



**COMMUNITY ACTION, INC. OF CENTRAL TEXAS**  
**BOARD OF DIRECTORS MEETING**  
 Village Main Shared Board Room  
 215 S. Reimer Avenue  
 San Marcos, Texas 78666

## EXECUTIVE COMMITTEE MINUTES

Thursday, July 17, 2025 6:00 PM

### MEMBERS PRESENT

Public Representatives	Neighborhood Representatives	Private Group Representatives
Wayne Thompson	Myra Vassian Jeremy Sutton Karen Lovin	Deborah Villalpando Gloria Martinez Clarena Larrotta

### MEMBERS ABSENT

Public Representatives	Neighborhood Representatives	Private Group Representatives
Alyssa Garza Angela Gonzalez-Sanchez Rusty Horne Brett Bray	Steven Hernandez Cierra Garcia	Diane Insley David Sergi

### VISITORS PRESENT

Debbie Fraser - Auditor

### STAFF PRESENT

Doug Mudd - Executive Director	Francesca Ramirez - Community Services Director
Keith Herington - Chief Financial Officer	Cristal Lopez - Youth Services Director
Ruth Salinas - Human Resources Director	Stacey Martinez - Health Services Director
Mary Helen Martinez - Adult Education Director	
Danielle Engelke - Head Start Director	

### STAFF ABSENT

Megan Campbell - Home Visiting Director



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## 1.0 CALL TO ORDER

Jeremy Sutton, Vice President, called the Board of Directors to order at 6:07PM

## 2.0 ROLL CALL

Doug Mudd, called the roll and a quorum was present.

## 3.0 PUBLIC COMMENT PERIOD

Jeremy Sutton asked if anyone present would like to make a public comment at this time. No comments were made.

## 4.0 MINUTES OF PREVIOUS MEETINGS, for approval

### 4.1 Board Meeting Minutes May 15, 2025 – **for approval**

The Board members reviewed the Board of Directors Minutes for May 15, 2025. Deborah Villalpando made the motion to approve the Minutes, Karen Lovin seconded the motion. All were in favor. None opposed. Motion passed.

## 5.0 CORRESPONDENCE, for review and discussion – Mudd

### 5.1 Hemphill CDC Investigation Letter

Doug Mudd reviewed the letter from the TX Health and Human Services regarding an investigation regarding a possible deficiency of the minimum standards. There are concerns with supervision at the operation. Deficiency

### 5.2 Hemphill CDC Follow-Up Letter

Doug Mudd reviewed a follow up letter from TX Health and Human Services regarding Inspection 4058407. Background checks, controlling persons, and items regarding risk to children were verified and evaluated. No findings, all in compliance

### 5.3 Adult Education Funding Delay

Doug Mudd reviewed a letter from Workforce Development, TX Workforce Commission stating that a memo was received from the Dept. of Education that states they are reviewing the FY2025 funding for AEL. Decisions have not been made concerning rewards.

### 5.4 Hemphill CDC Investigation Letter

Doug Mudd reviewed a follow up letter from TX Health and Human Services regarding Inspection 4058407. Background checks, controlling persons, and items regarding risk to children were verified and evaluated. No findings, all in compliance.

## 6.0 LEADERSHIP PROGRAMMATIC REPORT – Mudd

Written programmatic reports have been emailed to all board members. Bolded items below will be presented verbally. Opportunity for questions for un-bolded items.

### 6.1 Executive Director – Doug Mudd

Doug Mudd reviewed the latest on federal policy changes related to serving immigrants. Specifically, immigration status verification may be required for eligibility determination for at least 3 of our agency's programs including Head Start, Family Planning, and Adult Education. Also, 2025-26 Adult Ed funding has been paused and is under review. Mr. Mudd finished his report by providing the latest on the Giving through Intermediaries initiative. He introduced Bethany Moore, the new Community Development Director who will be leading the effort.





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## **6.2 Human Resources – Ruth Salinas**

**6.2.1** Ruth Salinas reviewed program report stating HR running steady with minimal changes. An employee survey was conducted February 2025. Overall employee are satisfied but would like more face time with leadership.

## **6.3 Agency Financial – Keith Herington**

### **6.3.1 Basic Financials**

Mr. Herington reviewed the year-to date basic financial statements as of May 2025.

### **6.3.2 Grant Financial Report**

Mr. Herington reviewed the Grant Financial reports as of May 2025.

### **6.3.3 Head Start Program Budget Report**

Mr. Herington reviewed the Head Start Budget reports through July 2025 to listing monthly and year-to-date expenditures.

### **6.3.4 Head Start In-Kind**

Mr. Herington reviewed the report for the period ending in July 2025.

### **6.3.5 Head Start Program CACFP Report**

Mr. Herington reviewed the report for the period ending in July 2025.

### **6.3.6 Credit Card Report**

Mr. Herington reviewed the report for the period ending in July 2025.

### **6.3.7 Other Credit Card Purchases**

Mr. Herington reviewed the report for the period ending in July 2025.

6.4 Adult Education – Mary Helen Martinez

6.5 Community Services – Francesca Ramirez

6.6 Health Services - Stacey Martinez

## **6.7 Head Start - Danielle Engelke**

### **6.7.1 Head Start Board Report for May**

Mrs. Engelke reviewed the June and July Enrollment and Attendance, site visit from Regional Specialist, Region Scholarship and Teacher Scholarship

### **6.7.2 Community Needs Assessment – for approval**

Myra Vassian made the motion to approve, Karen Lovin seconded the motion. All were in favor. None opposed. Motion passed.

### **6.7.3 Self-Assessment - for approval**

Myra Vassian made the motion to approve, Gloria Martinez seconded the motion. All were in favor. None opposed. Motion passed.

### **6.7.4 Head Start Procedure Manual Update - for approval**

Deborah Villalpando made the motion to approve, Myra Vassian seconded the motion – all were in favor, none opposed. Motion passed

6.8 Home Visiting - Megan Campbell

## **6.9 Youth Services – Cristal Lopez**

### **6.9.1 Youth Services Report**

Cristal Lopez reviewed program report for April – June. – includes Core Four Partnership annual meeting, SMTX mental Health Coalition annual Vibrant Visions event, TYAN selection of Core Four to host a Research Learning Institute and Youth Service hosting a pilot Teen University with the City of San Marcos.

Karen L commented on the well written report given.



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## **7.0 ACTION ITEMS – Review, Discuss and Take Proper Action**

### **7.1 Grant Budget Approvals**

#### **7.1.1 Family Planning Program Budget (for approval)**

Doug Mudd proposed Family Planning budget for \$215,555

Karen Lovin made the motion to approve, Deborah Villalpando seconded the motion – all were in favor, none opposed. Motion passed.

#### **7.1.2 RASP HOPWA Budget (for approval)**

Doug Mudd proposed RASP HOPWA budget for \$383K.

Karen Lovin made the motion to approve, Deborah Villalpando seconded the motion – all were in favor, none opposed. Motion passed.

#### **7.1.3 RASP State Services Budget (for approval)**

Doug Mudd proposed RASP State Services budget for \$429,371.

Karen Lovin made the motion to approve, Deborah Villalpando seconded the motion – all were in favor, none opposed. Motion passed.

#### **7.1.4 Head Start Budget (for approval)**

Doug Mudd proposed Head Start budget for \$7,629,067.

Karen Lovin made the motion to approve, Deborah Villalpando seconded the motion – all were in favor, none opposed. Motion passed.

#### **7.1.5 Home Visiting Budget (for approval)**

Doug Mudd proposed Home Visiting budget for \$948,211.

Karen Lovin made the motion to approve, Deborah Villalpando seconded the motion – all were in favor, none opposed. Motion passed.

#### **7.1.6 Adult Education Grant (for approval)**

Doug Mudd presented AE Grant for \$15K.

Karen Lovin made the motion to approve, Deborah Villalpando seconded the motion – all were in favor, none opposed. Motion passed.

#### **7.1.7 Texas School Ready Grant for \$94,689 (for approval)**

Doug Mudd presented a grant for TSR for \$94,689.

Karen Lovin made the motion to approve, Deborah Villalpando seconded the motion – all were in favor, none opposed. Motion passed.

#### **7.1.8 Healthy Texas Women for \$1045 (for approval)**

Doug Mudd proposed a budget for Healthy TX Women for \$104K.

Karen Lovin made the motion to approve, Deborah Villalpando seconded the motion – all were in favor, none opposed. Motion passed

### **7.2 Audit Report (OS 8.3 & 8.4) Debbie Fraser (for approval)**

Debbie Fraser reviewed financial statements for Community Action for the year as of and ending 10/31/2024. The audit was conducted with the planned scope and timing communicated. No deficiencies encountered. Myra V made the motion to approve, Karen L seconded the motion – all were in favor, none opposed. Motion passed

## **8.0 SUCCESS STORY – Cristal Lopez**

Cristal Lopez highlighted Youth Services Class of 2025 – Sophia Robertson and Haley Aguilar.

## **9.0 BOARD MEMBERS' OPPORTUNITY TO SHARE**

Deborah Villalpando thanks Keith and team for 13 journal entries.



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Gloria Martinez – CAI is doing a great job.

**10.0 PRESIDENT'S REPORT – Jeremy Sutton**

**Schedule of the next Board of Director's Meeting**

Jeremy Sutton informed the Board members that the next meeting is Thursday, September 18th, 2025 at 6:00 p.m.

**11.0 ADJOURNMENT – Jeremy Sutton**

Deborah Villalpando made a motion to adjourn, Myra Vassian seconded the motion. All were in favor. None opposed. Meeting adjourned at 7:43 PM.



# TEXAS

## Health and Human Services

### Child-Care Inspection Form

Henry Bush Child Development Center

#124699

Arrival Date and Time 08/25/2025 12:00 PM

Departure Date and Time 08/25/2025 01:31 PM

### Part I: OPERATION INFORMATION

Location: 722 MCKIE ST, SAN MARCOS, TX 78666

Phone: (512) 392-1161

Permit Type: License

Type: Child Care Program

Capacity: 83

Infant Capacity:

Status: Full

Director/Administrator: Chelsey Meigs

Designee/Registrant: Danielle Engelke

Director/Administrator:

Type of Inspection: Unannounced Monitoring

Licensing Staff: AMANDA KENNEDY

Phone: (512) 938-8710

Address: 1901 DUTTON DR STE B , SAN MARCOS, TX 78666

Licensing Supervisor: JESSICA LEATHERS

Phone: (512) 239-8895

Address: 1340 AIRPORT COMMERCE DR BLDG 5, STE 525 , AUSTIN, TX 78741

### Part II: NOTIFICATION

**The most recent Inspection Form or letter and any supplemental forms or letters must be posted in a prominent place visible to all staff, parents, and others.**

☒ Controlling Persons have been verified.

☒ Back ground checks have been verified.

☒ The following items regarding risk to children were evaluated:

The Supervision of Children

Conditions of any Waiver/Variance, if applicable

Child/Caregiver Ratio

Director and/or Caregiver Responsibilities

Obvious Fire, Safety, and/or Sanitation Deficiencies

Restrictions and/or Conditions of the Permit

☒ Children in Care: 55

☒ Director Present

☐ Photographs were taken during the inspection

☒ Dir Qual Eval

All or part of the following laws, administrative rules or Minimum Standard rules have been inspected:

☐ Standard x Standard

☒ J. Pre-K Children

☐ R. Health Practices

☐ A. Administration

☒ K. School Age Children

☐ S. Safety Practices

☐ C. Record Keeping

☒ L. Discipline

☐ T. Physical Facilities

☐ D. Personnel

☒ M. Naptime

☐ U. Outdoor Safety

☐ E. Ratios and Group Sizes

☒ N. Field Trips

☐ V. Pools

☐ F. Activities

☒ O. Get Well Care (Centers only)

☐ W. Fire Safety

☒ H. Infants

☒ P. Nighttime Care

☒ X. Transportation

☒ I. Toddlers

☒ Q. Nutrition and Food Services



# TEXAS

## Health and Human Services

5.1  
Form 2936  
Page 2

### Child-Care Inspection Form

Henry Bush Child Development Center

#124699

- ☒ Inspection results from another state agency or political subdivision were used in the evaluation of some standards.
- ☒ Health and Safety Audit conducted



# TEXAS

## Health and Human Services

### Child-Care Inspection Form

Henry Bush Child Development Center  
#124699

Others:

### Failure to maintain compliance on an ongoing basis may result in enforcement actions

In an effort to improve our inspection process, we are soliciting your feedback about this licensing inspection at your operation. Please provide responses to the questions posed in the online survey. The survey will take approximately 5-10 minutes to complete. Go to [www.CCLinspectionfeedback.org](http://www.CCLinspectionfeedback.org). Your answers and comments are greatly appreciated.

### ACKNOWLEDGEMENT OF RECEIPT

An inspection was conducted at my operation on the date below. Deficiencies and, where applicable, technical assistance were discussed with me during the exit conference. Failure to comply within the specified time limit or repetition of deficiencies may result in remedial action without further opportunity to correct the deficiencies. I understand that if the results of this inspection were not given to me on this date, they will be sent through a supplemental letter within ten days of this inspection.

08/25/2025

08/25/2025

Signature (Person Signing for Operation)

Date

Signature (Licensing Staff)

Date

Signed By: Director



# TEXAS

## Health and Human Services

### Child-Care Inspection Form

Henry Bush Child Development Center  
#124699

### Part III: INSPECTION INFORMATION

#### Records Evaluated:

Number of Children's Records: 8

Number of Children Enrolled: 67

Number of Staff Records: 8

Number of Staff Employed: 12

A sample of children's records were selected at random and evaluated. Deficiencies, if any, are described below in the Findings section. If deficiencies are listed, operation staff must check all other enrollment/health records and make necessary corrections no later than the compliance date indicated.

A sample of staff records were selected at random and evaluated. Deficiencies, if any, are described below in the Findings section. If deficiencies are listed, operation staff must check all other staff records and make necessary corrections no later than the compliance date indicated.

#### Inspection Dates:

Fire Inspection: 01/28/2025

Health Inspection: 08/29/2024

Liability Insurance (exp.date) 11/01/2025

Gas Pipe Pressure Test: 11/21/2024

Last LP Gas Inspection :

Findings for this inspection are listed below:

#### No monitoring deficiencies were found at this inspection.

Although subchapters H, I, K, N, O, P and X were selected for this inspection the operation does not care for infants, toddlers or school age children. They do not offer field trips, get well or nighttime care services. They do not transport children, these subchapters could not be evaluated.





**TEXAS**  
**Health and Human Services**

**Child-Care Inspection Form**

Henry Bush Child Development Center  
#124699

Notification Date: 08/25/2025

If you disagree with the actions or decisions of the licensing staff, you may request an administrative review within 15 days of the receipt of this inspection report by writing Child Care Enforcement at [CCFEnforcement.Daycare@hhs.texas.gov](mailto:CCFEnforcement.Daycare@hhs.texas.gov) or Postal Mail: Child Care Enforcement, MC 182-6, P.O. Box 16017, Houston, TX 77222-6017.

Providers may comment on the findings of the inspection in the space below.

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# TEXAS

## Health and Human Services

### Child-Care Inspection Form

**A Washington Child Development Center**

#504402

Arrival Date and Time 08/22/2025 10:45 AM

Departure Date and Time 08/22/2025 12:09 PM

### Part I: OPERATION INFORMATION

Location: 103 HAYS ST, SAN MARCOS, TX 78666

Phone: (512) 353-1507

Permit Type: License

Type: Child Care Program

Capacity: 109

Infant Capacity: 33

Status: Full

Director/Administrator: Parker Berger

Designee/Registrant: Danielle Engelke

Director/Administrator:

**Type of Inspection: Unannounced Monitoring**

Licensing Staff: KIMBERLY MARTINEZ

Phone:

Address: 1901 DUTTON DR STE B , SAN MARCOS, TX 78666

Licensing Supervisor: JESSICA LEATHERS

Phone: (512) 239-8895

Address: 1340 AIRPORT COMMERCE DR BLDG 5, STE 525 , AUSTIN, TX 78741

### Part II: NOTIFICATION

**The most recent Inspection Form or letter and any supplemental forms or letters must be posted in a prominent place visible to all staff, parents, and others.**

☒ Controlling Persons have been verified.

☒ Back ground checks have been verified.

☒ The following items regarding risk to children were evaluated:

The Supervision of Children

Conditions of any Waiver/Variance, if applicable

Child/Caregiver Ratio

Director and/or Caregiver Responsibilities

Obvious Fire, Safety, and/or Sanitation Deficiencies

Restrictions and/or Conditions of the Permit

☒ Children in Care: 61

☒ Director Present

☒ Photographs were taken during the inspection

☒ Dir Qual Eval

All or part of the following laws, administrative rules or Minimum Standard rules have been inspected:

☐ Standard x Standard

☐ J. Pre-K Children

☒ R. Health Practices

☐ A. Administration

☐ K. School Age Children

☒ S. Safety Practices

☐ C. Record Keeping

☐ L. Discipline

☒ T. Physical Facilities

☐ D. Personnel

☐ M. Naptime

☒ U. Outdoor Safety

☐ E. Ratios and Group Sizes

☒ N. Field Trips

☒ V. Pools

☐ F. Activities

☒ O. Get Well Care (Centers only)

☒ W. Fire Safety

☐ H. Infants

☒ P. Nighttime Care

☒ X. Transportation

☐ I. Toddlers

☒ Q. Nutrition and Food Services



# TEXAS

## Health and Human Services

**Child-Care Inspection Form**

A Washington Child Development Center

#504402

- ☒ Inspection results from another state agency or political subdivision were used in the evaluation of some standards.
- ☒ Health and Safety Audit conducted



# TEXAS

## Health and Human Services

### Child-Care Inspection Form

A Washington Child Development Center  
#504402

Others:

### Failure to maintain compliance on an ongoing basis may result in enforcement actions

In an effort to improve our inspection process, we are soliciting your feedback about this licensing inspection at your operation. Please provide responses to the questions posed in the online survey. The survey will take approximately 5-10 minutes to complete. Go to [www.CCLinspectionfeedback.org](http://www.CCLinspectionfeedback.org). Your answers and comments are greatly appreciated.

### ACKNOWLEDGEMENT OF RECEIPT

An inspection was conducted at my operation on the date below. Deficiencies and, where applicable, technical assistance were discussed with me during the exit conference. Failure to comply within the specified time limit or repetition of deficiencies may result in remedial action without further opportunity to correct the deficiencies. I understand that if the results of this inspection were not given to me on this date, they will be sent through a supplemental letter within ten days of this inspection.

08/22/2025

08/22/2025

Signature (Person Signing for Operation)

Date

Signature (Licensing Staff)

Date

Signed By: Director



# TEXAS

## Health and Human Services

### Child-Care Inspection Form

A Washington Child Development Center  
#504402

### Part III: INSPECTION INFORMATION

Records Evaluated:

Number of Children's Records:

Number of Children Enrolled:

Number of Staff Records:

Number of Staff Employed:

Inspection Dates:

Fire Inspection: 05/20/2025

Health Inspection: 04/02/2025

Liability Insurance (exp.date) 11/01/2025

Gas Pipe Pressure Test: 01/07/2025

Last LP Gas Inspection :

Findings for this inspection are listed below:

No monitoring deficiencies were found at this inspection.

Notification Date: 08/22/2025

If you disagree with the actions or decisions of the licensing staff, you may request an administrative review within 15 days of the receipt of this inspection report by writing Child Care Enforcement at [CCFEnforcement.Daycare@hhs.texas.gov](mailto:CCFEnforcement.Daycare@hhs.texas.gov) or Postal Mail: Child Care Enforcement, MC 182-6, P.O. Box 16017, Houston, TX 77222-6017 and the CCR Supervisor.



# TEXAS

## Health and Human Services

### Child-Care Inspection Form

A Washington Child Development Center

#504402

Providers may comment on the findings of the inspection in the space below.

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ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Office of Head Start | 330 C St., SW, 4th Floor, Washington DC 20201 | [headstart.gov](https://headstart.gov)

September 04, 2025

Ms. Danielle Engelke, Head Start Director  
Community Action, Inc. of Central Texas

Re: Grant No.: 06CH012370

Dear Grant Recipient,

In Fiscal Year 2026 (FY26), the Office of Head Start (OHS) will use video recordings to conduct Classroom Assessment Scoring System (CLASS®) reviews. This method of conducting reviews was field tested in FY23 via a pilot comparison study conducted by the OHS in partnership with DLH and Teachstone®. Your program, Community Action, Inc. of Central Texas, has been scheduled for an FY26 CLASS® Video review.

Your review will include a planning call, training, and support. You will then have between **10/20/2025 and 12/05/2025** to upload videos of the sampled classrooms. Please note that review dates can only be changed due to extreme emergencies and must be approved by the OHS.

At the conclusion of your review, the OHS will provide a review report that will include CLASS® scores. FY26 CLASS® scores will be used by the OHS for Designated Renewal System (DRS) determinations. Scores will also be used to help the OHS understand the current experiences of children in Head Start classrooms as a quality improvement opportunity and to offer training and technical assistance supports that build on existing program efforts to enhance professional development and teacher-child interactions.

A brief overview of major activities and a general timeline is provided below for your reference.

<b>Pre-review Activities</b> <b>09/08/2025 - 09/19/2025</b>	<b>Review Period</b> <b>10/20/2025 - 01/02/2026</b>	<b>Final Report</b>
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Grant Recipient participates in planning call and training related to video technology requirements, capturing quality video, and video submission procedures.	Grant Recipient collects video from all classrooms identified on their Sample and uploads videos electronically into designated platform. CLASS® certified reviewers code videos.	After the conclusion of the review, a report with program-level CLASS® scores will be sent to the Grant Recipient.
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In preparation for the planning call discussions, the OHS requests that all programs receiving a CLASS® Video Review perform the following tasks:

- Upload current daily classroom schedules to the Head Start Enterprise System (HSES) (under Documents/Pre Review documents).
- Update information pertinent to center and classroom operations, including the status (opened/closed) of all centers and classrooms (In HSES under the Programs/ Facilities tab).
- Update contact information for program leadership in HSES.

Your assigned Review Lead, Ms. Pamela Blackburn, will be in contact with you shortly to schedule a planning call. During this call, she will share information about organizing and conducting a video review, forms and communication, and the responsibilities shared by both the recipient and the Review Lead.

Additional information about the CLASS® monitoring process, resources, and tools can be found on [HeadStart.gov](https://www.headstart.gov) and on the [Aligned Monitoring System Virtual Expo](#).

Sincerely,

OHS Monitoring Team



**Community Action, Inc.  
of Central Texas**  
— DEVELOPING OPPORTUNITIES —

## Executive Director Report

### Latest on FY 26 Federal Funding for CAI Programs

The Senate and House Labor, Health and Human Services, and Education Appropriations Subcommittees recommended the following levels for FY 2026 in chart below. Both Senate and House agreed on approval of Community Services Block Grant (CSBG), LIHEAP, and Head Start budgets to have flat or slightly increased funding. There was a difference in agreement over the budget approvals of the HOME Investment (TBRA) and Adult Education programs. It is unlikely that Congress will be able to reconcile the differences between the House and Senate proposals before the end of the fiscal year. In order to avert a government shutdown, Congress must pass a Continuing Resolution (CR) before September 30 to extend federal funding.

### FY 2026 Federal Funding Comparison

#### Community Services Block Grant (CSBG)

Current: \$770M

President: \$0

House: \$775M

Senate: \$770M

#### Head Start

Current: \$12.3B

President: \$12.3B

House: \$12.3B

Senate: \$12.4B

#### LIHEAP

Current: \$4.025B

President: \$0

House: \$4.035B

Senate: \$4.045B

#### HOME Investment Partnership Program

Current: \$1.25B

President: \$0

House: \$0

Senate: \$1.25B

**Adult Education**

Current: \$729M

President: \$0

House: \$0

Senate: \$715

**Risk Assessment [OS 4.6]**

Community Action Agencies are required to conduct a formal Risk Assessment every 2 years to satisfy Organizational Standard 4.6. The point of the risk assessment is to determine what risks our organization faces and decide what strategies to use to mitigate those risks. A Risk Assessment was conducted using an online tool developed by the Nonprofit Risk Management Center. Following are both the 2023 and 2025 Risk Assessments. In 2023, our Risk Assessment committee identified 5 potential solutions to various risks including the following:

1. Develop a Crisis Management Plan
2. Develop Data Breach Plan
3. Create Driver Training Procedures
4. Develop policy around strength of passwords and frequency of changes
5. Develop Evacuation plans for all facilities.

So far, we have completed 3 out of the 5 strategic risk mitigation solutions. Please see policies to address risks items 2-4. The two that we did not complete (1 & 5), we added to the 2025 Risk Assessment and added one more. We plan to work on the 2025 identified risk solutions within the upcoming months.

## Risk Assessment March 2023 CAI Staff Top 5 Priorities

1. **TASK: Develop a formal Crisis Management Plan (CMP)- including Crisis Communications Plan and Business Continuity Plan (Not Started)**  
**Assigned to:** Leadership Team  
**Tasks for Completion:** Create Crisis Management plan that outlines how to respond to a critical situation that would negatively affect the organization's reputation or ability to operate. The CMP will include the Crisis Communications Plan and the Business Continuity Plan.
2. **TASK: Develop or update the data breach plan (COMPLETED)**  
**Assigned to:** Fiscal Officer/IT Director  
**Tasks for completion:** Develop or update the data breach plan
3. **TASK: Create driver training Program (COMPLETED)**  
**Assigned to:** Health Services and HV Director with support from HR Director  
**Tasks for Completion:** Create a driver training program
4. **TASK: Develop policy that provides guidelines about the strength of passwords and the frequency of changes (COMPLETED)**  
**Assigned to:** HR Director, Adult Education Director, IT  
**Tasks for Completion:** Develop policy and guidelines and notify staff.
5. **TASK: Develop evacuation plans for all facilities (STILL BEING DEVELOPED)**  
**Assigned to:** HR Director and Site Coordinators/Supervisors.  
**Tasks for Completion:** a. HR Director to modify Head Start policies to form a template  
b. Site Coordinators/Supervisors to modify policy for their sites

## **Risk Assessment September 2025 CAI Staff Top 3 Priorities**

1. **TASK: Develop a formal Crisis Management Plan (CMP)- including Crisis Communications Plan and Business Continuity Plan**  
**Assigned to: Leadership Team**  
**Tasks for Completion:** Create Crisis Management plan that outlines how to respond to a critical situation that would negatively affect the organization's reputation or ability to operate. The CMP will include the Crisis Communications Plan and the Business Continuity Plan.
2. **TASK: Develop evacuation plans for all facilities (Under Development)**  
**Assigned to:** HR Director and Site Coordinators/Supervisors.  
**Tasks for Completion:** a. HR Director to modify Head Start policies to form a template  
b. Site Coordinators/Supervisors to modify policy for their sites
3. **TASK: Develop List to track all keys at the Village**  
**Assigned to: HR Director.**  
**Tasks for Completion:** Develop a spreadsheet to track all office staff keys in order to keep keys organized and maintain proper inventory.



# Data Breach Response Policy

## Purpose

Community Action is committed to protecting the personal and confidential information of our clients, staff, and partners. This policy explains how we will prevent, respond to, and recover from a data breach. Our goal is to minimize harm, comply with the law, and maintain the trust of those we serve.

## What Is a Data Breach?

A *data breach* happens when sensitive information is accessed, stolen, or shared without permission. Examples include:

- Hacking or malware attacks on our computer systems
- Lost or stolen laptops, phones, or files
- Emails sent to the wrong person that contain sensitive data
- Unauthorized access by staff or outsiders

## Who Does This Policy Apply To?

All Community Action employees, contractors, interns, and volunteers who use or have access to Agency data.

## Roles and Responsibilities

- **Executive Director:** Leads the Agency's response, updates the Board, and oversees communication with clients, staff, funders, or media.
- **IT Coordinator:** Handles technical containment, investigates the breach, and restores secure operations.
- **Program Directors:** Ensure staff follow procedures, help assess program impact, and support communications.
- **HR Director:** Handles breaches involving staff records and supports staff communication.
- **All Staff:** Must report suspected data breaches immediately.

## What to Do If You Suspect a Data Breach

1. **Report Immediately** – Notify your supervisor and the IT/Data Manager.
2. **Do Not Try to Fix It Alone** – Do not delete files, click suspicious links, or attempt repairs yourself.
3. **Secure the Data** – If it's physical (paper files, USB drive, laptop), secure the item until IT or your supervisor provides instructions.

## Agency Response Steps

When a breach is reported, the Incident Response Team will:

1. **Contain the Breach** – Stop unauthorized access and secure systems.
2. **Assess the Impact** – Determine what data was involved, how many people are affected, and potential risks.
3. **Notify Required Parties** – Inform affected individuals, funders, and regulators as required by law.
4. **Recover Systems** – Remove malicious software, reset access, and restore data from backups if needed.
5. **Review & Improve** – After the incident, we will evaluate what happened, update procedures, and strengthen security.

## Preventing Data Breaches

To reduce risk, Community Action requires that staff:

- Use strong passwords and never share them.
- Use multi-factor authentication (MFA) where available.
- Complete annual cybersecurity awareness training.
- Encrypt and securely store sensitive files.
- Immediately report lost or stolen devices.
- Limit access to data to only what is needed for your role.





## Password Security Policy

### Purpose

Passwords are the first line of defense in protecting Community Action's systems, data, and client information. This policy establishes clear guidelines for creating, managing, and protecting strong passwords to reduce the risk of unauthorized access.

### Who This Applies To

This policy applies to: all staff, contractors, interns, and volunteers who use Community Action's computers, email, databases, or other systems.

### Password Creation Requirements

When creating a password for any Agency account, it must meet the following standards:

- **Length:** Minimum of 8 characters
- **Complexity:** Include at least:
  - 1 uppercase letter (A–Z)
  - 1 lowercase letter (a–z)
  - 1 number (0–9)
  - 1 special character (e.g., !, @, #, \$)
- **Avoid Easy Choices:** Do not use names (pets, children, spouses, family, etc), birthdays, significant dates, "123456," "password," or other obvious words.
- **Short phrases and word combinations are encouraged:** Use a string of unrelated words, or a sentence phrase that is easy to remember, but hard to guess.
  - Example: Coffee!Train7SkyBlue
  - Example: C@ll mE i\$hmael

### Password Management Guidelines

- **Unique Passwords:** Do not reuse the same password across multiple accounts.
- **Confidentiality:** Never share your password with anyone, including coworkers or supervisors, and never ask anyone to share his/her password with you.
- **Memorize your login and email passwords.**
- **Multi-Factor Authentication (MFA):** Always enable MFA when available.
- **Password Storage:** Do not write down passwords on Post-its, or store them in an insecure manner. Instead, use a secure password manager, such as Bitwarden, if needed.

- **Do not post or write any password on your computer (desktop or laptop).** This applies to other non-Agency services, such as Gmail, or ChildPlus, or Paycor.
- **Agency Accounts Only:** Use your Agency password only for Community Action accounts, never for personal accounts.

## Password Change

- **After a Breach or Suspicion of Unauthorized Access:** If you suspect your email password has been compromised, contact Technology team: Lupe Saucedo at [lsauceda@communityaction.com](mailto:lsauceda@communityaction.com) or Mark Bishop at [mbishop@communityaction.com](mailto:mbishop@communityaction.com) so they can block your sign-in immediately. IT Team will sign you out of all active sessions and change your password. Once that is done, IT Team will contact you by text, phone call or in person with a temporary password that will require you to create a new one.
- **System Prompt:** If the system requires a reset, follow instructions right away.

## Monitoring and Compliance

- IT staff will monitor compliance with this policy through system audits.
- Staff who do not follow this policy may lose access to Agency systems until issues are corrected.
- **Intentional violations** may result in disciplinary action.

## Tips and Best Practices for Strong Passwords

- Think of a phrase or sentence only you would know and use its initials with numbers/symbols.  
- Example: *"My dog loves to nap in the sun at 3pm!"* → **Mdlnits@3pM**
- Longer is stronger — a 14-character passphrase is more secure than a short, complex password.
- Combine two or more random words, with numbers and/or special characters  
- Example: viTam1nPh0ne25
- Do not make your password so complex that you will not remember it.
- Do not use number or letter sequences, such as 5678 or PQRS, in your passwords.
- Capitalize letters other than the first letter of the word.

## Bitwarden

Bitwarden is a free, secure password manager that works on both Apple and Android devices, and it syncs to the cloud. There are also Chrome and Firefox web browser extensions.

- Here is the link for Bitwarden password manager for Apple devices:  
<https://apps.apple.com/us/app/bitwarden-password-manager/id1137397744>
- Here is the link for Bitwarden password manager for Android devices.  
<https://play.google.com/store/apps/details?id=com.x8bit.bitwarden>

If you would like assistance, or have further questions, please contact the IT Office.



## Email Safety Guidelines

To open email attachments safely, you must first verify the sender's identity and the file's legitimacy. Never open unexpected attachments from known senders if you do not usually receive communication from them. If in doubt contact the sender by phone or text, and ask if he/she sent you the attachment.

A good rule of thumb to follow is: when in doubt, throw it out. If you have any doubts about an email or attachment, it is better to err on the side of caution and delete it. Legitimate emails can be re-sent. If you have any questions, suspicions, or doubts, about an email you may forward it to the IT office for review and inspection.

### How to identify and handle suspicious email and attachments

- Check the sender's email address. Look for subtle misspellings in the domain name. For example, compare the following - micros0ft.com, microsoft.co, micosoft.com, microsoft.eu, microsoft.org, or microsoft.somethingelse.com - to microsoft.com.
- Check the last part of the domain name. It is more important than the first part. For example, communityaction.com vs. communityaction.somethingelse.com, or communityaction.gov. - All Agency email will come from communityaction.com.
- Even if the sender's name is familiar, hover your mouse cursor over the sender's email address to see if it matches the sender's actual email address. The default for Agency email accounts is [firstinitiallastname@communityaction.com](mailto:firstinitiallastname@communityaction.com).
- Be very careful with any/all links in an email message. As with email addresses above, check the domain name, and pay attention to the final part of the domain name. Hover over the link to reveal the actual web address. If the link is legitimate, from a verified, trusted source, you can copy the link address and paste it into a web browser instead of clicking on it.
- Confirm unexpected files directly. If an email with an attachment from **a known contact seems odd or out of character**, contact the person directly (in-person, a phone call or a text message) to confirm.

- Analyze the tone and content of the message. Malicious emails often contain generic greetings (Dear Customer, Greetings Friend), excessive spelling and/or grammar errors, and may try to create a sense of urgency or fear to pressure you into acting quickly.
- Beware of any emails asking for money, gift cards, bank account info, SSN info, or other personal information.
- Be wary of email attachments. Be cautious of files that can execute code, such as:
  - Executables: .exe, .bat, .scr
  - Compressed files: .zip, .rar, .7z
  - Macro-enabled documents: .docm, .xlsm
 - Keep in mind that the above is not a complete list of all executable file types.
- Beware of double file extensions. A file named, “invoice.pdf.exe,” is *not the same* as a file named, “invoice.pdf.” The .pdf part is meant to deceive you into thinking it is a safe file, but the real, executable extension is .exe. As with domain names, it is the final extension that is the true file extension.

