P prior) <input type="checkbox"/> Special instructions: _____	

## Approvals

Approved by:	Signature:	Approval Date:
Up to \$400.00 Coordinator/Manager		
\$400.01 - \$1500 Department Director		
\$1500.01 - \$2000 Financial Officer	<u>Mindy Gorey</u>	<u>149.90</u>
\$2000.01-\$10,000 or more Chief Executive Officer		
\$10,000.01 or more Board Officer		

## FISCAL OFFICE USE ONLY

Invoice Total: \$ _____ / Final Department Cost: \$ _____		
Accounting Code:	Project Code:	Amount:
<u>01-57200-10-100-100</u>	<u>-</u>	<u>149.90</u>
	<u>MJ 5/21/20</u>	

Fiscal II Rcv'd on:

revised 9/29/2018



## INVOICE

Zoom Video Communications Inc.  
55 Almaden Blvd, 6th Floor  
San Jose, CA 95113  
billing@zoom.us

Invoice Date: 05/16/2020  
Invoice #: INV20791317  
Payment Terms: Due Upon Receipt  
Due Date: 05/16/2020  
Account Number: 51987781  
Currency: USD  
Account Information: Community Action Stops Abuse, Inc.  
PO Box 414,  
St. Petersburg, Florida 33731  
United States

Purchase Order #:

TaxExemptCertificateID:

mfcrey@casa-stpeta.org

Zoom W-9

CHARGE DETAILS				
Charge Description	Service Period	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Monthly Quantity: 10 Unit Price: \$14.99	05/16/2020-06/15/2020	\$149.90	\$0.00	\$149.90

INVOICE TOTALS	
Subtotal:	\$149.90
Total (Including Tax):	\$149.90
Invoice Balance:	\$0.00

TAX DETAILS				
Charge Name	Tax Name	Jurisdiction	Charge Amount	Tax Amount
			Total Tax	\$0.00

Invoice Total				
				\$149.90
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
05/16/2020	P-21839243	Payment		(\$149.90)
Invoice Balance				\$0.00

Order #

**PURCHASE / PAYMENT REQUISITION (PPR)**

PPR #



P.O. Box 414, St. Petersburg, FL 33731

727-895-4912

Tax Exempt # 85-8012639704C-5

ENTERED MAY 16 2020

Requested by: MindyDate: 5/16/2020*Please check appropriate box and provide required back-up documents*

Purchased on:

☐ Vendor AccountMaster Card → X☐ Issue A Check → Due Date: 8/38Approved Total Cost: \$ 149.90

Deposit or partial payment required

☐ see reverse (must be completed)Vendor:  
(Company)Zoom

Contact:

Phone:

Address:

City, State, Zip:

Options →

☐ Mail to vendor or☐ Pick up at Admin by whom:

(must notify A/P prior)

☐ Special instructions:**Approvals**

Approved by:

Signature:

Approval Date:

Up to \$400.00 Coordinator/Manager

\$400.01 - \$1500 Department Director

\$1500.01 - \$2000 Financial Officer

\$2000.01 - \$10,000 or more Chief Executive Officer

\$10,000.01 or more Board Officer

Mindy Forey5/16/2020**FISCAL OFFICE USE ONLY**

Invoice Total: \$ \_\_\_\_\_ / Final Department Cost: \$ \_\_\_\_\_

Accounting Code:

Project Code:

Amount:

01-53200-10-100-100149.90

Fiscal II Rcv'd on:

revised 9/29/2018



## INVOICE

Zoom Video Communications Inc.  
55 Almaden Blvd, 6th Floor  
San Jose, CA 95113  
billing@zoom.us

Invoice Date: 06/16/2020  
Invoice #: INV26113202  
Payment Terms: Due Upon Receipt  
Due Date: 06/16/2020  
Account Number: 51987781  
Currency: USD  
Account Information: Community Action Stops Abuse, Inc.  
PO Box 414,  
St. Petersburg, Florida 33731  
United States

Purchase Order #:

TaxExemptCertificateID:

mfcroy@casa-stpete.org

Zoom W-9

CHARGE DETAILS				
Charge Description	Service Period	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Monthly Quantity: 10 Unit Price: \$14.99	06/16/2020-07/15/2020	\$149.90	\$0.00	\$149.90

INVOICE TOTALS		
	Subtotal:	\$149.90
	Total (Including Tax):	\$149.90
	Invoice Balance:	\$0.00

TAX DETAILS				
Charge Name	Tax Name	Jurisdiction	Charge Amount	Tax Amount
			Total Tax	\$0.00

INVOICE TOTAL				
Invoice Total				\$149.90
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
06/16/2020	P-27560172	Payment		(\$149.90)
Invoice Balance				\$0.00

Order #

**PURCHASE / PAYMENT REQUISITION (PPR)**

PPR # Recurring



*Around 16<sup>th</sup>  
of each month*

P.O. Box 414, St. Petersburg, FL 33731

727-895-4912

Tax Exempt # 85-8012639704C-5

Requested by: Mindy

Date: 6/1/2020

*Please check appropriate box and provide required back-up documents*

Purchased on:

