

**CAPITOL CITY FAMILY HEALTH CENTER, INC.
D/B/A CARE SOUTH**

AUDITED FINANCIAL STATEMENTS

**DECEMBER 31, 2025
(With Summarized Financial
Information for 2024)**

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
DECEMBER 31, 2025
TABLE OF CONTENTS

	EXHIBIT	PAGE(S)
Independent Auditor's Report		1 - 3
Statement of Financial Position	I	4
Statement of Operations and Changes in Net Assets	II	5
Statement of Functional Expenses	III	6
Statement of Cash Flows	IV	7
Notes to the Financial Statements		8 - 19
 SUPPLEMENTARY INFORMATION	 SCHEDULE	
Schedule of Compensation, Benefits, Reimbursements, and Other Payments to Chief Executive Officer	A	21
Schedule of Expenditures of Federal Awards		22
Notes to the Schedule of Expenditures of Federal Awards		23
Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards		24 - 25
Independent Auditor's Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance		26 - 28
Summary Schedule of Prior Audit Findings		29
Schedule of Findings and Questioned Costs		30

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Capitol City Family Health Center, Inc., D/B/A Care South
Baton Rouge, Louisiana

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Capitol City Family Health Center, Inc., D/B/A Care South (a nonprofit organization), which comprise the statement of financial position as of December 31, 2025, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Capitol City Family Health Center, Inc., D/B/A Care South, as of December 31, 2025, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Capitol City Family Health Center, Inc., D/B/A Care South, and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Capitol City Family Health Center, Inc., D/B/A Care South's, ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Capitol City Family Health Center, Inc., D/B/A Care South's, internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Capitol City Family Health Center, Inc., D/B/A Care South's, ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Report on Summarized Comparative Information

We have previously audited Capitol City Family Health Center, Inc., D/B/A Care South's, 2024 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated June 20, 2025. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2024, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated June 15, 2026, on our consideration of Capitol City Family Health Center, Inc., D/B/A Care South's, internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Capitol City Family Health Center, Inc., D/B/A Care South's, internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Capitol City Family Health Center, Inc., D/B/A Care South's, internal control over financial reporting and compliance.

Brown, Egan & Co.
Ridgeland, Mississippi
June 15, 2026

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Statement of Financial Position
For the Year Ended December 31, 2025
(With Summarized Financial Information for 2024)

<u>ASSETS</u>	<u>2025</u>	<u>2024</u>
Current Assets:		
Cash and cash equivalents	\$ 2,737,480	\$ 1,618,253
Investments	12,190,373	11,516,444
Patient care receivables, less allowance of \$(1,594,166) for credit losses	2,639,682	1,599,131
Grants and contracts receivable (Note 14)	449,990	516,852
Goodwill (Note 15)	210,000	210,000
Accounts receivable, other (Note 27)	<u>2,150,000</u>	<u>2,266,623</u>
Total Current Assets	<u>20,377,525</u>	<u>17,727,303</u>
Fixed Assets:		
Land	525,793	525,793
Buildings and Improvements	19,515,848	19,666,467
Construction In Progress	249,373	9,101
Furniture and equipment	4,271,374	4,066,472
Less: Accumulated depreciation	<u>(7,572,345)</u>	<u>(6,426,853)</u>
Net Fixed Assets	<u>16,990,043</u>	<u>17,840,980</u>
OTHER ASSETS		
Deposits	36,622	36,622
Right of use asset - operating lease	<u>1,004,217</u>	<u>1,135,508</u>
Total Other Assets	<u>1,040,839</u>	<u>1,172,130</u>
TOTAL ASSETS	<u>\$ 38,408,407</u>	<u>\$ 36,740,413</u>
<u>LIABILITIES AND NET ASSETS</u>		
Current Liabilities:		
Accounts payable	\$ 6,148,496	\$ 3,483,627
Salaries payable	-	445,447
Payroll taxes payable and accrued	79,436	182,705
Accrued annual leave	372,466	329,733
Contribution payable - current portion	190,000	315,000
Loan payable	946,054	1,599,046
Other liabilities	163,500	236,109
Line of credit payable	1,039,938	1,200,000
Notes payable (current portion) (Note 17)	656,141	615,509
Operating lease liability, current portion	<u>254,445</u>	<u>254,444</u>
Total Current Liabilities:	<u>9,850,476</u>	<u>8,661,620</u>
Long-Term Liabilities		
Notes payable (Note 17)	5,265,861	5,617,438
Operating lease liability	<u>749,772</u>	<u>881,064</u>
Total Long-Term Liabilities	<u>6,015,633</u>	<u>6,498,502</u>
Total Liabilities	<u>15,866,109</u>	<u>15,160,122</u>
Net Assets:		
Without donor restrictions:		
Undesignated (operating)	<u>22,542,298</u>	<u>21,580,291</u>
Total Net Assets	<u>22,542,298</u>	<u>21,580,291</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 38,408,407</u>	<u>\$ 36,740,413</u>

The accompanying notes are an integral part of these financial statements.

EXHIBIT II

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Statement of Operations and Changes in Net Assets
For the Year Ended December 31, 2025
(With Summarized Financial Information for 2024)

	<u>Without Donor Restrictions</u>	
	<u>2025</u>	<u>2024</u>
SUPPORT AND REVENUES		
Support:		
Grants and contracts	\$ <u>7,014,265</u>	\$ <u>7,272,143</u>
Total Support	<u>7,014,265</u>	<u>7,272,143</u>
Revenue:		
Health care services, net of charity, bad debts and contractual adjustments of \$6,146,819	14,952,694	13,465,965
340B income (net of expenses of \$5,317,597)	16,312,749	11,004,720
Net unrealized gains on investments	23,107	118,909
Interest income	31,834	182,116
Other income	<u>628,668</u>	<u>880,039</u>
Total Revenue	<u>31,949,052</u>	<u>25,651,749</u>
TOTAL SUPPORT AND REVENUES	<u>38,963,317</u>	<u>32,923,892</u>
EXPENSES		
Program Services		
Health care services	25,465,264	22,264,808
Community services	<u>1,025,439</u>	<u>940,423</u>
Total Program Services	<u>26,490,703</u>	<u>23,205,231</u>
Supporting Services		
Management and general	11,439,728	11,781,523
Realized losses on sale of assets	<u>70,879</u>	<u>-</u>
Total Supporting Services	<u>11,510,607</u>	<u>11,781,523</u>
TOTAL EXPENSES AND LOSSES	<u>38,001,310</u>	<u>34,986,754</u>
Change in Net Assets	962,007	(2,062,862)
Net Assets, Beginning of Year	<u>21,580,291</u>	<u>23,643,153</u>
NET ASSETS, END OF YEAR	<u>\$22,542,298</u>	<u>\$21,580,291</u>

The accompanying notes are an integral part of these financial statements.