If your email account is compromised, the IT Office will do the following:

- Immediately block access to your email account.
- Contact you to let you know your account has been blocked.
- Sign you out of all active sessions, reset your password and 2FA (2-factor authentication)
  - You will need to provide a method of contact when you log back into your account.
- Contact you by text, phone, or in person when your email account is ready for you to log back in.
- Provide a temporary password by text, phone or in person.
  - Upon first login you will be required to create a new email password. See attached Password Security Policy for password requirements.

If you have any questions or concerns regarding emails, please reach out to the IT office.

COMMUNITY ACTION, INC OF CENTRAL TEXAS  
RURAL AIDS SERVICES PROGRAM

## TRANSPORTATION SERVICES PROCEDURES

# of pages: 7	Effective Date: 6/3/24	Replaces: 1/19/23
---------------	------------------------	-------------------

### I. DESCRIPTION OF SERVICES PROVIDED

Community Action, Inc. (CAI) shall assist clients with various forms of transportation and will ensure that these services are only used to enable clients continued access medical and social support services. The forms of transportation available to clients from CAI include transportation in the agency vehicle, gas vouchers, and referrals to outside transportation sources.

Community Action transportation assistance will only be provided after all other options for transportation have been exhausted. Whenever possible and feasible clients will be referred to outside agencies for transportation services. Clients who have Medicaid will be referred to the Medicaid transportation program and all individuals will be referred to their local public transportation services if available. The client and staff will proceed with the following options in the order they are listed.

- a. Clients will arrange for transportation on their own, driving themselves, or relying on family and friends to transport them.
- b. Clients will be referred to public transportation within their area or when reasonable and appropriate to the Medicaid transportation program.
- c. Clients will be referred to CAI's transportation program.

#### **Transportation in the agency vehicle**

- a. When clients have no means of arranging their own transportation, and the use of public transportation is not available or appropriate, staff can be available to transport clients in agency vehicles.
- b. Within three business days, case managers will coordinate with the transportation aide regarding the request for client transportation to ensure availability and to schedule the transport. The transportation aide will then mark the transport on their calendar.
- c. Priority of the agency vehicle will be used to provide direct transportation to clients.
- d. The transportation aide will update the shared calendar documenting all client transports.
- e. The calendar will be updated daily.
- f. All case managers and transportation aides will have access to the calendar.
- g. The staff person providing the transportation, will call clients a minimum of one business day before their scheduled transport in order to confirm the client's scheduled

appointment and need for transportation. If a client has a scheduled appointment on a Monday, they will need to receive a call no later than Friday afternoon to confirm.

- h. After the service has been provided to the client, the Transportation Aide will complete the Transportation Log and turn it in to the appropriate case manager, verifying the service was provided.
- i. The case manager will enter the units of service for the transport in Penelope and upload the transportation log.

### **Health and Safety**

- a. Sanitation supplies and masks will be available in the agency vehicle.
- b. Staff and clients will stay home if they are sick (or have a sick family member at home).
- c. Transportation Aides will sanitize car surfaces that are frequently touched by clients (interior/exterior handles, steering wheel, turn signals, etc.).
- d. **COVID-19 Related**
  - o If a client or driver has COVID-19, think they have it, or have related symptoms, they will stay home.
  - o Clients must be free of symptoms such as fever, upper respiratory infection, vomiting and/or diarrhea and have been free for 48 hours.
  - o Case managers will call the client the day before to complete a COVID-19 screening over the phone.
  - o Clients and Transportation Aides must wear a face-covering while in the vehicle.
  - o Temperature checks will be taken by staff prior to transport. If a temperature is above 100.4 degrees, the transport will be rescheduled.
  - o Clients will ride in the backseat, opposite the Transportation Aide.
  - o Clients will handle their own belongings.
  - o Clients and the Transportation Aide will wash/sanitize hands frequently.

### **Cancellations/No Shows/Delays**

- a. If a client is a “no show” for three scheduled transports in one calendar year, the client will be responsible for taking themselves to their next (one) appointment. The client must provide written documentation to the case manager of the appointments in order to resume transportation with the agency.
- b. If a client is not able to keep a scheduled transport, the client must give a 24-hour notice to cancel and/or reschedule. Failure to do so, will result in a “no show.”
- c. In the event of a delay in getting to the client, the Transportation Aide will notify the client via phone call to let them know. The Transportation Aide will also notify the assigned case manager.

- d. If the transport needs to be cancelled due to bad weather, no agency vehicle, or staff unavailable, the Transportation Aide will contact the client to let them know. The Transportation Aide will then call the clinic/doctor's office to inform them of the need to cancel and reschedule.

### **Holidays Observed**

No transportation will be provided on the following holidays, as CAI is closed.

- New Year's Day
- MLK Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day and the day after
- Christmas Eve
- Christmas Day

### **Case Manager Use of Agency Vehicle**

- a. If a case manager needs to provide transportation or use the agency vehicle, they will refer to the shared calendar in order to reserve the vehicle.
- b. If the case manager has scheduled the use of the agency vehicle and a client is requiring transportation, the case manager will allow the driver the use of the agency vehicle.

### **Gas Vouchers**

When clients have a vehicle available to them but no means to purchase gas, CAI may offer clients gas vouchers in the amount of \$10 or more as appropriate for the length of the proposed trip. The Program Director purchases Valero "Fuel Only" gift cards monthly based on the annual budget and distributes to case managers accordingly.

- a. The Program Director will purchase gas vouchers and distribute them to the Case Managers monthly. The receipts will then be submitted to the accounting office for payment.
- b. Gas vouchers are stored in a locked file cabinet in each Case Manager's office. Only the Case Manager has access to the cabinet keys, and must keep a log of the distribution of vouchers.
- c. The Program Director monitors monthly the distribution and use of the gas vouchers using the information entered in the ARIES data base.
- d. Clients will be allowed gas vouchers to all medical and social service appointments as funding allows. Clients can receive up to 4- \$10.00 vouchers for their round-trip appointment, based on distance.



- e. There is no limit to the number of appointments per month a client can receive gas voucher for, as funding allows.
- f. Clients who have received a gas voucher for a medical or social service appointment that cancels or misses the scheduled appointment, but reschedules the appointment will be instructed to use the voucher for the rescheduled appointment. This will be documented in the client's case notes. Clients who cancel the appointment and do not plan on rescheduling will be asked to return the unused card.
- g. Case Managers will need to verify that the client attended the scheduled appointment for which a voucher was provided. For clients who are shared in TCT and attending a DPC or Sansing Dental Clinic appointment, case managers can verify a scheduled appointment using the TCT data base. For clients who are not shared in TCT, they will need documentation of kept appointment and this will be placed in the client's file.

## **II. SAFE DRIVING PRACTICES & STAFFING**

- 1. Drivers document proof of liability insurance on their initial application.
- 2. The agency's liability insurance covers CAI staff.
- 3. Drivers provide CAI copies of their TXDL and it is placed in their personnel record.
- 4. Drug screenings and background checks are performed for drivers.
- 5. Drivers will sign a Confidentiality Statement.
- 6. Drivers will be assigned a supervisor who will conduct annual evaluations.
- 7. Drivers are responsible for the safety and well-being of passengers.
- 8. Drivers will follow all Department of Public Safety laws and regulations.
- 9. In order to prevent impaired driving, drivers will support the Community Action Drug and Alcohol Free Workplace policy and the Tobacco Free Workplace Policy as outlined in the Guidelines for Personnel Management, Policies and Practices.
- 10. Drivers will not permit passengers to use tobacco products during the transport and will not transport clients under the influence of alcohol and/or illegal drugs.
- 11. Drivers will always use their seat belts and require that all passengers use their seat belts as well. Children younger than five and less than 36 inches high will be

required to sit in an appropriate child restraint seat. The parent is responsible for providing child restraint seat, installing the seat and securing the child in the seat.

12. Any citation received while driving an agency vehicle must be reported to the driver's immediate supervisor within 24 hours and a corrective action plan will be taken. Failure to report to one's immediate supervisor will result in further disciplinary action. All violations will be paid by the driver.

### **III. IN THE EVENT OF AN ACCIDENT WHILE TRANSPORTING CLIENTS**

1. If able, the driver will evaluate for injuries and call 911 for an ambulance if immediate medical attention is needed.
2. Driver will contact the immediate supervisor who will coordinate efforts if another vehicle is needed to provide client transportation.
3. Driver will contact the Police: discuss the details of the accident with the Police officer only, and not with other drivers who were involved in the accident.
4. Take and give information: If another vehicle is involved, the driver will get other motorist's name, address, driver's license number, vehicle license plate number, name and telephone number of his/her insurance company. The driver will share this same information with the other motorist.
5. Driver will get the names and phone numbers of any adult witnesses at the scene, if possible.
6. The driver will submit an agency "Employee's Notice of Injury Form" immediately or at least within twenty-four hours of the accident. If the employee is unable to complete the form, the supervisor or a co-worker will complete the form for the employee. The "Employee's Notice of Injury Form" must be forwarded to the Human Resources Director within 36 hours of the accident. Any vehicle damage will be reported to the Fiscal Officer by the driver's supervisor who in turn will report the accident to the insurance company.
7. Driver will always maintain the client's confidentiality unless otherwise specified by the client.

### **IV. LIMITATIONS**

1. Community Action employees will not transport clients in their personal vehicles.

2. Transportation appointments will be scheduled within the hours of 9:00 AM to 2:30 PM in order to avoid rush hour traffic and to ensure the client and driver return within agency business hours.
3. Community Action does not provide direct transportation services to clients in need of emergency medical care. Case Managers will contact 911 to request emergency medical transportation if necessary.
4. Case Managers will not physically bear weight of any adult individual while getting to and from, into and out of vehicles. If a client requires this type of assistance, every attempt will be made to assist the client in accessing transportation services that can provide the required physical assistance.

## VI. AGENCY VEHICLE

1. Priority for use of the agency vehicle is for client transportation to medical and social service appointments. Case managers may use the vehicle for home visits, meetings, or to transport clients if it is not already scheduled for use by the transportation aide.
2. The transportation aide is responsible for ensuring the vehicle is scheduled for routine oil changes.
3. The transportation aide is responsible for ensure all other maintenance is scheduled for the vehicle by following these steps:
  - a. inform the Program Director of the problem,
  - b. schedule an estimate
  - c. provide the Program Director with the cost for maintenance work
  - d. if approved based on availability of funding, schedule maintenance work to be completed.
4. Each driver is responsible for submitting fuel receipts to the Program Director on a weekly basis.
5. Each driver is responsible for submitting vehicle mileage logs to the Program Director on a monthly basis.
6. All travel in the agency vehicle will be documented using the Vehicle Mileage Log and will include the date, starting mileage, ending mileage, purpose of travel, and driver initials.
7. On a monthly basis, each vehicle will receive an agency maintenance check. This is an internal check done by agency staff. If any items being checked are not working or questionable, the vehicle will be taken to a professional to be looked at and serviced. Items to be checked by the transportation aide or a case manager include:

- a. Current insurance card in agency vehicle
  - b. Seat belt restrains systems are operational
  - c. Head light and break lights work
  - d. Turn signals work
  - e. Brakes
  - f. Tires
  - g. a/c heating
  - h. First aid kit in the vehicle
8. Each agency vehicle will have a notebook which will contain the following: insurance, card, mileage logs, and monthly vehicle maintenance checklist.
9. No use of Ryan White funds will be used to purchase an agency vehicle without prior written approval of HRSA Grants Management Office. In the event that CAI needs to purchase a vehicle the Program Director will following these steps:
  - a. Inform the Fiscal Officer of the need for a new vehicle.
  - b. Inform the BVCOG Contract Manager of the need for a new vehicle.
  - c. Complete the Prior Approval - Justification to Purchase Vehicles form provided by Texas DSHS, Ryan White HIV/AIDS Program and submit for approval.
10. Ryan White funds cannot be used for direct maintenance or any other costs associated with privately owned vehicles, such as lease or loan payments, insurance, or license and registration fees - expect for vehicles operated by CAI.

## Evacuation Plan Policy

### PURPOSE

The purpose of this policy is to establish clear procedures to protect staff, clients, and children in the event of an emergency that requires building evacuation. Emergencies covered include fire, natural disasters, and active threat situations.

### SCOPE

This policy applies to all Community Action, Inc. of Central Texas employees, clients, and visitors across all eight buildings, including Head Start centers.

### RESPONSIBILITIES

- **Executive Director/Leadership Team** – Approves and oversees evacuation procedures.
- **Site Directors/Managers** – Ensure staff are trained, evacuation routes are posted, and drills are conducted.
- **Site Coordinators (per building)** – Typically site managers or appointed senior staff. Responsible for leading evacuations, ensuring all staff/children exit safely, and reporting headcounts at assembly areas.
- **Site Coordinators (in multi-story building)** – Assigned to each floor to check restrooms, classrooms, and offices before exiting.
- **All Staff** – Follow evacuation procedures, assist children or visitors, and report to the designated assembly point.

### EMERGENCY TYPES & PROCEDURES

#### a. Fire

- Activate the fire alarm system immediately.
- Evacuate using the nearest exit; do not use elevators.
- Teachers/staff escort children and ensure headcounts before leaving classrooms.
- Proceed to designated outdoor assembly area.

#### b. Natural Disasters (e.g., tornado, flood, hurricane, earthquake)

- Follow building-specific shelter-in-place or evacuation instructions.
- Move to interior hallways, basements, or designated safe rooms when appropriate.
- Remain in safe areas until cleared by local authorities.

#### c. Active Threat / Irate Person

- Staff should follow the **Run, Hide, Fight** model:
  - **Run:** Evacuate if possible.

- **Hide:** Lock/barricade doors, silence phones, remain quiet.
  - **Fight:** As a last resort, defend yourself.
- Head Start centers will use the designated **code system** to alert staff of an irate person.
- Law enforcement must be notified immediately.

## COMMUNICATION

- **Fire/Disaster:** Alarms will sound, and staff will move to designated assembly areas.
- **Active Threat:** Code alerts will be communicated to staff.
- After evacuation, site directors or designees will communicate with first responders and leadership.

## TRAINING & DRILLS

- **Drills:**
  - Fire drills: at least **once per quarter** per building.
  - Disaster drills (tornado, shelter-in-place): at least **twice per year**.
  - Active threat/lockdown drills: at least **once per year**.
- **Training:**
  - New staff will receive evacuation training during site orientation.
  - Annual refresher training will be required for all employees.
  - Training will include evacuation routes, assembly areas, and responsibilities for staff working with children.

## ASSEMBLY AREAS

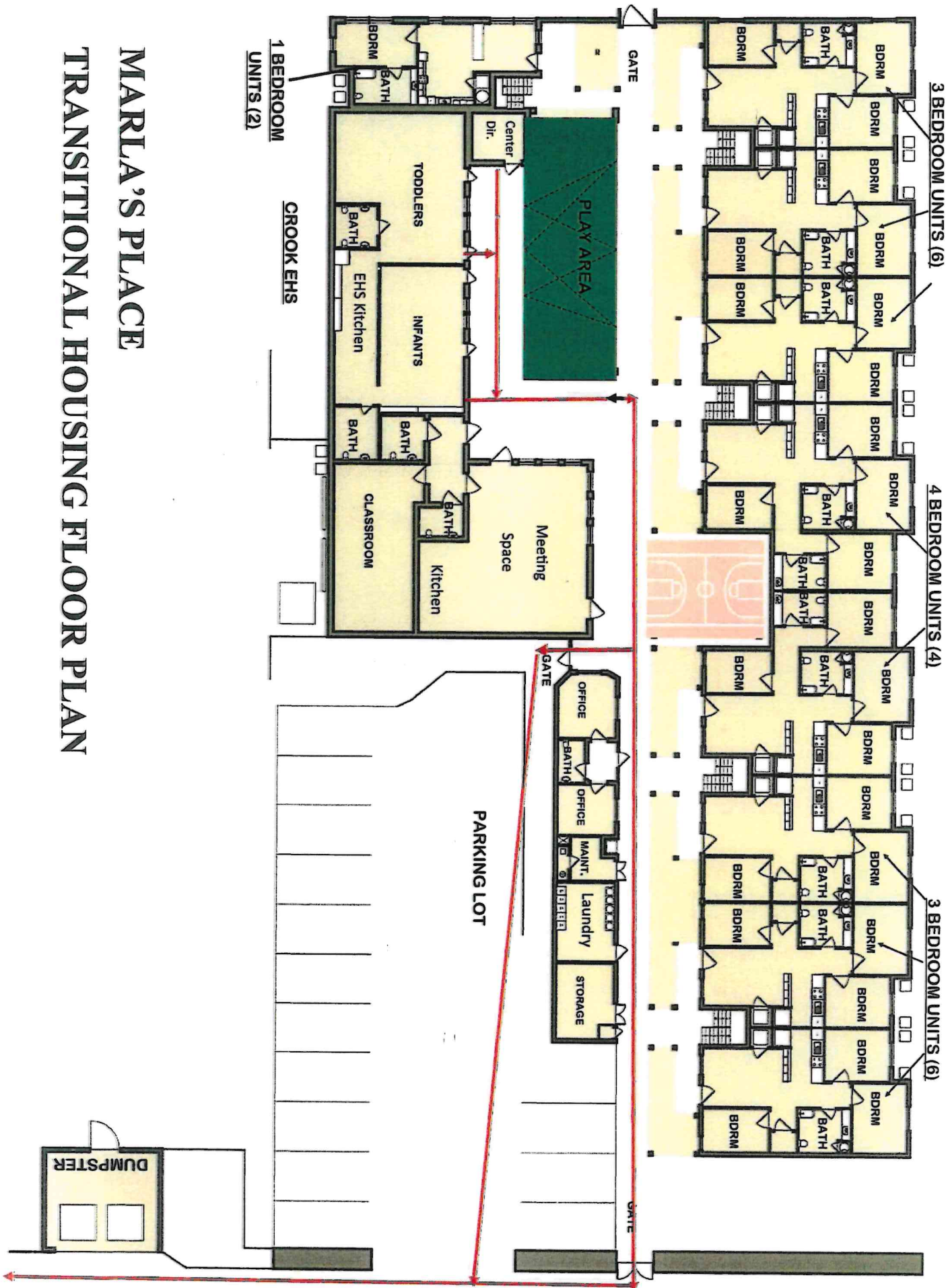
Each building will have a designated outdoor assembly area located a safe distance away. Site Directors will ensure maps are posted in hallways and classrooms.

## REVIEW & UPDATES

This policy will be reviewed annually and updated as needed.



# MARLA'S PLACE TRANSITIONAL HOUSING FLOOR PLAN

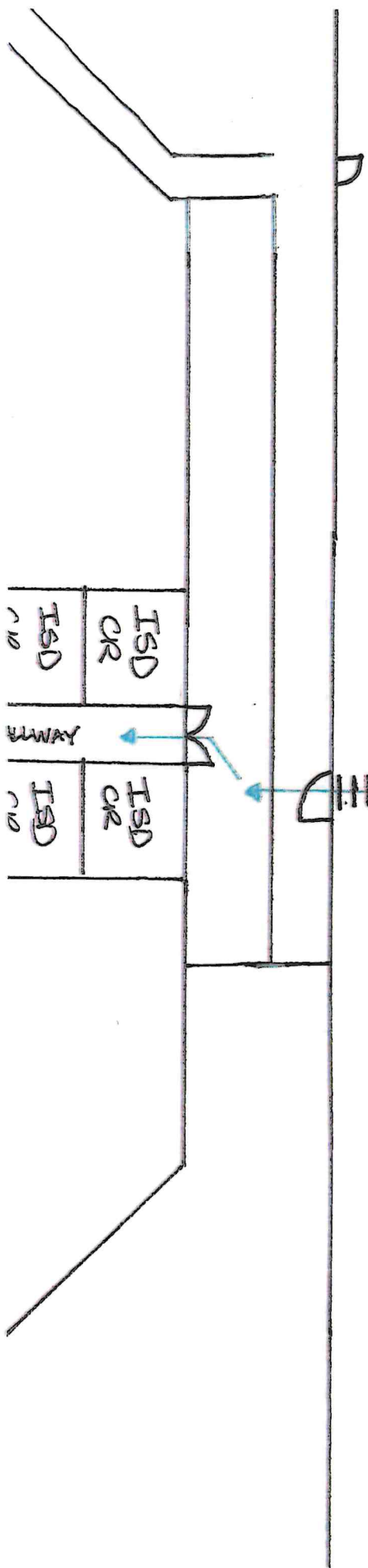


T1 PLAYGROUND

INFANT PLAYGROUND

EVACUATION IS INSIDE  
1. PLAYGROUND AGAINST  
INSIDE FENCE

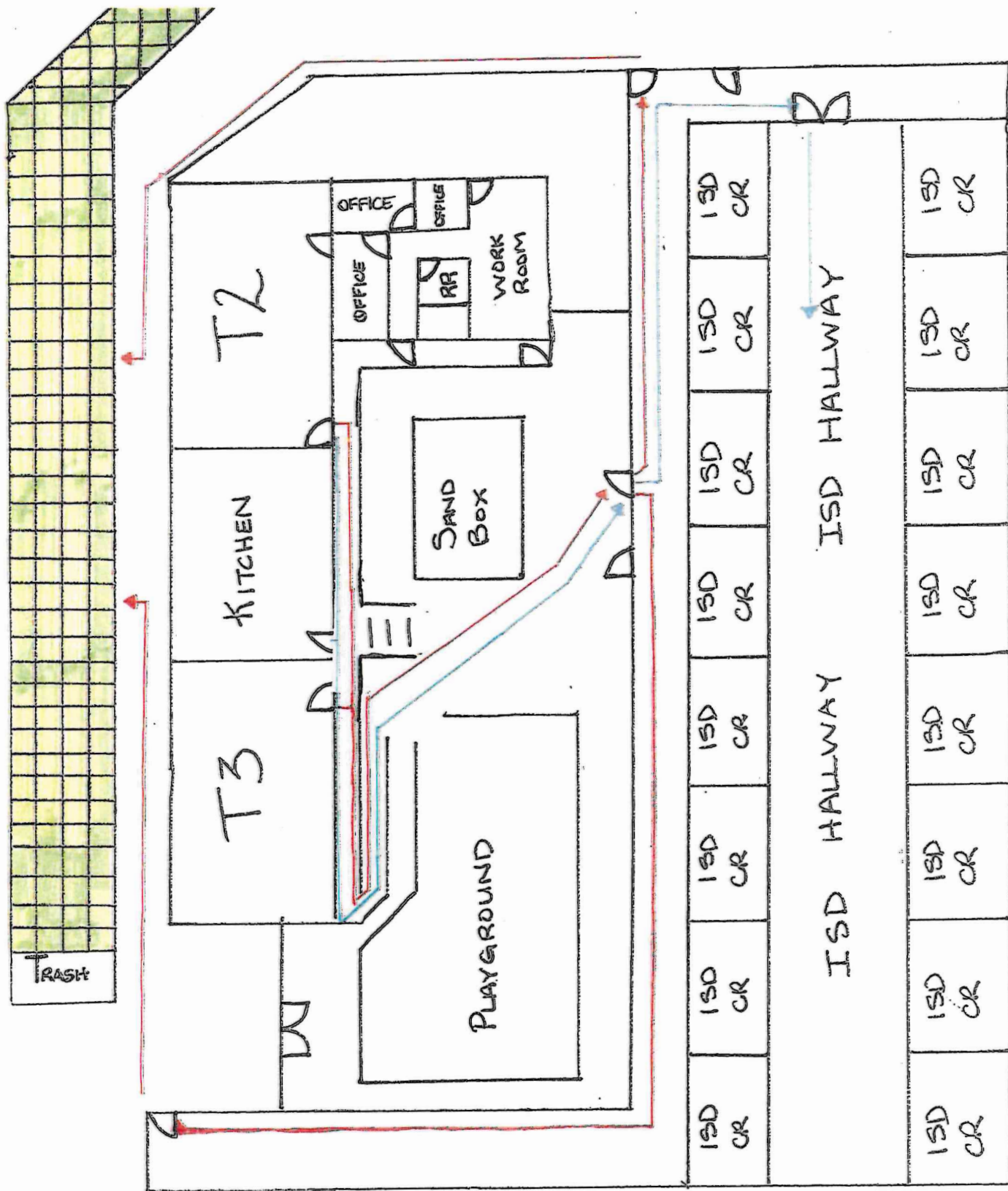
RELOCATION IS INSIDE  
OF ISD HALLWAY





SEVERE WEATHER DRILL  
RELOCATION IS  
INSIDE OF ISD  
HALLWAY

FIRE DRILL  
RELOCATION IS  
BEHIND BUILDING  
B IN FIELD OF  
GRASS

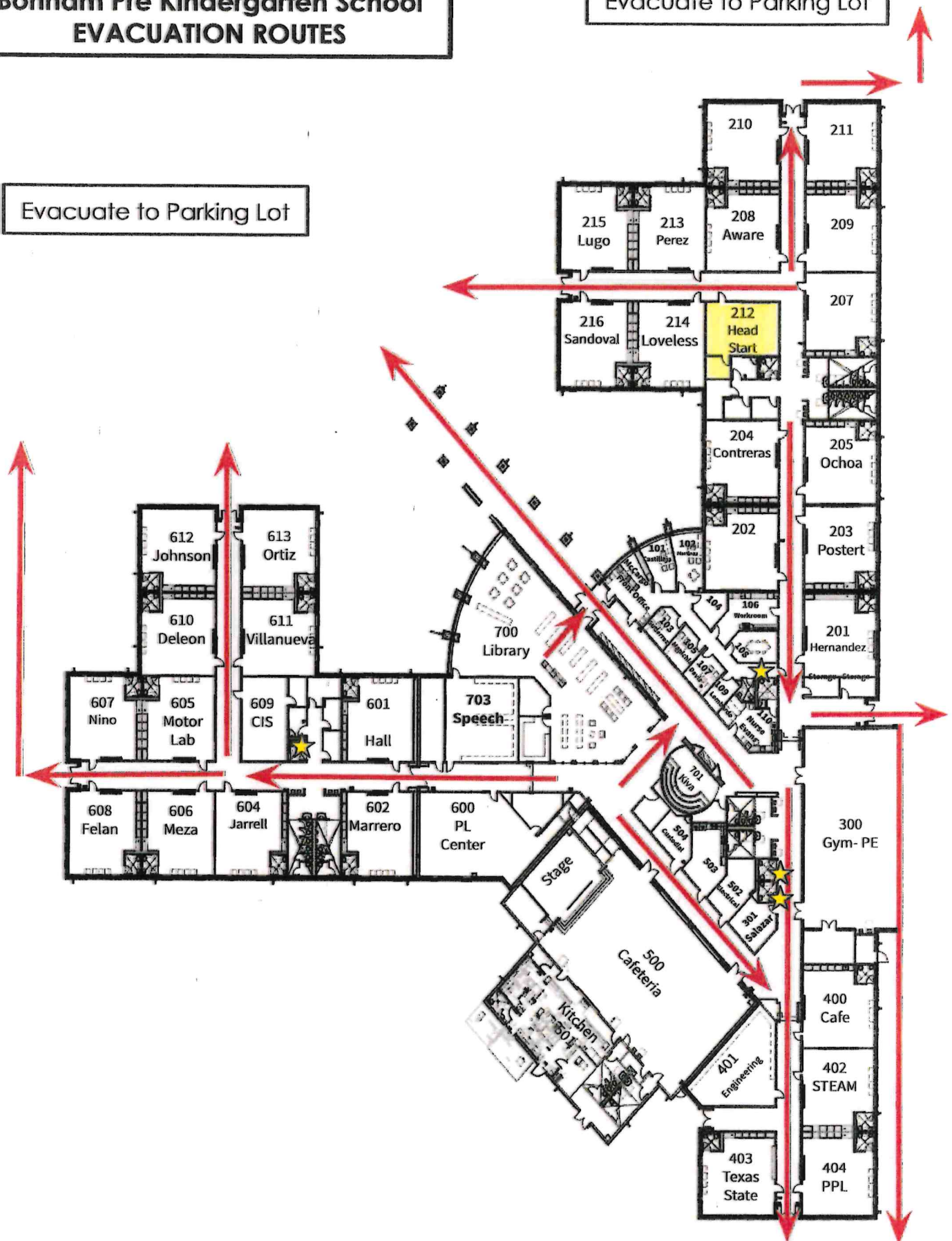


Hemphill EHS Building B Evacuation Map

# Bonham Pre Kindergarten School EVACUATION ROUTES

Evacuate to Parking Lot

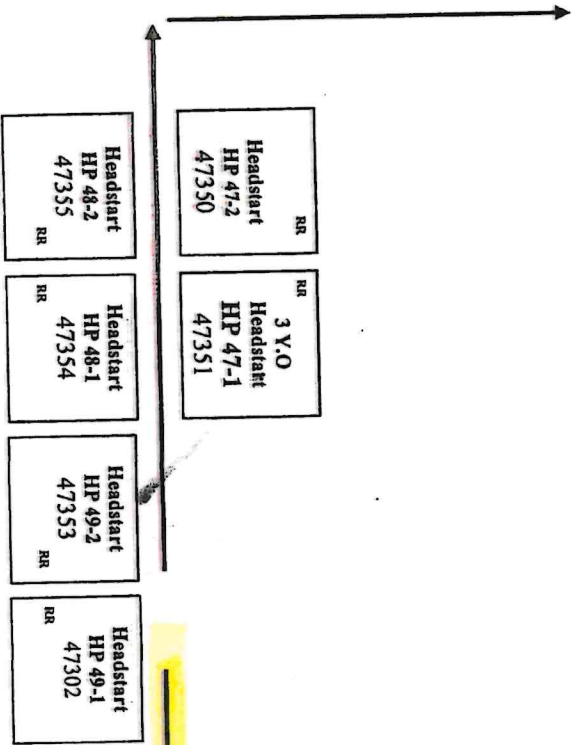
Evacuate to Parking Lot



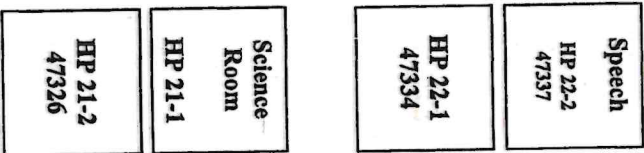
Evacuate to Parking Lot

Playground

**Hemphill Elementary School**  
3995 East FM 150  
Kyle, Texas 78640  
512-268-4688

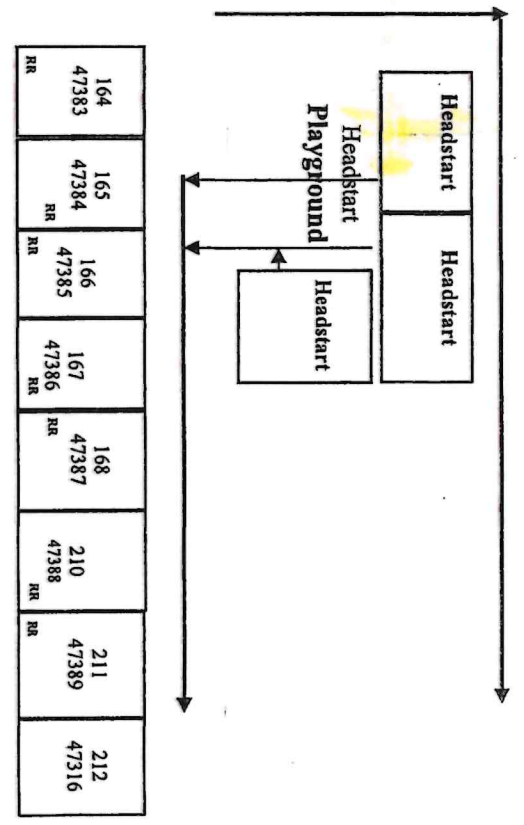
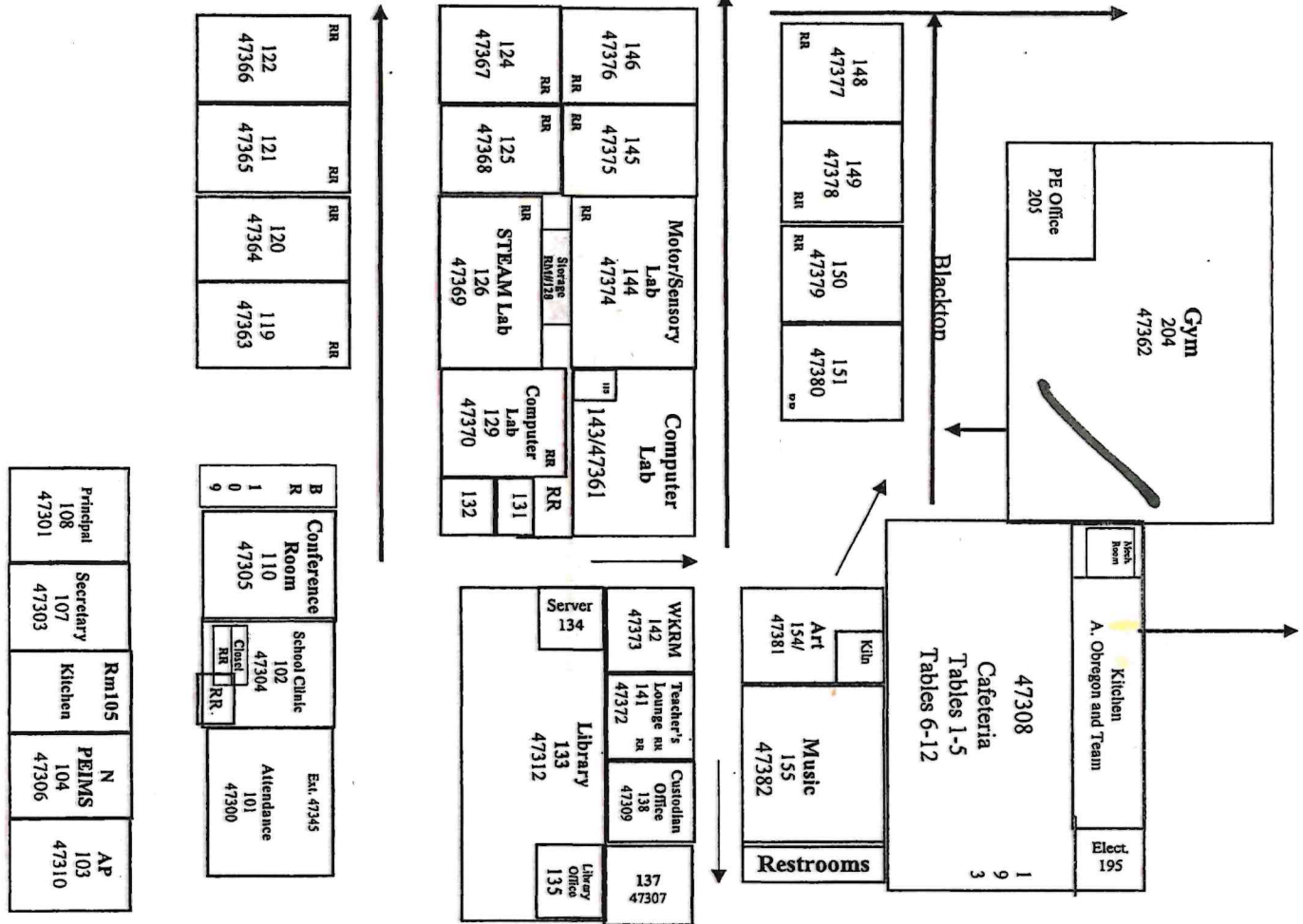