☐ Vendor Account

Master Card → ☒ Mindy

☐ Issue A Check → Due Date: \_\_\_\_\_

Approved Total Cost: \$ 149.90

Deposit or partial payment required

☐ see reverse (must be completed)

Vendor:  
(Company)

Zoom

Contact:

Phone:

Address:

City, State, Zip:

Options →

☐ Mail to vendor or

☐ Pick up at Admin by whom: \_\_\_\_\_

*(must notify A/P prior)*

☐ Special instructions:

**Approvals**

Approved by:

Signature:

Approval Date:

Up to \$400.00

Coordinator/Manager

\$400.01 - \$1500

Department Director

\$1500.01 - \$2000

Financial Officer

\$2000.01-\$10,000 or more  
Chief Executive Officer

\$10,000.01 or more Board Officer

Mindy Gorey

6/16/2020

**FISCAL OFFICE USE ONLY**

Invoice Total: \$ \_\_\_\_\_

/ Final Department Cost: \$ \_\_\_\_\_

Accounting Code:

Project Code:

Amount:

01-57200-10-100-100

149.90

MSK 7/19/20

Fiscal II Rev'd on:

revised 9/29/2018





## INVOICE

Zoom Video Communications Inc.  
55 Almaden Blvd, 8th Floor  
San Jose, CA 95113  
billing@zoom.us

Invoice Date: 07/16/2020  
Invoice #: INV31246180  
Payment Terms: Due Upon Receipt  
Due Date: 07/16/2020  
Account Number: 51987761  
Currency: USD  
Account Information: Community Action Stops Abuse, Inc.  
PO Box 414,  
St. Petersburg, Florida 33731  
United States

Purchase Order Number:

mforey@casa-stpete.org

TaxExemptCertificateID:

Zoom W-9

## CHARGE DETAILS

Charge Description	Service Period	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Monthly Quantity: 10 Unit Price: \$14.99	07/16/2020-08/15/2020	\$149.90	\$16.92	\$166.82

## INVOICE TOTALS

	Subtotal:	\$149.90
	Total (Including Tax):	\$166.82
	Invoice Balance:	\$0.00

## TAX DETAILS

Charge Name	Tax Name	Jurisdiction	Charge Amount	Tax Amount
Standard Pro Monthly	Statutory Gross Receipts NFR (Business)	State	\$149.90	\$0.22
Standard Pro Monthly	Communications Service Tax NFR	City	\$149.90	\$9.32
Standard Pro Monthly	Communications Service Tax NFR	State	\$149.90	\$7.38
			Total Tax	\$16.92

\* Sent in sales tax exemption

Invoice Total:	\$166.82
----------------	----------

Order #

**PURCHASE / PAYMENT REQUISITION (PPR)**

PPR #



P.O. Box 414, St. Petersburg, FL 33731  
727-895-4912

Tax Exempt # **85-8012639704C-5**

**ENTERED AUG 05 2020**

Requested by: Mindy

Date: 7/16/2020

*Please check appropriate box and provide required back-up documents*

Purchased on:

☐ Vendor Account

Master Card → ☒ Mindy

or

☐ Issue A Check → Due Date: \_\_\_\_\_

Approved Total Cost: \$ 166.82

Deposit or partial payment required

☐ see reverse (must be completed)

Vendor  
(Company)

Zoom

Contact:

Phone: \_\_\_\_\_

Address:

City, State, Zip:

Options →

☐ Mail to vendor or

☐ Pick up at Admin by whom: \_\_\_\_\_

(must notify A/P prior)

☐ Special instructions:

**Approvals**

Approved by:

Signature:

Approval Date:

Up to \$400.00 Coordinator/Manager

\$400.01 - \$1500 Department Director

\$1500.01 - \$2000 Financial Officer

\$2000.01-\$10,000 or more Chief Executive Officer

\$10,000.01 or more Board Officer

Mindy Forey

7/16/2020

**FISCAL OFFICE USE ONLY**

Invoice Total: \$ \_\_\_\_\_ / Final Department Cost: \$ \_\_\_\_\_

Accounting Code:

Project Code:

Amount:

01-57320-10-100-100

9999

166.82

MSN 8/4/20



# **CASA's Continuity of Operations Plan**

Updated Summer 2020

## **Index**

### **Introduction**

- 1. Delegation of Responsibility and Chain of Communications**
- 2. Prepare and Support Personnel**
- 3. Protect Vital Records and Data Bases**
- 4. Financial Recovery**
- 5. Conduct an Inventory**
- 6. Continuation of Services**
- 7. Training, Test and Practice**
- 8. Review and Update the COOP**

### **Appendices**

Appendix A. Risk Management Flow Chart

Appendix B. CASA's Emergency Phone Tree

Appendix C. Team Member Evacuation Plans and Information Update

Appendix D: Information and Contact Inventory for CASA

Appendix. E: Index to CASA Emergency Thumb Drive

## Introduction

**CASA's Continuity Operations Plan (COOP)** is a guide the organization will use to resume services to domestic violence victims and other related daily operations as soon as it is safe and physically possible. The plan takes into consideration the team member necessary to provide services, the finances, contractual obligations, resources, and actual physical facilities needed during and following a disaster such as a major hurricane, tornado, fire, pandemic, etc. The plan is reviewed and updated yearly, with information to be added or updated on a continual basis.