EXHIBIT III

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Statement of Functional Expenses
For the Year Ended December 31, 2025
(With Summarized Financial Information for 2024)

	Health Care Services	Community Services	Total Program Services	Management and General	2025 Total Expenses	2024 Total Expenses
Personnel	\$ 7,713,087	631,993	8,345,080	4,957,591	\$ 13,302,671	\$ 13,449,225
Fringe benefits	1,817,984	184,805	2,002,789	1,637,456	3,640,245	3,725,849
Travel	33,784	319	34,103	84,262	118,365	146,209
Supplies	785,307	24,895	810,202	397,738	1,207,940	690,624
Equipment rental	89,664	9,223	98,887	93,052	191,939	164,636
Contractual	11,419,206	6,259	11,425,465	823,698	12,249,163	10,669,410
Equipment expense	70,610	-	70,610	18,607	89,217	224,816
Legal and accounting	-	-	-	161,215	161,215	163,646
Dues and subscriptions	39,403	-	39,403	227,614	267,017	345,584
Utilities	202,081	13,176	215,257	36,236	251,493	198,626
Printing	3,487	3,424	6,911	8,136	15,047	5,505
Repairs and maintenance	144,383	18,839	163,222	196,987	360,209	235,857
Property taxes	369,370	-	369,370	9,741	379,111	142
Insurance	91,064	18,228	109,292	118,122	227,414	179,948
Staff recruitment	8,303	-	8,303	192,242	200,545	320,070
Advertisement	54,087	-	54,087	640,653	694,740	654,822
Security	57,696	36,112	93,808	256,618	350,426	288,989
Continuing education	166,087	-	166,087	48,443	214,530	198,102
Communications	250,487	12,361	262,848	141,244	404,092	395,900
Licenses and fees	83,261	897	84,158	93,182	177,340	114,162
Janitorial	21,500	-	21,500	63,316	84,816	(671)
Space cost	433,404	32,072	465,476	38,939	504,415	322,859
Interest	14,728	12,198	26,926	662,866	689,792	260,101
Bank charges	67,591	-	67,591	63,398	130,989	102,725
Contributions	-	-	-	190,828	190,828	491,015
Moving expenses	-	-	-	-	-	535
Transportation expenses	327,609	-	327,609	-	327,609	262,861
Board expenses	-	-	-	11,800	11,800	33,627
Disposal services	48,000	3,750	51,750	9,604	61,354	60,476
Other	58,624	2,005	60,629	177,868	238,497	468,972
Total expenses before depreciation	24,370,807	1,010,556	25,381,363	11,361,456	36,742,819	34,174,622
Depreciation	1,094,457	14,883	1,109,340	78,272	1,187,612	812,132
Total Expenses	\$ 25,465,264	1,025,439	26,490,703	11,439,728	\$ 37,930,431	\$ 34,986,754

The accompanying notes are an integral part of these financial statements.

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Statement of Cash Flows
For the Year Ended December 31, 2025
(With Summarized Financial Information for 2024)

CASH FLOWS PROVIDED BY (USED IN) OPERATING ACTIVITIES:

	2025	2024
Changes in Net Assets	\$ 962,007	\$ (2,062,862)
Adjustments to reconcile changes in assets to net cash provided by (used in) operating activities:		
Depreciation expense	1,187,612	812,132
Unrealized gain on investments	-	(118,675)
Loss on sale of fixed assets	70,879	-
Removal of accumulated depreciation	(42,121)	-
Decrease (increase) in:		
Patient care receivables	(1,040,550)	(96,562)
Grants and contracts receivable	66,862	(256,165)
Deposits	-	(9,476)
Increase (decrease) in:		
Accounts payable	2,664,877	1,306,377
Accrued salaries payable	(445,447)	261,039
Payroll taxes payable	(34,077)	96
Contribution payable	(125,000)	(190,000)
Retirement payable	-	-
Other liabilities	(141,816)	245,886
Accrued annual leave	42,733	24,837
NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES	<u>3,165,959</u>	<u>(83,373)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of investments	(673,929)	(11,124,629)
Maturity of investments	-	1,425,000
Proceeds from sale of fixed assets	60,421	-
Acquisition of fixed assets	<u>(294,556)</u>	<u>(388,442)</u>
NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES	<u>(908,064)</u>	<u>(10,088,071)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from notes payable	-	7,671,685
Payments on collateral split interest obligation	116,623	(88,042)
Repayments of line of credit	(160,062)	-
Principal payments on notes payable & right of use liability	<u>(1,095,229)</u>	<u>-</u>
NET CASH PROVIDED BY (USED IN) FINANCING ACTIVITIES	<u>(1,138,668)</u>	<u>7,583,643</u>
NET increase (DECREASE) IN CASH	1,119,227	(2,587,801)
Cash and cash equivalents, BEGINNING OF YEAR	<u>1,618,253</u>	<u>4,206,054</u>
Cash and cash equivalents END OF YEAR	<u>\$ 2,737,480</u>	<u>\$ 1,618,253</u>
<u>Supplemental Disclosure of Cash Flow Information:</u>		
Cash paid during the year for:		
Interest	<u>\$ 689,792</u>	<u>\$ 260,101</u>

The accompanying notes are an integral part of these financial statements.

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Notes to the Financial Statements
For the Year Ended December 31, 2025

NOTE 1 - ABOUT THE ORGANIZATION

Capitol City Family Health Center, Inc., D/B/A Care South, a non-profit corporation, was incorporated in the State of Louisiana as of December 8, 1997. The primary purpose of the Corporation is to deliver primary health services to individuals and families.

The fiscal year of Capitol City Family Health Center, Inc., D/B/A Care South, is January 1 to December 31.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- A. Basis of Accounting - The financial statements of Capitol City Family Health Center, Inc., D/B/A Care South, are presented on the accrual basis of accounting.
- B. Basis of Presentation - The Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets with donor restrictions and net assets without donor restrictions. In addition the Organization is required to present a statement of functional expenses.
- C. Cash and Cash Equivalents - For purposes of the statement of cash flows, cash equivalents include time deposits, certificates of deposit, and all highly liquid debt instruments with original maturities of three months or less that are not restricted for specific purposes.
- D. Donated Property and Equipment - Donations of property and equipment are recorded as support at their estimated fair value at the date of donation. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support. Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Organization reclassifies net assets with donor restrictions to net assets without donor restrictions at that time. There is no donated property or equipment.
- E. Donated Services - Donated services are recognized as contributions in accordance with FASB Accounting Standards Codification 958, Accounting for Contributions Received and Contributions Made, if the services (a) create or enhance nonfinancial assets or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Center. The Organization has not recognized donated services as there is no means to objectively value such services.
- F. Functional Allocation of Expenses - The cost of program and supporting services activities have been summarized on a functional basis in the statement of operations. The statements of functional expenses present the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Notes to the Financial Statements
For the Year Ended December 31, 2025

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

G. Fund Accounting - The accounts of the Organization are maintained in accordance with the principles of fund accounting. Under fund accounting, resources for various purposes are classified for accounting and reporting purposes into funds established according to their nature and purpose. Separate accounts are maintained for each fund; however, in the accompanying financial statements, funds that have similar characteristics have been combined into fund groups.

H. Property and Equipment - Property and equipment are carried at cost or, if donated, at the approximate fair value at the date of donation. Acquisitions in excess of \$10,000 are capitalized. Property, furniture, equipment, and buildings are depreciated over their useful lives ranging from 5 to 40 years.

The Federal Government has a reversionary interest in property purchased with federal funds. Its disposition, as well as any disposition proceeds is subject to federal regulations. The use of assets purchased with federal funds is limited to the purposes intended by the funding source.

