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.

Form 990

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

For the 2016 calendar year, or tax year beginning Jul 1, 2016, and ending Jun 30, 2017

C Name of organization
LITERACY ACTION OF CENTRAL ARKANSAS INC

D Employer identification number
71-0368565

E Telephone number
(501) 371-0500

F Name and address of principal officer:
JACK HEINRITZ 1040 BAINBRIDGE DRIVE LITTLE ROCK AR 72212

G Gross receipts $ 378,640.

H(a) Is this a group return for subordinates?
Yes ❑ No ❑

H(b) Are all subordinates included?
Yes ❑ No ❑

If No: attach a list. (see instructions)

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

K Form of organization: Corporation

L Year of formation: 1992

M State of legal domicile: AR

Part I Summary

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 Number of members of the governing body (Part VI, line 1a).

4 Number of independent voting members of the governing body (Part VI, line 1b).

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a).

6 Total number of volunteers (estimate if necessary).

7a Total unrelated business revenue from Part VIII, column (C), line 12.

7b Net unrelated business taxable income from Form 990-T, line 34.

8 Contributions and grants (Part VIII, line 1h).

9 Program service revenue (Part VIII, line 2g).

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).

12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).

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).

16a Professional fundraising fees (Part IX, column (A), line 11a).

16b Total fundraising expenses (Part IX, column (D), line 25).

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24).

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).

19 Revenue less expenses. Subtract line 18 from line 12.

20 Total assets (Part X, line 16).

21 Total liabilities (Part X, line 26).

22 Net assets or fund balances. Subtract line 21 from line 20.

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.

Signature of officer

SARA DREW

EXECUTIVE DIRECTOR

Date

2/20/18

Print/Type preparer's name

Michael L. Cobb

Preparer's signature

Check if self-employed

PTIN

B01286515

Firm's name

Cobble & 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) ❑ Yes ❑ No ❑

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 11/16/16 Form 990 (2016)