

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning Jul 1, 2014, and ending Jun 30, 2015

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization LITERACY ACTION OF CENTRAL ARKANSAS INC
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 P.O. BOX 900
 City or town, state or province, country, and ZIP or foreign postal code
 LITTLE ROCK AR 72203-0900

D Employer identification number 71-0368565
E Telephone number (501) 371-0500
G Gross receipts \$ 188,972.

F Name and address of principal officer:
 JACK HEINRITZ 10640 BAINBRIDGE DRIVE LITTLE ROCK AR 72212

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) Yes No
H(c) Group exemption number

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: www.cals.org/laca/home.htm

K Form of organization: Corporation Trust Association Other
L Year of formation: 1992 **M** State of legal domicile: AR

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TEACH ADULTS TO READ</u>			
	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	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	5
	6	Total number of volunteers (estimate if necessary)	6	152
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	142,129.	126,775.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8.	8.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,589.	48,842.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	181,726.	175,625.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	97,845.	100,559.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)	8,537.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	73,700.	81,700.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	171,545.	182,259.
19	Revenue less expenses. Subtract line 18 from line 12	10,181.	-6,634.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	38,294.	30,179.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,044.	1,563.
			35,250.	28,616.

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: *SARA DREW* Date: 02/29/16
 Type or print name and title: SARA DREW EXECUTIVE DIRECTOR

Paid Preparer Use Only
 Print/Type preparer's name: Michael L. Cobb Preparer's signature: *Michael L. Cobb* Date: 3/5/16
 Check if self-employed PTIN: P01286515
 Firm's name: COBB & SUSKIE LTD Firm's EIN: 71-0671623
 Firm's address: 650 S SHACKLEFORD RD, STE.400 LITTLE ROCK AR 72211 Phone no.: (501) 225-2133

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