I. Restricted and Unrestricted Revenue and Support - Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the Statement of Operations as net assets released from restrictions. Federal grant awards are classified as refundable advances until expended for the purposes of the grants since they are conditional promises to give.

J. Employees' Annual Leave - Care South, Inc., charges annual leave earned by employees which has not been used by them at the end of a period to the period that the leave is earned.

K. Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

L. Net Patient Service Revenues and Provision for Bad Debt - Net patient service revenue is reported at the estimated net realized amounts from patients, third-party payors, and others for services rendered, including estimated retroactive and prospective adjustments under reimbursements agreements with third-party payors. Third-party payors retain the right to review and propose adjustments to amounts reported by Organization. Such adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Notes to the Financial Statements
For the Year Ended December 31, 2025

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The Organization grants credit without collateral to patients, most of whom are local residents and are insured under third-party payor agreements. Additions to the allowance for credit losses are made by means of the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance. The amount of the provision for bad debt is based upon management's assessment of historical expected net collections, business and economic conditions, trends in Federal and state governmental health care coverage, and other collection indicators. Services rendered to individuals when payment is expected and ultimately not received are written off to the allowance for doubtful accounts.

- M. Reclassifications - Certain amounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.
- N. Allowance for Credit Losses - The Organization provides an allowance for credit losses based upon a review of outstanding patient receivables, historical collection information and existing economic conditions. Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluation and specific circumstances of the account.
- O. Classification of Net Assets - Net Assets of Capitol City Family Health Center, Inc., D/B/A Care South, are classified based on the presence or absence of donor-imposed restrictions. Net Assets are comprised of two groups as follows:
- a) Net Assets Without Donor Restrictions - Amounts that are not subject to usage restrictions based on donor-imposed requirements. This class also includes assets previously restricted where restrictions have expired or been met.
 - b) Net Assets With Donor Restrictions - Assets subject to usage limitations based on donor-imposed or grantor restrictions. These restrictions may be temporary or may be based on a particular use. Restrictions may be met by the passage of time or by actions of the organization. Certain restrictions may need to be maintained in perpetuity.

NOTE 3 - FINANCIAL INSTRUMENTS

The following methods and assumptions were used by the Center in estimating its fair value disclosures for financial instruments:

Cash and cash equivalents: the carrying amounts reported in the statement of financial position approximate fair values because of the short maturities of those instruments.

The estimated fair values of the Organization's financial instruments, none of which are held for trading purposes, are as follows:

Financial assets:	Carrying Amount	Fair Value
Cash and cash equivalents	\$ 2,737,480	\$ 2,737,480
Financial liabilities:	Carrying Amount	Fair Value
Notes payable - Long Term	\$ 5,922,002	\$ 5,922,002
Loans payable - Short Term	946,054	946,054
Line of credit payable	1,039,938	1,039,938

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Notes to the Financial Statements
For the Year Ended December 31, 2025

NOTE 4 - CONCENTRATIONS OF CREDIT RISK ARISING FROM DEPOSITS IN EXCESS OF INSURED LIMITS

The Organization maintains its cash balances in four (4) financial institutions located in Louisiana. The balances are insured by the Federal Deposit Insurance Corporation up to \$250,000. At December 31, 2025, the Organization had an uninsured cash balance of \$503,343.

NOTE 5 - FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received to sell an asset in the principal or most advantageous market for the asset in an orderly transaction between market participants on the measurement date. Fair value should be based on the assumptions market participants would use when pricing an asset. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Center uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the foundation measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

The following is a summary of investments at December 31, 2025:

<u>Description</u>	<u>Type</u>	
Brokerage investments	Level 1	\$ 216,156
Investment in Mid City Medical Corridor	Level 2	200,000
Investment in Lotus Village	Level 3	11,774,217
TOTAL		<u>\$ 12,190,373</u>

NOTE 6 - LIQUIDITY AND AVAILABILITY

The Organization strives to maintain liquid financial assets sufficient to cover 90 days of general expenditures. Financial assets in excess of daily cash requirements are invested in money market funds.

The following table reflects the Organization's financial assets as of December 31, 2025, reduced by amounts that are not available to meet general expenditures within one year of the statement of financial position date because of internal board designations. In the event the need arises to utilize the board-designated funds for liquidity purposes, the reserves could be drawn upon through board resolution. Amounts not available to meet general expenditures within one year also may include net assets with donor restrictions. There were no net assets with donor restrictions at December 31, 2025.

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Notes to the Financial Statements
For the Year Ended December 31, 2025

NOTE 6 - LIQUIDITY AND AVAILABILITY (Continued)

Financial assets available for general expenditures, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following:

	2025
Cash and cash equivalents	\$ 2,737,480
Patient receivables, net	2,639,682
Investments	12,190,373
Grants Receivable	449,990
Other Receivable	<u>2,150,000</u>
Total financial assets	<u>20,167,525</u>
Investments with liquidity horizons greater than one year	(12,190,373)
Other receivable	<u>(2,150,000)</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 5,827,152</u>

NOTE 7 - RELATED PARTY TRANSACTION - INVESTMENT IN LOTUS VILLAGE

Lotus Village is a three story, 35,000 square feet medical facility constructed in collaboration with the East Baton Rouge Parish Council on Aging. This facility will cater to the elderly population and offer health and behavioral health services starting the fall of 2026. The organization's investment in Lotus Village consisted of the transfer of assets valued at \$11,774,217 for the construction of the Lotus Village project. This facility will be owned and operated by Care South Cares Foundation, a related entity. Upon completion, Care South, Inc. will lease space at Lotus Village. All healthcare related and behavioral services at the facility will be provided exclusively by Care South, Inc.

NOTE 8 - PATIENT CARE RECEIVABLES AND RELATED ALLOWANCE FOR CREDIT LOSSES

Patient accounts receivable, prior to adjustment for the allowance for credit losses, is summarized as follows at December 31, 2025:

<u>Accounts receivable:</u>	<u>Amount</u>
Patients	\$ 804,431
Government	1,947,570
Other	<u>1,481,847</u>
	<u>\$ 4,233,848</u>

Allowance for credit losses is summarized as follows at December 31, 2025

<u>Allowance :</u>	<u>Amount</u>
Patients	\$ 206,928
All Other	<u>1,387,238</u>
	<u>\$ 1,594,166</u>

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Notes to the Financial Statements
For the Year Ended December 31, 2025

NOTE 9 - PATIENT SERVICE REVENUE

A summary of patient service revenue, net of contractual adjustments and discounts, is as follows at December 31, 2025:

<u>Patient Service Revenue</u>	<u>Amount</u>
Patient Service Revenue	\$ 21,099,514
Less: Contractual adjustment under third-party reimbursement program and discounts	(4,489,034)
Provision for bad debts	(1,657,786)
Net Patient Service Revenue	<u>\$ 14,952,694</u>

NOTE 10 - FIXED ASSETS

The following is a summary schedule of fixed assets and related accumulated depreciation at December 31, 2025:

<u>Assets</u>	
Land	\$ 525,793
Building and Improvements	19,515,848
Construction In Progress	249,373
Furniture and Equipment	<u>4,271,374</u>
Total Property and Equipment	24,562,388
Less: Accumulated Depreciation	<u>(7,572,345)</u>
Net Property and Equipment	<u>\$ 16,990,043</u>

Depreciation expense was \$1,187,612 for the year ended December 31, 2025.