P A R K I N G



H E M P H I L L

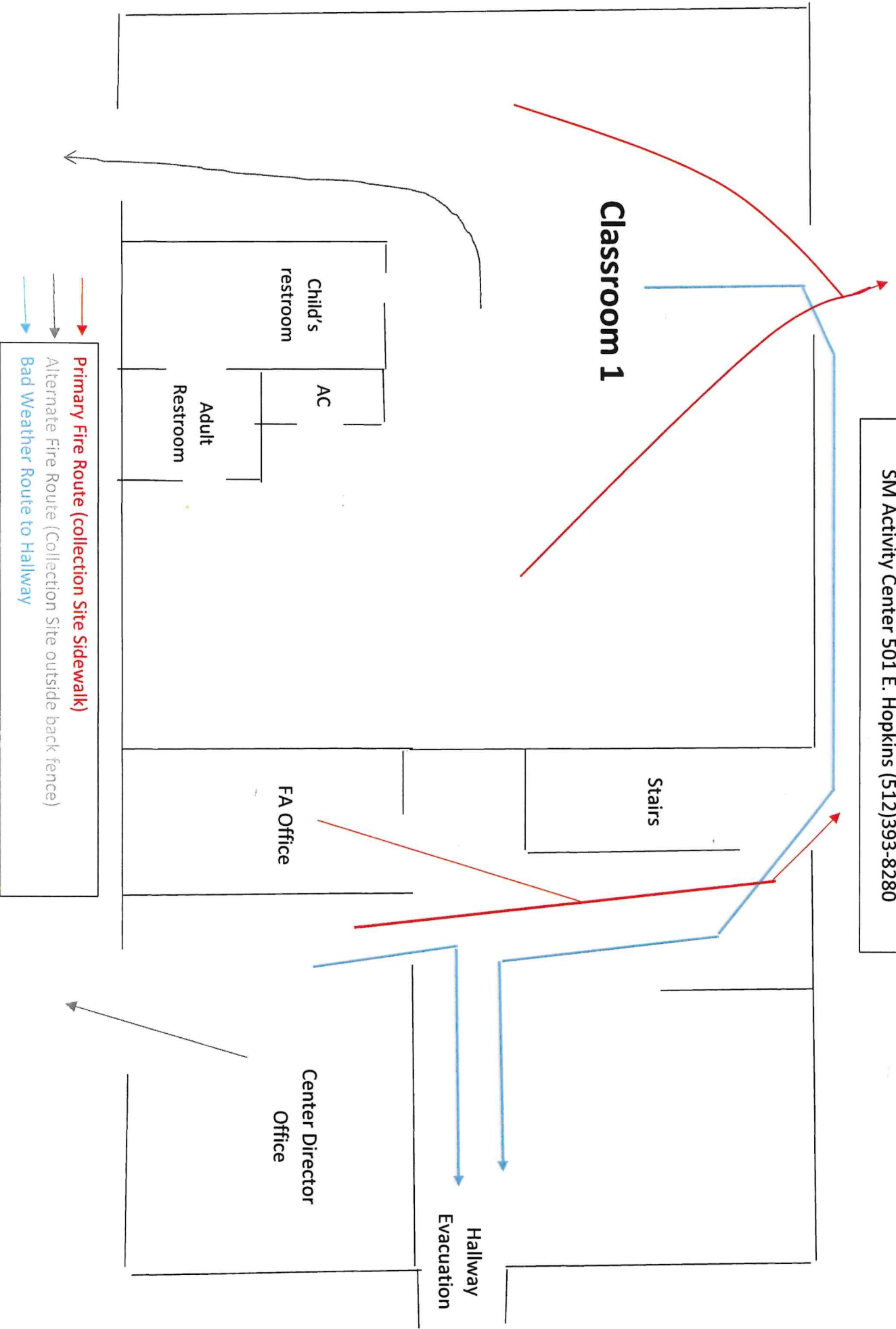




Entrance

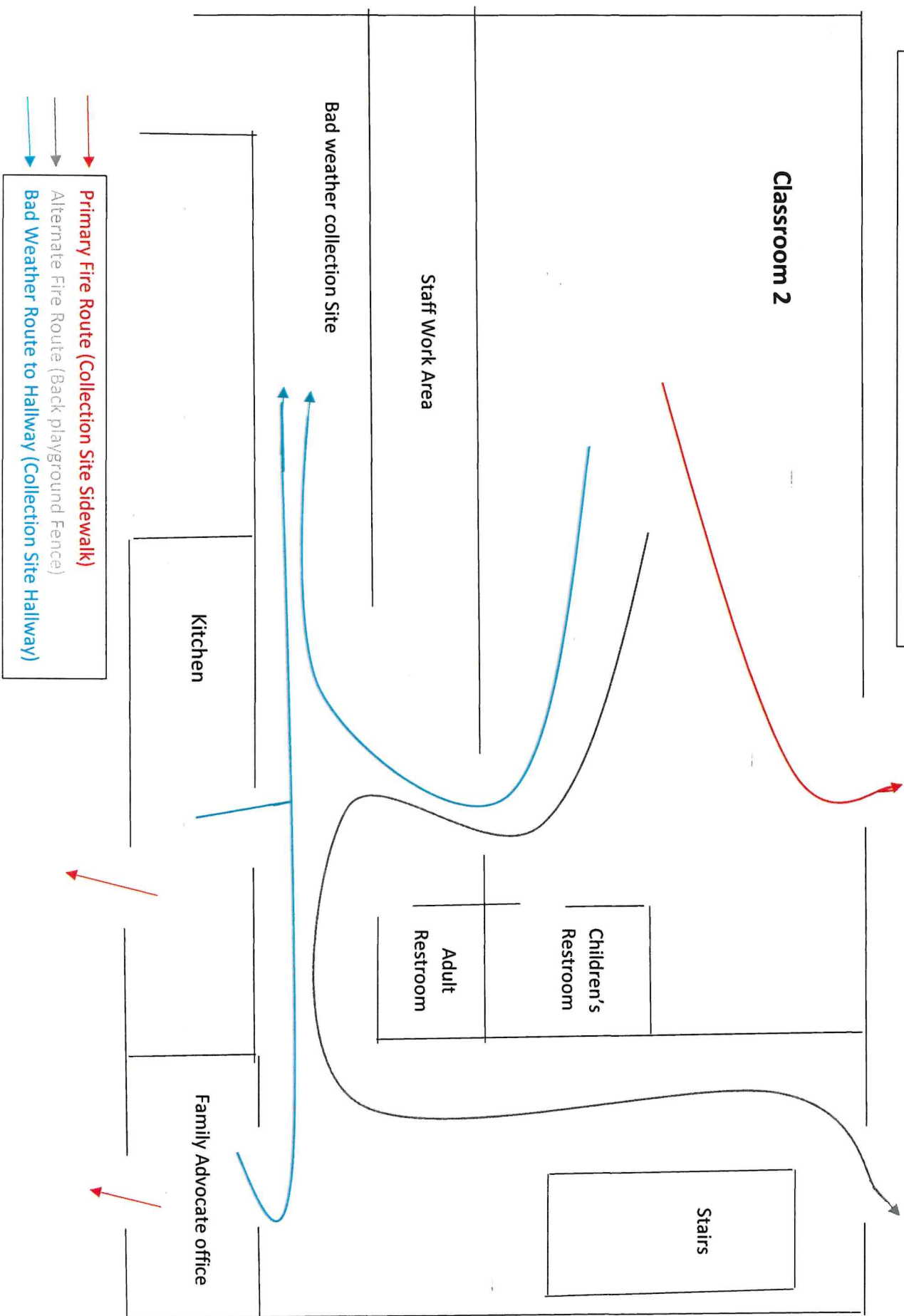
**Hemphill Elementary School**  
 3995 East FM 150  
 Kyle, Texas 78640  
 512-268-4688

**Relocation Sites**  
A. Washington 103 Hays St. (512)353-1507  
SM Activity Center 501 E. Hopkins (512)393-8280

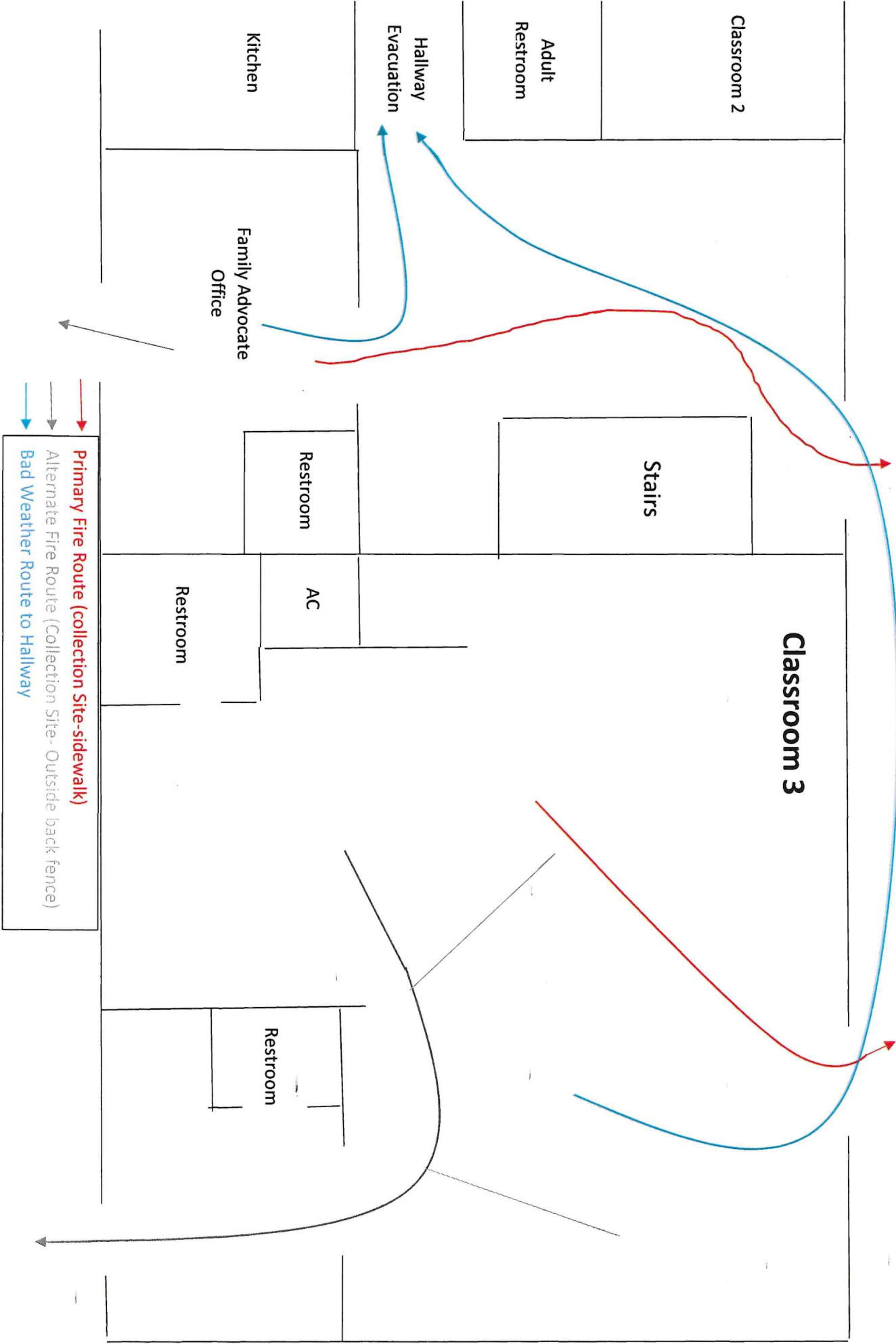


### Relocation Sites

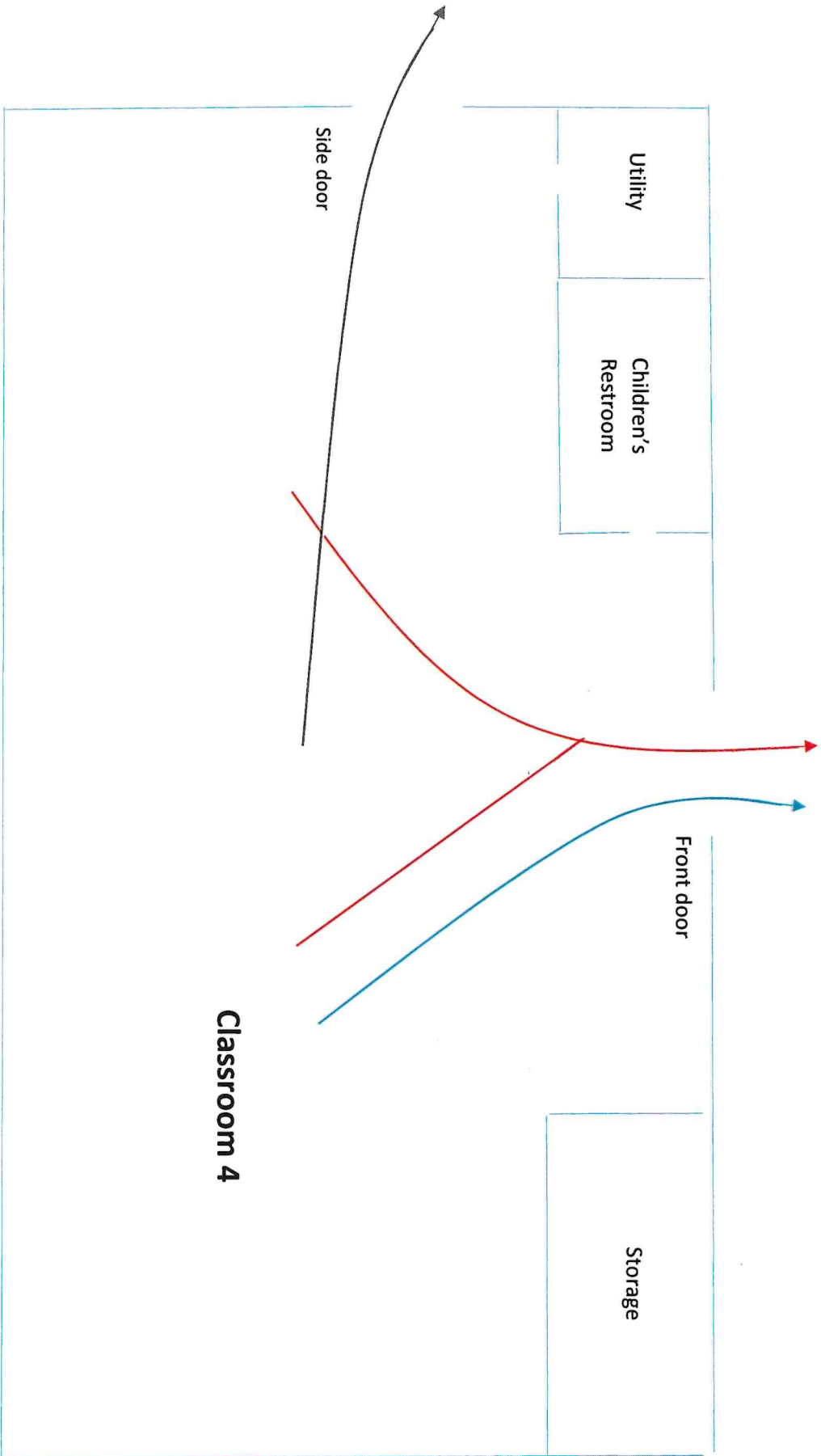
A. Washington 103 Hays St. SM TX 78666 (512)353-1507  
SM Activity Center 501 E. Hopkins St. SM TX 78666 (512)393-8280



**Relocation Sites**  
A. Washington 103 hays St. (512)353-1507  
SM Activity Center 501 E. Hopkins (512)393-8280



**Relocation Sites**  
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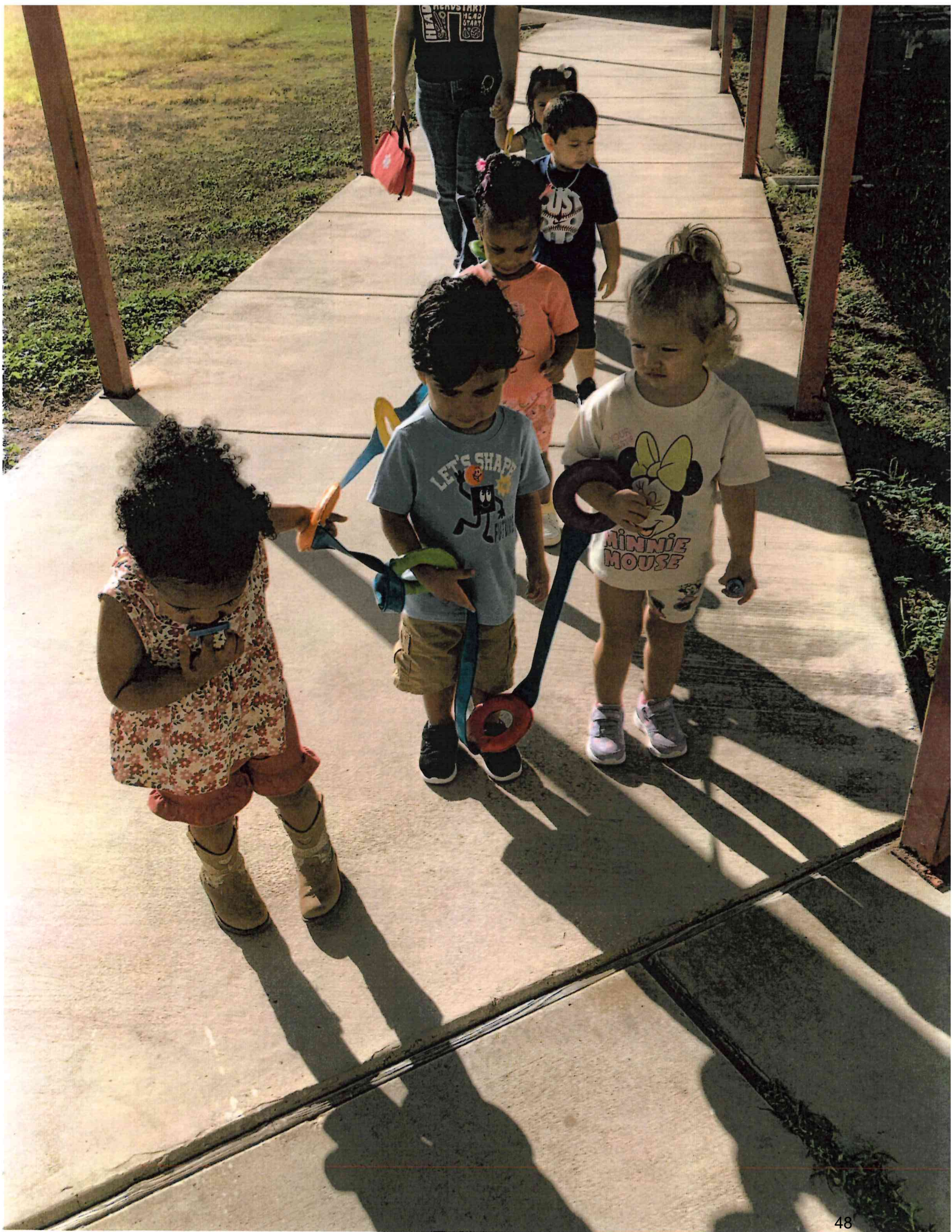
**Primary Fire Route (Collection Site sidewalk)**  
Alternate Fire Route (Collection Site outside back fence)  
**Bad Weather Route (Hallway in main building)**



## 47









# HUMAN RESOURCES

## PROGRAM REPORT



<b>Project Name</b>	HR Program Report	<b>Reporting Period</b>
<b>Board Meeting</b>	September 18, 2025	07/18//2025 - 09/12/2025
<b>Prepared by</b>	Ruth M. Salinas	

## HIGHLIGHTS

New Administrative Assistant - The Village Main Office

- We're pleased to welcome Andreana Vasquez as the new Administrative Assistant at the Village Main Office. As the front desk receptionist, Andreana will be the first point of contact for clients and visitors. She brings a warm, friendly presence to the role and is already making a positive impression on those who walk through our doors.

## Status Update

New Hires	Separations	Vacancies	Employee Count
11	10	3	338
Numbers from Board Meeting - 07/17/2025			
4	14	8	337

## Active Jobs Detail for Community Action, Inc. of Central Texas

Reported on: 9/9/2025

Date Range:

9/11/2023-9/9/2025

Data Set: All Data

Job Title	Job ID	Location	Department	Date Job Activated
<a href="#">Disabilities Coordinator</a>	25-55	San Marcos, TX	Early Childhood Education	9/9/2025
<a href="#">Early Head Start Teacher</a>	25-47	Kyle, TX	Early Childhood Education	8/11/2025
<a href="#">Head Start Teacher One</a>	25-49	Kyle, TX	Early Childhood Education	7/8/2025

## Hires Pipeline Detail for Community Action, Inc. of Central Texas

Date Range: Custom Date Range 7/18/2025-9/9/2025

Data Set: All Data

Candidate Name	Job Title	Date Job Activated	Job Location	Job Department	Current Status (Candidate)	Date Hired
Rena Martinez	Cook Aide	7/8/2025	San Marcos, TX	Early Childhood Education	Candidate Hired	8/2/2025
Magdalena Covarrubias	Cook Aide	7/8/2025	Kyle, TX	Early Childhood Education	Candidate Hired	8/11/2025
Elizabeth Short	Early Head Start Teacher	6/11/2025	San Marcos, TX	Early Childhood Education	Candidate Hired	7/28/2025
Bonnie Mabry	Early Head Start Teacher	4/1/2025	Luling, TX	Early Childhood Education	Candidate Hired	8/11/2025
Jazlie Rodriguez	Family Advocate	8/25/2025	San Marcos, TX	Early Childhood Education	Candidate Hired	9/8/2025
Corinna Nietsche	Head Start Teacher One	7/8/2025	Kyle, TX	Early Childhood Education	Candidate Hired	7/28/2025
CHRISTINA PENA	Head Start Teacher One	7/8/2025	Kyle, TX	Early Childhood Education	Candidate Hired	9/3/2025
Elizabeth Martinez	Head Start Teacher One	7/23/2025	San Marcos, TX	Early Childhood Education	Candidate Hired	7/29/2025
Celeste Acosta	Head Start Teaching Assistant	7/7/2025	San Marcos, TX	Early Childhood Education	Candidate Hired	8/22/2025
Gabrielle Alvarez	Program Floater	6/11/2025	San Marcos, TX	Early Childhood Education	Candidate Hired	8/6/2025
Dorothy Sanders	Program Floater	7/21/2025	Luling, TX	Early Childhood Education	Candidate Hired	8/15/2025

<b>Termination/Resignation Board Report - 07/18/25 - 09/12/25</b>				
<b>Full Name</b>	<b>Job Title</b>	<b>Department Name</b>	<b>Termination Date</b>	<b>Termination Reason</b>
Blazek, Patricia Marie	Adult Education Teacher	AE Program Operations	08/28/2025	Resign-No/Short Notice
Davis, Rosalina	Site Support Specialist	AE Program Operations	08/15/2025	Resign-No/Short Notice
Limon, Laura E	Comm Service Counselor	CHS FP Program Operations	08/19/2025	Violation of CAI Policy
Mohle, Brittnee Margarita Estelle Cota	Substitute Teacher	EHS Casual Teacher TAS	08/12/2025	Resign-No/Short Notice
Cubit, Alianna Nicole	Early Head Start Teacher	EHS Program Operations	07/18/2025	Termination-Availability
Patterson, Laura michelle	Substitute Teacher	EHS Program Operations	08/27/2025	Termination
Bateman, Haley	Head Start Teacher One	HS Program Operations	07/21/2025	Resign-No/Short Notice
Brosnan, Diane Michelle	HS Family Advocate	HS Program Operations	08/15/2025	Resign-2 Wks Notice
Nietsche, Corinna	Head Start Teacher One	HS Program Operations	09/02/2025	Resign-No/Short Notice
Gonzalez Zuniga, Angela Michelle	Receptionist	Shared Administration	07/24/2025	Resign-2 Wks Notice

Community Action, Inc of Central Texas  
Statement of Financial Position  
August 31, 2025

Item 6.3.1

ASSETS

Current Assets

Cash	\$ 1,622,567
Grant Receivable	853,846
Inventory	7,107
Prepaid Expenses	5,442
Total Current Assets	<u>2,488,962</u>

Fixed Assets

Buildings & Equipment	4,432,816
less Accumulated Depreciation	<u>(3,924,374)</u>
Net Fixed Assets	<u>508,442</u>

TOTAL ASSETS	\$ <u><u>2,997,404</u></u>
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LIABILITIES & NET ASSETS

Current Liabilities

Accounts Payable & Accrued Liabilities	\$ <u>2,052,429</u>
Total Current Liabilities	<u>2,052,429</u>

Total Liabilities	2,052,429
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Net Assets

Unrestricted	436,533
Permanently Restricted	<u>508,442</u>
Total Net Assets	<u>944,975</u>

TOTAL LIABILITIES & NET ASSETS	\$ <u><u>2,997,404</u></u>
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Community Action, Inc of Central Texas  
Statement of Revenues  
10 Months Ended August 31, 2025

Item 6.3.1

Federal & State Grant Revenue	\$ 13,119,998
Other Grant Revenue	56,243
Fee for Service Revenue	24,362
Fundraising/Donations	182,601
Interest Income	152
Program Income	<u>205,630</u>
 TOTAL REVENUES	 \$ <u>14,883,481</u>



Community Action, Inc of Central Texas  
Statement of Functional Expenses  
10 Months Ended August 31, 2025

Item 6.3.1

Salaries	8,093,798
Fringe Benefits	1,780,230
Supplies	328,294
Contractual	1,086,405
Rent	1,236,055
Telephone/Internet	89,958
Utilities	98,708
Miscellaneous	32,159
Insurance	128,013
Travel	133,820
Maintenance	122,497
Other Office Expense	106,966
Dues, License & Fees	11,593
Employment Advertisement	25
Audit	54,200
Auto Expense	37,381
Employee Development	146,321
Interest & Bank Fees	1,827
Direct Assistance	1,403,407
Depreciation	60,000
TOTAL EXPENDITURES	<u>14,951,658</u>

Community Action, Inc. of Central Texas  
Grant Financial Report  
As of August 31, 2025

**Item 6.3.2**

**Community Services**

	Program	Current Budget	Cumulative Expenditures To Date	Budget Balance	% of Budget Expended	% of Grant Period Completed	Grant FYE
1	CEAP (Energy Assistance) 2025	\$1,287,062	\$1,147,220	\$139,842	89.13%	66%	12/31/2025
2	CEAP (Energy Assistance) 2025 SUPP	\$49,429	\$0	\$49,429	0.00%	66%	12/31/2025
3	CSBG 2025 Allocation	\$285,353	\$167,913	\$117,440	58.84%	66%	12/31/2025
4	Senior Citizens - CAPCO	\$96,640	\$79,194	\$17,446	81.95%	92%	9/30/2025
5	Senior Citizens - COSM	\$18,000	\$6,368	\$11,632	35.38%	89%	9/30/2025
6	SM Youth Services	\$139,166	\$73,237	\$65,929	52.63%	58%	1/31/2026
7	TX Youth Action Network 24-25	\$80,000	\$27,376	\$52,624	34.22%	83%	10/31/2025
8	TBRA First Presbyterian	\$50,000	\$28,357	\$21,643	56.71%	66%	12/31/2025
9	First Presbyterian Church Covid Relief	<u>\$2,994</u>	<u>\$0</u>	<u>\$2,994</u>	0.00%	66%	10/31/2025
<b>Total Community Services</b>		<b><u>\$2,008,644</u></b>	<b><u>\$1,529,665</u></b>	<b><u>\$478,979</u></b>			

- 1 CEAP 2025 - As months go by each client will be eligible for less assistance because we cannot pay past December 31 so percentage of spending should decrease
- 2 CEAP - Supp - Won't use these funds until regular CEAP funds are depleted.
- 4 Senior Citizens CAPCO - Received an additional \$31K to cover expenses for July August and September
- 5 Senior Citizens COSM - Will resume using these funds in October - December. Expect to be fully expended by December

Community Action, Inc. of Central Texas  
Grant Financial Report  
As of August 31, 2025

**Item 6.3.2**

<b>Child &amp; Family Services</b>						
Program	Current Budget	Cumulative Expenditures To Date	Budget Balance	% of Budget Expended	% of Grant Period Completed	Grant FYE
10 ST Davids - Home Visiting	\$253,327	\$160,776	\$92,551	63.47%	66%	12/31/2025
11 Head Start Program Federal Portion	\$7,629,068	\$5,868,318	\$1,760,750	76.92%	83%	10/31/2025
12 Child Care Food Program	\$493,062	\$401,564	\$91,498	81.44%	92%	9/30/2025
13 Texas Home Visiting	\$948,211	\$938,336	\$9,875	98.96%	100%	8/31/2025
14 Texas Home Visiting ECSB	\$936,500	\$619,185	\$317,315	66.12%	89%	12/31/2025
15 Texas School Ready	\$94,689	\$0	\$94,689	0.00%	8%	7/31/2026
<b>Total Child &amp; Family Services</b>	<b><u>\$10,354,857</u></b>	<b><u>\$110,928</u></b>	<b><u>\$2,366,678</u></b>			

14 Texas Home Visiting ECSB - Have several projects lined up but possibly will have funds remaining at the end.

15 Texas School Ready - Was without the one staff member for the month of August for this grant

**Literacy & Workforce Development**

Program	Current Budget	Cumulative Expenditures To Date	Budget Balance	% of Budget Expended	% of Grant Period Completed	Grant FYE
16 Adult Basic Ed. (Fed Share) 25-26	\$1,500,000	\$50,540	\$1,449,460	3.37%	17%	6/30/2026
17 Adult Basic Ed. (EL Civics) 24-25	\$900,000	\$899,630	\$370	99.96%	100%	9/30/2025
18 Adult Basic Ed. - Bastrop Bldg	\$25,000	\$4,419	\$20,581	17.68%	58%	1/31/2026
<b>Total Adult Education</b>	<b><u>\$2,425,000</u></b>	<b><u>\$954,589</u></b>	<b><u>\$1,470,411</u></b>			

16 Adult Basic Ed. (Fed Share) 25-26 Were just awarded the funds the first of August

18 Adult Basic Ed. Bastrop Building - Will begin to pay rent for full building where have only been paying for 1/2 in previous years

**Community Health Services**

Program	Current Budget	Cumulative Expenditures To Date	Budget Balance	% of Budget Expended	% of Grant Period Completed	Grant FYE
19 Family Planning - Title X	\$70,562	\$40,977	\$29,585	58.07%	42%	3/31/2026
20 Healthy Texas Women - Fee	\$104,000	\$75,180	\$28,820	72.29%	100%	8/31/2025
21 Healthy Texas Women - Cat	\$104,000	\$15,397	\$88,603	14.80%	100%	8/31/2025
22 HHSC Family Planning - Fee	\$250,703	\$234,682	\$16,021	93.61%	100%	8/31/2025
23 HHSC Family Planning - Cat	\$56,122	\$46,725	\$9,397	83.26%	100%	8/31/2025
24 HTWP - Navigator	\$52,400	\$52,400	\$0	100.00%	100%	8/31/2025
25 Expanded Services	\$12,000	\$11,849	\$151	98.74%	83%	10/31/2025
26 Ryan White Part - B	\$78,000	\$40,197	\$37,803	51.53%	42%	3/31/2026
27 HIV HSS	\$429,371	\$380,321	\$49,050	88.58%	100%	8/31/2025
28 HOPWA	\$355,989	\$350,165	\$5,824	98.36%	100%	8/31/2025
29 Ryan White Part - A	\$68,821	\$32,256	\$36,565	46.87%	50%	2/28/2026
30 Ryan White Part - C	\$40,475	\$40,475	\$0	100.00%	66%	12/31/2025
31 Cancer Screening	\$176,472	\$141,845	\$34,627	80.38%	100%	8/31/2025
32 McKenna Legacy Foundation	\$14,000	\$14,000	\$0	100.00%	100%	8/31/2025
33 Burdine Johnson Foundation	\$80,000	\$44,641	\$35,359	55.80%	66%	12/31/2025
34 United Way - CAIHC2 (Hays Co)	\$198,718	\$158,224	\$40,494	79.62%	88%	11/30/2025
35 St Davids - We all Benefit	\$1,000,000	\$171,569	\$828,431	17.16%	46%	9/30/2026
36 St Davids - Intermediary	\$375,000	\$42,678	\$332,322	11.38%	33%	12/31/2026
<b>Community Health Total</b>	<b>\$3,646,633</b>	<b>\$1,967,277</b>	<b>\$1,573,052</b>			
<b>AGENCY TOTAL</b>	<b>\$18,435,134</b>	<b>\$4,562,459</b>	<b>\$5,889,120</b>			
Administrative Cost	\$1,204,635	\$985,655	\$218,980	81.82%	83%	10/31/2025

19 Family Planning - Title X - We have been notified that the remainder of our funding for this grant period is coming.

20/21 Healthy Texas Women - These funds are based on client services and not a reimbursement grant. Did not serve enough to reach full grant potential.

23 HHSC Family Planning Cat - Limited what can be charged to this grant so are unable to fully expend.

30 Ryan White Part -C - Have only received partial funding for now. Expect remainder of funding in August or September per our funder

31 Cancer Screening - Several vendors always send bills 2 or 3 months late so not all expenditures for the grant period are recorded as of this report.

35 St Davids - We all Benefit - Additional staff are scheduled to be hired in year 2 and have planned expenditures in year 2

36 St Davids Intermediary - Will be providing grants in year two that are included in full budget

Community Action, Inc. of Central Texas  
Non-Federal Funds  
As of August 31, 2025

**Item 6.3.2**

Program	Beginning 8/1/2025	Revenues	Expenditures	Balance 8/31/2025
HIV Non -Federal/Donor	83,051.84	0.00	3,226.62	79,825.22
Breast Cancer Donor	17,006.11	127.00	92.34	17,040.77
AE Non Federal/Donor	12,778.41	0.00	0.00	12,778.41
Heath Services Donor	1,955.24	0.00	0.00	1,955.24
Head Start Donor	4,236.12	12.57	120.62	4,128.07
Head Start Policy Council	3,906.03	0.00	0.00	3,906.03
Season for Caring - Daugherty	22,417.42	0.00	5,559.39	16,858.03
Youth Services Donor Fund	43.03	0.00	0.00	43.03
Sr Citizen Donor	16,735.11	5,342.00	650.21	21,426.90
	<u>162,129.31</u>	<u>5,481.57</u>	<u>9,649.18</u>	<u>157,961.70</u>

## General Ledger System

COMMUNITY ACTION, INC.