CASA's programs are distributed throughout multiple locations in the county. If one of those locations is compromised, some programs and services are equipped to temporarily operate out of another location, such as the 100-bed shelter facility. However, it would be difficult to relocate CASA's housing services to another CASA location. FCADV (Florida Coalition for Domestic Violence) has the capability to provide hotline call backup services and emergency shelter coverage in coordination with the other certified domestic violence shelters throughout the state until CASA resumes operations.

To foster continual improvement in our plans, we request input from other non-profit agency disaster teams, along with those of private businesses. Historically, we have utilized CASA Board members who are on disaster teams in their own businesses to determine areas in which we can improve.

## 1. Delegation of Responsibility and Chain of Communications

CASA has a detailed chain of communications, whether it is for internal communications or communications to outside agencies and to media. This chain is similar in times of normal operations as in times of disaster.

**Board of Directors** is responsible for the overall agency operations and liabilities.

1. Executive Committee - is responsible for strategic planning and other responsibilities granted by the Board.
2. Governance Committee - reviews CASA's by-laws, governance, policies and reviews strategic plan.

Other Leadership Committees chaired by Board members with staff members also serving are in effect, but not relevant to the COOP.

**Team member** (Please refer to Appendix A. Risk Management Flow Chart)

*Leadership Team* oversees incident reports, safety drills, risk management (representatives from administration, human resources, development, communications, finance, non-residential, residential, and legal).

- *Chief Executive Officer (CEO)* oversees the agency's mission, vision, and implementation of the strategic plan, corresponds with the Board of Directors and

funding agencies and, together with Director of Marketing and Communications, communicates with the media.

- *Chief Financial Officer (CFO)* oversees the implementation of the finance department's policies and procedures, backup of financial records and data, and ensures that funding is appropriately spent with appropriate documentation. This position is also the onsite liaison with our outsourced contractor for IT and security, and oversees the thrift store.
- *Human Resources Manager* is responsible for personnel files, background screenings, privilege records, and HR policies and procedures.
- *Director of Donor Relations* oversees fundraising operations of the agency.
- *Senior Grants and Compliance Manager* oversees contract compliance. This position supervises property maintenance personnel at all locations.
- *Director of Program Services* oversees all policies and procedures for Shelter, Outreach and Child Welfare Departments. This position oversees communications with the volunteers.
- *Director of Marketing and Communications* is responsible for PR and marketing for the organization. The CEO and Director of Marketing and Communications serve as the primary contacts with the media.
- *Lead IFP Attorney* is responsible for IFP attorneys and paralegal.

## Communications

(Please refer to Appendix B. CASA's Emergency Phone Tree)

1. Phone: On or about April 30, team members are required to complete a "contact sheet" which lists their updated home phone number, emergency contact information, cell phone number and information on the cell phone provider. (Please refer to Appendix C: Team Member Evacuation Plans and Information Update). New team members are asked to complete a "contact sheet" when completing the new hire paperwork. The HR Manager will ensure that the request is made as part of the annual employee packet update.

Communications in times of emergency will be directed down from the CEO to the Leadership Team. In turn, the Directors/ Supervisors will contact their team members. The CEO will also contact the Board of Directors.

2. Leadership Team and Program Leadership Team: All LTM and PLT members use the LTM and PLT email groups and text messages for communications between departments. It will be the responsibility of the Director of Marketing and Communications to group text the LTM each time there is a change in membership, either adding or subtracting staff members, ensuring the team has current cell numbers for texting. The HR Manager will add/remove Team members to/ from the LTM and PLT group emails as needed. Email will also be utilized to file emergency paperwork such as the "Authorization of Passage" list and "Emergency Evacuation Protocol". It will be the responsibility of the HR Manager to update the files on a monthly basis.

3. Communications with the media is coordinated by the CEO and/or the Director of Marketing and Communications. They are the only people authorized to interact with the press, except when they designate others to speak with the press on a case-by-case basis or in certain circumstances when both CEO and Director of Marketing and Communications are unavailable. (See Policy #100-355 on Media Relations and Crisis Communications policy for details.)

Media inquiries shall receive prompt attention, and every effort to respond to a request within a 24-hour period will be made.

When regarding HR matters or in a crisis or according to the CASA Board of Directors Policy Manual, Policy No. G-3 states: "Oversight of [the media] relationship is the responsibility of the CEO or designee. As a result, the CEO or designee shall be the official spokesperson for CASA in all matters concerning the agency, its team member or programs. Contacts made directly with Board members should be referred to the CEO for response/action."

CASA Board members shall not act as a spokesperson unless requested to do so by the CEO or Board Chair.

1. Emergency Contact Lists: Updated phone lists and e-mail addresses (when available) will be maintained for the following sources
  - A. CASA Board of Directors
  - B. CASA Team members
  - C. St. Petersburg City Emergency Services Phone Numbers
  - D. Pinellas County Emergency Management Services Phone Numbers
  - E. Hotlines for Emergency Relief
  - F. Florida Domestic Violence Centers – including phone numbers, hot line numbers, emails, addresses
  - G. CASA Funders
  - H. CASA Vendors
  - I. Grant Contract Managers
  - J. Community Resources for Participants
  - K. Community Resources for Employees
2. Instruments/ tools needed for Emergency Communications: The CFO and IT service provider will ensure emergency communication utilizing phone, Internet, and fax technology can be established, if needed. Additionally, Leadership Team will be connected via email and text.