NOTE 11 - CORPORATE INCOME TAXES

The Organization is exempt from corporate Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and from state income taxes. Therefore, no provision has been made for Federal or state corporate income taxes in the accompanying financial statements.

The Organization has analyzed its tax positions taken for filings with the Internal Revenue Service. It believes that its tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in a material adverse effect on its financial condition, results of operations, or cash flows. The Organization's federal and state income tax returns for 2022, 2023, and 2024 are subject to examination by the federal, state, and local taxing authorities, generally for three years after they are filed.

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Notes to the Financial Statements
For the Year Ended December 31, 2025

NOTE 12 - RETIREMENT PLAN

The Organization has a 401k plan for all eligible employees. To be eligible, an employee must be employed with the Corporation for at least one year and must be at least eighteen years of age. For the year ended December 31, 2025, the plan was properly funded. Retirement expense recognized was \$476,613 for the year ended December 31, 2025.

NOTE 13 - ANNUAL LEAVE

The cost of employee's unused annual leave at December 31, 2025, in the amount of \$372,466 is included in the financial statements. See Note 2.J. above.

NOTE 14 - SUMMARY OF FUNDING AND SUPPORT

Capitol City Family Health Center, Inc., D/B/A Care South's, operations are funded primarily through restricted grants from the U. S. Department of Health and Human Services. Other grants and contracts are received from state and local government agencies. The grants and contracts for the current period are shown below.

Source	Grant Number	Period	Amount
U.S. Dept. of HHS (Health Center Cluster)	H80CS00504	1/1/2025-12/31/2025	\$ 3,073,731
U.S. Dept. of HHS (QIF Prison Program)	H8LCS51015	1/1/2025-12/31/2025	303,397
U.S. Dept. of HHS (School Based Services Sites)	H2ECS50127	1/1/2025-12/31/2025	182,934
U.S. Dept. of HHS (Ryan White Title III Early Intervention)	H76HA00817	1/1/2025-12/31/2025	393,773
U.S. Dept. of HHS (Ryan White Title III Early Intervention)		1/1/2025-12/31/2025	211,124
Other Grants	N/A	1/1/2025-12/31/2025	2,023
Blue Cross Blue Shield Foundation	N/A	1/1/2025-12/31/2025	20,000
State of Louisiana Dept of Public Health - HIV Health Models Grant	N/A	1/1/2025-12/31/2025	225,007
City of Baton Rouge (Minority Aids Initiative)	N/A	1/1/2025-12/31/2025	94,563
Ryan White Part A HIV Emergency Relief Grant	N/A	1/1/2025-12/31/2025	699,673
State of Louisiana - CEA Funds	N/A	1/1/2025-12/31/2025	750,000
Louisiana State Department of Health (WIC Grant)	654775	1/1/2025-12/31/2025	1,058,040
TOTALS			<u>\$ 7,014,265</u>

NOTE 15 - GRANTS AND CONTRACTS RECEIVABLE

Grants and contracts receivable at December 31, 2025 are due from the following:

Receivable From	Amount
State of Louisiana Department of Health (WIC Program)	\$ 174,420
City of Baton Rouge (Ryan White Part A)	128,432
State of Louisiana Dept of Public Health (HIV Health Model Grant)	52,810
City of Baton Rouge (End of HIV Epidemic Grant)	43,201
City of Baton Rouge (Minority Aids Initiative)	51,127
	<u>\$ 449,990</u>

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Notes to the Financial Statements
For the Year Ended December 31, 2025

NOTE 16 - GOODWILL

In March 2017, Capitol City Family Health Center, Inc., D/B/A Care South, acquired assets of a Behavioral Health practice in which \$210,000 was goodwill. The Organization has adopted ASC 350 "Goodwill and Other Intangible Assets." That statement requires the Organization to evaluate the goodwill on an annual basis for potential impairment.

NOTE 17 - NOTES PAYABLE

SHORT-TERM

Notes payable: short-term consist of the following at December 31, 2025:

Note payable to Guaranty Bank; interest stated at 7.70%; matures March 2026; secured by real estate	\$ 388,702
Note payable to Huey & Wilson Foundation; interest stated at 5.5%; interest only payments due in quarterly installments; matures February 2026	<u>557,351</u>
TOTALS	<u>\$ 946,053</u>

LONG-TERM

Notes payable: long-term consist of the following at December 31, 2025:

Note payable to Investar Bank; interest stated at 5.3%; due in monthly installments of \$65,630 which includes principal and interest; matures July 2, 2031; secured by real estate	\$ 4,267,024
Note payable to Currency Bank; interest stated at 3.5%; due in monthly installments of \$12,190 which includes principal and interest; matures October 30, 2029; secured by real estate	920,073
Note payable to Capital One Bank; interest stated at 5.25%; due in monthly installments of \$5,097 which includes principal and interest; matures November 14, 2028; secured by real estate	387,817
Note payable to Southeast Louisiana AHEC; interest stated at 4.25%; due in monthly installments of \$2,107 which includes principal and interest; matures August 1, 2027; secured by real estate	137,544
Note payable to Southeast Louisiana AHEC; interest stated at 4.75%; due in monthly installments of \$2,792 which includes principal and interest; matures October 1, 2027; secured by real estate	<u>209,544</u>
TOTALS	5,922,002
Less: current portion	<u>(656,141)</u>
Total	<u>\$ 5,265,861</u>

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Notes to the Financial Statements
For the Year Ended December 31, 2025

NOTE 17 - NOTES PAYABLE (Continued)

Maturities of long-term debt are as follows:

	Principal	Interest	TOTAL
2026	\$ 656,141	\$ 394,086	\$ 1,050,227
2027	985,332	339,130	1,324,462
2028	1,016,250	268,133	1,284,383
2029	1,332,940	176,094	1,509,034
<u>2030</u>	<u>1,931,339</u>	<u>110,294</u>	<u>2,041,633</u>
Totals	<u>\$5,922,002</u>	<u>\$1,287,737</u>	<u>\$ 7,209,739</u>

NOTE 18 - LINE OF CREDIT

Capitol City Family Health Center, Inc., D/B/A Care South, has in place a line of credit agreement with Currency Bank for \$1,200,000. The line of credit has a rate of 9.50%. As of December 31, 2025, there is a \$1,039,938 balance outstanding on the line of credit.

NOTE 19 - LITIGATION

Capitol City Family Health Center, Inc., D/B/A Care South, maintains general liability, property, managed care professional liability, directors and officers and other insurance coverage in amounts management considers to be adequate. The Organization requires contracting healthcare providers to maintain malpractice insurance coverage in amounts customary in the industry.

In the ordinary course of its business, Capitol City Family Health Center, Inc., D/B/A Care South, is a party to claims and legal actions by enrollees, providers, and others. After consulting with legal counsel, the Organization is of the opinion that any liability that may ultimately be incurred as a result of these claims, legal actions, audits or investigations will not have a material adverse effect on the financial position or results of operations of Capitol City Family Health Center, Inc., D/B/A Care South.

NOTE 20 - ADVERTISING

Capitol City Family Health Center, Inc., D/B/A Care South, uses advertising to promote its programs among the communities it serves. The production costs of advertising are expensed as incurred. During the year ending December 31, 2025, advertising cost totaled \$692,610.