For User: Kherington

Category Statement of Operations for: 279 - HEAD START PROG 24-25

Report year: 11/1/2024 thru 10/31/2025

Period ending: August 2025

Page: Page 1 of 4

Date: 9/11/2025

Time: 4:04:38 PM

Account		-----Monthly-----			-----To Date-----			Annual budget	Unexpended
		Budget	Expenditures	Pct	Budget	Expenditures	Pct		
Expenditures									
SALARIES									
5000	SALARIES	\$381,455.00	\$340,959.66	89.38%	\$3,814,550.00	\$3,460,326.79	90.71%	\$4,577,485.00	\$1,117,158.21
Total SALARIES		\$381,455.00	\$340,959.66	89.38%	\$3,814,550.00	\$3,460,326.79	90.71%	\$4,577,485.00	\$1,117,158.21
FRINGE BENEFITS									
5150	FICA	\$24,948.00	\$24,893.38	99.78%	\$249,480.00	\$256,040.89	102.63%	\$299,402.00	\$43,361.11
5151	HEALTH/LIFE INSURANCE	\$55,923.00	\$43,413.11	77.63%	\$559,230.00	\$456,527.61	81.64%	\$671,095.00	\$214,567.39
5152	TWC	\$6,522.00	\$6,682.68	102.46%	\$65,220.00	\$68,299.87	104.72%	\$78,283.00	\$9,983.13
5153	WORKMENS COMPENSATION	\$3,277.00	\$0.00	0.00%	\$32,770.00	\$21,745.99	66.36%	\$39,339.00	\$17,593.01
5154	RETIREMENT PLAN	\$354.00	\$3,950.24	1115.89%	\$3,540.00	\$34,846.94	984.38%	\$4,249.00	(\$30,597.94)
Total FRINGE BENEFITS		\$91,024.00	\$78,939.41	86.72%	\$910,240.00	\$837,461.30	92.00%	\$1,092,368.00	\$254,906.70
TRAVEL									
5232	OUT-OF-AREA TRAVEL	\$0.00	\$60.00	0.00%	\$0.00	\$42,256.98	0.00%	\$0.00	(\$42,256.98)
5240	TRAVEL - PER DIEM	\$925.00	\$0.00	0.00%	\$9,250.00	\$0.00	0.00%	\$11,108.00	\$11,108.00
Total TRAVEL		\$925.00	\$60.00	6.49%	\$9,250.00	\$42,256.98	456.83%	\$11,108.00	(\$31,148.98)
SUPPLIES									
5401	OFFICE SUPPLIES	\$1,286.00	\$925.96	72.00%	\$12,860.00	\$9,988.69	77.67%	\$15,442.00	\$5,453.31
5402	PROGRAM SUPPLIES	\$2,428.00	\$1,243.62	51.22%	\$24,280.00	\$38,288.23	157.69%	\$29,145.00	(\$9,143.23)
5407	ERISA SUPPLIES	\$32.00	\$0.00	0.00%	\$320.00	\$371.30	116.03%	\$400.00	\$28.70
5408	KITCHEN SUPPLIES	\$2,166.00	\$1,247.30	57.59%	\$21,660.00	\$13,392.21	61.83%	\$26,000.00	\$12,607.79
5411	PARENT CENTER SUPPLIES	\$783.00	\$0.00	0.00%	\$7,830.00	\$8,187.65	104.57%	\$9,400.00	\$1,212.35
5412	STAFF TRAINING SUPPLIES	\$656.00	\$2,377.50	362.42%	\$6,560.00	\$5,018.65	76.50%	\$7,903.00	\$2,884.35
5413	JANITORIAL SUPPLIES	\$2,936.00	\$2,362.55	80.47%	\$29,360.00	\$22,773.82	77.57%	\$35,250.00	\$12,476.18
5415	VEHICLE SUPPLIES	\$24.00	\$0.00	0.00%	\$240.00	\$386.98	161.24%	\$300.00	(\$86.98)
5417	DENTAL SUPPLIES	\$41.00	\$0.00	0.00%	\$410.00	\$0.00	0.00%	\$500.00	\$500.00
5418	CHILD EDU.SUPPL./LIBRARY	\$1,349.00	\$625.96	46.40%	\$13,490.00	\$14,463.12	107.21%	\$16,200.00	\$1,736.88
5421	HYGIENIC/1ST AIDE SUPPLIE	\$1,125.00	\$1,613.59	143.43%	\$11,250.00	\$3,555.85	31.61%	\$13,512.00	\$9,956.15
5422	MAINTENANCE MATERIALS	\$657.00	\$1,817.90	276.70%	\$6,570.00	\$12,533.13	190.76%	\$7,900.00	(\$4,633.13)

## General Ledger System

COMMUNITY ACTION, INC.

For User: Kherington

Category Statement of Operations for: 279 - HEAD START PROG 24-25

Report year: 11/1/2024 thru 10/31/2025

Period ending: August 2025

Page: Page 2 of 4

Date: 9/11/2025

Time: 4:04:39 PM

Account	-----Monthly-----			-----To Date-----			Annual budget	Unexpended
	Budget	Expenditures	Pct	Budget	Expenditures	Pct		
5423 GLOVES	\$0.00	\$166.67	0.00%	\$0.00	\$5,022.87	0.00%	\$0.00	(\$5,022.87)
5424 POSTAGE & FREIGHT CHARGES	\$107.00	\$0.00	0.00%	\$1,070.00	\$446.00	41.68%	\$1,300.00	\$854.00
5425 TECHNOLOGY SUPPLIES	\$416.00	\$283.64	68.18%	\$4,160.00	\$982.18	23.61%	\$5,000.00	\$4,017.82
5426 MENTAL HEALTH SUPPLIES	\$33.00	\$7.22	21.88%	\$330.00	\$309.35	93.74%	\$400.00	\$90.65
5427 ADULT ED TEST SUPPLIES	\$206.00	\$0.00	0.00%	\$2,060.00	\$0.00	0.00%	\$2,477.00	\$2,477.00
5428 TEXTBOOKS/SUPPLIES	\$0.00	\$0.00	0.00%	\$0.00	\$738.84	0.00%	\$0.00	(\$738.84)
5429 DIAPERS	\$1,516.00	\$1,485.07	97.96%	\$15,160.00	\$16,623.98	109.66%	\$18,200.00	\$1,576.02
5430 CURRICULUM SUPPLIES	\$0.00	\$0.00	0.00%	\$0.00	\$3,686.53	0.00%	\$0.00	(\$3,686.53)
Total SUPPLIES	\$15,761.00	\$14,156.98	89.82%	\$157,610.00	\$156,769.38	99.47%	\$189,329.00	\$32,559.62
CONTRACTUAL								
5507 CONTRACTUAL-BONHAM	\$19,597.00	\$36,597.89	186.75%	\$195,970.00	\$131,942.80	67.33%	\$235,169.00	\$103,226.20
5510 CONTRACTUAL	\$22,968.00	\$52,410.91	228.19%	\$229,680.00	\$254,790.13	110.93%	\$275,645.00	\$20,854.87
5550 LITERACY SERVICES	\$583.00	\$0.00	0.00%	\$5,830.00	\$0.00	0.00%	\$7,000.00	\$7,000.00
5557 CONTRACTUAL/MENTAL HEALTH	\$208.00	\$0.00	0.00%	\$2,080.00	\$0.00	0.00%	\$2,500.00	\$2,500.00
Total CONTRACTUAL	\$43,356.00	\$89,008.80	205.30%	\$433,560.00	\$386,732.93	89.20%	\$520,314.00	\$133,581.07
OTHER								
5601 RENT/BUILDING LEASE	\$2,411.00	\$3,654.09	151.56%	\$24,110.00	\$27,920.72	115.81%	\$28,953.00	\$1,032.28
5602 TELEPHONE	\$2,428.00	\$2,236.08	92.10%	\$24,280.00	\$25,319.86	104.28%	\$29,150.00	\$3,830.14
5603 UTILITIES	\$5,672.00	\$6,071.97	107.05%	\$56,720.00	\$68,361.44	120.52%	\$68,089.00	(\$272.44)
5604 PEST CONTROL SERVICES	\$541.00	\$870.00	160.81%	\$5,410.00	\$7,490.50	138.46%	\$6,500.00	(\$990.50)
5606 ALARM FEE	\$241.00	\$1,055.10	437.80%	\$2,410.00	\$4,021.95	166.89%	\$2,900.00	(\$1,121.95)
5608 REPAIRS/MINOR BLDG.	\$4,249.00	\$28,672.72	674.81%	\$42,490.00	\$70,685.48	166.36%	\$51,000.00	(\$19,685.48)
5609 INTERNET CONNECTION	\$1,245.00	\$1,055.00	84.74%	\$12,450.00	\$10,804.02	86.78%	\$14,950.00	\$4,145.98
5613 INSURANCE/GENL LIABILITY	\$2,804.00	\$0.00	0.00%	\$28,040.00	\$26,516.00	94.56%	\$33,674.00	\$7,158.00
5614 INSURANCE/VEHICLE	\$1,533.00	(\$690.47)	-45.04%	\$15,330.00	\$25,252.13	164.72%	\$18,400.00	(\$6,852.13)
5619 ANNUAL GAS INSPECTION	\$274.00	\$0.00	0.00%	\$2,740.00	\$615.00	22.45%	\$3,300.00	\$2,685.00
5621 FUEL & OIL	\$491.00	\$763.32	155.46%	\$4,910.00	\$3,563.83	72.58%	\$5,900.00	\$2,336.17
5622 VEHICLE LICENSE & REGIST.	\$66.00	\$216.00	327.27%	\$660.00	\$332.00	50.30%	\$800.00	\$468.00



## General Ledger System

COMMUNITY ACTION, INC.

For User: Kherington

Category Statement of Operations for: 279 - HEAD START PROG 24-25

Report year: 11/1/2024 thru 10/31/2025

Period ending: August 2025

Page: Page 3 of 4

Date: 9/11/2025

Time: 4:04:41 PM

Account	-----Monthly-----			-----To Date-----			Annual budget	Unexpended
	Budget	Expenditures	Pct	Budget	Expenditures	Pct		
5623 VEHICLE MAINTENANCE	\$581.00	\$524.94	90.35%	\$5,810.00	\$4,901.97	84.37%	\$6,982.00	\$2,080.03
5624 VEHICLE INSURANCE	\$0.00	\$0.00	0.00%	\$0.00	\$33.00	0.00%	\$0.00	(\$33.00)
5632 STAFF LOCAL TRAVEL	\$1,623.00	\$2,952.95	181.94%	\$16,230.00	\$11,370.48	70.06%	\$19,500.00	\$8,129.52
5633 FOOD/CHILDREN	\$6,666.00	\$41.86	0.63%	\$66,660.00	\$76,997.48	115.51%	\$80,000.00	\$3,002.52
5634 FOOD/STAFF TRAINING/MTG.	\$491.00	\$1,070.90	218.11%	\$4,910.00	\$10,217.61	208.10%	\$5,900.00	(\$4,317.61)
5635 PC FOOD/SUPPLIES EXPENSES	\$124.00	\$197.00	158.87%	\$1,240.00	\$1,828.04	147.42%	\$1,500.00	(\$328.04)
5636 OTHER NEEDS ASSISTANCE	\$0.00	\$0.00	0.00%	\$0.00	\$249.31	0.00%	\$0.00	(\$249.31)
5640 DATA PROCESSING	\$474.00	\$65.97	13.92%	\$4,740.00	\$2,778.73	58.62%	\$5,700.00	\$2,921.27
5643 INDOOR EQUIP.MAINT,	\$216.00	\$280.00	129.63%	\$2,160.00	\$928.00	42.96%	\$2,600.00	\$1,672.00
5644 KITCHEN EQUIP. MAINT.	\$1,483.00	\$2,573.63	173.54%	\$14,830.00	\$22,065.74	148.79%	\$17,800.00	(\$4,265.74)
5645 PLAYGROUND MAINT.	\$1,666.00	\$0.00	0.00%	\$16,660.00	\$2,924.37	17.55%	\$20,000.00	\$17,075.63
5647 POSTAGE & FREIGHT	\$16.00	\$0.00	0.00%	\$160.00	\$0.00	0.00%	\$200.00	\$200.00
5651 ADVERTISING/EMPLOYMENT	\$29.00	\$0.00	0.00%	\$290.00	\$0.00	0.00%	\$350.00	\$350.00
5652 STAFF LICENSURE	\$191.00	\$0.00	0.00%	\$1,910.00	\$2,121.95	111.10%	\$2,300.00	\$178.05
5653 MEMBERSHIP DUES	\$466.00	\$0.00	0.00%	\$4,660.00	\$2,595.00	55.69%	\$5,600.00	\$3,005.00
5655 CONFE. REGIST./FEES/STAFF	\$4,533.00	\$0.00	0.00%	\$45,330.00	\$16,563.38	36.54%	\$54,408.00	\$37,844.62
5656 LICENSING OF SITES	\$74.00	\$0.00	0.00%	\$740.00	\$715.91	96.74%	\$900.00	\$184.09
5664 PROFESSIONAL DUES/FEES	\$0.00	\$4,896.00	0.00%	\$0.00	\$10,763.90	0.00%	\$0.00	(\$10,763.90)
5667 EMPLOYEE DEVELOPMENT	\$0.00	\$0.00	0.00%	\$0.00	(\$172.08)	0.00%	\$0.00	\$172.08
5670 BACKGROUND CHECKS	\$183.00	\$0.00	0.00%	\$1,830.00	\$223.43	12.21%	\$2,200.00	\$1,976.57
5675 MOVING EXPENSES	\$32.00	\$0.00	0.00%	\$320.00	\$1,913.74	598.04%	\$400.00	(\$1,513.74)
5685 TUITION FEES	\$333.00	\$0.00	0.00%	\$3,330.00	\$0.00	0.00%	\$4,000.00	\$4,000.00
5686 Health & Safety Inspectio	\$314.00	\$0.00	0.00%	\$3,140.00	\$3,210.35	102.24%	\$3,779.00	\$568.65
5689 MISC SHARED EXPENSES	\$57,795.00	\$56,856.93	98.38%	\$577,950.00	\$521,874.83	90.30%	\$693,551.00	\$171,676.17
5694 CHILDPLUS/PAT/BBT	\$3,269.00	\$0.00	0.00%	\$32,690.00	\$18,107.90	55.39%	\$39,242.00	\$21,134.10
5695 WEBSITE MAINTENANCE	\$0.00	\$0.00	0.00%	\$0.00	\$290.00	0.00%	\$0.00	(\$290.00)
5701 MEDICAL SERVICES	\$16.00	\$0.00	0.00%	\$160.00	\$846.46	529.04%	\$200.00	(\$646.46)
5704 DENTAL SERV.FOLLOW UP	\$41.00	\$0.00	0.00%	\$410.00	\$0.00	0.00%	\$500.00	\$500.00

## General Ledger System

COMMUNITY ACTION, INC.

For User: Kherington

Category Statement of Operations for: 279 - HEAD START PROG 24-25

Report year: 11/1/2024 thru 10/31/2025

Period ending: August 2025

Page: Page 4 of 4

Date: 9/11/2025

Time: 4:04:42 PM

Account	-----Monthly-----			-----To Date-----			Annual budget	Unexpended
	Budget	Expenditures	Pct	Budget	Expenditures	Pct		
5710 EMPLOYEE MEDICAL EXAMS	\$158.00	\$0.00	0.00%	\$1,580.00	\$538.00	34.05%	\$1,900.00	\$1,362.00
5713 STIPENDS/FAM INCENTIVES	\$444.00	\$0.00	0.00%	\$4,440.00	\$0.00	0.00%	\$5,336.00	\$5,336.00
Total OTHER	\$103,173.00	\$113,363.99	109.88%	\$1,031,730.00	\$984,770.43	95.45%	\$1,238,464.00	\$253,693.57
EQUIPMENT								
Total EQUIPMENT	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	0.00%	\$0.00	\$0.00
<b>Total Expenditures</b>	<b>\$635,694.00</b>	<b>\$636,488.84</b>	<b>100.13%</b>	<b>\$6,356,940.00</b>	<b>\$5,868,317.81</b>	<b>92.31%</b>	<b>\$7,629,068.00</b>	<b>\$1,760,750.19</b>
<b>Excess (Deficit)</b>	<b>(\$635,694.00)</b>	<b>(\$636,488.84)</b>		<b>(\$6,356,940.00)</b>	<b>(\$5,868,317.81)</b>		<b>(\$7,629,068.00)</b>	<b>(\$1,760,750.19)</b>

## General Ledger System

COMMUNITY ACTION, INC.

For User: Kherington

Fund Expenditure report for: 279 - HEAD START PROG 24-25 (Fund status: Active)

Report year: 11/1/2024 thru 10/31/2025

Period ending: August 2025

Page: Page 1 of 1

Date: 9/11/2025

Time: 4:02:50 PM

Account	-----Monthly-----			-----To Date-----			Annual budget	Unexpended
	Budget	Expenditures	Pct	Budget	Expenditures	Pct		
<b>Department:</b> 120 IN-KIND								
5000 SALARIES	\$46,668.00	\$46,668.00	100.00%	\$466,680.00	\$466,682.00	100.00%	\$560,018.00	\$93,336.00
5422 MAINTENANCE MATERIALS	\$1,250.00	\$1,250.00	100.00%	\$12,500.00	\$12,500.00	100.00%	\$15,000.00	\$2,500.00
5510 CONTRACTUAL	\$27,060.00	\$27,060.00	100.00%	\$270,600.00	\$270,600.00	100.00%	\$324,720.00	\$54,120.00
5601 RENT/BUILDING LEASE	\$67,604.00	\$67,604.00	100.00%	\$676,040.00	\$676,045.00	100.00%	\$811,253.00	\$135,208.00
5603 UTILITIES	\$1,250.00	\$1,250.00	100.00%	\$12,500.00	\$12,500.00	100.00%	\$15,000.00	\$2,500.00
<b>Total for sub program -----&gt;</b>	\$143,832.00	\$143,832.00	100.00%	\$1,438,320.00	\$1,438,327.00	100.00%	\$1,725,991.00	\$287,664.00
<b>Total for program -----&gt;</b>	\$143,832.00	\$143,832.00	100.00%	\$1,438,320.00	\$1,438,327.00	100.00%	\$1,725,991.00	\$287,664.00
<b>Total for department 120 -----&gt;</b>	\$143,832.00	\$143,832.00	100.00%	\$1,438,320.00	\$1,438,327.00	100.00%	\$1,725,991.00	\$287,664.00
<b>Fund Totals</b>	\$143,832.00	\$143,832.00	100.00%	\$1,438,320.00	\$1,438,327.00	100.00%	\$1,725,991.00	\$287,664.00

**Child & Adult Care Food Program**  
**Claim For Reimbursement Summary for August 2025**

02113    Status: Active  
**COMMUNITY ACTION, INC OF CENTRAL TEXAS**  
 DBA:  
 215 S Reimer Ave Suite 130  
 SAN MARCOS, TX 78666-0748  
 County District Code: 105  
 ESC: 13            TDA Region: 4

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Aug 2025	0	09/08/2025	09/08/2025		Original

### Head Start

Contracting Entity Totals	Meals/Snacks	Federal Rate	Reimbursement Amount
<b>Breakfast</b>			
Free	2,784	2.4600	6,848.64
Reduced	0	2.1600	0.00
Paid	0	0.4000	0.00
<b>Total</b>	<b>2,784</b>		<b>6,848.64</b>
<b>Lunch</b>			
Free	2,818	4.6000	12,962.80
Reduced	0	4.2000	0.00
Paid	0	0.4400	0.00
CIL	2,818	0.3050	859.49
<b>Total</b>	<b>2,818</b>		<b>13,822.29</b>
<b>PM Snack</b>			
Free	2,676	1.2600	3,371.76
Reduced	0	0.6300	0.00
Paid	0	0.1100	0.00
<b>Total</b>	<b>2,676</b>		<b>3,371.76</b>
<b>Claim Reimbursement Total</b>			<b>24,042.69</b>

Contracting Entity Claim Reimbursement Totals	Meal Reimbursement	CIL Reimbursement	Totals
Current Claim Reimbursement Total	23,183.20	859.49	24,042.69
Previous Claim Reimbursement Total	0.00	0.00	0.00
<b>Net Claim Reimbursement Total</b>	<b>23,183.20</b>	<b>859.49</b>	<b>24,042.69</b>

[Show Site Meal Details](#)

Created By: KHERINGTON10 on: 9/8/2025 2:46:39 PM    Modified By: KHERINGTON10 on: 9/8/2025 2:50:00 PM

Payment Information	
Payment Due Date <b>Sep 20, 2025</b>	For online and phone payments, the deadline is 12 midnight ET, except on the statement closing date when the deadline is 8 p.m. ET.
	Upcoming statement closing date: September 25, 2025
New Balance <b>\$24,500.83</b>	Minimum Payment Due <b>\$24,500.83</b>
<b>LATE PAYMENT WARNING:</b> If we do not receive your minimum payment by your due date, you may have to pay a late fee of 2.99% of the unpaid portion of your Minimum Payment.	
<b>MINIMUM PAYMENT WARNING:</b> You are required to pay your balance in full each month.	
If you do not pay off your full statement balance, you may be subject to additional late fees and your charging privileges may be suspended.	
If you would like information about credit counseling services, call 888-326-8055.	

Account Summary	
Previous Balance	\$21,446.47
Payments	- \$21,446.47
Other Credits	- \$254.16
Transactions	+ \$24,604.99
Cash Advances	+ \$0.00
Fees Charged	+ \$150.00
<b>New Balance</b>	<b>= \$24,500.83</b>
Cash Advance Credit Limit	\$1,500.00
Available Credit for Cash Advances	\$1,500.00

Rewards Summary		Rewards as of: 08/26/2025
<b>Rewards Balance</b> <b>\$4,960.34</b>	Track and redeem your rewards with our mobile app or on <a href="https://capitalone.com">capitalone.com</a>	
<b>Previous Balance</b> \$4,268.17	<b>Earned This Period</b> \$692.17	<b>Redeemed this period</b> \$0.00

### Account Notifications

Please check page 6 of this statement for your Account Notifications.

Pay or manage your account at [capitalone.com](https://capitalone.com)

Customer Service: 800-867-0904

See reverse for Important Information



DOUGLAS D MUDD  
COMMUNITY ACTION, INC. OF CENTRAL TX  
PO BOX 748  
SAN MARCOS, TX 78667-0748



Save time, stay informed.  
Discover new features with  
the Capital One Mobile app.

Scan this QR code or say "Hey Siri/Google, download the Capital One Mobile app" to access our top-rated app.

Payment Due Date: **Sep 20, 2025**

Account ending in 7115

New Balance	Minimum Payment Due	Amount Enclosed
<b>\$24,500.83</b>	<b>\$24,500.83</b>	\$ _____

Please send us this portion of your statement and only one check (or one money order) payable to Capital One to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Capital One  
P.O. Box 60519  
City of Industry CA 91716-0519



### **How Can I Avoid Paying Fee(s)?**

If you pay your statement's Monthly Minimum Payment in full by the due date, we will not charge you late fees.

### **How can I Close My Account?**

You can contact Customer Service anytime to request that we close your account.

### **How can I Avoid Membership Fees?**

If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service fewer than 40 days after the annual membership Fee was assessed to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

### **How do you Process Payments?**

When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

### **How do you Apply My Payment?**

We generally apply credits and payments to your new balance in the following order: fees, purchases, then cash advances, as applicable.

### **Billing Rights Summary** (Does not Apply to Small Business Accounts) **3.6**

#### **What To Do If You Think You Find A Mistake On Your Statement:**

If you think there is an error on your statement, write to us at:

P.O. Box 30285, Salt Lake City, UT 84130-0285

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
  - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
  - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
  - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

**Your Rights If You Are Dissatisfied With Your Purchase:** If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
- 2) You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: P.O. Box 30285, Salt Lake City, UT 84130-0285

While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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ETC-05  
07/13/23



Pay online at capitalone.com



Pay using the Capital One mobile app



Customer Service 800-867-0904

## **Changing your mailing address?**

You can change your address by signing into your account online or by calling Customer Service.

Any written request on this form will not be honored.

### **How do I Make Payments?** You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

### **What is the cutoff time to make a same day payment?**

- ◆ For online and phone payments, payments submitted by 12 midnight ET will typically post on the same day. However, if you pay your bill on your statement closing date, payments made after 8 p.m. ET will post on the following day. Keep in mind, it may take another business day or longer for credit to be available.
- ◆ For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

## Transactions

Visit [capitalone.com](https://capitalone.com) to see detailed transactions.

### DOUGLAS D MUDD #7115: Payments, Credits and Adjustments

Trans Date	Post Date	Description	Amount
Aug 26	Aug 26	RBT BILL MILLER BAR-B-EasySavingsNY	- \$149.62

### DOUGLAS D MUDD #7115: Transactions

Trans Date	Post Date	Description	Amount
Jul 28	Jul 29	ZOOM.COM 888-799-9666SAN JOSECA	\$835.62
Jul 29	Jul 30	DIGITALSPACE8887400502NV	\$12.43
Aug 1	Aug 2	GOOGLE*SVCSCOMMUNITYACCC GOOGLE.COMDE	\$114.00
Aug 1	Aug 2	PY *GUARD DOG STORAGESAN MARCOSTX	\$493.00
Aug 8	Aug 9	USPS PO 4880750466SAN MARCOSTX	\$780.00
Aug 22	Aug 23	BILL MILLER BAR-B-Q -SAN ANTONIOTX	\$3,740.60
Aug 22	Aug 23	USPS PO 4880750466SAN MARCOSTX	\$5.29

**DOUGLAS D MUDD #7115: Total Transactions** **\$5,980.94**

### KEITH HERINGTON #0229: Payments, Credits and Adjustments

Trans Date	Post Date	Description	Amount
Aug 15	Aug 15	CAPITAL ONE ONLINE PYMT	- \$21,446.47

### KEITH HERINGTON #0229: Transactions

Trans Date	Post Date	Description	Amount
Aug 1	Aug 2	HILL COUNTRY SPRINGS SAUSITNTX	\$154.98
Aug 6	Aug 7	AdobeSan JoseCA	\$16.23
Aug 8	Aug 9	SURGENT MCCOY SELF STRADNORPA	\$749.00
Aug 12	Aug 13	CCSI CONSENSUS844-804-1234CA	\$209.79
Aug 16	Aug 18	PADDLE.NET* ELFSIGHTASTORIANY	\$120.00
Aug 20	Aug 21	WALMART BUSINESS+833-707-1245AR	\$539.09

**KEITH HERINGTON #0229: Total Transactions** **\$1,789.09**

### DANIELLE ENGELKE #4209: Payments, Credits and Adjustments

Trans Date	Post Date	Description	Amount
Aug 8	Aug 15	SCHOOL HEALTH CORPORATROLLING MDWSIL	- \$66.29
Aug 8	Aug 15	SCHOOL HEALTH CORPORATROLLING MDWSIL	- \$38.25

### DANIELLE ENGELKE #4209: Transactions

Trans Date	Post Date	Description	Amount
Jul 28	Jul 29	RIVERCITY SPORTSWEAR L SAN MARCOSTX	\$1,750.70
Jul 31	Aug 2	SAMSClub.COM888-746-7726AR	\$465.65
Aug 5	Aug 7	SAMSClub.COM888-746-7726AR	\$725.28

Additional Information on the next page

## Transactions (Continued)

Trans Date	Post Date	Description	Amount
Aug 7	Aug 8	CANVA* I04601-47941719CAMDENDE	\$58.00
Aug 8	Aug 9	HILL COUNTRY SPRINGS AUSTINTX	\$111.98
Aug 8	Aug 9	SCHOOL HEALTH CORPORATE ROLLING MD WISIL	\$337.70
Aug 8	Aug 9	SCHOOL HEALTH CORPORATE ROLLING MD WISIL	\$194.83
Aug 9	Aug 11	4TE*CITY OF SAN MARCO SAN MARCO TX	\$1,192.50
Aug 12	Aug 14	SAMSClub.COM 888-746-7726 AR	\$129.02
<b>DANIELLE ENGELKE #4209: Total Transactions</b>			<b>\$4,965.66</b>

### STACEY MARTINEZ #2274: Payments, Credits and Adjustments

Trans Date	Post Date	Description	Amount
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### STACEY MARTINEZ #2274: Transactions

Trans Date	Post Date	Description	Amount
Jul 28	Jul 29	LYFT *CANCEL FEESAN FRANCISCO CA	\$5.00
Jul 28	Jul 29	LYFT *RIDE MON 8AM SAN FRANCISCO CA	\$24.80
Jul 28	Jul 29	LYFT *RIDE MON 8AM SAN FRANCISCO CA	\$42.99
Jul 28	Jul 29	RMA TOLL 833-762-8655 CA	\$2.95
Jul 28	Jul 29	RMA TOLL 833-762-8655 CA	\$2.10
Jul 29	Jul 30	LYFT *CANCEL FEESAN FRANCISCO CA	\$5.00
Jul 29	Jul 30	CITY OF SAN MARCO S5123938383 TX	\$204.20
Jul 30	Jul 31	EINSTEIN BROS MOBILE LAKEWOOD CO	\$23.48
Jul 31	Aug 1	LYFT *RIDE THU 10AM SAN FRANCISCO CA	\$7.99
Jul 31	Aug 1	LYFT *RIDE THU 9AM SAN FRANCISCO CA	\$10.90
Jul 31	Aug 1	PIERATTS PHARMACY GIDDINGSTX	\$5.69
Jul 31	Aug 1	PIERATTS PHARMACY GIDDINGSTX	\$14.86
Aug 1	Aug 2	VTG*Park Hill AUSTINTX	\$1,327.08
Aug 1	Aug 6	ESIPLAN OTX	\$45.48
Aug 4	Aug 5	YSI*ONLINE PROPERTY PP FLUGERVILLE TX	\$286.68
Aug 5	Aug 6	LYFT *RIDE TUE 10AM SAN FRANCISCO CA	\$22.66
Aug 5	Aug 6	LYFT *RIDE TUE 2PM SAN FRANCISCO CA	\$16.99
Aug 5	Aug 6	TX DPS DL OFFICE AUSTINTX	\$11.00
Aug 5	Aug 6	PAPA JOHN'S #0897 SAN MARCO TX	\$71.93
Aug 6	Aug 8	EL POLLO RICO 18 SAN MARCO TX	\$112.74
Aug 7	Aug 8	PIERATTS PHARMACY GIDDINGSTX	\$15.00
Aug 8	Aug 9	PIERATTS PHARMACY GIDDINGSTX	\$74.99
Aug 8	Aug 11	MAASS BUTANE COMPANY IGIDDINGSTX	\$13.98
Aug 11	Aug 12	LYFT *CANCEL FEESAN FRANCISCO CA	\$5.00
Aug 11	Aug 12	DISCOUNT-TIRE-CO TXA-OSAN MARCO TX	\$410.12

Additional Information on the next page



## Transactions (Continued)

Trans Date	Post Date	Description	Amount
Aug 12	Aug 13	SQ *M&R CUSTOMSgosq.comTX	\$87.50
Aug 13	Aug 14	OPENAI *CHATGPT SUBSCRSAN FRANCISCOCA	\$21.28
Aug 13	Aug 14	ATT*BILL PAYMENTDALLASTX	\$119.33
Aug 14	Aug 15	LYFT *RIDE THU 10AMSAN FRANCISCOCA	\$37.99
Aug 14	Aug 15	LYFT *RIDE THU 8AMSAN FRANCISCOCA	\$43.70
Aug 15	Aug 16	PIERATTS PHARMACYGIDDINGSTX	\$17.52
Aug 18	Aug 19	Spectrum855-707-7328MO	\$164.46
Aug 18	Aug 19	TAQUERIA CHAPALA JALISAUSTINTX	\$125.44
Aug 18	Aug 19	PAYMENT SERVICESAMARILLOTX	\$1,015.99
Aug 18	Aug 19	BLUEBONNET ELECTRIC COBASTROPTX	\$212.40
Aug 18	Aug 19	COA PARKING METERSAUSTINTX	\$2.25
Aug 19	Aug 20	LYFT *RIDE TUE 1PMSAN FRANCISCOCA	\$8.99
Aug 19	Aug 20	LYFT *RIDE TUE 10AMSAN FRANCISCOCA	\$36.99
Aug 19	Aug 20	LYFT *RIDE TUE 11AMSAN FRANCISCOCA	\$27.92
Aug 19	Aug 20	RPY*AUSTIN RADIOLOGICAAUSTINTX	\$109.22
Aug 19	Aug 20	TRI COUNTY PRACTICE ASAUSTINTX	\$40.00
Aug 19	Aug 20	HCA LOCAL HOSPITAL VISNASHVILLETN	\$40.00
Aug 19	Aug 21	HCTRA EZ TAG ONLINEHOUSTONTX	\$101.79
Aug 20	Aug 21	LYFT *RIDE WED 8AMSAN FRANCISCOCA	\$27.99
Aug 20	Aug 21	LYFT *RIDE WED 9AMSAN FRANCISCOCA	\$17.85
Aug 20	Aug 21	PAYMENT SERVICESAMARILLOTX	\$1,015.99
Aug 20	Aug 21	CITY OF AUSTIN8883406465TX	\$273.54
Aug 21	Aug 22	LYFT *RIDE THU 1PMSAN FRANCISCOCA	\$51.85
Aug 21	Aug 22	LYFT *RIDE THU 2PMSAN FRANCISCOCA	\$48.77
Aug 21	Aug 22	NASW TXWASHINGTONDC	\$329.00
Aug 21	Aug 22	DOMINO'S 9269SAN MARCOSTX	\$88.68
Aug 21	Aug 22	OFFICE DEPOT #689SAN MARCOSTX	\$284.99
<b>STACEY MARTINEZ #2274: Total Transactions</b>			<b>\$7,115.04</b>

### MARY HELEN MARTINEZ #7930: Payments, Credits and Adjustments

Trans Date	Post Date	Description	Amount
<b>MARY HELEN MARTINEZ #7930: Transactions</b>			
Jul 30	Jul 31	CONNECTABLE INC.MARTINSVILLEIN	\$3,750.00
<b>MARY HELEN MARTINEZ #7930: Total Transactions</b>			<b>\$3,750.00</b>

## Transactions (Continued)

### MEGAN CAMPBELL #6230: Payments, Credits and Adjustments

Trans Date	Post Date	Description	Amount
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### MEGAN CAMPBELL #6230: Transactions

Trans Date	Post Date	Description	Amount
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Jul 26	Jul 28	TACO CABANA #20151SAN MARCOSTX	\$48.28
Jul 30	Jul 31	WWW.MAILERLITE.COMNEW YORKNY	\$116.91
Aug 1	Aug 2	EVENTBRITE PRO SUBSAN FRANCISCOCA \$21.00 CAD 1.376146789 Exchange Rate	\$15.26
Aug 20	Aug 20	CITY OF BUDA512-295-8845TX	\$25.00
Aug 20	Aug 20	ICI*FEE CTY OF BUDA866-342-9267MA	\$0.83
Aug 20	Aug 21	VMO*VIMEO.COM848-359-5618NY	\$2.15
Aug 20	Aug 21	TYPEFORMWILMINGTONDE	\$357.11
Aug 20	Aug 22	PARENTS AS TEACHERSSAINT LOUISMO	\$345.00
Aug 21	Aug 22	DOMINO'S 6602LOCKHARTTX	\$62.52
Aug 22	Aug 23	USPS PO 4880750466SAN MARCOSTX	\$31.20