A procedure describing the requirements reestablishing emergency telephone, Internet, and fax usage is developed and reviewed on an annual basis by the IT contractor and CFO, and approved by the CEO.

## 2. Prepare and Support for the Personnel

Team members will meet with their immediate supervisor on annual quarterly basis to review their specific responsibilities prior to, during, and following a disaster. If there is time before the disaster, team members will also meet to review any changes and updates. All employees are considered to be “Essential Personnel” and will need to carry a copy of the most current Authorization of Passage and are informed of this upon hire, and in departmental meetings.

In addition, an “*Authorization of Passage*” document is updated on a monthly basis. This document lists the team members who are given access to all CASA properties following a disaster, once facilities are safe. The CEO signs the document. Copies are made and given both in hard copy and electronically to all of the appropriate team members to keep with them in case re-entry is needed.

CASA team members are leased employees of A1-HR. A1-HR will maintain limited amounts of information, copies of personnel files and payroll history. If a disaster hits at a time when payroll is due, the CFO will call A1-HR and authorize A1-HR to repeat the last payroll run. Team member with direct deposit will receive funds in their accounts. Team members who do not have direct deposit will make arrangements to pick up their paper check at Administration, if they are available. CASA has been informed in writing that A1-HR has server capability from more than one location, one being outside of Florida in case of a hurricane.

## 3. Protect Vital Records and Data Bases

- A. CASA Legal Documents: A copy of CASA’s: IRS 501 (c) 3, By-laws, Certificate of Exemption State licenses, most current 990 and annual audit will be maintained and a list of documents in CASA’s Safety deposit box will also be recorded.
- B. CASA team member training records are entered into the Osnium system, an on-line training and record retention application. Hard copies are kept in HR.
- C. CASA’s Contracts: CASA’s current grant contracts are scanned each year and saved to Fiscal Share.
- D. CASA’s Vendor Warrantees and Services Agreements are also scanned and saved to Fiscal Share.
- E. Full and incremental backups to preserve corporate information assets are performed on a regular basis for audit logs and files that are irreplaceable, have a high replacement cost, or are considered critical. Backup media is stored in a



secure, geographically separate location from the original and isolated from environmental hazards.

- Access to backup databases and other data is tested by the CFO.

F. Data Restoration Procedure includes determining the type and extent of damage and restoring the system and data as necessary.

- Determine type of damage: If hardware is damaged, restore the workstations or contact the IT service provider for assistance.
- If a disaster recovery situation, see disaster recovery policy (IT-07 MIS Disaster Recovery Procedure - Emergency Communications).
- The CFO should contact Fusion to reconnect the phone circuits for 1011 and Spectrum for shelter phones.
- The CFO or designee should contact Spectrum about the Internet connections and to reinstall/ reconfigure their equipment for those connections. The CFO or designee should contact the IT service provider to install/configure the routers.

CASA prioritizes disaster recovery procedures for retrieving data in the event of a natural disaster or other disaster to enable the organization to bring services back online without losing any client confidential data. Currently, server information is locally backed up to a business continuity device, Datto. Datto replicates encrypted data that is managed and supported by ShowTech Solutions. Additionally, large capacity thumbdrives will be made available to LTM and PLT so they can save non-confidential data for working remotely.

In the event of a prolonged period of recovery, a full infrastructure can be replicated in the cloud. Thus, in the event of a disaster, the organization would take the following action:

1. Declare a disaster per the *CASA's Business Continuity Plan*
2. CASA's Management would communicate with the organization's IT services provider regarding replicating a full infrastructure from the cloud
3. The organization's IT services provider would determine and communicate a timeline to complete replication
4. Upon completion, CASA would resume normal business functions and services to participants.

## **4. Financial Recovery**

In case of a disaster, CASA's financial operations recovery is critical to the organization's resumption of ongoing operations.

Insurance – CEO and CFO will each take a copy of insurance policies with contact information to an offsite location. A copy of the most current policies will be recorded on the Emergency thumb drives by the Executive Assistant.

Payroll – If a disaster hits at a time when payroll is due, the CFO will call A1HR and authorize A1HR to repeat the last payroll run. Team members with direct deposit will receive funds in their accounts. A procedure is established for distribution of checks. The CEO and CFO will coordinate these efforts based on scope of disaster.

Banking – Fifth Third Bank is CASA's banking partner. Fifth Third Bank has server capability from more than one location with locations outside the state of Florida, in case of a hurricane.

Emergency Cash - Cash needs: Estimate needed for emergency supplies (i.e., ice, food, fuel, supplies) for approximately 10 days. Suggested discretionary amount of emergency cash: \$5,000 to \$10,000.

The CEO will sign a PPR authorizing a check to be processed by the Finance Department. The CEO will sign the check. The CFO or designee will go to Fifth Third Bank to cash the check.