NOTE 21 - CONCENTRATION OF CONTRIBUTIONS OR GRANTS

Approximately 13% of the Organization's funding is provided by direct and indirect grants from the U. S. Department of Health and Human Services.

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Notes to the Financial Statements
For the Year Ended December 31, 2025

NOTE 22 - GRANT BALANCES AND GRANT CONDITIONS

The Organization has responsibility for expending grant funds in accordance with specified instructions from its funding sources. Any deficits resulting from over expenditures and/or questioned costs are the responsibility of the Organization.

Any unexpended grant funds at the end of the grant period may be refundable or carried over to the following period at the discretion of the funding sources.

Notwithstanding the audit by independent certified public accountants, all costs included in this report remain subject to audit by the agencies providing financial support within the limits of the Uniform Guidance. The determination as to whether costs will be allowable or unallowable under the grants will be made by representatives of the funding sources having authority to make and enforce contracts.

NOTE 23 - COMPARATIVE FINANCIAL STATEMENT INFORMATION

The financial statements include certain prior-year summarized information in total but not by net asset class. Prior-year information is not provided for the notes to the financial statements. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended December 31, 2024, from which the summarized information was derived.

NOTE 24 - COMMITMENTS

During 2020, the Organization entered into a 5 year contribution agreement with Southern University in Baton Rouge. The funds will be used by Southern University to fund the Care South/SU Employee Wellness Clinic, the SU College of Nursing and Allied Health Scholarship Fund, SU Athletics, the SU Human Jukebox and the Valdry Center for Philanthropy. The total commitment was \$1,413,000. \$125,000 was paid for the year ended December 31, 2025, with the remainder of \$190,000 payable over the next year as follows:

2026		190,000
	TOTALS	<u>\$ 190,000</u>

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Notes to the Financial Statements
For the Year Ended December 31, 2025

NOTE 25 - LEASES

The clinic leases facilities under a long-term non-cancelable operating lease arrangement. The lease expires in 2034. An operating lease provides for increases in future minimum annual rental payments. Operating leases with a term of 12 months or less are not recorded on the statement of financial position.

Total right-of-use assets and lease liabilities at December 31, 2025, are as follows:

Lease Assets - Classification in Statement of Financial Position

Operating lease right-of-use	\$ 1,004,217
Total leased right-of-use assets	<u>\$ 1,004,217</u>

Lease Liabilities - Classification in Statement of Financial Position

Operating lease liability; current portion	\$ 274,808
Operating lease liability; long-term	<u>729,409</u>
Total leased liabilities	<u>\$ 1,004,217</u>

Future minimum lease payments required under operating leases that have an initial or remaining non-cancelable lease term in excess of one year are as follows:

<u>Years Ending December 31,</u>	<u>Operating Amount</u>
2026	\$ 274,808
2027	221,108
2028	113,708
2029	113,708
2030	113,708
Thereafter	<u>568,540</u>
Total lease payments	1,405,580
Less imputed 8% interest	<u>(401,363)</u>
Present value of liability	<u>\$ 1,004,217</u>

NOTE 26 - COLLATERAL SPLIT DOLLAR LIFE INSURANCE AGREEMENTS

During 2023, the organization entered into an agreement and granted a loan to fund life insurance premium payments for the chief executive officer. The loan was recorded based on the collateral assignment method whereby the chief executive officer owns the life insurance policy and assigns the policy collateral back to the organization with an executed promissory note. All of the life insurance policy premiums are paid out of proceeds from the loan. The note receivable and accrued interest of approximately \$2,150,000 is included in other assets in the statement of financial position as of December 31, 2025.

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Notes to the Financial Statements
For the Year Ended December 31, 2025

NOTE 27 - SUBSEQUENT EVENTS

Events that occur after the Statement of Financial Position date but before the financial statements are available to be issued must be evaluated for recognition or disclosure. The effects of subsequent events that provide evidence about conditions that existed at the Statement of Financial Position date are recognized in the accompanying financial statements. Subsequent events which provide evidence about conditions that existed after the Statement of Financial Position date require disclosure in the accompanying notes. Management of Capitol City Family Health Center, Inc., D/B/A Care South, evaluated the activity of the Center through June 15, 2026.

SUPPLEMENTARY INFORMATION

SCHEDULE A

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Schedule of Compensation, Benefits, Reimbursements, and Other Payments to Chief Executive Officer
For the Year Ended December 31, 2025

Louisiana Revised Statute (R.S.) 24:513(A)(3) as amended by Act 706 of the 2014 Regular Legislative Session requires that the total compensation, reimbursements, and benefits of an agency head or political subdivision head or chief executive officer related to the position, including but not limited to travel, housing, unvouchered expense, per diem, and registration fees to be reported as a supplemental report within the financial statement of local government and quasi-public auditees. In 2015, Act 462 of the 2015 Regular Session of the Louisiana Legislature further amended R.S. 24:513(A)(3) to clarify that nongovernmental entities or not-for-profit entities that received public funds shall report only the use of public funds for the expenditures itemized in the supplemental report.

No compensation paid from public funds

Agency Head: Matthew Valliere

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Schedule of Expenditures of Federal Awards
For the Year Ended December 31, 2025

Federal Grant/ Pass-Through Grantor Program Title	Assistance Listing Number	Pass-Through Grant Number	Federal Expenditures
<u>U.S. Department of Health and Human Services</u>			
<u>Health Resource & Service Administration</u>			
<u>Bureau of Primary Health Care</u>			
Direct Grants:			
Health Centers Cluster			
Consolidated Health Centers	93.224	H80CS00504	\$ 3,073,731
Consolidated Health Centers - School Based Program	93.224	H2ECS50127	182,934
Consolidated Health Centers - QIF Prison Program	93.224	H8LCS51015	303,397
Total Health Centers Cluster			<u>3,560,062</u>
Ryan White Part C Outpatient EIS Program	93.918	H76HA00817	393,773
Ryan White Capacity Development	93.918	P06HA53492	2,000
Total Ryan White Part C Outpatient EIS Program			<u>395,773</u>
<u>Pass Through City of Baton Rouge, Louisiana</u>			
Ryan White Part A HIV Emergency Relief Grant	93.914	N/A	<u>699,673</u>
<u>Pass Through State of Louisiana Office of Public Health</u>			
HIV Health Models Grant	93.940	9711938001	<u>225,007</u>
TOTAL U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			<u>4,880,515</u>
<u>U. S. Department of Agriculture</u>			
<u>Pass Through Louisiana State Dept. of Health and Hospitals</u>			
Special Supplement Food Program for Women, Infants and Children	10.557	718943	<u>1,058,040</u>
TOTAL FEDERAL AWARDS			<u>\$ 5,938,555</u>

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Notes to the Schedule of Expenditures of Federal Awards
For the Year Ended December 31, 2025

BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards (the "Schedule") includes the federal award activity of Capitol City Family Health Center, Inc., D/B/A Care South, under programs of the federal government for the year ended December 31, 2025. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Capitol City Family Health Center, Inc., D/B/A Care South, it is not intended to and does not present the financial position, changes in net assets, or cash flows of Capitol City Family Health Center, Inc., D/B/A Care South.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

INDIRECT COST RATE

Capitol City Family Health Center, Inc., D/B/A Care South, does not use an indirect cost rate and therefore has elected not to use the 15-percent *de minimis* indirect cost rate allowed under the Uniform Guidance.

