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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning November 1, 2010, **and ending** October 31, 2011

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization Community Action Inc of Central Texas
D Employer identification number 74-1541726
E Telephone number 512-392-1161
G Gross receipts \$ 11,290,283

F Name and address of principal officer: Carole Jordan-Belver
 P O Box 748, San Marcos, TX 78667-0748
H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number N/A

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

J Website: **K** Form of organization Corporation Trust Association Other **L** Year of formation: 1965 **M** State of legal domicile TX

No statute issue

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Established in 1965, Community Action, Inc has continuously worked to assist low to moderate income families in Central Texas by providing a variety of social services and economic opportunities. Today CAI employs 320 individuals and has an operating budget of over ten million dollars. (Discussion continued on schedule O)		
	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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	320
	6 Total number of volunteers (estimate if necessary)	6	722
	7a Total unrelated business revenue from Part VIII, column (A), line 12	7a	-0-
b Net unrelated business taxable income from Form 990-B, line 11	7b		
Revenue	8 Contributions and grants (Part VIII, line 1b)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,978,915	10,605,282
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	365,012	684,973
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, and 1e)	132	28
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,344,059	11,290,283
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,439,550	1,244,840
	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)	7,146,674	7,563,958
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,700,186	2,369,784
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,286,410	11,178,582
19 Revenue less expenses. Subtract line 18 from line 12	57,649	111,701	
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)	3,152,799	3,073,804
	22 Net assets or fund balances. Subtract line 21 from line 20	1,328,535	1,137,839

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 _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name: George Chester Draper III
 Preparer's signature: *George Chester Draper III*
 Date: 9/10/12
 Check if self-employed
 PTIN: P01396768
 Firm's name: George Chester Draper III, CPA
 Firm's EIN: _____
 Firm's address: 8900 Shattuck Cove, Austin, TX 78717-2905
 Phone no: 512-244-6478

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

SCANNED FEB 07 2020

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