Emergency Cash and 5 to 10 manual checks will be placed in a waterproof bag in the CFO's locked file cabinet. If it seems advisable, this can be split and the CEO and CFO can each have access to half.

Vendor payment via manual check – CEO and designee would be assigned a number of checks from the check stock by the CFO and manual checks would be issued. The CFO would have to reconcile for numerical sequence by both unused checks being returned and invoices would have the check number used written on it. Vendors may be informed that payment will be delayed due to emergency.

## **5. Conduct an Inventory**

Fixed asset inventory: CASA's policy is to record physical property and equipment of the organization. The Facilities and Operations Manager will conduct a physical inventory of all assets annually. Fixed Asset records shall be maintained by the Facilities and Operations Manager in the Fixed Asset database of the accounting system. Items will be capitalized or listed as inventory. A record of the capitalized assets will include the tag number, description, date of purchase, cost, location, source of funds, and accumulated depreciation of the property.

Videotape of fixed assets: Facilities and Operations Manager is responsible for taking photographs of CASA's physical property on a bi-annual basis or as needed. The photos will be uploaded to Fiscal Share drive.

Information and contact inventory: An information and contact inventory form (Appendix D) is completed, reviewed and updated on an annual basis. This form is also copied onto the emergency thumb drives. The form identifies the location of non-profit legal documents, location of financial, donor and volunteer files, and contact information for businesses that are crucial to CASA continuation of services.

Record storage inventory: CASA maintains an offsite record storage inventory as to the number of the box, which department the box relates to, dates and a description of the box and location. This inventory is continually updated on an as needed basis when more boxes are stored or destroyed. This inventory is maintained at Stevens & Stevens, 11515 53<sup>rd</sup> Street North, Clearwater, FL, 33760, 727.573.3900. A hard copy of the inventory list is kept at the Grant Accountant's desk and electronic copy maintained in the Fiscal Share drive.

Photographs of facilities: Photographs of each CASA facility are taken on an annual basis and will be recorded on a thumb drive by the Executive Assistant and keep the thumb drive in CASA's safe deposit box.

- Facilities and Operations Manager is responsible for photos of 1011
- Thrift Store Manager is responsible for the thrift store
- Director of Program Services is responsible for the emergency shelter, CPI locations, police department locations, and courthouse locations

## **6. Continuation of Services**

CASA has four facilities in different parts of southern Pinellas County. If one facility received damage, some of its non-residential services may be able to be quickly moved to an alternate facility.

CASA is a member of FCADV (the Florida Coalition Against Domestic Violence.) In times of disaster, the CEO or Director of Program Services will contact FCADV for assistance. FCADV will assist CASA to continue to provide the most critical of services to victims of domestic violence. For instance, if a disaster such as a hurricane is predicted for the Pinellas County area, FCADV will email shelters throughout the state as to which shelter in a safe area has volunteered to staff the crisis hotline. CASA's 24-hour crisis hotline will be transferred to another shelter with trained domestic violence advocates. FCADV will also assist in coordinating shelter services with other domestic violence centers that may have vacancies.

Other activities that must be determined by staff members assigned at the time of emergency include

- Removing the shade from the shelter playground (Awning Works 727.524.1118). To remove, use the quick release system on the ends of the posts, using a wrench to loosen the tarp, approximately 5 turns each. It will need to be stored inside and cannot be folded.
- Examination of loose debris and outside items at the Gateway properties, sandbags
- Purchase and delivery of emergency supplies if residents will stay in shelter, including protective gloves, plastic bags for clean up, food and personal care items, cleaning supplies
- Distribution of plastic bins for all staff to pack up electronics in case of flooding or rain damage inside

CASA has extensive collaborations with other non-profit and for-profit businesses throughout southern Pinellas County. CASA outreach services already extensively utilize other facilities. Support groups are located through the southern half of Pinellas County including in governmental, non-profit, and private facilities. Should one location be damaged, it is anticipated that other locations could easily be utilized. Many of these locations participate in disaster planning with Pinellas County and with JWB. Director of Program Services will keep a list of locations where support groups might be held, if it not possible to hold them on CASA properties. Additionally, support groups and case management can be provided via Zoom or other technology as long as privacy/confidential protocol is followed.

### **After recovery from a real emergency, CASA will take steps to undue these emergency procedures.**

Essentially, CASA staff members and Leadership Team will meet to debrief on what actions have been taken, and reverse the steps outlined in the COOP to restore operations to normalcy. For example, if the telephones are forwarded to FCADV or another shelter, they will be unforwarded and hotline advocates put back in place. If the shade over the playground at the emergency shelter has been removed, arrangements will be made to replace it.

Regarding hurricane supplies, nonperishable foods and water will be purchased or collected during April and May, and stored at the emergency shelter. Whatever items are not used at the end of hurricane season in November, will be moved to the pantry at shelter so that food stuffs and water do not expire.

## **7. Train, Test and Practice**

Each CASA facility conducts safety drills on a quarterly basis. Members from the Leadership Team are responsible to conduct quarterly drills, provide copies of drill sign-in sheets to the Human Resources Manager, and review drill outcomes at LTM meetings for efficiency for all CASA properties.