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL
REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN
AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors of
Capitol City Family Health Center, Inc., D/B/A Care South
Baton Rouge, Louisiana

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Capitol City Family Health Center, Inc., D/B/A Care South (a nonprofit organization), which comprise the statement of financial position as of December 31, 2025, and the related statements of operations and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated June 15, 2026.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Capitol City Family Health Center, Inc., D/B/A Care South's, internal control over financial reporting (internal control) as a basis for designing the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Capitol City Family Health Center, Inc., D/B/A Care South's internal control. Accordingly, we do not express an opinion on the effectiveness of Capitol City Family Health Center, Inc., D/B/A Care South's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Capitol City Family Health Center, Inc., D/B/A Care South's, financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.


Ridgeland, Mississippi
June 15, 2026

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR
EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE
REQUIRED BY THE UNIFORM GUIDANCE

To the Board of Directors of
Capitol City Family Health Center, Inc., D/B/A Care South
Baton Rouge, Louisiana

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Capitol City Family Health Center, Inc., D/B/A Care South's, compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of Capitol City Family Health Center, Inc., D/B/A Care South's, major federal programs for the year ended December 31, 2025. Capitol City Family Health Center, Inc., D/B/A Care South's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, Capitol City Family Health Center, Inc., D/B/A Care South complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2025.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Capitol City Family Health Center, Inc., D/B/A Care South, and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Capitol City Family Health Center, Inc., D/B/A Care South's compliance with the compliance

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Capitol City Family Health Center, Inc., D/B/A Care South's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Capitol City Family Health Center, Inc., D/B/A Care South's, compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Capitol City Family Health Center, Inc., D/B/A Care South's, compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Capitol City Family Health Center, Inc., D/B/A Care South's, compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Capitol City Family Health Center, Inc., D/B/A Care South's, internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Other Matters

The results of our auditing procedures disclosed no instances of noncompliance which are required to be reported in accordance with the Uniform Guidance.

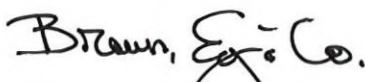
Report on Internal Control over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis.

A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.


Ridgeland, Mississippi
June 15, 2026

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Summary Schedule of Prior Audit Findings
For the Year Ended December 31, 2025

There were no findings for the year ending December 31, 2024.

CAPITOL CITY FAMILY HEALTH CENTER, INC., D/B/A CARE SOUTH
Schedule of Findings and Questioned Costs
For the Year Ended December 31, 2025

Section 1: Summary of Auditor's Results

- | | | |
|----|---|---------------|
| 1. | Type of auditor's report issued on the financial statements. | Unmodified |
| 2. | Material noncompliance relating to the financial statements.
Reported | None |
| 3. | Internal control over financial reporting: | |
| | a. Material weaknesses identified? | No |
| | b. Significant deficiencies identified that are not considered to be material weaknesses? | None Reported |

Federal Awards:

- | | | |
|----|---|---------------|
| 4. | Type of auditor's report issued on compliance for major federal programs | Unmodified |
| 5. | Internal control over major programs: | |
| | a. Material weaknesses identified? | No |
| | b. Significant deficiencies identified that are not considered to be material weaknesses? | None Reported |
| 6. | Any audit findings reported as required to be reported in accordance with 2 CFR Section 200.516 (a) | No |
| 7. | Federal programs identified as major programs: | |
| | HEALTH CENTERS CLUSTER | |
| | Consolidated Health Centers | CFDA #93.224 |
| | Women, Infants and Children Grant (WIC) | CFDA #10.557 |
| 8. | The dollar threshold used to distinguish between type A and Type B programs: | \$1,000,000 |
| 9. | Auditee did qualify as a low-risk auditee. | |

Section 2: Findings - Financial Statements Audit

NONE

Section 3: Findings and Questioned Costs - Major Federal Award Program Audit

NONE

**CAPITOL CITY FAMILY HEALTH CENTER, INC.
D/B/A
CARE SOUTH**

**AGREED UPON PROCEDURES REPORT
FOR THE YEAR ENDED DECEMBER 31, 2025**

INDEPENDENT ACCOUNTANT'S REPORT ON
APPLYING AGREED-UPON PROCEDURES

To the Board of Directors of
Capitol City Family Health Center, Inc., D/B/A Care South
Baton Rouge, Louisiana
and the Louisiana Legislative Auditor

We have performed the procedures enumerated below on the control and compliance (C/C) areas identified in the Louisiana Legislative Auditor's (LLA's) Statewide Agreed-Upon Procedures (SAUPs) for the fiscal period January 1, 2025 through December 31, 2025. Capitol City Family Health Center, Inc., D/B/A Care South's, management is responsible for those C/C areas identified in the SAUPs.

Capitol City Family Health Center, Inc., D/B/A Care South, has agreed to and acknowledged that the procedures performed are appropriate to meet the intended purpose of the engagement, which is to perform specified procedures on the C/C areas identified in LLA's SAUPs for the fiscal period January 1, 2025 through December 31, 2025. Additionally, LLA has agreed to and acknowledged that the procedures performed are appropriate for its purposes. This report may not be suitable for any other purpose. The procedures performed may not address all the items of interest to a user of this report and may not meet the needs of all users of this report and, as such, users are responsible for determining whether the procedures performed are appropriate for their purposes.

The procedures and associated findings are as follows:

Written Policies and Procedures

1. Obtain and inspect the entity's written policies and procedures and observe whether they address each of the following categories and subcategories if applicable to public funds and the entity's operations:
 - a) **Budgeting**, including preparing, adopting, monitoring, and amending the budget.
 - b) **Purchasing**, including (1) how purchases are initiated; (2) how vendors are added to the vendor list; (3) the preparation and approval process of purchase requisitions and purchase orders; (4) controls to ensure compliance with the Public Bid Law; and (5) documentation required to be maintained for all bids and price quotes.
 - c) **Disbursements**, including processing, reviewing, and approving.
 - d) **Receipts/Collections**, including receiving, recording, and preparing deposits. Also, policies and procedures should include management's actions to determine the completeness of all collections for each type of revenue or agency fund additions (e.g., periodic confirmation with outside parties, reconciliation to utility billing after cutoff procedures, reconciliation of traffic ticket number sequences, agency fund forfeiture monies confirmation).