<b>MEGAN CAMPBELL #6230: Total Transactions</b>			<b>\$1,004.26</b>
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<b>Total Transactions for This Period</b>	<b>\$24,604.99</b>
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## Fees

Trans Date	Post Date	Description	Amount
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Aug 26	Aug 26	CAPITAL ONE MEMBER FEE	\$150.00
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<b>Total Fees for This Period</b>	<b>\$150.00</b>
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## Totals Year-to-Date

<b>Total Fees charged</b>	<b>\$150.00</b>
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## Account Notifications

-  Please visit [capitalone.com](https://capitalone.com) for your most current Rewards Program Terms and Conditions. You can also find changes to your Rewards by logging into your account and navigating to the Rewards FAQ section.
-  Don't miss out on an additional 5% cash back when booking hotels and rental cars through Capital One Business Travel. Learn more at [businesstravel.capitalone.com](https://businesstravel.capitalone.com)

Posted Date	Card No.	Description	Category	Debit	Code
8/2/2025	229	HILL COUNTRY SPRINGS	Other Services	154.98	052-117-5401
8/6/2025	2274	ESI	Merchandise	14.80	052-117-5602
8/7/2025	229	Adobe	Entertainment	16.23	052-117-5640
8/18/2025	229	PADDLE.NET* ELFSIGHT	Internet	120.00	052-117-5640
8/21/2025	229	WALMART BUSINESS+	Other Services	539.09	052-117-5653
8/9/2025	229	SURGENT MCCOY SELF ST	Other	749.00	052-117-5655
8/9/2025	7115	USPS PO 4880750466	Other Services	780.00	052-117-5647
8/23/2025	7115	USPS PO 4880750466	Other Services	5.29	052-117-5647
8/23/2025	7115	BILL MILLER BAR-B-Q -	Dining	3740.60	052-117-5667
8/26/2025	7115	CAPITAL ONE MEMBER FEE	Fee/Interest Charge	150.00	052-117-5653
8/26/2025	7115	RBT BILL MILLER BAR-B-	Other Services	-149.62	052-117-5667
		SHARED TOTAL		6120.37	
8/2/2025	2274	VTG*Park Hill	Other Services	1327.08	069-010-5601
8/5/2025	2274	YSI*ONLINE PROPERTY P	Other Services	286.68	069-010-5601
7/30/2025	2274	CITY OF SAN MARCOS	Utilities	204.20	069-010-5603
8/21/2025	2274	CITY OF AUSTIN	Utilities	273.54	069-010-5603
7/30/2025	7115	DIGITALSPACE	Internet	12.43	120-010-5602
		COMMUNITY SERVICES TOTAL		2103.93	
8/14/2025	2274	OPENAI *CHATGPT SUBSCR	Merchandise	21.28	176-010-5402
8/8/2025	2274	EL POLLO RICO 18	Dining	112.74	182-010-56.34
8/2/2025	4209	SAMSClub.COM	Merchandise	465.65	182-010-5634
8/6/2025	2274	PAPA JOHN'S #0897	Dining	71.93	182-010-5634
		YOUTH SERVICES TOTAL		671.60	
7/29/2025	4209	RIVERCITY SPORTSWEAR L	Merchandise	1155.46	279-010-25-5412
7/29/2025	4209	RIVERCITY SPORTSWEAR L	Merchandise	595.24	279-010-26-5412
7/29/2025	7116	ZOOM.COM 888-799-9667	Phone/Cable	65.97	279-010-25-5640
8/2/2025	7115	PY *GUARD DOG STORAGE	Other Travel	493.00	279-010-25-5601
8/7/2025	4209	SAMSClub.COM	Merchandise	300.24	279-010-26-5413
8/7/2025	4209	SAMSClub.COM	Merchandise	424.04	279-010-26-5429
8/8/2025	4209	CANVA* I04601-47941719	Other Services	58.00	279-010-25-5401
8/9/2025	4209	SCHOOL HEALTH CORPORAT	Health Care	337.70	279-010-25-5421
8/9/2025	4209	HILL COUNTRY SPRINGS	Other Services	111.98	279-010-25-5634
8/9/2025	4209	SCHOOL HEALTH CORPORAT	Health Care	194.83	279-010-26-5421
8/11/2025	4209	4TE*CITY OF SAN MARCOS	Other Services	787.05	279-114-25-5601
8/11/2025	4209	4TE*CITY OF SAN MARCOS	Other Services	405.45	279-114-26-5601
8/13/2025	229	CCSI CONSENSUS	Other Services	69.93	279-010-25-5602
8/13/2025	229	CCSI CONSENSUS	Other Services	35.37	279-010-26-5602
8/14/2025	4209	SAMSClub.COM	Merchandise	129.02	279-010-25-5401
8/15/2025	4209	SCHOOL HEALTH CORPORAT	Health Care	-66.29	279-010-25-5421
8/15/2025	4209	SCHOOL HEALTH CORPORAT	Health Care	-38.25	279-010-26-5421
		HEAD START TOTAL		5058.74	
7/28/2025	6230	TACO CABANA #20151	Dining	48.28	230-010-5634

7/31/2025	6230 WWW.MAILERLITE.COM	Merchandise	116.91	230-010-5666
8/2/2025	6230 EVENTBRITE PRO SUB	Merchandise	15.26	230-010-5666
8/20/2025	6230 ICI*FEE CTY OF BUDA	Other Services	0.83	287-010-5666
8/20/2025	6230 CITY OF BUDA	Other Services	25.00	287-010-5666
8/21/2025	6230 TYPEFORM	Merchandise	357.11	287-010-5655
8/21/2025	6230 VMO*VIMEO.COM	Other	2.15	287-010-5655
8/22/2025	6230 DOMINO'S 6602	Dining	62.52	287-010-5694
8/22/2025	6230 PARENTS AS TEACHERS	Other Services	345.00	230-010-5634
8/23/2025	6230 USPS PO 4880750466	Other Services	31.20	230-010-5401
	HOME VISITING TOTAL		1004.26	
7/29/2025	2274 RMA TOLL	Gas/Automotive	2.10	626-010-5231
7/29/2025	2274 RMA TOLL	Gas/Automotive	2.95	626-010-5231
8/21/2025	2274 HCTRA EZ TAG ONLINE	Gas/Automotive	101.79	626-010-5231
8/6/2025	2274 ESI	Merchandise	30.68	626-010-5602
8/13/2025	229 CCSI CONSENSUS	Other Services	105.49	626-010-5602
8/14/2025	2274 ATT*BILL PAYMENT	Phone/Cable	119.33	626-010-5602
8/1/2025	2274 PIERATTS PHARMACY	Health Care	14.86	636-010-20-5528
8/1/2025	2274 PIERATTS PHARMACY	Health Care	5.69	636-010-20-5528
8/8/2025	2274 PIERATTS PHARMACY	Health Care	15.00	636-010-20-5528
8/9/2025	2274 PIERATTS PHARMACY	Health Care	74.99	636-010-20-5528
8/16/2025	2274 PIERATTS PHARMACY	Health Care	17.52	636-010-20-5528
8/20/2025	2274 RPY*AUSTIN RADIOLOGICA	Health Care	109.22	636-010-20-5532
8/22/2025	2274 NASW TX	Other Services	329.00	636-010-5655
8/12/2025	2274 DISCOUNT-TIRE-CO TXA-0	Gas/Automotive	410.12	636-060-5623
7/29/2025	2274 LYFT *CANCEL FEE	Other Travel	5.00	636-060-5627
7/29/2025	2274 LYFT *RIDE MON 8AM	Other Travel	42.99	636-060-5627
7/29/2025	2274 LYFT *RIDE MON 8AM	Other Travel	24.80	636-060-5627
7/30/2025	2274 LYFT *CANCEL FEE	Other Travel	5.00	636-060-5627
8/1/2025	2274 LYFT *RIDE THU 10AM	Other Travel	7.99	636-060-5627
8/1/2025	2274 LYFT *RIDE THU 9AM	Other Travel	10.90	636-060-5627
8/6/2025	2274 LYFT *RIDE TUE 10AM	Other Travel	22.66	636-060-5627
8/6/2025	2274 LYFT *RIDE TUE 2PM	Other Travel	16.99	636-060-5627
8/12/2025	2274 LYFT *CANCEL FEE	Other Travel	5.00	636-060-5627
8/15/2025	2274 LYFT *RIDE THU 10AM	Other Travel	37.99	636-060-5627
8/15/2025	2274 LYFT *RIDE THU 8AM	Other Travel	43.70	636-060-5627
8/20/2025	2274 LYFT *RIDE TUE 10AM	Other Travel	36.99	636-060-5627
8/20/2025	2274 LYFT *RIDE TUE 11AM	Other Travel	27.92	636-060-5627
8/20/2025	2274 LYFT *RIDE TUE 1PM	Other Travel	8.99	636-060-5627
8/21/2025	2274 LYFT *RIDE WED 8AM	Other Travel	27.99	636-060-5627
8/21/2025	2274 LYFT *RIDE WED 9AM	Other Travel	17.85	636-060-5627
8/22/2025	2274 LYFT *RIDE THU 1PM	Other Travel	51.85	636-060-5627
8/22/2025	2274 LYFT *RIDE THU 2PM	Other Travel	48.77	636-060-5627
8/21/2025	2274 PAYMENT SERVICES	Other Services	1015.99	646-031-5639
8/6/2025	2274 TX DPS DL OFFICE	Other Services	11.00	651-010-5600
8/13/2025	2274 SQ *M&R CUSTOMS	Merchandise	87.50	651-010-5401
8/20/2025	2274 HCA LOCAL HOSPITAL VIS	Health Care	40.00	651-010-5532

8/20/2025	2274 TRI COUNTY PRACTICE AS	Health Care	40.00	651-010-5532
8/19/2025	2274 COA PARKING METERS	Gas/Automotive	2.25	651-010-5600
8/19/2025	2274 Spectrum	Phone/Cable	164.46	651-010-5600
8/11/2025	2274 MAASS BUTANE COMPANY I	Utilities	13.98	651-010-5603
8/19/2025	2274 BLUEBONNET ELECTRIC CO	Utilities	212.40	651-010-5603
7/31/2025	2274 EINSTEINBROS_MOBILE	Dining	23.48	651-010-5634
8/19/2025	2274 TAQUERIA CHAPALA JALIS	Dining	125.44	651-010-5634
8/22/2025	2274 DOMINO'S 9269	Dining	88.68	651-010-5634
8/19/2025	2274 PAYMENT SERVICES	Other Services	1015.99	651-010-5639
8/22/2025	2274 OFFICE DEPOT #689	Merchandise	284.99	662-010-5401
	RASP TOTAL		4908.28	
8/2/2025	7115 GOOGLE*SVCSCOMMUNITYA	Phone/Cable	114.00	950-010-5602
7/31/2025	7930 CONNECTABLE INC.	Other	3750.00	950-010-5640
7/29/2025	7115 ZOOM.COM 888-799-9666	Phone/Cable	769.65	950-010-5640
	ADULT ED TOTAL		4633.65	
			24500.83	

Sum of Amount			
VendorName	ObjectName	TransactionDate	Total
CAPITAL ONE	CHILD EDU.SUPPL./LIBRARY	8/1/2025	48.26
	DIAPERS	8/15/2025	76.54
	FOOD/CHILDREN	8/11/2025	12.56
		8/14/2025	272.69
		8/15/2025	360.57
	JANITORIAL SUPPLIES	8/1/2025	23.96
		8/21/2025	22.68
	KITCHEN SUPPLIES	8/1/2025	11.51
		8/4/2025	22.89
		8/11/2025	121.04
		8/12/2025	65.8
		8/14/2025	8.79
		8/15/2025	84.45
	MAINTENANCE MATERIALS	8/1/2025	287.6
		8/12/2025	61.3
		8/18/2025	25.4
		8/20/2025	183.57
		8/21/2025	475.94
	STAFF TRAINING SUPPLIES	8/25/2025	27.94
		8/5/2025	233.41
	VEHICLE MAINTENANCE	8/12/2025	19.94
CAPITAL ONE Total			2446.84
HEB Credit Receivables	CHILD EDU.SUPPL./LIBRARY	8/19/2025	73.45
	DIAPERS	8/20/2025	24.98
		8/27/2025	25.97
	FOOD/CHILDREN	8/6/2025	52.54
		8/13/2025	156.48
		8/15/2025	716.83
		8/18/2025	167.52
		8/19/2025	13.59
		8/20/2025	69.93
		8/21/2025	178.62
		8/22/2025	183.51
		8/25/2025	297.11
		8/26/2025	419.65
		8/27/2025	227.13
		8/28/2025	10.62
		8/29/2025	168.33
	FOOD/STAFF TRAINING/MTG.	8/4/2025	100.09
		8/8/2025	69.33
		8/27/2025	44.79
	HYGIENIC/1ST AIDE SUPPLIE	8/11/2025	61.44
		8/12/2025	13.38
		8/13/2025	7.96
		8/15/2025	7.96
	JANITORIAL SUPPLIES	8/22/2025	12.82
	KITCHEN SUPPLIES	8/15/2025	84.86
		8/20/2025	113.31
		8/21/2025	65.4
		8/26/2025	110.54
	OFFICE SUPPLIES	8/19/2025	21.46

HEB Credit Receivables	OFFICE SUPPLIES	8/26/2025	16.32
	PC FOOD/SUPPLIES EXPENSES	8/22/2025	180
HEB Credit Receivables Total			3695.92
Lowes Bus.Acct./SYNCB	MAINTENANCE MATERIALS	8/1/2025	69.46
		8/5/2025	36.08
		8/8/2025	9.46
		8/14/2025	81.7
		8/19/2025	158.35
		8/20/2025	144.65
		8/22/2025	5.48
Lowes Bus.Acct./SYNCB Total			505.18
SAM'S CLUB DIRECT	DIAPERS	8/21/2025	933.54
	FOOD/CHILDREN	8/19/2025	19.96
	FOOD/STAFF TRAINING/MTG.	8/4/2025	322.07
	JANITORIAL SUPPLIES	8/12/2025	128.76
		8/21/2025	898.6
	KITCHEN SUPPLIES	8/13/2025	25.96
PROGRAM SUPPLIES	8/12/2025	119.88	
SAM'S CLUB DIRECT Total			2448.77
Wex Fleet Universal	FUEL & OIL	8/1/2025	361.74
		8/31/2025	401.58
Wex Fleet Universal Total			763.32
Grand Total			9860.03

# Annual Report

Community Action, Inc. of Central Texas  
Adult Education Program

**2024-2025**



Community Action, Inc.  
of Central Texas

— DEVELOPING OPPORTUNITIES —



# Adult Education Board Report

6.4

September 2025

## Why Adult Education?

- **Services:** Core services include basic academic education providing classes in English as a Second Language (ESL), General Education Development (GED) preparation, work based and short term training classes referred to as Integrated Education Training (IET) in Bookkeeping, Paraeducator, Certified Nurses Assistant (CNA), Phlebotomy, Emergency Medical Technician (EMT), Security Guard, and Child Development Associate (CDA).
- **Student reliance on programs:** Adult learners depend on these programs to access careers, GEDs, English fluency, or “second chance” opportunities.
- **Texas:** Texas has about 4.7 million adults who qualify for adult education, but current federal and state grants cover only about 3% of that need. Community Action, Inc. provided services for Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, and Williamson Counties to approximately 2,359 students during the 2024-2025 program year.
- **Funding:** The Texas Workforce Commission manages adult education funds that include federal and state monies.

# CAI Data 2024-2025 <sup>6.4</sup>



## Demographics:

- Average Age: 30-39
- Gender: 75% Female
- Location: Hays, Bastrop, Caldwell, Williamson, Travis



## High School Equivalency (HSE) GED

- Completion: 113
- GED Subtest: 238
- Measurable Skills Gain: 436



## English as a Second Language (ESL)

- Measurable Skills Gain: 565



## Work based

- El Milagro, Chamberlin Roofing, Cargill, Michael Angelo's, Hampton Inn
- Measurable Skills Gain: 25



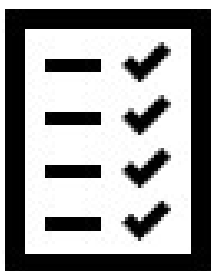
## Integrated Education Training (IETs)

- Skills Progression: 265
- Completions
  - Certified Nurses Assistant: 44
  - Phlebotomy: 35
  - Bookkeeping: 24
  - Security Guard: 9
  - HVAC: 6 (Additional 15 still in class)
  - Paraeducator: 35
  - Translator & Interpreter: 28
  - Child Development Associate: 3 (14 currently enrolled)
  - Emergency Medical Responder: 4 (pending EMT)

# New Program Year 2025 - 2026

## Goals:

- Digital Attendance Records
- Establish Verification Process
- Teacher Training
- Revise Standard Operating Procedures
- Strengthen Partnership with Rural Capital Area Workforce Solutions



## Performance Measures 2024-2025

- **Participant Enrollment**
  - **AEL: 109%**
  - **EL Civics: 101%**
  
- **Intensive Enrollment**
  - **ESL for Professionals/Workbased/Corrections**
  - **AEL: 84%**
  
- **Integrated Education Training (IETs)**
  - **AEL: 102%**
  - **EL Civics: 219%**
  
- **Measurable Skills Gains**
  - **State Target: 39%**
    - **AEL: 53%**
    - **EL Civics: 61%**

COMMUNITY ACTION, INC. OF CENTRAL TEXAS <sup>6.4</sup>  
**ADULT EDUCATION STUDENT SURVEY**  
2024 – 2025

HELPING CENTRAL TEXANS IMPROVE ECONOMIC SELF-RELIANCE THROUGH A WIDE RANGE OF SERVICES AND COMMUNITY PARTNERSHIPS.

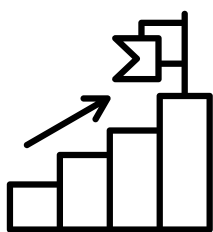
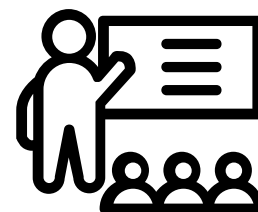
**88 %**

**OF STUDENTS  
FELT THEY  
ENHANCED  
THEIR  
LEARNING**



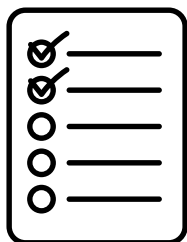
**90%**

**OF STUDENTS  
FELT  
ENCOURAGED  
BY THEIR  
TEACHERS**



**94%**

**OF STUDENTS SAID THEIR  
TEACHERS HELPED SET PERSONAL  
AND EDUCATIONAL GOALS**



**92%**

**OF STUDENTS  
FELT THEIR  
CLASSES WERE  
HELPFUL AND  
RELATED TO  
THEIR GOALS**



**91%**

**OF STUDENTS SAID  
THEIR TEACHERS  
HELPED IDENTIFY  
PROGRESS  
TOWARDS THEIR  
GOALS**

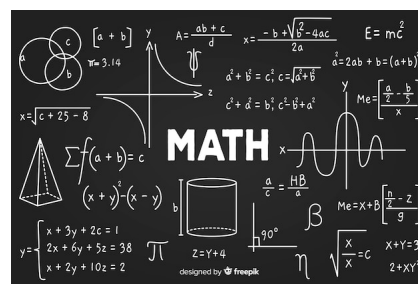


Community Action, Inc  
of Central Texas

— DEVELOPING OPPORTUNITIES —

## Casey Overton

Meet Casey Overton. She came into our program in the fall of 2024. She is a 37 year old mom of 3 kids and has been taking care of her family and working in the service industry for years. When she started, she lacked confidence and was very unsure of the possibility of getting her HSE. She graduated in February and turned right around and attended our CNA class. She is working and is now enrolled in ACC working toward her RN. She is on fire and unstoppable thanks to the encouragement of her teacher Dylan Richter and the opportunities offered to her by our adult education program.



Instructional: GED Instructor: Sarah Johnson

This summer, we had a Math Bootcamp for six weeks. We invited the students from the Bertram, Llano and Marble Falls classes. The class was held in Kingland which was more centrally located. Most of these students had been in class all of the school year and had passed 3 of the 4 tests. Six students opted in for the math bootcamp and five went on to take the math test and passed! We used the Math curriculum that fast tracked students and focused mostly on Algebra skills. I hope to continue using this curriculum and get more students to pass math.



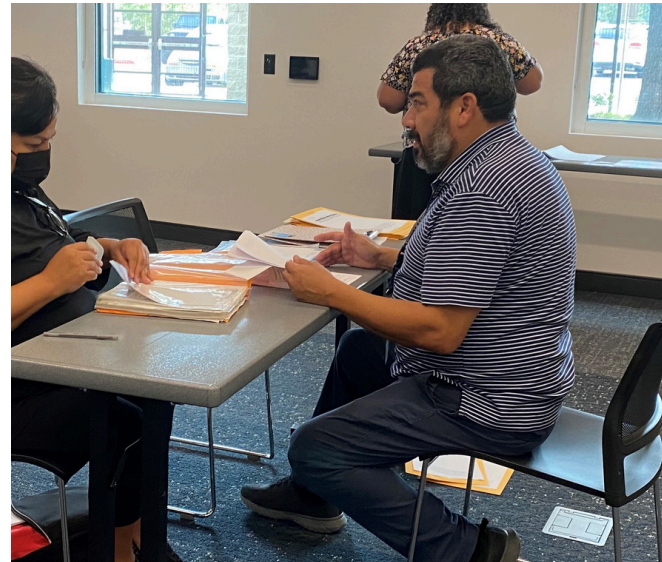


# COMMUNITY SERVICES SEPTEMBER 2025 REPORT

## HIGHLIGHTS

Compiled by: Francesca Ramirez

- **As of September 9th**, the utility assistance department has assisted 2,315 individuals (1,034 households).
- **We have expended \$956,117.46** of our 2025 contract and currently have \$123,406 remaining within our 2025 regular grant and our 2025 supplemental funding.
- **6 outreach events** are occurring throughout the month of September with 2 morning and 2 evening events at each of the public libraries in San Marcos, Lockhart, and Luling with the goal of assisting additional new clients.
- **TBRA** (Tenant Based Rental Assistance) Program: 7 clients are currently housed. Our case manager is waiting on paperwork from a client's Dr. to finish submitting paperwork to the state for the client to be approved, and our case manager is waiting on paperwork to be reviewed from two new landlords. We currently have 7 active landlords that CAI is partnering with.
- Our case manager is reaching out to client #11 this week and is still on track with the goal of housing at least 15 families by the end of the year.







# COMMUNITY SERVICES SEPTEMBER 2025 REPORT

## HIGHLIGHTS

Compiled by: Francesca Ramirez

- **The San Marcos Senior Citizen Center** has enrolled 95 clients for 2025.
- 4 clients were new to the Center between July and August.
- **Daily attendance** averaged between 19-54 clients a day, an increase of 10% from last year at this time.
- **Sponsors/Presentations:** **Humana** provided a brunch and presented on “Habits of Happy People”, **Med Park** presented, “Defend Against Dementia”, and provided complimentary otoscope checks and **PNC Bank** became a new sponsor.
- **Christmas in July results:** CAI employees donated a record 1,220 items, 202 more items than last year. The Health Services Department won 1<sup>st</sup> place with 419 donations and Home Visiting won 2<sup>nd</sup> place with 373 items donated.





**JULY & AUGUST**  
**2025**

# REPRODUCTIVE SERVICES

Compiled by Ely Nieto

6.6

## OUR SERVICES

The Family Planning Clinic provides reproductive health care for men and women. These services include well women exams, pregnancy testing, testing and treatment of STIs, routine labs.

## TITLE X CONTRACT GOALS

- Goal: 605 unduplicated clients
- between 04/01/2025 -03/31/26
- to date we have served 618 UDC
- 102% of goal has been met \*\*This is a partial award\*\*



## FAMILY PLANNING ACTIVITIES

- Clinic staff were highlighted in the San Marcos Daily Record for their outreach work at the GJC Center.

San Marcos Daily Record

### Community Action Inc. visits GJC

News

STAFF REPORTS 08/10/2025 06:00 AM



Pictured are from Community Action — Jackie Prado, Michelle Gonzales, Jennifer Ramirez and Lucia Guevara; from Gary Job Corps — Rycy Pera, Janice Dukes, Helen Cervantez, Justin Hatcher, Center Director Norman Turner and Gary Students. Photo courtesy of GJC

Representatives from Community Action, Inc. of Central Texas Health Services Division shared with Gary Job Corps students a variety of quality health care information and the importance of healthy living lifestyle. Community Action Inc. of Central Texas aids residents in Hays, Caldwell and Blanco counties with adult education and community services.

For more information go to [communityaction.com](http://communityaction.com).





# BREAST AND CERVICAL CANCER

Compiled by Nancy Hernandez

## DIRECT SERVICES

- 87 screening mammograms
- 25 diagnostic procedures
- 25 ultrasounds
- 6 biopsies
- 15 women enrolled in Medicaid



## OUTREACH/EVENTS

- Weekly presence at CommuniCare in Kyle
- Food Banks in San Marcos, Kyle & Buda
- Barnabus Back to School Event

## ACHIEVEMENTS

- Provided navigation support to all eligible clients, ensuring access to culturally competent care and resources

# RURAL AIDS SERVICES PROGRAM

Compiled by Stacey Martinez

## DIRECT SERVICES

- 119 unduplicated clients with no new intakes
- 998 Case management units
- Client enrollments:
  - Health Insurance: 10 clients – 20 insurance premium payments processed
  - Transportation: 30 clients provided with 110 round trip transports
  - Housing: 19 households assisted w/38 payments processed for assistance

## ACHIEVEMENTS/EVENTS

- Client Viral Suppression Rate: **94%** (Standards of Care Goal is 85%)
- Actively participating in quality management activities to increase viral suppression rates
- HCRA Check Distribution – CAI received **\$30,560.36**

## PENDING OUTCOMES

- TX DSHS HOPWA monitoring – Oct 14-16, 2025
- City of Austin Monitoring – Nov 11, 2025.
- **RASP received the City of Austin's Excellence in Service Award for 2025.**



# ACCESSING HEALTHCARE PROJECT

Compiled by David Wiley, Ph.D.

## PROGRAM INFORMATION

- 2 YR \$1 Million grant from St. David's Foundation
- Focus: To identify and enroll/re-enroll Medicaid eligible clients

## ACTIVITIES

- Became a Counselor Designated Organization (CDO) to assist with Marketplace health insurance enrollment
- Formalized partnership with Bastrop Emergency Food Pantry
- Steady increase in registration appointments, including walk-ins
- Application Data:
  - 72 clients completed contact form
  - 37 clients completed applications
  - 19 clients referred to other agencies/organizations
  - 14 client enrollment appointments
  - 12 clients not responding to follow-up contacts
  - 36 applications from CommuniCare Navigator

## KEY UPCOMING ACTIVITIES

- Continued outreach to publicize the program
- Identify new partners for referrals
- Develop strategies to increase enrollment appointments at rural sites
- Addressing changes to Medicaid eligibility rules coming from the federal level





# HEAD START REPORT

## SEPTEMBER 2025

6.7

### Program Update

We officially concluded the Early Head Start 2024–2025 school year on July 18. Staff returned on August 4 to prepare for the upcoming 2025–2026 school year. Annual training kicked off on August 5 with an inspiring keynote from Mister Stu, who reminded us that “there are no bad kids.” The week featured engaging, hands-on training sessions designed to meet both Head Start and licensing requirements. We received overwhelmingly positive feedback from participants.

The new school year began on August 18. While we've faced some illness-related challenges, our team has remained resilient. We're now approaching our 45th day of operations and are well on track to meet all required standards.

### Scholarship Announcements

We're proud to share that our ERSEA Coordinator, Caroline Cortez, has been selected to receive the Region VI Head Start Association Staff Scholarship. Additionally, our Policy Council Chair, Maria Soto, will be honored with the Region VI Head Start Association Goodie Wickland Parent Scholarship. Both scholarships will be officially awarded at the 2025 Fall Southwest Conference in October.

### Highlights

- Hired new EHS Teacher Bonnie Mabry
- Hired new Head Start Teacher -Christina Pens
- Hired new Head Start Teaching Assistant - Celeste Acosta
- Hired new Program Floater - Dorothy Sanders

16 Staff members enrolled in the CDA cohort for the Fall

### Center Snapshot

- All Classrooms are Open!
- Parking Challenges at Hemphill CDC

**KEYNOTE SPEAKER - MISTER STU**



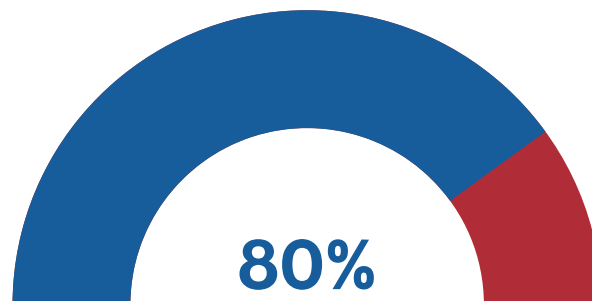


## JULY ENROLLMENT & ATTENDANCE

### EARLY HEAD START ENROLLMENT

Site	Current/Funded
A. Washington CDC	46/48
William Crook CDC	15/16
Hemphill EHS	32/32
Lockhart CDC	16/16
Luling EHS	40/40

### EHS AVERAGE DAILY ATTENDANCE



**Head Start  
on summer  
break!**

## AUGUST ENROLLMENT & ATTENDANCE

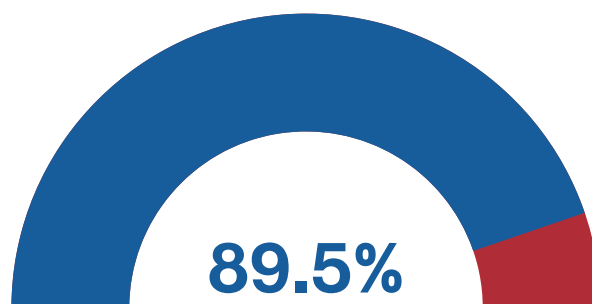
### EARLY HEAD START ENROLLMENT

Site	Current/Funded
A. Washington CDC	48/48
William Crook CDC	13/16
Hemphill EHS	32/32
Lockhart CDC	16/16
Luling EHS	40/40

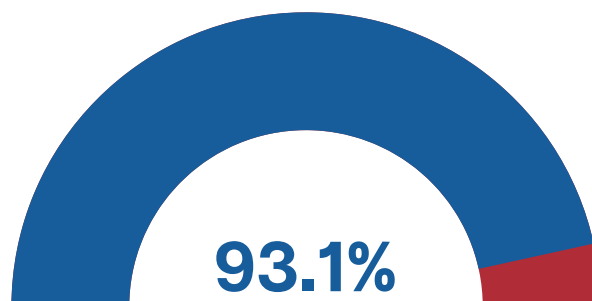
### HEAD START ENROLLMENT

Site	Current/Funded
A. Washington CDC	15/15
Henry Bush CDC	66/68
Bonham Pre K	60/60
Hemphill HS	80/85
Lockhart CDC	34/34
Luling CDC	34/34

### EHS AVERAGE DAILY ATTENDANCE



### HS AVERAGE DAILY ATTENDANCE



# UPCOMING EVENTS

**AGENCY-WIDE PARENT MEETING SEPT 12TH**

**PD DAY - SEPT 26 - FOCUS ON CLASS TRAINING**

**CHILD PLUS TRAINING SCRAMBLE LAS VEGAS OCT 6-9  
SOUTHWEST REGION CONFERENCE - DALLAS, OCT  
21-24**

**CLASS REVIEW OCT 20TH- DEC 5TH**

**FALL FESTIVAL - TBD**

**ALL STAFF DAY OCT 31<sup>ST</sup>**

**HOLIDAY - OCT 13<sup>TH</sup> INDIGENOUS PEOPLES' DAY**

**CENTERS CLOSED/ PARENT CONFERENCES - NOV 3RD**





# Annual Training 2025



# CLASSROOM ACTIVITIES

6.7









# GRANDPARENTS DAY!

6.7





# Annual Report

## Head Start Program



## 2024-2025

### Mission Statement

**Helping Central Texans improve economic self-reliance through a wide range of services and community partnerships.**

The annual report is shared with the public on the agency website:  
[www.communityaction.com](http://www.communityaction.com)

# Program Governance

The CAI Policy Council comprises parents from each of our Child Development Centers that make up the CAI Head Start and Early Head Start Program. Together the CAI Board, the Policy Council, and the Head Start Leadership Team share decision-making and oversight responsibilities as they work to provide high-quality services to the families in the program.