Quarterly safety drills are conducted *as if* an actual emergency event has occurred. During a drill, the assigned monitor will:

- a. Gather the team site-specific member list, participant population sheet and cell phone.
- b. Identify team members to assist in checking area to ensure that everyone is out of the building.
- c. Conduct a roll call at designated meeting place to account for all staff, volunteers, and participants.
- d. Contact staff, volunteers, and participants unaccounted for.

During safety drills, a team member must take the team member log, population sheet/ sign-in sheet and, cell phone, and also make sure everyone is out of the building. Other team members will check each floor and area. Team members will review each drill outcome for efficiency. Copies of the drill sign-in sheets and outcome/reviews will be maintained at each facility.

Directors will review agency-wide emergency preparedness and then meet within their own departments to discuss their individual responsibilities .

In case of an actual event, a roll call will be made to account for staff, participants, and volunteers .

## **8. Review and Update the COOP**

The COOP will be reviewed and updated on an annual basis by the Leadership Team composed of key team members representing each CASA program and facility along with team members whose responsibilities relate to CASA human resources, management, volunteers, thrift store, finance, development, and technology.

The annual review will take place on or about April 30 each year, and updates will occur at that time. Debriefing after each emergency, and subsequent updates to the COOP will be made as needed.



## TEAM MEMBER EVACUATION PLANS & INFORMATION UPDATE

**Date Completed:** \_\_\_\_\_

If an emergency situation occurs requiring you to evacuate from your home, there are two steps to completing your evacuation plan and information update so we can reach you in a timely manner with critical information regarding CASA:

**Team member Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Cell Phone Carrier** \_\_\_\_\_

**Other Phone Numbers** \_\_\_\_\_

**Personal Email address:** \_\_\_\_\_

**Evacuation Plan:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Information of family members and/or friends you may be in contact during evacuation:*

**Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Other Phone Numbers** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Other Phone Numbers** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Index to CASA Emergency Thumb Drive**

- A. Risk Flow chart**
- B. Contact Information**
  - Disaster Phone Tree
  - Juno – Email Account information
  - St Pete Emergency Phone Numbers
  - Pinellas County Emergency Phone Numbers
  - FCADV Board and Emergency Phone and Email Contacts
  - CASA Board of Directors Phone and Email Contacts
  - Contract managers contact info
  - Information and Contact Inventory
- C. Team member Recovery**
  - A1HR Contact Info
  - Letters for Re-entry FCADV Back up contact numbers and plan
  - Other
- D. Financial Recovery**
  - Financial policies
  - Letters from Bank
  - Recent Balance Sheet
  - Insurance policies
  - Current Contracts
  - Insurance Policies
  - Most recent annual audit
- E. Legal Documents**
  - IRS 501 (c) 3
  - By-laws
  - Certificate of Exemption
  - State licenses
  - 990
  - List of Documents in Safety Deposit Box
- F. Facilities Recovery**
  - Vendor lists – names and contact info
  - Telephone procedures
  - Fixed Asset Inventory
  - Record Storage List
  - Other contact lists
  - Other
- G. IT Recovery**

- Policies and Procedures
- Safety Deposit Box Policy and Procedure
- Server Shutdown Policy and Procedure
- Back Up Equipment - Server
- Hardware Inventory
- Software Inventory
- Other

**H. Services Recovery**

- Emergency Shelters – FCADV Back up
- Crises Calls – FCADV Back up
- Information and Referrals – FCADV Back up
- Outreach Support Groups - Sites other than in CASA facilities
- Emergency Shelters – St Petersburg

**I. Other**

- Service Contracts/ Warrantees





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/28/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> M. E. Wilson Company, LLC 300 W. Platt St. Ste 200 Tampa, FL 33606		1-813-229-8021 <b>CONTACT NAME:</b> Tammy L Marshall, AAI <b>PHONE (A/C, No. Ext):</b> 813-984-3601 <b>FAX (A/C, No):</b> 813.229.2795 <b>E-MAIL ADDRESS:</b> tmarshall@mewilson.com	
<b>INSURED</b> Community Action Stops Abuse, Inc & Victoria's Place St Pete Inc P O Box 414 St Petersburg, FL 33731		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: PHILADELPHIA IND INS CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		<b>NAIC #</b> 18058	

## COVERAGES

CERTIFICATE NUMBER: 59339473

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Sexual Misconduct <input checked="" type="checkbox"/> Each Abuse \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2137292	06/01/20	06/01/21	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2137292	06/01/20	06/01/21	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			PHUB723778	06/01/20	06/01/21	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			PHPK2137292	06/01/20	06/01/21	Each/Aggregate 1m/3m
A	Sexual or Physical Abuse			PHPK2137292	06/01/20	06/01/21	Each/Aggregate 1m/3m
A	Employment Practices			PHSD1540653	06/01/20	06/01/21	Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

For informational purposes only

## CERTIFICATE HOLDER

Community Action Stops Abuse Inc. & Victoria's Place St Pete Inc  
 P O Box 414  
 St Petersburg, FL 33731  
 USA

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**Pinellas Community Foundation**  
**Pinellas CARES Nonprofit Partnership Fund Grant Application**

Organization Name: Community Action Stops Abuse, Inc. (CASA)