- e) **Payroll/Personnel**, including (1) payroll processing, and (2) reviewing and approving time and attendance records, including leave and overtime worked, and (3) approval process for employee(s) rate of pay or approval and maintenance of pay rate schedules.
- f) **Contracting**, including (1) types of services requiring written contracts, (2) standard terms and conditions, (3) legal review, (4) approval process, and (5) monitoring process.
- g) **Credit Cards (and debit cards, fuel cards, P-Cards, if applicable)**, including (1) how cards are to be controlled, (2) allowable business uses, (3) documentation requirements, (4) required approvers of statements, and (5) monitoring card usage (e.g., determining the reasonableness of fuel card purchases).
- h) **Travel and Expense Reimbursement**, including (1) allowable expenses, (2) dollar thresholds by category of expense, (3) documentation requirements, and (4) required approvers.
- i) **Ethics**, including (1) the prohibitions as defined in Louisiana Revised Statute (R.S.) 42:1111-1121, (2) actions to be taken if an ethics violation takes place, (3) system to monitor possible ethics violations, and (4) a requirement that documentation is maintained to demonstrate that all employees and officials were notified of any changes to the entity's ethics policy.
- j) **Debt Service**, including (1) debt issuance approval, (2) continuing disclosure/EMMA reporting requirements, (3) debt reserve requirements, and (4) debt service requirements.
- k) **Information Technology Disaster Recovery/Business Continuity**, including (1) identification of critical data and frequency of data backups, (2) storage of backups in a separate physical location isolated from the network, (3) periodic testing/verification that backups can be restored, (4) use of antivirus software on all systems, (5) timely application of all available system and software patches/updates, and (6) identification of personnel, processes, and tools needed to recover operations after a critical event.
- l) **Prevention of Sexual Harassment**, including R.S. 42:342-344 requirements for (1) agency responsibilities and prohibitions, (2) annual employee training, and (3) annual reporting.

No exceptions were found as a result of this procedure.

Board or Finance Committee

- 2. Obtain and inspect the board/finance committee minutes for the fiscal period, as well as the board's enabling legislation, charter, bylaws, or equivalent document in effect during the fiscal period, and:
 - a) Obtain and inspect the board/finance committee minutes for the fiscal period, as well as the board's enabling legislation, charter, bylaws, or equivalent document.
 - b) Observe whether the board/finance committee received written updates of the progress of resolving audit findings, according to management's corrective action plan at each meeting until the findings are considered fully resolved.

No exceptions were found as a result of these procedures.

Bank Reconciliations

3. Obtain a listing of entity bank accounts for the fiscal period from management and management's representation that the listing is complete. Ask management to identify the entity's main operating account. Select the entity's main operating account and randomly select 4 additional accounts (or all accounts if less than 5). Randomly select one month from the fiscal period, obtain and inspect the corresponding bank statement and reconciliation for each selected account, and observe that:
 - a) Bank reconciliations include evidence that they were prepared within 2 months of the related statement closing date (e.g., initialed and dated or electronically logged);
 - b) Bank reconciliations include written evidence that a member of management/board member who does not handle cash, post ledgers, or issue checks has reviewed each bank reconciliation within 1 month of the date the reconciliation was prepared (e.g., initialed and dated, electronically logged); and
 - c) Management has documentation reflecting it has researched reconciling items that have been outstanding for more than 12 months from the statement closing date, if applicable.

We selected the December 2025 bank reconciliations to review. We noted that all selected bank account reconciliations were prepared within 2 months of the closing date and there were no reconciling items that were outstanding more than 12 months from the statement date. The bank reconciliations also included evidence that they were reviewed by management who does not handle cash, post ledgers, or issue checks.

Collections

4. Obtain a listing of deposit sites for the fiscal period where deposits for cash/checks/money orders (cash) are prepared and management's representation that the listing is complete. Randomly select 5 deposit sites (or all deposit sites if less than 5).

We obtained a list of four deposit sites from management's (along with management's representation that the list is complete).

5. For each deposit site selected, obtain a listing of collection locations and management's representation that the listing is complete. Randomly select one collection location for each deposit site (i.e. 5 collection locations for 5 deposit sites), obtain and inspect written policies and procedures relating to employee job duties (if no written policies or procedures, inquire of employees about their job duties) at each collection location, and observe that job duties are properly segregated at each collection location such that:

For each deposit site, there is one collection location. We obtained a list of four collection locations from management (along with management's representation that the list is complete) and we selected the four collection locations.

- a) Employees that are responsible for cash collections do not share cash drawers/registers.

We obtained and inspected the Center's written policies and procedures and verified that the front desk staff are responsible for collecting patient fees and should verify that their own cash drawer funds are balanced at least twice each day.

- b) Each employee responsible for collecting cash is not responsible for preparing/making bank deposits, unless another employee/official is responsible for reconciling collection documentation (e.g. pre-numbered receipts) to the deposit.

We obtained and inspected the Center's written policies and procedures and verified that the front desk staff (employee responsible for collecting cash) is not the same person preparing/making bank deposits (who is the Site Manager).

- c) Each employee responsible for collecting cash is not responsible for posting collection entries to the general ledger or subsidiary ledgers, unless another employee/official is responsible for reconciling ledger postings to each other and to the deposit.

We obtained and inspected the Center's written policies and procedures and verified the front desk staff (employee(s) responsible for collecting cash) is not the same person posting collection entries to the general ledger or subsidiary ledgers (who is the Accounts Receivable Staff).

- d) The employee(s) responsible for reconciling cash collections to the general ledger and/or subsidiary ledgers, by revenue source and/or agency fund additions are not responsible for collecting cash, unless another employee verifies the reconciliation.

We obtained and inspected the Center's written policies and procedures and verified that the front desk staff (employee(s) responsible for collecting cash) is not the same employee(s) responsible for reconciling cash collections to the general ledger and/or subsidiary ledgers (who is the Accounting Analyst I).

6. Obtain from management a copy of the bond or insurance policy for theft covering all employees who have access to cash. Observe the bond or insurance policy for theft was enforced during the fiscal period.

No exceptions were found as a result of this procedure.

7. Randomly select two deposit dates for each of the 5 bank accounts selected for procedure #3 under "Bank Reconciliations" above (select the next deposit date chronologically if no deposits were made on the dates randomly selected and randomly select a deposit if multiple deposits are made on the same day). *Alternately, the practitioner may use a source document other than bank statements when selecting the deposit dates for testing, such as a cash collection log, daily revenue report, receipt book, etc.* Obtain supporting documentation for each of the 10 deposits and:

- a) Observe that receipts are sequentially pre-numbered.

Receipts were printed electronically from the billing system. We haphazardly selected two deposit dates for the five selected bank accounts.

- b) Trace sequentially pre-numbered receipts, system reports, and other related collection documentation to the deposit slip.

No exceptions were found as a result of this procedure.

- c) Trace the deposit slip total to the actual deposit per the bank statement.

No exceptions were found as a result of this procedure.

- d) Observe that the deposit was made within one business day of receipt at the collection location (within one week if the depository is more than 10 miles from the collection location or the deposit is less than \$100 and the cash is stored securely in a locked safe or drawer).

No exceptions were found as a result of this procedure.

- e) Trace the actual deposit per the bank statement to the general ledger.

No exceptions were found as a result of this procedure.

Non-Payroll Disbursements (excluding card purchases/payments, travel reimbursements, and petty cash purchases)

8. Obtain a listing of locations that process payments for the fiscal period and management's representation that the listing is complete. Randomly select 5 locations (or all locations if less than 5).

Management provided the requested information, along with management's representation that the listing is complete. There was only one location.

9. For each location selected under #8 above, obtain a listing of those employees involved with non-payroll purchasing and payment functions. Obtain written policies and procedures relating to employee job duties (if the agency has no written policies and procedures, inquire of employees about their job duties), and observe that job duties are properly segregated such that:

- a) At least two employees are involved in initiating a purchase request, approving a purchase, and placing an order/making the purchase.

During observation, there were at least two employees involved in initiating a purchase request (Requestor), approving a purchase (Procurement Officer), and placing an order/making the purchase (Procurement Officer).

- b) At least two employees are involved in processing and approving payments to vendors.