**Members are elected yearly and serve 12-month terms. Our members can serve up to 5 years on the Policy Council**

# Head Start Program



**Leading the Head Start Program at Community Action Inc. of Central Texas is a privilege aimed at delivering exceptional early childhood education to children in need. Our program emphasizes comprehensive case management for enrolled families, supporting them in achieving their goals. Through our efforts, Head Start contributes to the future of children and families in Hays and Caldwell Counties, fostering stronger communities.**



# Enrollment

**Funded Enrollment  
Head Start**

**296**

**Cumulative Enrollment  
Head Start**

**329**

**Funded Enrollment  
Early Head Start**

**152**

**Cumulative Enrollment  
Early Head Start**

**208**



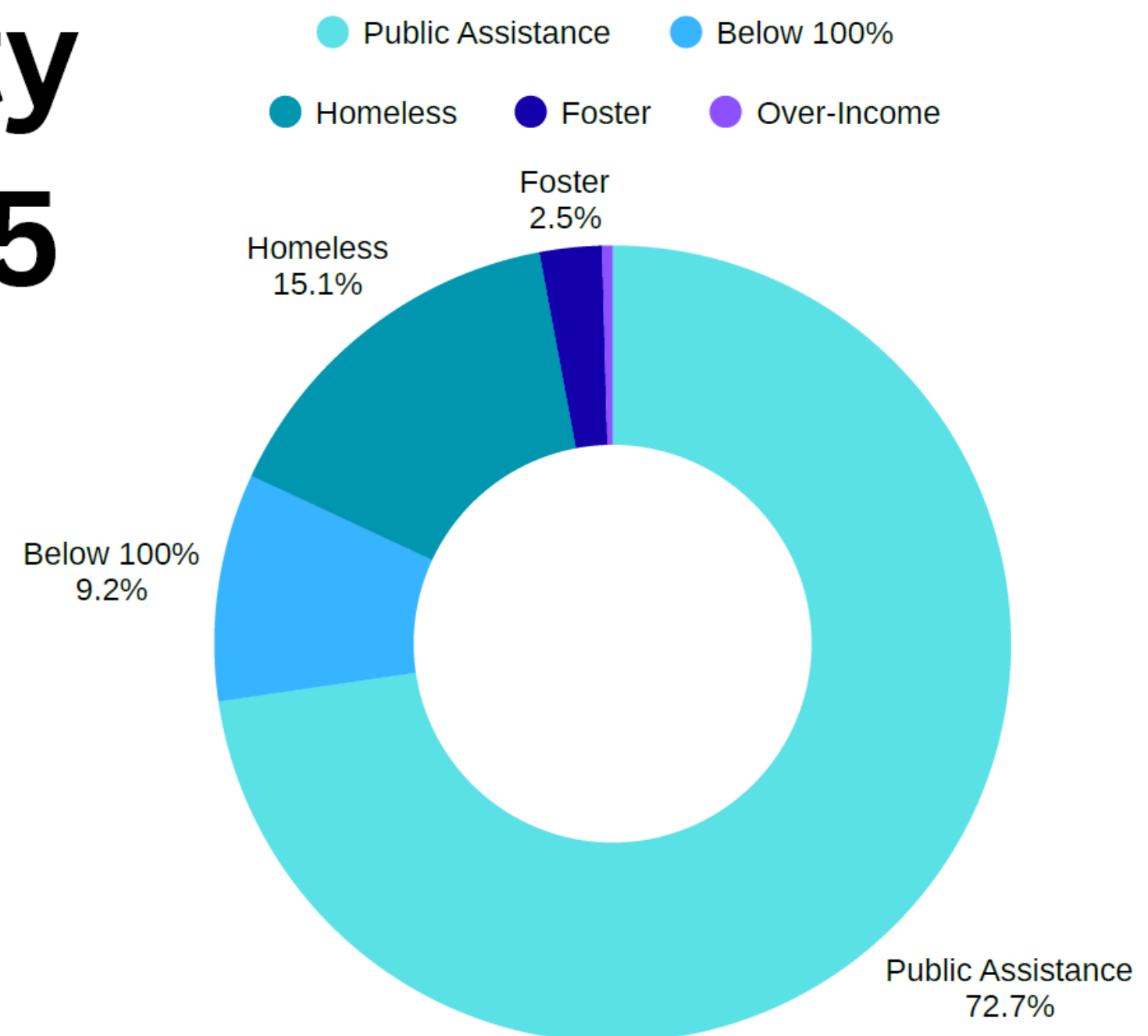
# Attendance

## Average Daily Attendance

EARLY HEAD START	83.77%
HEAD START	86.27%

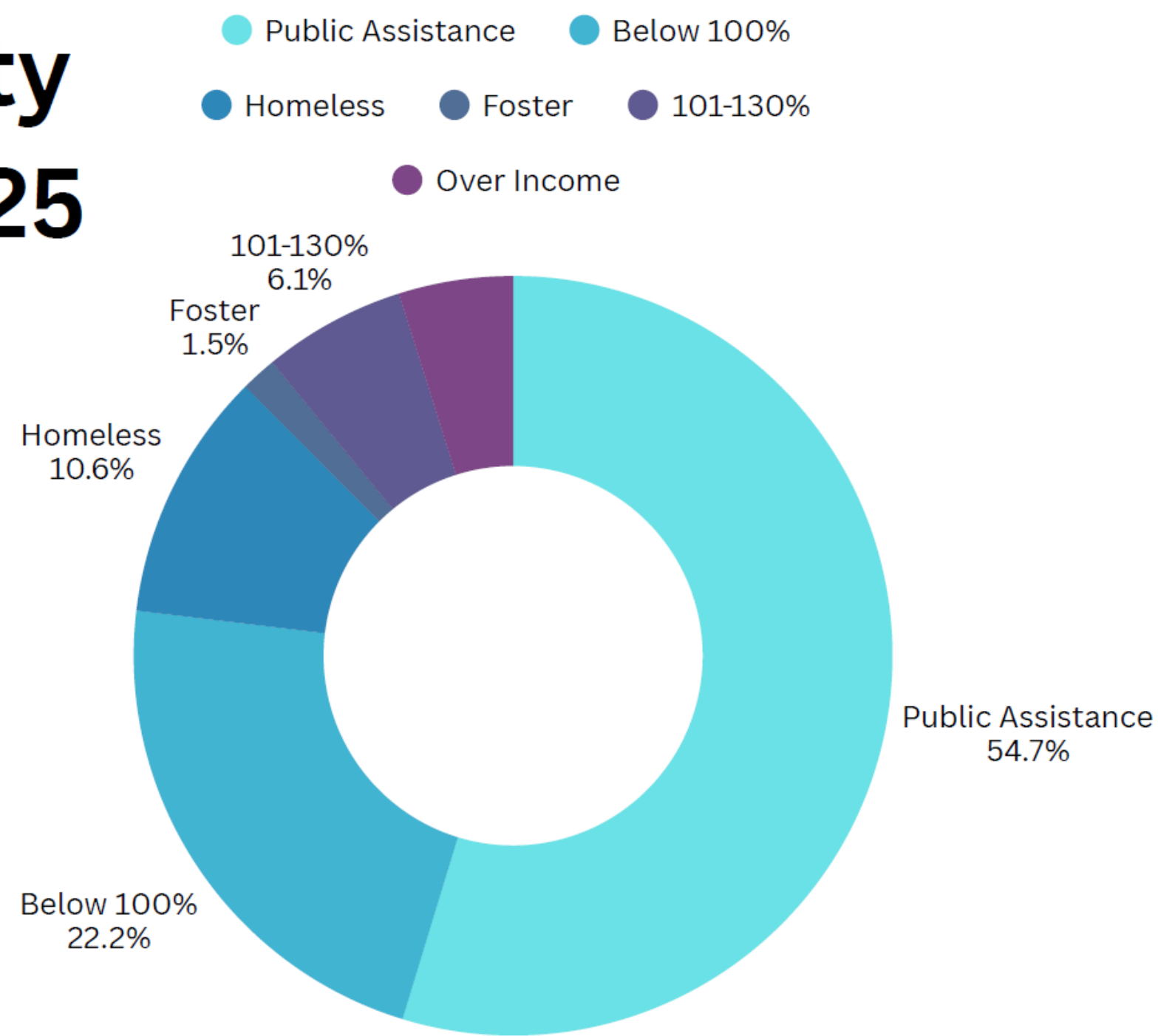


# EHS Eligibility Income 24-25



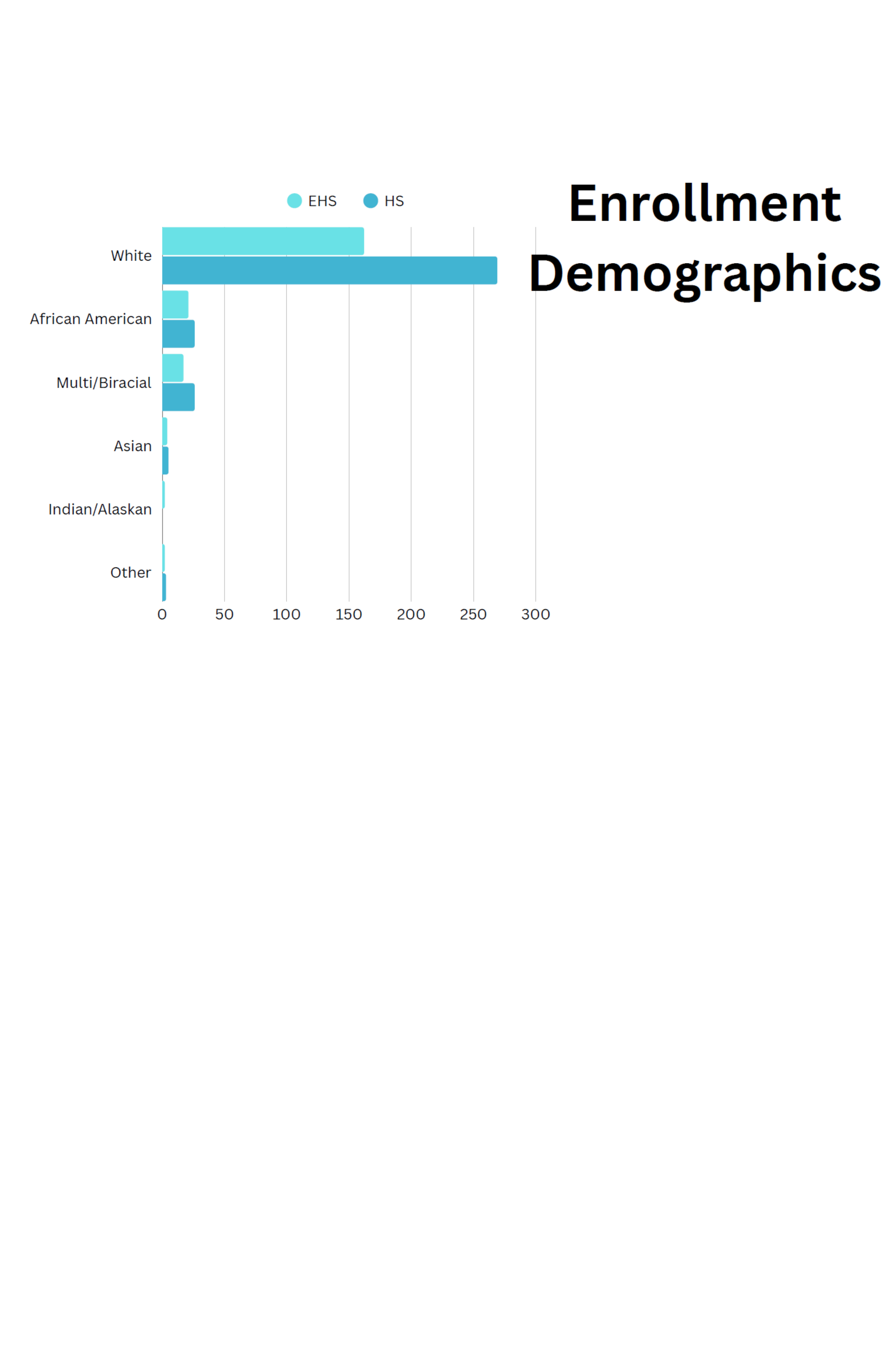
**All family income statuses are taken at the time of application. Early Head Start children are eligible until their third Birthday**

# HS Eligibility Income 24-25



All family income statuses are taken at the time of application.





# Budget

Head Start  
Budget and Actual Expenditures  
Fiscal Year 2023 – 2024

	Budget	Expenditures
Contractual	\$445,343.00	\$458,203.59
Fringe Benefits	\$1,116,506.00	\$1,010,638.91
Other	\$1,347,268.00	\$1,430,909.75
Salaries	\$4,420,289.00	\$4,186,626.21
Supplies	\$269,453.00	\$379,515.19
Travel	<u>\$30,208.00</u>	<u>\$47,283.06</u>
Grand Total	<u>\$7,629,067.00</u>	<u>\$7,513,176.71</u>

# Family Services

**Our Family Services team is compiled of our Family Advocates and Family Advocate Assistants. They are supported by the Family Service & ERSEA Content Coordinators**

- **Families Served: 537**
- **Goal Set: 530**
- **Goals Met: 496**
- **Emergency/ Crisis: 55**

# Parent Survey

**Yearly, our families are surveyed to continue our program's determination to provide the highest quality services. We utilize the Learning genie Prent Communication system to both survey and compile results.**

Program  
Satisfaction

**97.6%**

Education  
Services

**97.6%**

Family  
Support

**96.4%**

Health  
Services

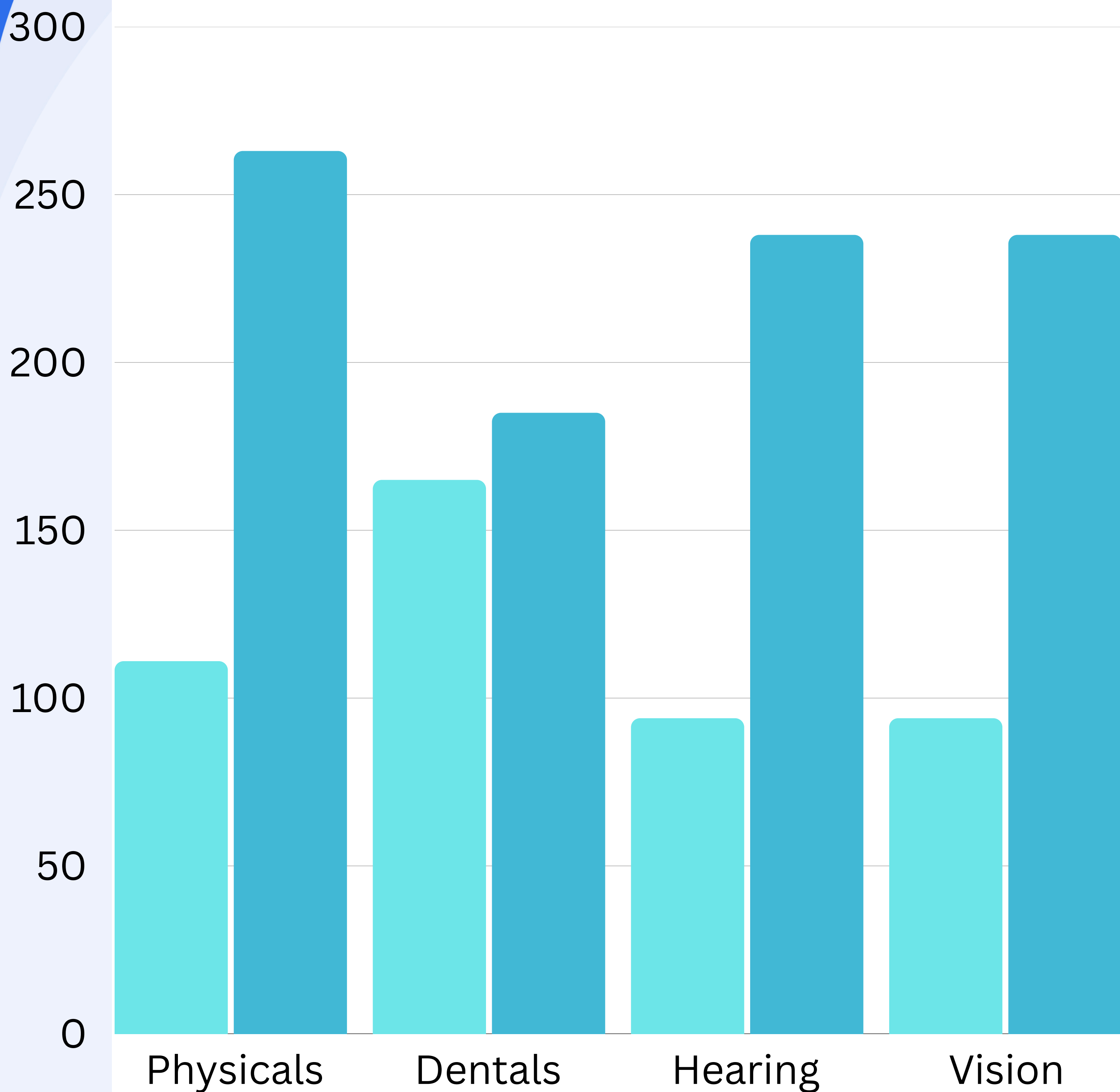
**94%**

Teacher Staff  
Interaction

**91.7%**

# Health Services

● EHS ● HS



Completed Health Events



# Nutrition Services

## Nutrition by the numbers

Meals Served

157,365

Parent Training  
Events Held

2

Staff Wellness  
Events Held

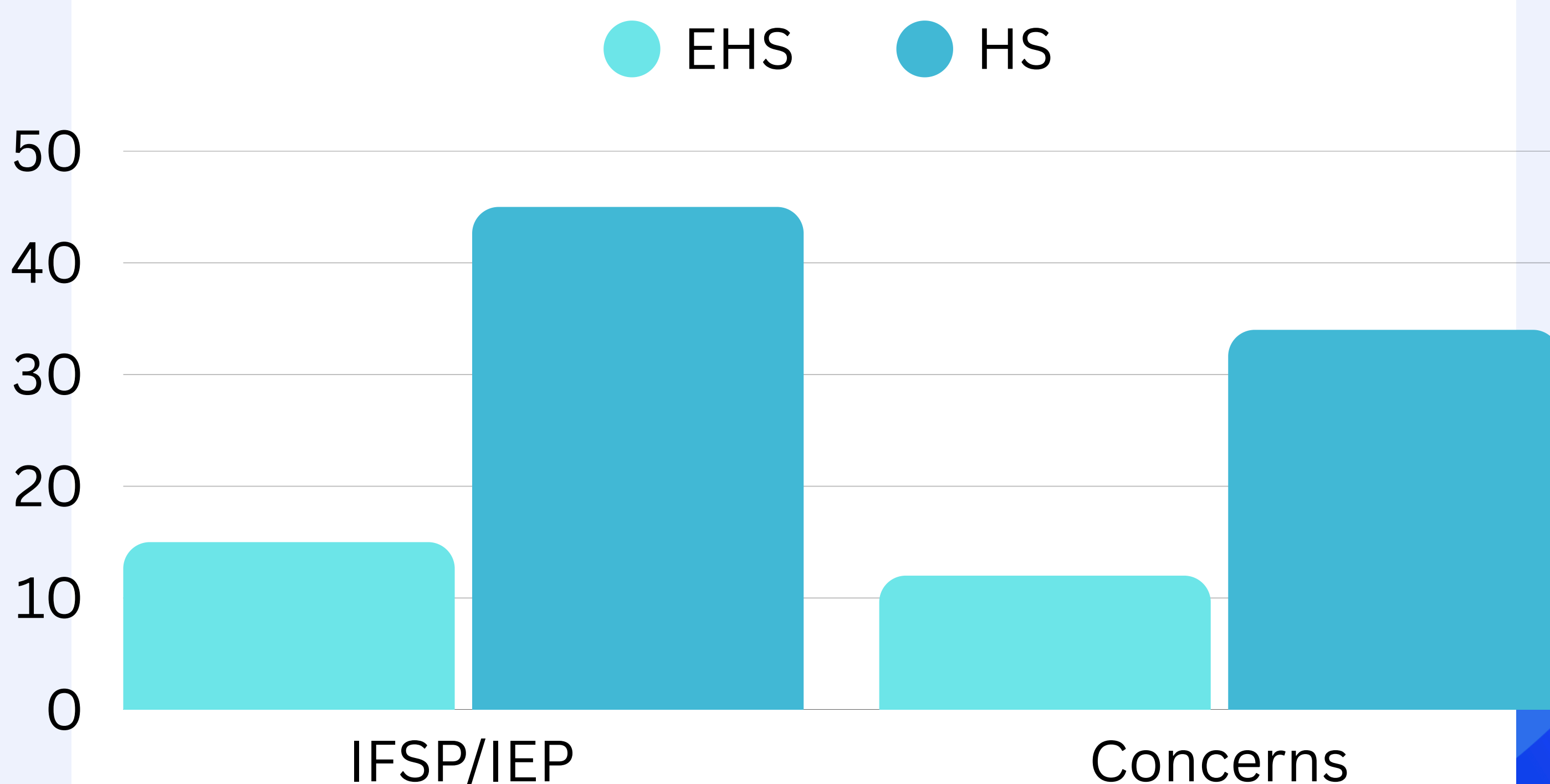
1

Special Diet  
Accommodations

78

# Disability Services

The Office of Head Start requires programs to serve at minimum 10% of their funded enrollment to children receiving services. Our program works with local early childhood intervention agencies and local school districts to help identify and provide necessary therapies.





# Mental Health Services

CAI Head Start partners with Family Services - Well Being to provide a mental health consultant to children, families, and staff. Our Consultant works with children both in the classroom and in the homes. The need for mental health services in our service area continues to rise and we are fortunate to provide our families with the opportunity to prioritize mental health.

# Education Services

The Head Start Program strives to provide the highest quality early childhood education. Our goals start with qualified teaching staff and ongoing monitoring and instructional support from the Education Team throughout the year. We use the Frog Street Curriculum which aligns with the Head Start Early Learning Outcomes Framework.

Additional instructional supplemental curriculum includes Conscious Discipline, Kindermusik, and Children's Learning Institute Engage.

Our program participates in the Texas School Ready Project which affords us an additional Instructional Coach to provide our staff with Individualized training and materials to support at-risk communities.

# School Readiness Goals

## **Approaches to Learning**

The child develops the ability to show persistence and flexibility in actions and behaviors.

## **Social and Emotional Development**

The child develops expectations of consistent, positive interactions through secure relationships with familiar adults.

## **Language and Literacy**

- 1.) The child attends to, understands, learns from, and responds to communication and language from others.
- 2.) The child understands an increasing number of words used in communication with others.

## **Cognition**

The child actively explores people and objects to understand self, others, and objects.

## **Perceptual, Motor, and Physical Development**

- 1.) The child demonstrates effective and efficient use of large muscles to explore the environment.
- 2.) The child coordinates hand and eye movements to perform actions.

# Classroom Assessment Scoring System (CLASS)

CAI Head Start monitors classroom interactions with the CLASS tool.

Observations are conducted each semester for all classrooms. Scores are submitted to the Office of Head

Start as part of their ongoing monitoring, as well as being used for coaching and instructional support.

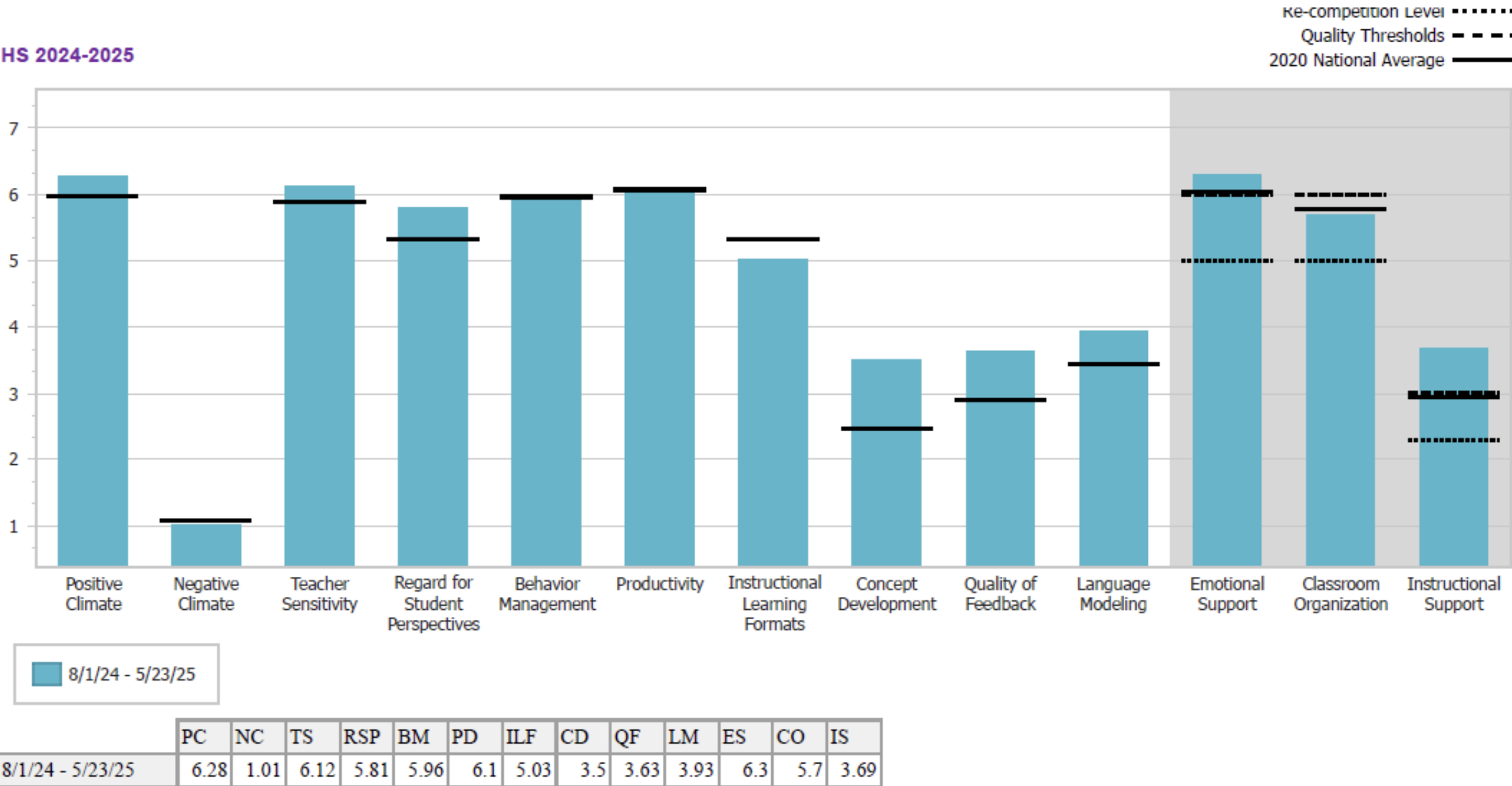
Note, the domain Negative Climate should not be higher than a 1.



CLASS



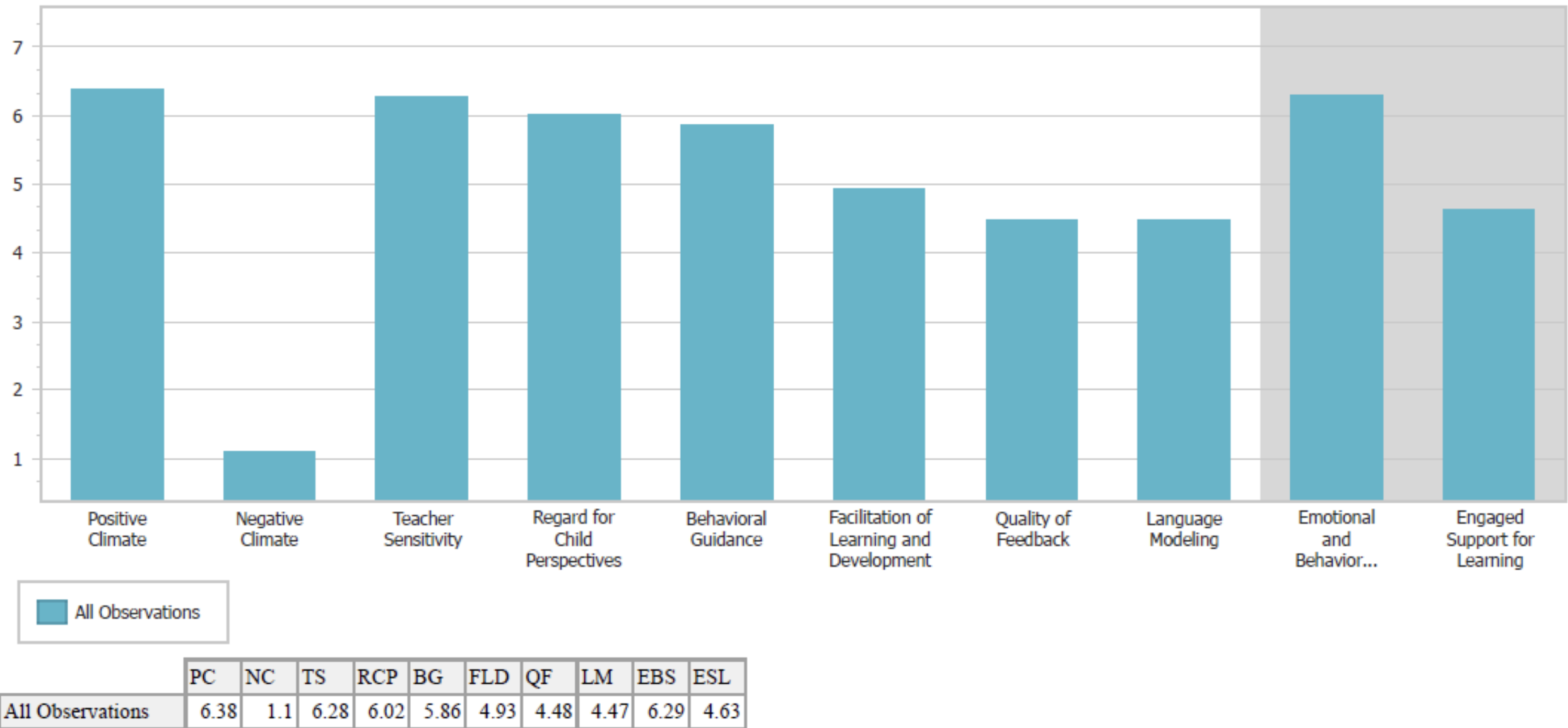
# Head Start- PreK Average scores





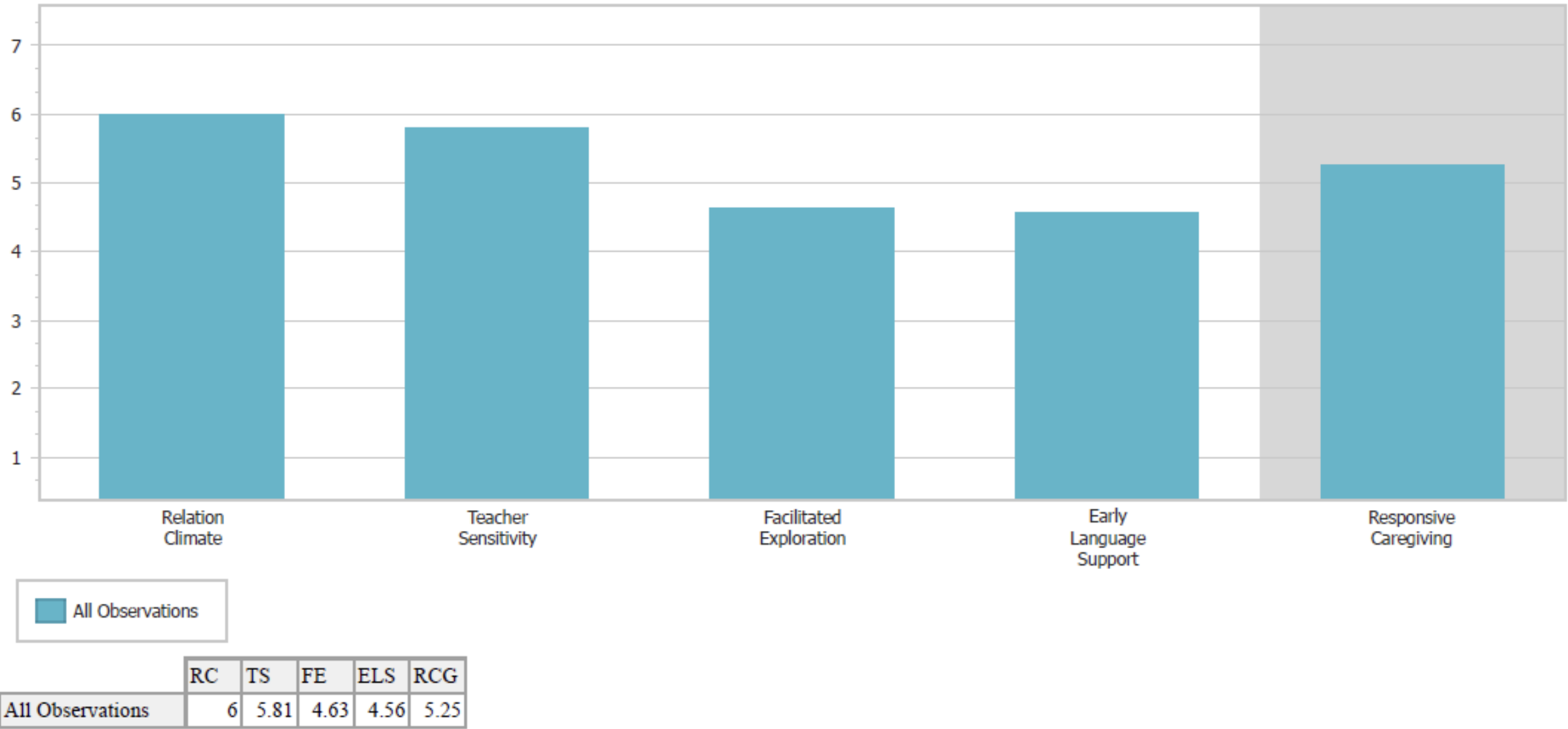
# Early Head Start- Toddler Average Scores

Community Action, Inc. Central TX



# Early Head Start - Infant Average Scores

Community Action, Inc. Central TX



# Teacher of the Year



Head Start Teacher - Debbie Sepeda



Head Start Teaching Assistant - Carmen Avalos

# Teacher of the Year



Early Head Start Teacher - Thelma Rhodes





# Home Visiting Board Report

7/2025 - 8/2025



Prepared by:  
Megan Campbell



# Program Events & Updates

## JULY

**Start Smart Hays & Caldwell (SSHC)** hosted first annual Early Educator's Director's Training, "Preschool Business Basics"- 14 attended the 5 hour training to discuss strategies for a thriving early education center, staff retention, and networking.

**Hays & Caldwell County Teams** hosted monthly group connection Splash Pad Party events at Steeplechase Park in Kyle and Lockhart City Park in Lockhart.



## AUGUST

SSHC hosted bi-monthly meeting which included program presentation from NurturedTX, perinatal and postpartum support services, and Start Early Consulting. Additionally, coalition staff attended City of San Marcos Health Department's Back to School Event giving out 250 lunch bags and signed up 75 new families to Lantern texting service.

**Hays & Caldwell County Teams** participated in Back to School events with Greater San Marcos Youth Council in San Marcos and 4:12 Kids in Lockhart.