Project Name: Improving Non-residential Services

FROM (date): 3/1/2020 TO (date): 12/30/2020

Budget Category/Line Item	Program Budget - Total	Pinellas CARES Grant
Personnel ( <i>salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program</i> )	\$1,134,216	\$0
Equipment ( <i>computers, furniture, etc., less than \$3,000 per item</i> )	\$0	\$26,960
Supplies ( <i>office materials, program related purchases, program necessities to deliver services, etc.</i> )	\$14,476	\$0
Occupancy ( <i>property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses</i> )	\$14,469	\$0
Local Travel ( <i>mileage, tolls, parking for regular local travel, rental/leasing cost of transportation</i> )	\$18,700	\$0
Training ( <i>staff development, conferences, long distance travel</i> )	\$20,000	\$0
Design, Printing, Marketing & Postage ( <i>for direct program related services only</i> )	\$10,000	\$0
Capital ( <i>Buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities</i> )	\$0	\$20,818
Purchased Services ( <i>consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements</i> )	\$19,019	\$4,003
Indirect Costs ( <i>pre-negotiated federal rate, de minimus rate of 10%, or none</i> )	Administrative cost has separate budget	Administration is 14% of the entire agency expense
<b>TOTAL</b>	<b>\$1,230,880</b>	<b>\$51,781</b>

Pinellas Community Foundation  
PCF CARES Application  
**BUDGET NARRATIVE FORM**

**If you are applying under multiple funding areas, please indicate which funding area (food, behavioral health, and/or eviction mitigation through legal aid) each cost belongs to.**

Organization Name: Community Action Stops Abuse, Inc. (CASA)  
Project Name: Improving Non-residential Services  
FROM (month/year): 3/1/2020 TO (month/year): 12/30/2020

**Personnel (salaries, wages, benefits, payroll taxes, time allocation, and a brief description of the responsibilities on the project for all personnel involved in program)**

N/A

**Equipment (computers, phone, furniture, etc., less than \$3,000 per item)**

Laptops and printers are needed for both program and support staff to continue to provide virtual services for survivors and their children, as well as community education and public awareness. CASA outsources IT and support services, and that vendor has provided the following estimated costs:

Computers	760.00
Microsoft Licensing	29.00
3 year extended warranty	188.88
Burn-In, updates, basic set up	199.99
Delivery, deployment, data migration	125.00
Total for each laptop	\$1,302.87
20 laptops X \$1,302.87 =	\$26,057.40
2 printers X \$450 =	\$900

**Supplies (office materials, program related purchases, program necessities to deliver services, etc.)**

N/A

**Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)**

N/A

**Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)**

N/A

**Design, Printing, Marketing & Postage (for direct program related services only)**

N/A

**Capital (buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)**

Last year, 2 of the 4 HVACs were replaced at the non-residential offices. This year, one HVAC was so badly rusted that it caused the roof to leak every time it rained. This unit was replaced using CASA cash – it was an unbudgeted expense. Three quotes were obtained, in line with CASA finance policy. The other unit is just as old, and will also need replacement at the non-residential offices location.  
2 HVACs X \$10,909 = \$20,818 (one has already been paid for out of CASA cash)

**Budget Narrative question from reviewer and response: Capital – HVAC replacement – this needs to be COVID-19 related. Is this COVID related? Justify this. Why this HVAC and why now? Is this a special**

**machine designed to clean the air in a frequently visited public place? Are there elements of this machine that make it different than traditional HVAC replacement? This needs much stronger justification and it's specific relationship to a COVID challenge.**

The old HVAC that was replaced at our outreach offices had rusted through and was causing a major roof leak every time it rained. We had roofing repair and HVAC repair companies look at it, and several repairs were attempted, but none were effective. We were forced to replace it, after getting quotes to make sure we were getting the most reasonable price. Because this was an emergency repair, we were not able to budget or apply for grant monies for it, and we had to use unrestricted CASA cash that was diverted from other services. This was cash which has become scarce for CASA since our fundraising and retail operations have been negatively impacted by social distancing. This unrestricted money has become especially important during the pandemic, because our operations change constantly in response to social restrictions and guidelines, and we often need money for things we did not plan for. We are concerned about the other HVAC that is just as old as the one that was replaced, thinking that it may also need emergency replacement at any point in time, and that we will again be forced to use money that could have been spent on program services, operations, or something closer to our mission.

Even though this equipment is at our outreach offices, and even though we are attempting to offer as much support to our survivors virtually as possible, there are still survivors who must come to our location for assistance, because it is safer for them to travel to us in person during a pandemic than it is to stay in a home filled with violence. This need to have a safe and healthy place for our survivors to come to is why it is COVID related. It is not a special machine that cleans the air, but it provides air conditioning, and replacing it stopped our roof from leaking.

**Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)**

In order to abide by physical distancing guidelines, CASA meetings, including support groups for survivors, are being offered via Zoom. There are 15 basic licenses in place for direct service and support staff, and one webinar license.

