

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.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning Jul 1, 2015, and ending Jun 30, 2016

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
D Employer identification number 71-0368565
E Telephone number (501) 371-0500
G Gross receipts \$ 186,501.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No

I Tax-exempt status X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527
J Website: www.cals.org/laca/home.htm
K Form of organization: X Corporation Trust Association Other
L Year of formation: 1992
M State of legal domicile: AR

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission or most significant activities: TEACH ADULTS TO READ; 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets; 3-7a Revenue and expense items; 8-12 Revenue items with Prior Year and Current Year columns; 13-19 Expense items with Prior Year and Current Year columns; 20-22 Net Assets or Fund Balances with Beginning of Current Year and End of Year columns.

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 11/28/16

Paid Preparer Use Only: Print/Type preparer's name Michael L. Cobb, Preparer's signature, Date 11/22/16, Check self-employed, PTIN P01286515, Firm's name COBB & SUSKIE LTD, Firm's address 650 S SHACKLEFORD RD, STE. 400, LITTLE ROCK AR 72211, Firm's EIN 71-0671623, Phone no. (501) 225-2133

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