# Home Visiting Data

As of 9/1/25

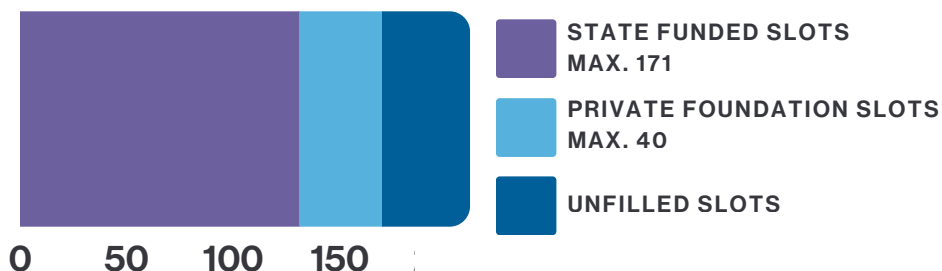


## Personal Visits

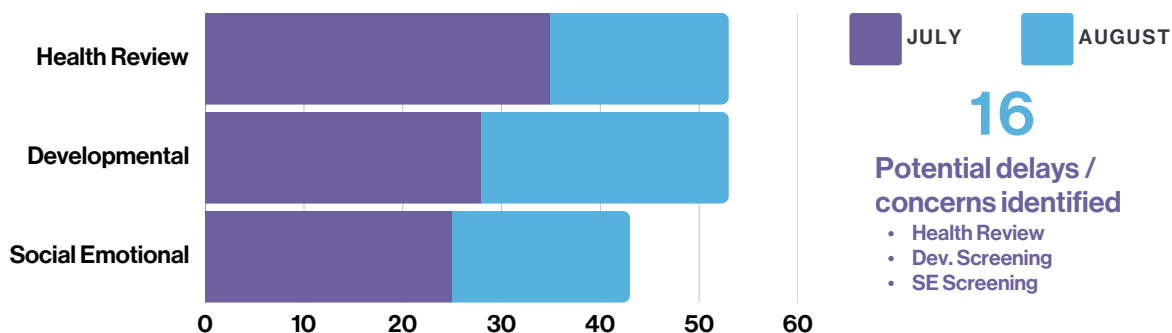
JULY 224

AUGUST 238

## Family Enrollment



## Screenings



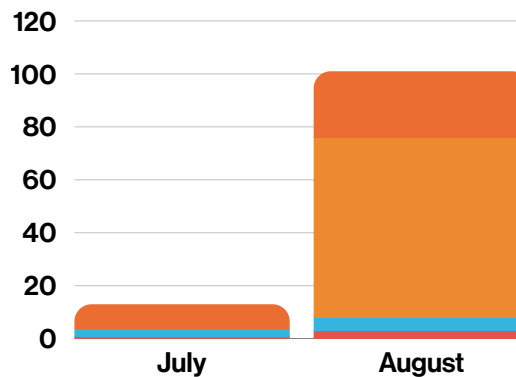
- Text Sign Up
- Web Sign Up
- Paper Sign Up
- Integration

## Hays & Caldwell Co Subscribers



864 ACTIVE ACCOUNTS

1023 CHILDREN



## Sign up Activity





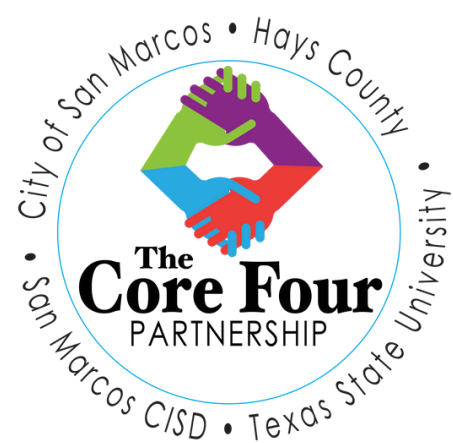
## Youth Services Highlights

1. The Youth Task Force held their annual retreat.
  - a. Updated YTF Standards, goals, recruitment materials
2. Core Four Partnership to hosted a Research Learning Institute focusing on Positive Youth Development.  
This will be a free workshop for community partners and available to regional community partners on July 17. Presenters included our former YTF President and YTF VP along with one of our Community Partners trained in PYD.
3. SMTX Mental Health Coalition held a planning meeting in July.
  - a. Determined upcoming trainings and events
4. Youth Services in partnership with HCWC held a summer event. Tshirt spray painting activity that highlighted everyday consent.
5. Youth Services Director facilitated a workshop at the TYAN Conference for their new community partners.
6. Youth Survey was completed by SOAR to evaluate the needs of youth and young adults in the community.
7. THRC funded a intern for Youth Services for the Summer 2025.
8. Former YTF President and VP facilitated workshop for the Girls Like Us Summer 2025 camp.

Scan QR code or use link.



<https://linktr.ee/corefourpartnership>



# Youth Services Outcomes

6.9

Outcome	Measure	Update
Community partners will work together to increase awareness of youth mental health issues and provide mental health prevention measures to improve overall mental wellness in our service area.	Provide mental health training to first responders, human services employees, teachers, and other public-facing workers that includes learning communication techniques, mentorship training, mental-health awareness strategies, etc.	Trained 600+ SMCISD Staff in YMHFA. ASIST is being offered.
Youth Services program will increase youth diversity and inclusivity in the Youth Taskforce membership.	Provide recruitment and outreach to homeless/foster/at-risk youth to be included in the membership of the current Youth Taskforce	Increased the participation of home schooled youth in YTF. Looking for partnership opportunities to specifically target this group. Expanding YTF to include 18-24yrs.
Youth Services Program will strengthen Youth Taskforce pipeline by increasing participation from 8th graders.	Program will outreach to local school district or other agencies that work with youth to find 8th graders interested in joining the Youth Taskforce	8th grade students were included in recruitment for Fall 2024.
Youth Services program will create a steering committee for SMTX Mental Health Coalition to assist in setting the goals and developing the strategies of the coalition based upon the latest mental health assessment.	Youth Services program will outreach to local stakeholders and community partners who have vested interest in mental health and well-being to find appropriate steering committee members for the Mental Health Coalition.	Texas State, Cenikor-Project AIM & Project AWARE are the primary steering committee members. Collectively we work on coalition activities. Partnered with Healthy Hays-YMHWG to help streamline San Marcos Community Partners and efforts.
Youth Services program will increase the number of at-risk & non-at-risk youth served by Big Brothers, Big Sisters mentorship program.	Youth Services program will outreach to local stakeholders and community partners to find at-risk youth to participate in BBBS.	Currently at a stand-still with BBBS. Will revisit this Goal with Core Four Partnership. This goal is being revisited by the Core Four Task Force.
There will be an increased number of BBBS volunteers to help mentor youth.	Youth Services will increase volunteer pool in the service area by initiating a community-wide volunteer recruitment campaign by attending and hosting volunteer fairs and other similar events.	Currently at a stand-still with BBBS. Will revisit this Goal with Core Four Partnership. This goal is being revisited by the Core Four Task Force.
Youth Services program will work with community partners to establish a Hays County Youth Coalition that will provide youth resources and support including a community youth development training.	Community partners who participate in the coalition will set goals that impact youth needs.	Steering Committee established, General meetings kick-off had 14 youth attend, and free community PYD trainings will be held in March 2025.
The Youth Coalition will create and evaluate youth community needs assessment and provide programming to address youth needs.	Youth services program will work with Coalition in training them in creating needs assessment and assisting them in developing programs to address youth needs.	Completed 2 <sup>nd</sup> Youth Survey. 127

SEPTEMBER 2025

# COMMUNITY DEVELOPMENT

Investing In Impact Project: Regranting St. David's Foundation Funds



## Project Overview

This project is a two-year pilot program to be able to regrant St. David's Foundation resources through a community-directed and participatory process that reflects the needs, voices, and priorities of the Hays county community. Community Action will create, pilot, and modify (as needed) all applicable documents, templates, and flyers to be utilized for the duration of the regranting process.

## Scope

- Identify Potential Grantees & Other Support Organizations
- Establish clear, inclusive grant guidelines
- Develop a transparent grant application process
- Establish a fair selection and review process
- Engage community-centered decision making
- Establish guidelines for clear communication and feedback
- Provide capacity-building for grantees
- Implement fair & transparent fund distribution processes
- Implement collaborative grant monitoring & reporting processes
- Establish a transparent appeals & conflict resolution process

## Grant Contact Info

- Bethany Moore, LCSW
-  512.392.1161 Ext. 353
-  bmoore@communityaction.com

## Key Stakeholders

- ✓ Advisory Council
- ✓ Community Partners
- ✓ Local 501(c)3 Orgs.
- ✓ Hays Co. Residents

## Success Metrics

- Hired Project Manager
- Development of a non-profit organizations social services directory for Hays County.
- Formulation and meetings of a Grant Advisory Council
- Development of equitable grant review process and protocols
- Development and piloting of application training materials and processes

## Upcoming Activities

- Grant Information sessions to be held in San Marcos, Buda, Wimberley, and virtually.
- Letters of Intent Due - October 3, 2025
- Applications Due - October 31, 2025







Armstrong, Vaughan & Associates, P.C.  
Certified Public Accountants  
941 West Byrd Blvd., Suite 101 - Universal City, TX 78148

July 30, 2025

**CONFIDENTIAL**

COMMUNITY ACTION, INC.  
OF CENTRAL TEXAS  
P.O. BOX 748  
SAN MARCOS, TX 78667

Dear Douglas Mudd:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

Your Form 990 for the year ended 10/31/24 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned by September 15, 2025 to:

Armstrong, Vaughan & Associates, P.C.  
941 West Byrd Blvd, Ste 101  
Universal City, TX 78148

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

*Richard F. Fraser, CPA, CGMA*

Armstrong, Vaughan & Associates, P.C.

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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 11/01/23, and ending 10/31/24

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

COMMUNITY ACTION, INC.  
OF CENTRAL TEXAS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 748

Room/suite

City or town, state or province, and ZIP or foreign postal code

SAN MARCOS TX 78667

F Name and address of principal officer:

DOUGLAS MUDD  
P.O. BOX 748  
SAN MARCOS TX 78667

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

H(c) Group exemption number

I Tax-exempt status:

☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website:

N/A

K Form of organization:

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation:

1965

M State of legal domicile:

TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

OUR MISSION IS HELPING CENTRAL TEXANS ACHIEVE ECONOMIC SELF-RELIANCE THROUGH A WIDE RANGE OF SERVICES AND COMMUNITY PARTNERSHIPS.

2 Check this box ☐ 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)

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

5 Total number of individuals employed in calendar year 2023 (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, Part I, line 11

Revenue

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)

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)

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–24e)

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

Net Assets or Fund Balances

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.

Sign Here

Signature of officer

DOUGLAS MUDD

EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

DEBORAH F. FRASER

Preparer's signature

Deborah F. Fraser, CPA, CGMA

Date

07/30/25

Check ☐ if self-employed

PTIN

P00647739

Firm's name

ARMSTRONG, VAUGHAN & ASSOCIATES, P.C.

Firm's EIN

74-2332623

Firm's address

941 WEST BYRD BLVD, STE 101  
UNIVERSAL CITY, TX 78148

Phone no.

210-658-6229

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

13 Form 990 (2023)

Part IIIStatement of Program Service Accomplishments

Check 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 \$ **10,079,998** including grants of \$ ) (Revenue \$ )  
**SEE SCHEDULE O**

4b (Code: ) (Expenses \$ **2,284,929** including grants of \$ **1,076,165** ) (Revenue \$ )  
**SEE SCHEDULE O**

4c (Code: ) (Expenses \$ **3,447,865** including grants of \$ ) (Revenue \$ )  
**COMMUNITY ACTION, INC.'S ADULT EDUCATION PROGRAM PROVIDES SERVICES IN THE TEN COUNTIES SURROUNDING TRAVIS COUNTY. ITS CORE SERVICES INCLUDE HIGH SCHOOL EQUIVALENCY (HSE) PREPARATION, ENGLISH AS A SECOND LANGUAGE (ESL), AND JOB TRAINING NECESSARY FOR TRANSITIONING INTO EMPLOYMENT, CAREER ADVANCEMENT, AND LIFELONG LEARNING. IT PROVIDES SERVICES TO ADULTS WITH LIMITED MASTERY OF BASIC EDUCATIONAL SKILLS; ADULTS WHO DO NOT HAVE A SECONDARY SCHOOL DIPLOMA; OR WHO ARE UNABLE TO SPEAK, READ OR WRITE THE ENGLISH LANGUAGE. THE PROGRAM OFFERS COLLEGE PREPARATION CLASSES TO ASSIST THOSE WHO WISH TO PURSUE AN ADVANCED DEGREE. DAY AND EVENING CLASSES ARE AVAILABLE IN THE RURAL CAPITAL WORKFORCE AREA. COMPUTER LITERACY INSTRUCTION IS OFFERED INTERMITTENTLY AT DESIGNATED SITES.**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ **2,119,792** including grants of \$ ) (Revenue \$ )

4e Total program service expenses**17,932,584**

**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)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<b>X</b>	
<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? If "Yes," complete Schedule C, Part I		<b>X</b>
<b>4 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? If "Yes," complete Schedule C, Part II		<b>X</b>
<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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
<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? If "Yes," complete Schedule D, Part I		<b>X</b>
<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? If "Yes," complete Schedule D, Part II		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<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? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<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? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<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? If "Yes," complete Schedule D, Part VII		<b>X</b>
<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? If "Yes," complete Schedule D, Part VIII		<b>X</b>
<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? If "Yes," complete Schedule D, Part IX		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
<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)? If "Yes," complete Schedule D, Part X	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<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? If "Yes," complete Schedule F, Parts I and IV		<b>X</b>
<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? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
<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? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
<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? If "Yes," complete Schedule G, Part I. See instructions		<b>X</b>
<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? If "Yes," complete Schedule G, Part II		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<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? If "Yes," complete Schedule I, Parts I and II		<b>X</b>



**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>X</b>	
<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>X</b>
<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>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<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>X</b>
<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>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<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>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<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>X</b>
<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>X</b>
<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>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<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>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>X</b>
<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>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**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 ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<b>80</b>	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>0</b>	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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>	<b>363</b>
<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>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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>	<b>X</b>
<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>	<b>X</b>
<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>	<b>X</b>
<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>	<b>X</b>
<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</b>	<b>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>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<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>	
<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>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<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</b>	<b>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</b>	<b>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</b>	<b>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</b>	<b>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</b>	<b>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</b>	<b>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>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<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>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

**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 on 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	14	1b	14	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.		14		14		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent						
<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?					2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?					3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
<b>6</b> Did the organization have members or stockholders?					6	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?					7a	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?					7b	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?					8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?					8b	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 on Schedule O					9	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?	10a	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?	10b	
<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?	11a	X
<b>b</b> Describe on 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	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
<b>13</b> Did the organization have a written whistleblower policy?	13	X
<b>14</b> Did the organization have a written document retention and destruction policy?	14	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	15a	X
<b>b</b> Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on 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?	16a	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?	16b	

**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 on Schedule O)

**19** Describe on 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.

**KEITH HERINGTON**  
**SAN MARCOS**

**215 S. REIMER AVE.**

**TX 78666**

**512-392-1161**

**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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

☐ 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 dotted 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) <b>DIANE INSLEY</b>	0.50									
<b>CHAIR/PRESIDENT</b>	0.00	X		X				0	0	0
(2) <b>DEBORAH VILLALPANDO</b>	0.50									
<b>DIRECTOR</b>	0.00	X						0	0	0
(3) <b>ELIZABETH RAXTER</b>	0.50									
<b>SECRETARY</b>	0.00	X		X				0	0	0
(4) <b>GLORIA P MARTINEZ-RAMOS</b>	0.50									
<b>DIRECTOR</b>	0.00	X						0	0	0
(5) <b>CLARENA LARROTTA</b>	0.50									
<b>DIRECTOR</b>	0.00	X						0	0	0
(6) <b>JEREMY SUTTON</b>	0.50									
<b>DIRECTOR</b>	0.00	X						0	0	0
(7) <b>STEVEN HERNANDEZ</b>	0.50									
<b>DIRECTOR</b>	0.00	X						0	0	0
(8) <b>MYRA VASSIAN</b>	0.50									
<b>DIRECTOR</b>	0.00	X						0	0	0
(9) <b>MARISSA REYNA</b>	0.50									
<b>DIRECTOR</b>	0.00	X						0	0	0
(10) <b>JUAN MENDOZA</b>	0.50									
<b>DIRECTOR</b>	0.00	X						0	0	0
(11) <b>BARBARA SHELTON</b>	0.50									
<b>VICE PRESIDENT</b>	0.00	X		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 dotted 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(12) <b>ALYSSA GARZA</b>										
(12) <b>DIRECTOR</b>	0.50 0.00	X						0	0	0
(13) <b>WAYNE THOMPSON</b>										
(13) <b>DIRECTOR</b>	0.50 0.00	X						0	0	0
(14) <b>JUDGE BRETT BRAY</b>										
(14) <b>DIRECTOR</b>	0.50 0.00	X						0	0	0
(15) <b>DOUGLAS MUDD</b>										
(15) <b>EXECUTIVE DIRECTOR</b>	40.00 0.00			X				99,998	0	12,273
(16) <b>KEITH HERINGTON</b>										
(16) <b>FISCAL OFFICER</b>	40.00 0.00			X				101,341	0	13,460
(17)										
(18)										
(19)										
<b>1b Subtotal</b>								<b>201,339</b>		<b>25,733</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>201,339</b>		<b>25,733</b>

**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 **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		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

**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

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**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>1a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	17,375,024					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,647,649					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 8,750					
	<b>h</b> Total. Add lines 1a-1f			19,022,673				
	<b>Program Service Revenue</b>			Business Code				
<b>2a</b> UNIT RATE CONTRACT REVENUE				100,140	100,140			
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue								
<b>g</b> Total. Add lines 2a-2f				100,140				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			178			178	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6a</b> Gross rents		(i) Real	(ii) Personal				
		<b>6a</b>						
		<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss)							
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		<b>7a</b>						
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>						
	<b>d</b> Net gain or (loss)							
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
		<b>8a</b>						
	<b>b</b> Less: direct expenses	<b>8b</b>						
	<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19								
	<b>9a</b>							
<b>b</b> Less: direct expenses	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities								
<b>10a</b> Gross sales of inventory, less returns and allowances								
	<b>10a</b>							
<b>b</b> Less: cost of goods sold	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory								
<b>Miscellaneous Revenue</b>			Business Code					
	<b>11a</b>							
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e</b> Total. Add lines 11a-11d							
<b>12</b> Total revenue. See instructions				19,122,991	100,140	0	178	

**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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,076,165	1,076,165		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	216,002		216,002	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,487,583	9,093,676	393,907	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	145,677	120,970	24,707	
9 Other employee benefits	1,115,460	1,041,901	73,559	
10 Payroll taxes	887,130	831,971	55,159	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	54,600		54,600	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,730,765	1,630,188	100,577	
12 Advertising and promotion	171	171		
13 Office expenses	517,659	498,545	19,114	
14 Information technology	29,746	26,696	3,050	
15 Royalties				
16 Occupancy	607,137	466,928	140,209	
17 Travel	220,333	213,278	7,055	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	201,585	197,068	4,517	
20 Interest	1,334	1,334		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	180,249	180,249		
23 Insurance	135,129	107,711	27,418	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER MISC SHARED EXPENSE	1,085,109	1,085,109		
b REPAIRS	350,466	346,114	4,352	
c FOOD	238,608	238,608		
d UTILITIES	132,509	132,509		
e All other expenses	674,291	643,393	30,898	
25 Total functional expenses. Add lines 1 through 24e	19,087,708	17,932,584	1,155,124	0
26 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 <input type="checkbox"/> 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 .....	<b>664,600</b>	<b>1</b>	<b>569,845</b>
	<b>2</b> Savings and temporary cash investments .....	<b>903,841</b>	<b>2</b>	<b>1,356,066</b>
	<b>3</b> Pledges and grants receivable, net .....	<b>1,623,054</b>	<b>3</b>	<b>1,240,805</b>
	<b>4</b> Accounts receivable, net .....	<b>61,156</b>	<b>4</b>	<b>94,367</b>
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	<b>38,426</b>	<b>8</b>	<b>7,107</b>
	<b>9</b> Prepaid expenses and deferred charges .....	<b>59,183</b>	<b>9</b>	<b>23,672</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>4,390,743</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>3,858,535</b>		
	<b>11</b> Investments—publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<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 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>3,919,367</b>	<b>16</b>	<b>3,824,070</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>2,000,762</b>	<b>17</b>	<b>1,657,582</b>
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	<b>1,078,267</b>	<b>19</b>	<b>1,291,542</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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	<b>675</b>	<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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>3,079,704</b>	<b>26</b>	<b>2,949,124</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	<b>559,691</b>	<b>27</b>	<b>596,780</b>
	<b>28</b> Net assets with donor restrictions .....	<b>279,972</b>	<b>28</b>	<b>278,166</b>
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32 Total net assets or fund balances</b> .....	<b>839,663</b>	<b>32</b>	<b>874,946</b>
	<b>33 Total liabilities and net assets/fund balances</b> .....	<b>3,919,367</b>	<b>33</b>	<b>3,824,070</b>

Form **990** (2023)

**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>	<b>19,122,991</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>19,087,708</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>35,283</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>839,663</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<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 on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>874,946</b>

**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 on 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>X</b>
<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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<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 on Schedule O.	<b>X</b>	
<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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<b>X</b>	
<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 on Schedule O and describe any steps taken to undergo such audits	<b>X</b>	

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.

7.1.1

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

COMMUNITY ACTION, INC.  
OF CENTRAL TEXAS

Employer identification number

74-1541726

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).)

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 on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						



**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,737,679	15,283,329	16,371,356	15,819,433	19,022,673	80,234,470
<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	1,016,272	1,209,605	1,291,104	1,217,126		4,734,107
<b>4 Total.</b> Add lines 1 through 3	14,753,951	16,492,934	17,662,460	17,036,559	19,022,673	84,968,577
<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</b> Public support. Subtract line 5 from line 4						84,968,577

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	14,753,951	16,492,934	17,662,460	17,036,559	19,022,673	84,968,577
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	178	137	168	223	178	884
<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.)	25,769					25,769
<b>11 Total support.</b> Add lines 7 through 10						84,995,230
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	599,525

**13 First 5 years.** 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 **stop here** ☐

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

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.97 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	<b>15</b>	99.89 %
<b>16a 33 1/3% support test — 2023.</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 — 2022.</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 — 2023.</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 — 2022.</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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 5 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 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests — 2023.** 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 — 2022.** 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 on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<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)? If "Yes," describe in Part VI when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If "Yes," explain in Part VI 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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).		
<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? If "Yes," provide detail in Part VI.		
<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? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<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))? If "Yes," provide detail in Part VI.		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
<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)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI 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 officers, 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>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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<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 Part VI 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>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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on line 2, above, 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 Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<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 line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<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 Part VI 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>b</b> Did the activities described on line 2a, above, 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 Part VI 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>3</b> Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.			
<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 Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<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.

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018 .....		
b	From 2019 .....		
c	From 2020 .....		
d	From 2021 .....		
e	From 2022 .....		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019 .....		
b	Excess from 2020 .....		
c	Excess from 2021 .....		
d	Excess from 2022 .....		
e	Excess from 2023 .....		

## 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.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

PROGR	PART	CONTR/UNIT	RATE	REV	\$	25,769
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**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

7.1.1

OMB No. 1545-0047

**2023**

Name of the organization

**COMMUNITY ACTION, INC.  
OF CENTRAL TEXAS**

Employer identification number

**74-1541726**

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 foundationCheck 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
- <sup>1</sup>
- /
- <sub>3</sub>
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

COMMUNITY ACTION, INC.

Employer identification number

74-1541726

**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
1	TEXAS DEPARTMENT OF AGRICULTURE P.O. BOX 12847 AUSTIN TX 78711	\$ 407,451	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TEXAS WORKFORCE COMMISSION 105 E. 15TH STREET AUSTIN TX 78778	\$ 3,752,081	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	US DEPT OF HEALTH & HUMAN SERVICES ADMIN FOR CHILDREN & FAMILIES 1301 YOUNG STREET DALLAS TX 75202	\$ 7,513,177	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	TEXAS DEPT OF HOUSING & COMMUNITY AFFAIRS P.O. BOX 13941 AUSTIN TX 78711-3941	\$ 1,900,676	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	TEXAS HEALTH & HUMAN SERVICES 4900 N. LAMAR BLVD. AUSTIN TX 78751-2316	\$ 2,176,519	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BRAZOS VALLEY COUNCIL OF GOVERNMENTS P.O. DRAWER 4128 BRYAN TX 77805-4128	\$ 470,018	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**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.

7.1.1

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Name of the organization

**COMMUNITY ACTION,  
OF CENTRAL TEXAS**

Employer identification number

**74-1541726****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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included on line 2a .....	<b>2c</b>
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	<b>2d</b>

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? .....

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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 FASB 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 FASB 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 FASB 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 make significant use of its collection items (check all that apply).

- a** ☐ Public exhibition **d** ☐ Loan or exchange program  
**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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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 ☐ Yes ☐ No

**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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ..... %  
**b** Permanent endowment ..... %  
**c** Term 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? .....

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land .....				
<b>b</b> Buildings .....		1,806,675	1,532,521	274,154
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		2,584,068	2,326,014	258,054
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				532,208

Part VIIInvestments – 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIIInvestments – 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)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IXOther 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)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part XOther Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

**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>	<b>20,392,723</b>
<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>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>1,269,732</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>1,269,732</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>19,122,991</b>
<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>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<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>	<b>19,122,991</b>

**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>	<b>20,357,440</b>
<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>1,269,732</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>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>1,269,732</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>19,087,708</b>
<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>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<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>	<b>19,087,708</b>

**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 X - FIN 48 FOOTNOTE**

THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB ASC TOPIC 740-10-25, INCOME TAXES - OVERALL - RECOGNITION, WHICH REQUIRES RECOGNITION AND DISCLOSURE OF UNCERTAIN TAX POSITIONS IN THE FINANCIAL STATEMENTS AND FOOTNOTES.

MANAGEMENT BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS, AND ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. CAI DID NOT RECOGNIZE ANY INTEREST OR PENALTIES AS OF OCTOBER 31, 2024.

TAX YEARS 2021-2023 REMAIN OPEN TO EXAMINATION BY THE TAXING JURISDICTION TO WHICH THE ORGANIZATION IS SUBJECT, AND THESE PERIODS HAVE NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUTE OF LIMITATION.

Part XIII	Supplemental Information (continued)
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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.

7.1.1  
OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization	COMMUNITY ACTION, INC. OF CENTRAL TEXAS	Employer identification number	74-1541726
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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



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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 UTILITY & ELDERLY ASSIST	2380	1,076,165			
2					
3					
4					
5					
6					
7					

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 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE ORGANIZATION MAKES CLIENT ASSISTANCE PAYMENTS DIRECTLY TO THE VENDOR

RATHER THAN TO THE INDIVIDUAL RECEIVING THE ASSISTANCE. CLIENT FILES ARE

MAINTAINED TO DOCUMENT CLIENT ELIGIBILITY.

SCHEDULE O (Form 990)	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 Form 990-EZ. Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047
		<b>2023</b> Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization	Employer identification number
	COMMUNITY ACTION, INC. OF CENTRAL TEXAS	74-1541726

FORM 990 - ORGANIZATION'S MISSION

ESTABLISHED IN 1965, COMMUNITY ACTION, INC. OF CENTRAL TEXAS HAS CONTINUOUSLY WORKED TO ASSIST LOW TO MODERATE INCOME FAMILIES IN CENTRAL TEXAS BY PROVIDING A VARIETY OF SOCIAL SERVICES AND ECONOMIC OPPORTUNITIES. THE AGENCY HAS FOUR AREAS OF OPERATION: HEALTH SERVICES; EARLY CHILDHOOD EDUCATION; ADULT EDUCATION; AND COMMUNITY SERVICES. EACH AREA HAS A LEADERSHIP TEAM THAT IS RESPONSIBLE FOR THE ACHIEVEMENT OF SPECIFIC OUTCOMES DETAILED IN THE AGENCY'S STRATEGIC PLAN. COMMUNITY ACTION EMPLOYEES MOBILIZE LOCAL, STATE, AND NATIONAL RESOURCES TO PROVIDE & DEVELOP OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES TO BECOME SELF-SUFFICIENT.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

THE EARLY CHILDHOOD EDUCATION (HEAD START/EARLY HEAD START, AND TEXAS HOME VISITING) HEAD START PROGRAM PROVIDES CONTINUOUS, INTENSIVE AND COMPREHENSIVE CHILD DEVELOPMENT AND FAMILY SUPPORT SERVICES TO ECONOMICALLY DISADVANTAGED FAMILIES WITH CHILDREN BETWEEN THE AGES OF BIRTH-TO-FIVE YEARS AND PREGNANT WOMEN. THE HEAD START PROGRAM SUPPORTS CHILDREN'S GROWTH AND DEVELOPMENT IN A POSITIVE LEARNING ENVIRONMENT THROUGH A VARIETY OF SERVICES THAT INCLUDE EARLY LEARNING, HEALTH AND NUTRITION SERVICES, AND CHILD AND FAMILY WELL-BEING. ANNUALLY, COMMUNITY ACTION SERVES 488 CHILDREN AGES BIRTH-TO-FIVE YEARS AND PREGNANT WOMEN AT 12 HEAD START PROGRAM CHILD DEVELOPMENT CENTERS IN HAYS AND CALDWELL COUNTIES.

THE TEXAS HOME-VISITING PROGRAM PROVIDES INTENSIVE AND COMPREHENSIVE CHILD

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

Name of the organization	Employer identification number
COMMUNITY ACTION, INC.	74-1541726

DEVELOPMENT AND FAMILY SUPPORT HOMEBASED SERVICES TO FAMILIES WITH CHILDREN BETWEEN THE AGES OF BIRTH-TO-FIVE YEARS. ANNUALLY, COMMUNITY ACTION SERVES 160 FAMILIES AND CHILDREN IN HOME-BASED PROGRAMS IN HAYS COUNTY.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

THE COMMUNITY SERVICES PROGRAM PROVIDES A VARIETY OF SERVICES THAT INCLUDE ENERGY ASSISTANCE PROGRAMS TO HELP LOW-INCOME HOUSEHOLDS WITH ENERGY COSTS; COMPREHENSIVE CASE MANAGEMENT SERVICES FOR FAMILIES WORKING TOWARD SELF-SUFFICIENCY; AND A SENIOR CITIZEN CENTER. THE ENERGY ASSISTANCE PROGRAMS UTILIZE LOCAL AND STATE RESOURCES TO PROVIDE FUNDING FOR HOUSEHOLDS WITH THE HIGHEST ENERGY NEEDS IN HAYS, CALDWELL, AND BLANCO COUNTIES.

COMPREHENSIVE CASE MANAGEMENT IS A UNIQUE PROGRAM THAT WORKS CLOSELY WITH INDIVIDUALS AND FAMILIES WORKING TOWARDS BECOMING SELF-SUFFICIENT BY PROVIDING A VARIETY OF SUPPORT THAT ENABLES THEM TO SUCCEED IN OBTAINING A LIVING WAGE JOB, AND MONEY MANAGEMENT SKILLS. THE SAN MARCOS SENIOR CITIZEN CENTER PROVIDES FELLOWSHIP, ACTIVITIES, AND CONGREGATE MEALS TO ENHANCE THE QUALITY OF LIFE, SUPPORT, INDEPENDENCE AND TO ENCOURAGE CONTINUED INVOLVEMENT IN AND WITH THE COMMUNITY.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

COMMUNITY HEALTH SERVICES PROVIDES A VARIETY OF SERVICES THAT INCLUDE REPRODUCTIVE HEALTH SERVICES; BREAST CANCER AWARENESS AND BREAST CANCER CASE MANAGEMENT SERVICES; PRESCRIPTION ASSISTANCE; AND HIV/AIDS AWARENESS, TESTING AND CASE MANAGEMENT.

REPRODUCTIVE HEALTH CARE FOR MEN AND WOMEN INCLUDE A WIDE VARIETY OF BIRTH

Name of the organization

COMMUNITY ACTION, INC.

Employer identification number

74-1541726

CONTROL METHODS. OTHER SERVICES INCLUDE WELL WOMAN EXAMS; PREGNANCY TESTING; SEXUALLY TRANSMITTED INFECTIONS TESTING & TREATMENT. FEES ARE BASED ON A SLIDING FEE SCALE AND WE ACCEPT MEDICAID AND HEALTHY TEXAS WOMEN. THE BREAST CANCER PROGRAM INCLUDES SCREENING FOR BREAST CANCER. CASE MANAGEMENT IS PROVIDED IF DIAGNOSED WITH CANCER. HIV/AIDS SERVICES INCLUDES CASE MANAGEMENT FOR HIV POSITIVE INDIVIDUALS IN THE EIGHT COUNTIES SURROUNDING TRAVIS CO. CASE MANAGEMENT INCLUDES TRANSPORTATION TO MEDICAL APPOINTMENTS AND OTHER SUPPORT

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS REVIEWED BY THE FISCAL OFFICER AND EXECUTIVE DIRECTOR AND THEN IT IS PRESENTED TO THE BOARD OF DIRECTORS AT THE NEXT SCHEDULED MEETING FOLLOWING RECEIPT OF THE 990 FROM THE PREPARER.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY CONFLICTS OF INTEREST ARE MONITORED AND DISCUSSED AS THEY ARISE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL ANNUALLY THE HUMAN RESOURCES DIRECTOR PERFORMS A WAGE COMPARISON STUDY. THE STUDY COMPARES SALARIES OF EXECUTIVE DIRECTORS WITHIN THE SAME GEOGRAPHIC AREA AND WHO MANAGE SIMILAR ANNUAL AGENCY BUDGETS. THE FINDINGS OF THIS STUDY IS PRESENTED TO THE BOARD OF DIRECTORS WHO DETERMINE THE ANNUAL SALARY OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE EXECUTIVE DIRECTOR WILL MANAGE THE DAY TO DAY OPERATIONS OF THE CORPORATION, INCLUDING THE HIRING, SUPERVISION, AND TERMINATION OF

Name of the organization	Employer identification number
COMMUNITY ACTION, INC.	74-1541726

EMPLOYMENT OF AGENCY STAFF AND CONSULTANTS AS SET FORTH IN THE AGENCY PERSONNEL MANUAL THAT HAS BEEN APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ANYONE APPEARING IN PERSON AT THE OFFICES OF THE ORGANIZATION DURING NORMAL WORKING HOURS AND MAKING A REQUEST TO INSPECT THE FORMS WILL BE GRANTED ACCESS TO FILE COPIES OF THE FORMS. ADDITIONALLY, WRITTEN REQUESTS FOR COPIES OF THE FORMS ARE ACCEPTED. THE ORGANIZATION DOES REQUIRE PREPAYMENT OF ALL COPYING AND SHIPPING CHARGES AND WILL PROVIDE ALL REQUESTED COPIES WITHIN 30 DAYS OF RECEIPT OF PAYMENT.



Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST INCOME	\$ 178		14			
TOTAL	\$ 178					

## Federal Statements

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACTUAL SERVICES	\$ 1,440,540	\$ 1,370,179	\$ 70,361	\$
WORKFORCE DEVELOPMENT	84,074	84,074		
DATA PROCESSING	101,919	75,738	26,181	
PAYROLL PROCESSING	5,287	1,252	4,035	
CASE MANAGEMENT COSTS	54,868	54,868		
CHILDPLUS	43,955	43,955		
OTHER CONTRACTUAL	122	122		
TOTAL	\$ 1,730,765	\$ 1,630,188	\$ 100,577	\$ 0

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER NEEDS ASSISTANCE	\$ 120,598	\$ 120,598	\$	\$
P3 RATE REDUCTION	118,053	118,053		
TELEPHONE	78,219	72,554	5,665	
COMMUNITY EVENTS	49,653	49,653		
TEMPORARY HOUSING VOUCHER	45,387	45,387		
EMPLOYEE DEVELOPMENT	28,033	12,288	15,745	
CONTRACEPTIVE	26,163	26,163		
PLAYGROUND MAINTENANCE	21,162	21,162		
KITCHEN EQUIPMENT	20,803	20,803		
FUEL & OIL	17,478	17,478		
P2 PREVENT OF DISCONNECT	16,959	16,959		
PROFESSIONAL DEVELOPMENT	16,164	16,164		
PEST CONTROL	14,055	14,055		
MISCELLANEOUS	13,586	13,586		
VEHICLE EXPENSE	10,956	10,956		
GAS VOUCHERS	9,003	9,003		
MEMBERSHIP DUES	8,679	7,753	926	
STIPENDS	8,635	8,635		
JANITORIAL	8,055	8,055		
MAINTENANCE	6,568	371	6,197	
ALARM FEE	4,080	4,080		

## Federal Statements

**Form 990, Part IX, Line 24e - All Other Expenses (continued)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
HEALTH & SAFETY INSPECT	\$ 3,555	\$ 3,555		\$
SECURITY DEPOSITS	3,260	3,260		
BANK FEES	2,626	2,290	336	
P1 RESTORATION OF SERVICE	2,431	2,431		
PC FOOD & SUPPLIES	2,251	2,251		
MEDICAL SERVICE/ SUPPLIES	2,247	2,247		
OTHER HEALTH & LIFE INSUR	1,733	1,733		
INDOOR EQUIPMENT MAINT	1,725	1,725		
EMPLOYEE MEDICAL EXAMS	1,710	1,710		
STAFF LICENSURE	1,710	1,710		
MOVING EXPENSES	1,622	1,622		
PROFESSIONAL DUES	1,492		1,492	
LICENSING	1,333	1,333		
GAS INSPECTION	970	970		
CURRICULUM	818	818		
APPLICATION FEES	653	653		
ONLINE PAYMENT	615	615		
DUES & PUBLICATIONS	537		537	
BACKGROUND CHECKS	187	187		
ERISA SUPPLIES	135	135		
PARENT CNTR & RECOGNITION	110	110		
SCHOLARSHIP & TEXTBOOKS	108	108		
DIAPERS	91	91		
DENTAL SERVICE FOLLOW UP	83	83		
TOTAL	\$ 674,291	\$ 643,393	\$ 30,898	\$ 0

## Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
CAPITAL AREA COUNCIL OF GOVERNMENTS	\$ 49,475
CITY OF AUSTIN	141,233
OTHER GOVERNMENT GRANTS	685,313
CITY OF SAN MARCOS	17,191
PRIVATE DONATIONS	127,959
OTHER NON-FEDERAL REVENUES	123,860
IN-KIND CONTRIBUTIONS	8,750
GRANTS	89,862
SHARED BILLING	1,280,027
TEXAS DEPARTMENT OF AGRICULTURE	
CASH CONTRIBUTION	407,451
TEXAS WORKFORCE COMMISSION	
CASH CONTRIBUTION	3,752,081
US DEPT OF HEALTH & HUMAN SERVICES	
CASH CONTRIBUTION	7,513,177
UNIVERSITY OF TEXAS HEALTH SCIENCE	
CASH CONTRIBUTION	86,471
WOMEN'S HEALTH & FAMILY PLANNING	
CASH CONTRIBUTION	192,610
TEXAS DEPT OF HOUSING & COMMUNITY	
CASH CONTRIBUTION	1,900,676
TEXAS HEALTH & HUMAN SERVICES	
CASH CONTRIBUTION	2,176,519
BRAZOS VALLEY COUNCIL OF GOVERNMENTS	
CASH CONTRIBUTION	470,018
TOTAL	\$ 19,022,673

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	\$ 178
TOTAL	\$ 178

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
UNIT RATE CONTRACT REVENUE FUNDRAISING	\$ 100,140
TOTAL	\$ 100,140



Form <b>990</b>		<b>Two Year Comparison Report</b>		<b>2022 &amp; 2023</b>	
Name		For calendar year 2023, or tax year beginning		, ending	
<b>COMMUNITY ACTION, INC. OF CENTRAL TEXAS</b>		<b>11/01/23</b>		<b>10/31/24</b>	
				Taxpayer Identification Number	
				<b>74-1541726</b>	
			<b>2022</b>	<b>2023</b>	<b>Differences</b>
Revenue	1. Contributions, gifts, grants .....	1.	214,219	1,647,649	1,433,430
	2. Membership dues and assessments .....	2.			
	3. Government contributions and grants .....	3.	15,605,214	17,375,024	1,769,810
	4. Program service revenue .....	4.	98,432	100,140	1,708
	5. Investment income .....	5.	223	178	-45
	6. Proceeds from tax exempt bonds .....	6.			
	7. Net gain or (loss) from sale of assets other than inventory .....	7.			
	8. Net income or (loss) from fundraising events .....	8.			
	9. Net income or (loss) from gaming .....	9.			
	10. Net gain or (loss) on sales of inventory .....	10.			
	11. Other revenue .....	11.			
	12. <b>Total revenue.</b> Add lines 1 through 11	12.	15,918,088	19,122,991	3,204,903
Expenses	13. Grants and similar amounts paid .....	13.	1,131,212	1,076,165	-55,047
	14. Benefits paid to or for members .....	14.			
	15. Compensation of officers, directors, trustees, etc. ....	15.	198,600	216,002	17,402
	16. Salaries, other compensation, and employee benefits .....	16.	10,677,588	11,635,850	958,262
	17. Professional fundraising fees .....	17.			
	18. Other professional fees .....	18.	1,438,236	1,785,365	347,129
	19. Occupancy, rent, utilities, and maintenance .....	19.	455,144	607,137	151,993
	20. Depreciation and Depletion .....	20.	283,772	180,249	-103,523
	21. Other expenses .....	21.	2,002,730	3,586,940	1,584,210
	22. <b>Total expenses.</b> Add lines 13 through 21	22.	16,187,282	19,087,708	2,900,426
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23.	-269,194	35,283	304,477
Other Information	24. Total exempt revenue .....	24.	15,918,088	19,122,991	3,204,903
	25. Total unrelated revenue .....	25.			
	26. Total excludable revenue .....	26.	98,655	100,318	1,663
	27. Total assets .....	27.	3,919,367	3,824,070	-95,297
	28. Total liabilities .....	28.	3,079,704	2,949,124	-130,580
	29. Retained earnings .....	29.	839,663	874,946	35,283
	30. Number of voting members of governing body .....	30.	12	14	
	31. Number of independent voting members of governing body .....	31.	12	14	
32. Number of employees .....	32.	400	363		
33. Number of volunteers .....	33.	552	365		

Community Action, Inc of Central Texas  
Proposed Agency Budget  
For the Period November 1, 2025 through October 31, 2026

7.1.2

	Budget
REVENUES	
Grants & Contracts	\$ 15,166,589
In-Kind Contributions	1,556,162
Fee for Service Revenue	<u>54,250</u>
TOTAL REVENUES	<u>16,782,001</u>
EXPENDITURES	
Personnel	8,905,360
Fringe Benefits	2,041,496
Travel	94,960
Supplies	449,680
Contractual	1,244,194
Other Operating	<u>4,046,311</u>
TOTAL EXPENDITURES	<u>16,782,001</u>
CHANGE IN NET ASSETS	\$ <u><u>0</u></u>

**Organization Name:** Community Action, Inc. of Central Texas

**Request Title:** Parents as Teachers Home Visiting

**Budget Period: Start** 10/1/2025

**Budget Period: End** 9/30/2027

	Year One	Year Two	Total
	Project Expenses	Project Expenses	Total Project Expenses
Personnel	\$ 289,500	\$ 289,500	\$ 579,000
Benefits and Taxes	\$ 69,831	\$ 69,831	\$ 139,662
Travel/Mileage	\$ 14,150	\$ 14,150	\$ 28,300
Training	\$ 5,000	\$ 5,000	\$ 10,000
Program Costs	\$ 54,850	\$ 54,850	\$ 109,700
Supplies	\$ 15,000	\$ 15,000	\$ 30,000
<b>Total Direct Program Expenses</b>	<b>\$ 448,331</b>	<b>\$ 448,331</b>	<b>\$ 896,662</b>
Indirect Costs (10%)	\$ 44,833	\$ 44,833	\$ 89,666
<b>GRAND TOTAL COSTS</b>	<b>\$ 493,164</b>	<b>\$ 493,164</b>	<b>\$ 986,328</b>

#### Budget Narrative

This two-year request of \$986,328 supports Community Action, Inc. of Central Texas (CAI)'s comprehensive strategy to advance maternal and early childhood health equity across Hays and Caldwell Counties. All elements of the proposal represent a continuation of existing efforts, with the exception of the new Parent Advisory Council (PAC). Cost estimates are grounded in CAI's demonstrated implementation experience of these initiatives.

Parents as Teachers (PAT) services will remain focused in Caldwell County, where CAI is the primary provider.

Coalition and outreach efforts will serve both Hays and Caldwell Counties, building on an established infrastructure of trusted partnerships and systems-level collaboration.

Funding will support the following categories:

- **Personnel:** Salaries and benefits for bilingual Parent Educators, the PAT Coordinator, Family Engagement Specialist, Community Event Specialist, Administrative Assistant and Home Visiting Program Director and Assistant Director.
- **Program Delivery:** Costs related to the PAT curriculum, developmental screening tools (e.g., ASQ-3 online license), and essential family supplies (e.g., diapers, car seats).
- **Community Engagement:** Expenses for Books, Balls & Blocks events, car seat installation clinics, and Lantern bilingual text-messaging service; stipends and training for PAC members; and culturally appropriate outreach strategies to reach underserved families.
- **Systems Integration & Coalition Support:** Staff time and event costs related to SSHC and HMG Central Texas coordination, partner convenings, and cross-agency collaboration.
- **Administrative Infrastructure:** Technology, office supplies, and support systems for data tracking, fidelity monitoring, and service coordination.

## Project Budget – Heart & Heritage: Youth-Led Mental Wellness Through Culture and Community

Project Period: October 2025 – September 2027

Total Funding Request: \$250,000

Budget Category	Year 1	Year 2	Total
Personnel – Youth Program Coordinator (FT)	\$50,000	\$50,000	\$100,000
Fringe Benefits (13% + \$7,600)	\$14,100	\$14,100	\$28,200
Contractual – Licensed Consultant & Trainers	\$10,000	\$10,000	\$20,000
Youth Leader Stipends (15/year @ \$1,000 each)	\$15,000	\$15,000	\$30,000
Pop-Up Event Costs & Materials	\$10,000	\$10,000	\$20,000
Training & Capacity Building	\$5,000	\$5,000	\$10,000
Rent & Utilities	\$2,400	\$2,400	\$4,800
Travel	\$2,000	\$2,000	\$5,000
Evaluation & Data Tracking	\$4,000	\$4,000	\$7,800
<b>Total Direct Cost</b>	<b>\$112,500</b>	<b>\$112,500</b>	<b>\$225,800</b>
Indirect Costs (Administration – 10%)	\$12,500	\$12,500	\$25,000
<b>TOTAL</b>	<b>\$125,000</b>	<b>\$125,000</b>	<b>\$250,000</b>

### Budget Narrative

This budget narrative outlines the allocation of the **\$250,000** funding request for the two-year period from **October 2025 to September 2027**. All budget categories align with the program design, goals, and funder priorities, ensuring efficient use of resources to deliver culturally responsive, youth-led mental health supports in Hays County.

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#### Personnel – Youth Program Coordinator (FT): \$100,000

A full-time coordinator will oversee program planning, youth leader recruitment and training, event coordination, partnership development, and evaluation oversight. This position is critical for implementing culturally responsive, youth-led supports identified in the *Youth and Young Adult Community Needs Assessment 2024* and *Youth Survey 2024*, which found that 27% of youth screened for clinical depression, 27% for anxiety, and over half cited a lack of trust in providers as a barrier to care. The coordinator will ensure fidelity to the youth-led model, build confidence in community spaces, and guide the development of protective factors through intentional programming.

**Fringe Benefits: \$28,200**

Calculated at 13% of salary plus \$7,600 annually, covering health insurance, payroll taxes, retirement contributions, and other mandatory benefits for the Youth Program Coordinator. Contracted staff are not eligible for benefits.

**Contractual – Licensed Consultant & Trainers: \$20,000**

Funds will support licensed mental health professionals and cultural training specialists to design and deliver workshops, training, and curriculum development. Contracted experts will help integrate protective factor strategies—such as fostering cultural pride, increasing peer connection, and building trust—into youth leader training and community events. This directly addresses assessment findings that 56% of youth feel misunderstood by staff and 36% do not know how to access services.

**Youth Leader Stipends: \$30,000**

Between 10–15 youth leaders per year will receive \$1,000 stipends for their roles in co-designing and co-facilitating events. Stipends remove participation barriers for youth experiencing economic hardship (including the 19% reporting food insecurity) and value the expertise of youth leaders as peer role models. Peer-led delivery is key to building social connection and cultural pride, as called for in both the CNA and Youth Survey findings.

**Pop-Up Event Costs & Materials: \$20,000**

Supports supplies, venue rentals, refreshments, outreach materials, and culturally specific arts supplies for 5–10 youth-led pop-up wellness events in Year 1 and 10 events in Year 2. These events meet youth in trusted, familiar settings—addressing low service awareness—and integrate heritage-based activities that strengthen protective factors.

**Training & Capacity Building: \$10,000**

Covers culturally responsive and trauma-informed training for youth leaders, staff, and partners. Includes curriculum on protective factors such as fostering belonging, affirming cultural identity, and building trust in non-clinical mental health supports.

**Rent & Utilities: \$4,800**

Provides a consistent program base for coordination, youth leader meetings, and resource storage—enhancing visibility, trust, and stability. Includes rent, internet, office phone, and cell phone costs to ensure smooth operations and reliable communications.

**Travel: \$4,000**

Covers in-county and regional travel for community outreach, pop-up events, partner meetings, and training—ensuring equitable access across rural and underserved areas.

**Evaluation & Data Tracking: \$8,000**

Funds tools and systems to continue baseline data collection through the Youth Survey, track participation, and administer pre/post measures focused on protective factors, cultural pride, and social connection. This will also be used as an opportunity to provide research opportunities to Texas State University students and faculty

**Indirect Costs – Administration (10%): \$25,000**

Supports agency administrative functions, including finance, HR, IT, insurance, and facility overhead.



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS		7.2
COMMUNITY SERVICES BLOCK GRANT PROPOSED BUDGET		
PY 2026		
Please enter the requested information into the yellow highlighted cells on each page and sign the Summary Page below		
Subrecipient:	Community Action Inc. of Central Texas	
Service Area:	Hays, Caldwell, Blanco	
CSBG Allocation:		\$ 341,788.00

**IMPORTANT!** This "Summary Page" will self-populate as you complete each of the worksheets (B.1 - B.9):

BUDGET CATEGORIES	AMOUNT
B.1 Personnel	\$ 189,055.86
B.2 Fringe Benefits	\$ 55,911.65
B.3 Travel	\$ 280.00
B.4 Equipment	\$ -
B.5 Supplies	\$ 4,941.89
B.6 Contractual	\$ -
B.7 Other/B.8 Client Services	\$ 60,527.00
B.9 Indirect Costs (If subrecipient has an approved Indirect Cost Rate Agreement from cognizant agency, enter detail on B.9).	\$ 31,071.60
TOTAL BUDGET*	\$ 341,788.00

**\*TOTAL BUDGET" must equal the "CSBG Allocation" above.** Diff.: \$ -

Subrecipient Approval	
Keith Herington	
Signature of Preparer	Date
Signature of Approver	Date

# 2024-25 Evaluation of Executive Director

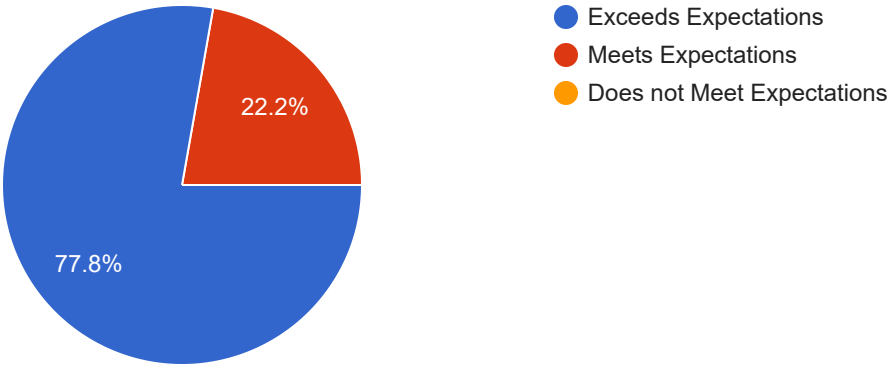
9 responses

[Publish analytics](#)

1. How would you rate the Executive Director's overall performance for the fiscal year 2024-25?

 [Copy](#)

9 responses



2. Please share any comments about your rating.

6 responses

While I have only been a member a short time, I find that I get clear communication and that materials are presented timely and that he is able to explain things to me clearly and distinctly

Well organized, friendly and passionate about his work

Doug has always been open about what is happening within CA and receives opinions and feedback well.

Doug has continuously demonstrated exceptional leadership by advancing CAI organizational objectives, proactive budget management, and promoting a collaborative team environment that produces meaningful program outcomes

The Director does an excellent leader.

Doug has been professional and precise

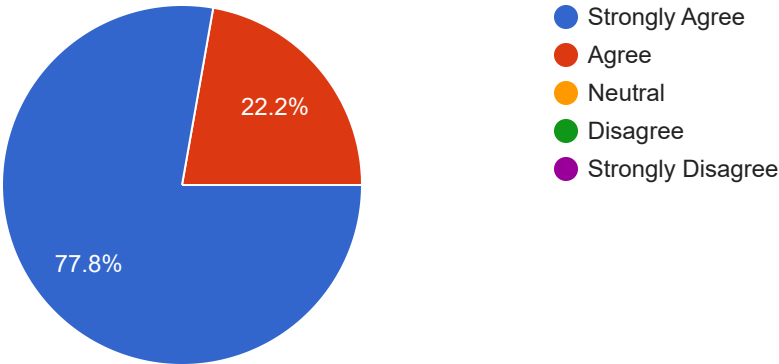
**Leadership**



3. The Executive Director effectively champions Community Action and its mission in the community.

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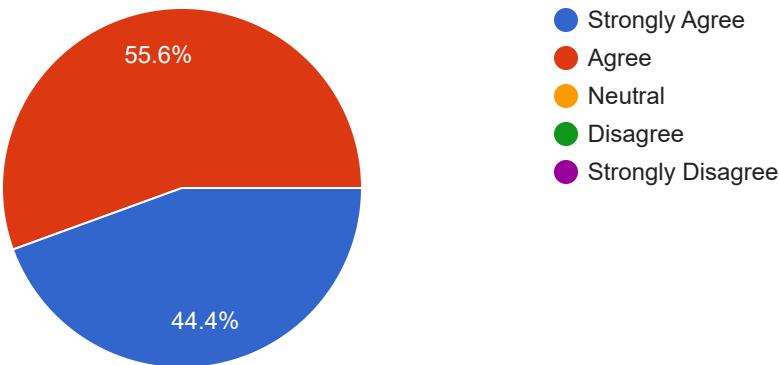
9 responses



4. The Executive Director is an effective decisionmaker.

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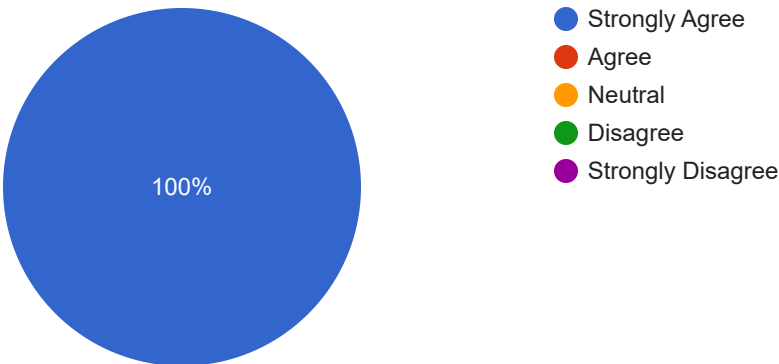
9 responses



5. The Executive Director is a trustworthy and ethical leader.

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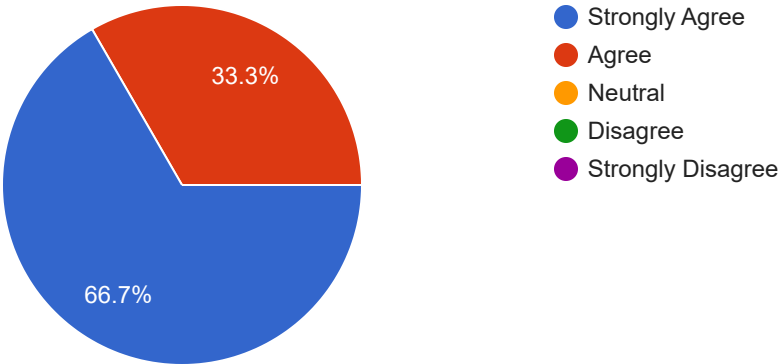
9 responses



6. The Executive Director is effective in securing resources (public, private, grants, and contracts).

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9 responses

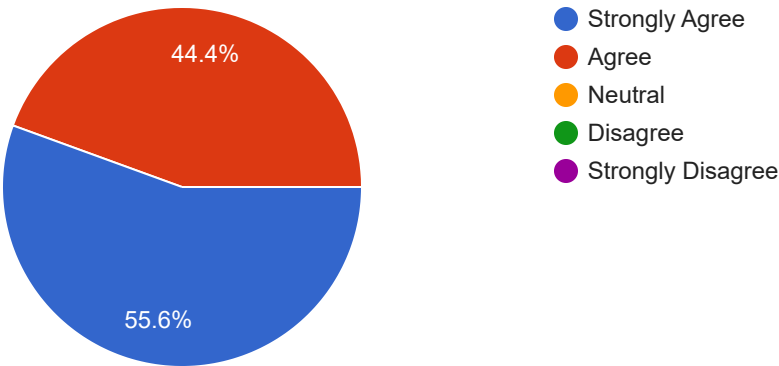


Management

7. The Executive Director provides effective supervision of his team (direction, structure, support, empowerment, accountability, etc).

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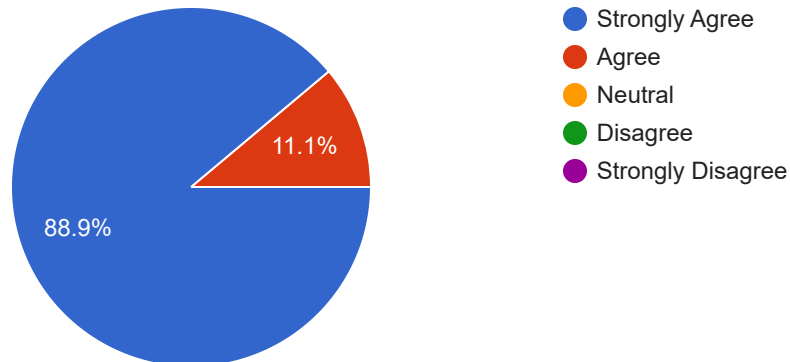
9 responses



8. The Executive Director ensures excellence in personnel practices (hiring, retention, compensation, etc.)



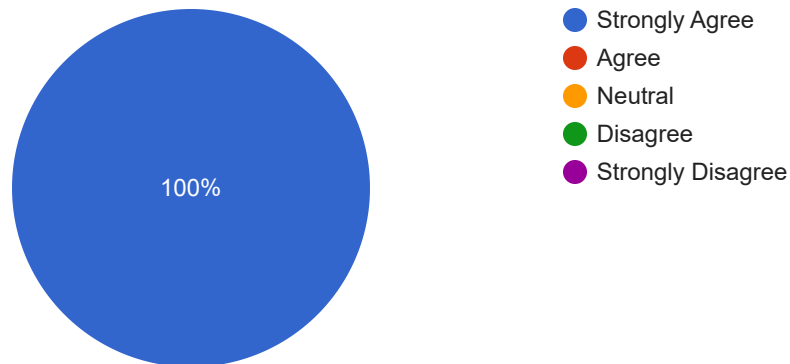
9 responses



9. The Executive Director ensures excellence in fiscal management (balanced budget, legal requirements, etc.)



9 responses



10. Please share any additional comments on the Executive Director's management.

4 responses

He is a firm hand in these unsteady times.

Doug exhibits ethical behavior, integrity, and a strong work ethic that sets a positive example for the entire staff

Fosters trust and positive problem solving in the organization.

Last minute changes in federal funding and rules has created a lot of stress on the Community Action programs. Staff have looked to Doug for leadership and he has responded well.



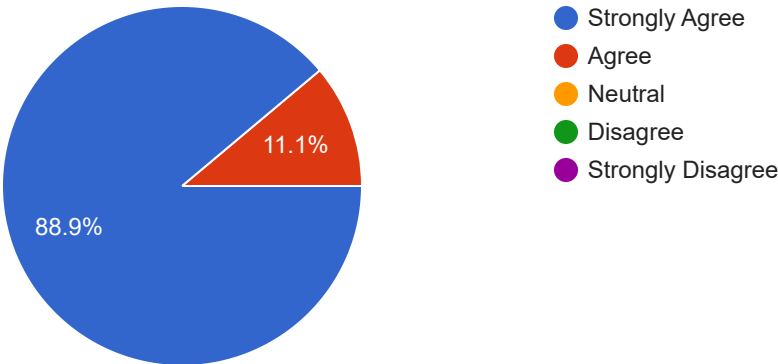


Relationships:

11. The Executive Director has a positive and productive relationship with the Board of Directors.

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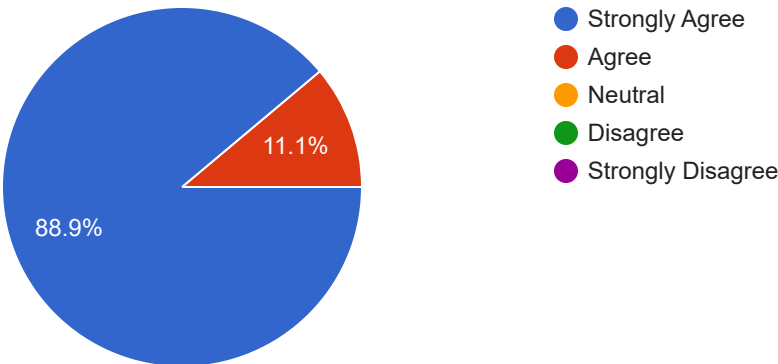
9 responses



12. The Executive Director has a positive and productive relationship with most outside stakeholders (e.g. community groups, public officials, private funders, etc.)

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9 responses



13. Please add any additional comments on the Executive Director's ability to build and maintain relationships.

1 response

Doug's ability to build and maintain relational connectivity with others, I believe, is his strongest quality.

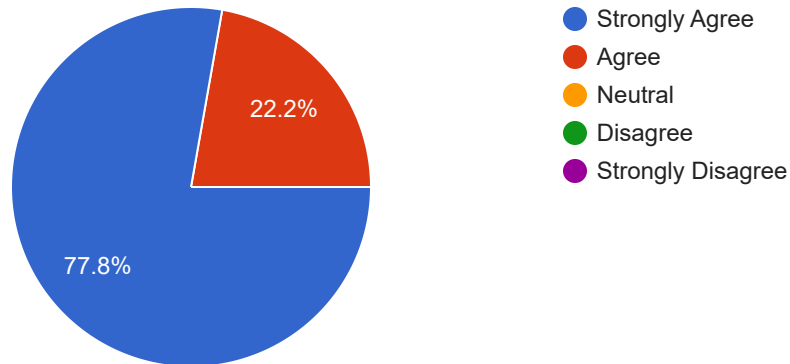
Performance Competency Review



14. **Lifelong Learning:** Seeks innovative opportunities to expand knowledge, skills, and experiences.



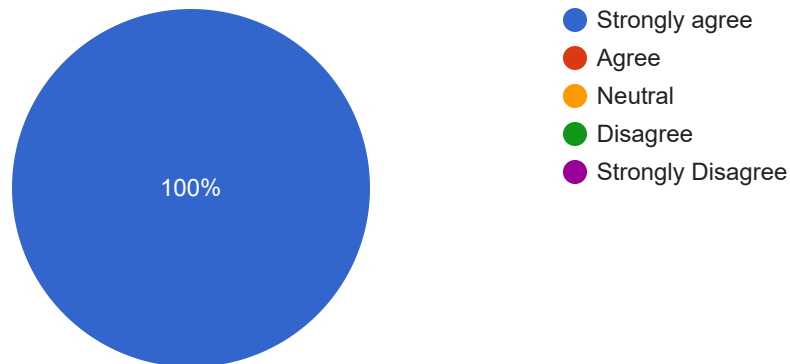
9 responses



15. **Client-focused:** Builds strong client relationships and delivers client-centric solutions



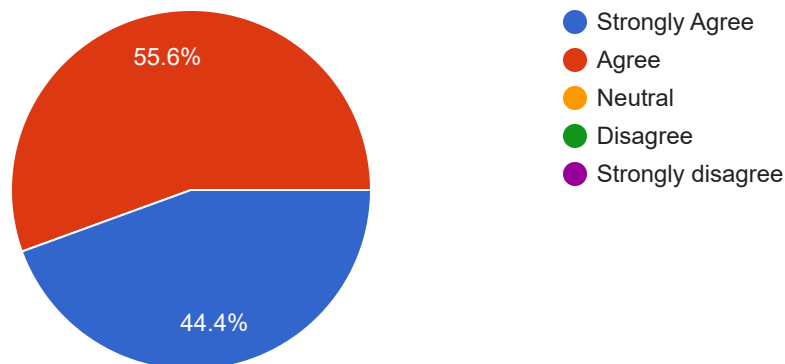
9 responses



16. **Cultivates Innovation:** Creates new and better ways for the organization to be successful.



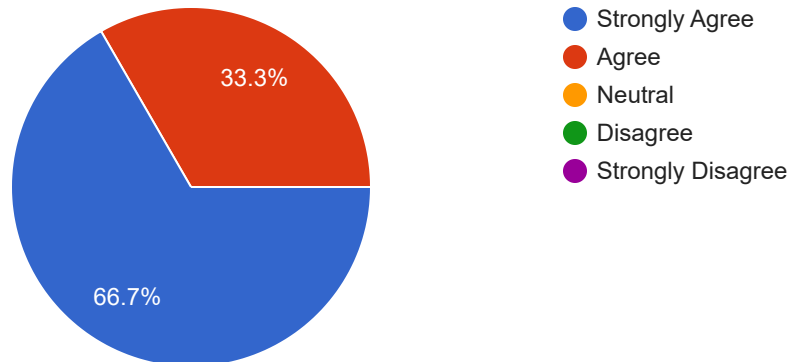
9 responses



17. **Ensures Accountability:** Holds self and others accountable to meet commitments.

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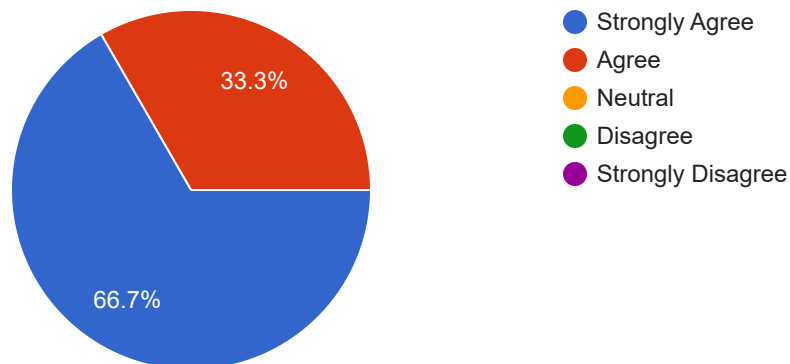
9 responses



18. **Communicates Effectively:** Develops and delivers multi-mode communications that convey a clear understanding of the unique needs of different audiences.

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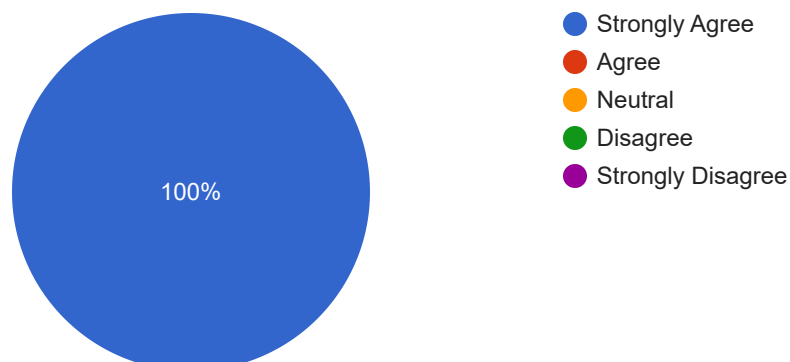
9 responses



19. **Instills Trust:** Gains the confidence and trust of others through honesty, integrity, and authenticity.

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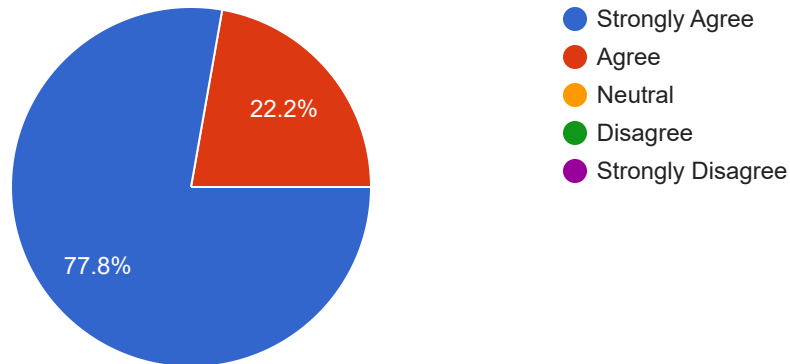
9 responses



20. **Being Resilient:** Rebounds from setbacks and adversity when facing difficult situations.



9 responses



21. What 1-2 things would you like most to see the Executive Director do differently to be more effective?

7 responses

So far I cant really think of anything

Delegate more. Try new strategies for solving organization issues.

n/a

not sure on this

Perhaps a stronger Social Media presence

Explore adding media (including social media) to enhance and broaden visibility and outreach in the community.

With Keith as our longtime accountant, it would be good for Doug to gain more knowledge about the financials. I think it would be good to develop a 3-fold handout in English and Spanish that includes information about the services available through Community Action. It should be made available at the Chamber of Commerce, schools, libraries, and throughout the communities we serve.



22. What 1-2 things does the Executive Director do particularly well that you would like to see him continue to do in his role?

8 responses

N/A

Personable and human. Trustworthy and transparent.

Leads meetings that are efficient and respectful of the Board's time

being open and looking for ways to get the board involved

Provide opportunities for Board members to serve on various Community Action projects

Nurtures community partnerships

Doug models the characteristics that are important for a leader

Doug is a good listener and the staff, board, and public know that they can find him via phone or office if they need to - so continue to be responsive. Continue to develop relationships with non-federal funding sources like St. Davids Foundation, McKenna, United Way.

23. What 1-2 things would you like to see the Executive Director start doing to improve his effectiveness?

6 responses

N/A

see 21

n/a

not sure

Nothing at this time

Develop more networks and relationships outside San Marcos. At meetings provide the board with information about what's coming up before the next meeting or send out emails when an event seems like the board could attend. Ask board members that represent a city or county to get on agenda and present annual report. We want to make sure that the elected officials of the communities we serve know what is provided for their city/county.





24. Please share any additional thoughts about the Executive Director's performance (positive examples or constructive criticism).

2 responses

Commendable efforts in a time of sociopolitical turmoil.

I appreciate the resilience Doug continues to demonstrate in the face of various program challenges, ranging from funding cuts to key staff replacements

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