15 licenses X 15 staff members = \$225/ month

1 webinar license = \$40/ month

\$265/ month X 5 months (August through December) = \$1,325

Previous invoices (March through July) = \$631.51

Dedicated fiber for a stronger wifi connection: \$250 installation + \$449/ month x 4 months = \$2,046

**Indirect Costs (Administrative Fee, Overhead Costs, etc.). This costs usually refers to administration, personnel not directly related to the project (i.e. small percentage of Director of Finance time allocation cost), or overhead expenses. If your organization has a pre-negotiated percentage rate from a Federal/State/Local grant you may use this rate. However, you must verify the rate via documentation from the funding source. If you do not have, and never have had an established percentage rate for Indirect Costs, please use 10% as the de minimus rate.**

N/A

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HP

**HP - LaserJet Pro M283fdw Wireless Color All-In-One Laser Printer - White**

Model: 7KW75A#BGJ M283FDW SKU: 6401096

4.5 (220 Reviews) ▾ · 61 Answered Questions

Price Match Guarantee

**\$449.99** | **\$37.50/mo.\***  
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(5,381)

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## Jill Flansburg

---

**From:** Hisler, Pram Dass <PramDass.Hisler@charter.com>  
**Sent:** Saturday, August 29, 2020 11:11 AM  
**To:** Jill Flansburg; Guarnieri, Chad A  
**Cc:** Mindy Forey  
**Subject:** Re: Spectrum business account and dedicated fiber

Hello Jill!

We can definitely service you with dedicated fiber access. Depending on a few factors the cost is \$449+ \$250 installation. Due to the current pandemic we have a couple of promotions that you may be able to take advantage of.

I'm including Chad Guarnieri who handles your service area and we can round up Monday to see what we can do.

Thank you!

On Aug 29, 2020, at 10:12 AM, Jill Flansburg <jflansburg@casa-stpete.org> wrote:

Hi, Pram:

Your name and contact info was given to me when I called the Spectrum Business line today. We have been experiencing quite a few service outages in our local area (33705). We would like to know if dedicated fiber is available to us to make the wifi connection more stable, and how much that would cost? A reasonable estimate is all I really need – I'm looking for an outside funder to pick up the additional expense. Our business account number is 0564344-01. Thanks!

<image001.png>

**Jill D. Flansburg, Ph.D.**

Senior Grants & Compliance Manager  
CASA (Community Action Stops Abuse, Inc.)

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## Zoom Pricing

Get a Custom Quote

Basic

Free

1 to 1 meetings: Unlimited  
Number of meetings: Unlimited  
Group meeting duration: 40 minutes per meeting  
Video Conferencing  
Web Conferencing  
Group Messaging  
Desktop & Application Sharing  
Local Recording Capability

Show Less

Pro

\$14.99

per host per month

1 to 1 meetings: Unlimited  
Number of meetings: Unlimited

Hey there 🐼 I'm here to help!



- Group meeting duration: Unlimited
- Video Conferencing
- Web Conferencing
- Group Messaging
- Desktop & Application Sharing
- Local & Cloud Recording Capability
- Custom Personal Meeting ID
- Admin Controls

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### Business

**\$19.99**

per host per month

10 or more host accounts

- 1 to 1 meetings: Unlimited
- Number of meetings: Unlimited
- Group meeting duration: Unlimited
- Video Conferencing
- Web Conferencing
- Desktop and application sharing
- Local & Cloud Recording Capability
- Custom Personal Meeting ID
- Admin Controls
- On-Premise Options
- Branding
- Single Sign-On
- Dashboard & User Management

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### Enterprise

**\$19.99**

per host per month

100 or more host accounts

- 1 to 1 meetings: Unlimited
- Number of meetings: Unlimited
- Group meeting duration: Unlimited
- Video Conferencing
- Web Conferencing

Hey there  I'm here to help!






- Desktop and application sharing
- Local & Cloud Recording Capability
- Custom Personal Meeting ID
- Enhanced Admin Features
- Extended Support and Customization Options
- Additional Integration Options
- Optional Professional Services

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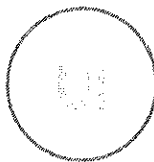
Zoom pricing & plans

 Free Trial is available

Pricing information for Zoom is supplied by the software provider or retrieved from publicly accessible pricing materials. Final cost negotiations to purchase Zoom must be conducted with the vendor.

Pricing information was last updated on October 15, 2015

## Zoom Pricing-Related Review



User in Information Technology and Services

Small-Business (50 or fewer emp.)

Validated Reviewer

Verified Current User

Review source: Organic

Apr 23, 2019

### "Very Satisfied User"

#### What do you like best?

I oversee projects with team members located globally, zoom is the perfect communications tool for voice collaboration with screen sharing.

To date my zoom calls have been of very good quality without lag.


#### What do you dislike?

I am very satisfied with my zoom experience & no significant negatives.

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 Helpful?

 Add Comment


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### Questions about pricing?

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## Zoom Features

Hey there! I'm here to help! 

### Highest-Rated Features

Desktop Application - Video Conferencing

2% above average

Screen Sharing - Web Conferencing

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- Promote attendees to be panelists
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- Customizable branded registration pages
- Pre and post-webinar reminder emails
- Practice session for pre-event panelist prep ⓘ
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- Recordings and transcripts ⓘ
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## Optional Add-on Plans