During observation, there were at least two employees involved in processing (Accounting Manager) and approving payments to vendors (CFO/CEO).

- c) The employee responsible for processing payments is prohibited from adding/modifying vendor files, unless another employee is responsible for periodically reviewing changes to vendor files.

During observation, the employee responsible for processing payments (Accounting Manager) is not the same employee adding/modifying vendor files (CFO).

- d) Either the employee/official responsible for signing checks mails the payment or gives the signed checks to an employee to mail who is not responsible for processing payments.

During observation, the employee/official responsible for signing checks (CEO/Board Member) gives the payment to an employee to mail the payment (Accounts Payable Clerk) is not responsible for processing payments (Accounting Manager).

- e) Only employees/officials authorized to sign checks approve the electronic disbursement (release) of funds, whether through automated clearinghouse (ACH), electronic funds transfer (EFT), wire transfer, or some other electronic means.

Inquiries were made with the CFO and it was determined that only the CEO and designated Board members approve electronic disbursements and the release of funds via ACH or EFT means.

10. For each location selected under #8 above, obtain the entity's non-payroll disbursement transaction population (excluding cards and travel reimbursements) and obtain management's representation that the population is complete. Randomly select 5 disbursements for each location, obtain supporting documentation for each transaction, and:

- a) Observe whether the disbursement matched the related original itemized invoice and supporting documentation indicates deliverables included on the invoice were received by the entity.

No exceptions were found as a result of this procedure.

- b) Observe whether the disbursement documentation included evidence (e.g., initial/date, electronic logging) of segregation of duties tested under #9, as applicable.

No exceptions were found as a result of this procedure.

11. Using the entity's main operating account and the month selected in Bank Reconciliations procedure #3A, randomly select 5 non-payroll-related electronic disbursements (or all electronic disbursements if less than 5) and observe that each electronic disbursement was (a) approved by only those persons authorized to disburse funds (e.g., sign checks) per the entity's policy, and (b) approved by the required number of authorized signers per the entity's policy. Note: If no electronic payments were made from the main operating account during the month selected the practitioner should select an alternative month and/or account for testing that does include electronic disbursements.

No exceptions were found as a result of this procedure.

Credit Cards/Debit Cards/Fuel Cards/P-Cards

12. Obtain from management a listing of all active credit cards, bank debit cards, fuel cards, and P-cards (cards) for the fiscal period, including the card numbers and the names of the persons who maintained possession of the cards. Obtain management's representation that the listing is complete.

Management provided a listing of all active credit/debit/fuel cards for FY25, including the card numbers and the names of the persons who maintained possession of the cards. Management also represented that the listing was complete.

13. Using the listing prepared by management, randomly select 5 cards (or all cards if less than 5) that were used during the fiscal period. Randomly select one monthly statement or combined statement for each card (for a debit card, randomly select one monthly bank statement), obtain supporting documentation, and:

- a) Observe whether there is evidence that the monthly statement or combined statement and supporting documentation (e.g., original receipts for credit/debit card purchases, exception reports for excessive fuel card usage) was reviewed and approved, in writing (or electronically approved), by someone other than the authorized card holder. [Note: Requiring such approval may constrain the legal authority of certain public officials (e.g., mayor of a Lawrason Act municipality); these instances should not be reported.]

During our testing of the selected monthly statements/combined statements, we noted that monthly statements were reviewed and approved, in writing, by someone other than the authorized card holder.

- b) Observe that finance charges and late fees were not assessed on the selected statements.

Per review of the monthly statements, there were no finance charges or late fees assessed on the cards selected for testing.

14. Using the monthly statements or combined statements selected under #12 above, excluding fuel cards, randomly select 10 transactions (or all transactions if less than 10) from each statement, and obtain supporting documentation for the transactions (i.e. each card should have 10 transactions subject to testing). For each transaction, observe it is supported by (1) an original itemized receipt that identifies precisely what was purchased, (2) written documentation of the business/public purpose, and (3) documentation of the individuals participating in meals (for meal charges only). For missing receipts, the practitioner should describe the nature of the transaction and note whether management had a compensating control to address missing receipts, such as a "missing receipt statement" that is subject to increased scrutiny.

No exceptions were found as a result of this procedure.

Travel and Travel-Related Expense Reimbursements (excluding card transactions)

15. Obtain from management a listing of all travel and travel-related expense reimbursements during the fiscal period and management's representation that the listing or general ledger is complete. Randomly select 5 reimbursements, obtain the related expense reimbursement forms/prepaid expense documentation of each selected reimbursement, as well as the supporting documentation. For each of the 5 reimbursements selected:

Management provided a listing of all travel and travel-related expense reimbursements for FY25. Management also represented that the listing was complete.

- a) If reimbursed using a per diem, observe the approved reimbursement rate is no more than those rates established either by the State of Louisiana or the U.S. General Services Administration (www.gsa.gov).

No exceptions were found as a result of this procedure.

- b) If reimbursed using actual costs, observe that the reimbursement is supported by an original itemized receipt that identifies precisely what was purchased.

No exceptions were found as a result of this procedure.

- c) Observe each reimbursement is supported by documentation of the business/public purpose (for meal charges, observe that the documentation includes the names of those individuals participating) and other documentation required by written policy (procedure #1h).

No exceptions were found as a result of this procedure.

- d) Observe each reimbursement was reviewed and approved, in writing, by someone other than the person receiving reimbursement.

No exceptions were found as a result of this procedure.

Contracts

16. Obtain from management a listing of all agreements/contracts for professional services, materials and supplies, leases, and construction activities that were initiated or renewed during the fiscal period. *Alternately, the practitioner may use an equivalent selection source, such as an active vendor list.* Obtain management's representation that the listing is complete. Randomly select 5 contracts (or all contracts if less than 5) from the listing, excluding the practitioner's contract, and:

Management provided a listing of all agreements/contracts for professional services, materials and supplies, leases, and construction activities that were initiated or renewed during the fiscal period. Management also represented that the listing was complete.

- a) Observe whether the contract was bid in accordance with the Louisiana Public Bid Law (e.g., solicited quotes or bids, advertised), if required by law.

Management did not adopt neither the LA Public Bid Law nor the LA Procurement Code. Therefore, not required by law to follow.

- b) Observe whether the contract was approved by the governing body/board, if required by policy or law (e.g. Lawrason Act, Home Rule Charter).

Management provided documentation that contracts were approved by the governing board.

- c) If the contract was amended (e.g. change order), observe that the original contract terms provided for such an amendment and that amendments were made in compliance with the contract terms (e.g., if approval is required for any amendment, was approval documented).

During our review of contracts, we noted there were no contracts that were amended.

- d) Randomly select one payment from the fiscal period for each of the 5 contracts, obtain the supporting invoice, agree the invoice to the contract terms, and observe the invoice and related payment agreed to the terms and conditions of the contract.

No exceptions were found as a result of this procedure.

Payroll and Personnel

17. Obtain a listing of employees and officials employed during the fiscal period and management's representation that the listing is complete. Randomly select 5 employees or officials, obtain related paid salaries and personnel files, and agree paid salaries to authorized salaries/pay rates in the personnel files.

Management provided a listing of all employees and officials employed during the fiscal period. Management also represented that the listing was complete.

18. Randomly select one pay period during the fiscal period. For the 5 employees or officials selected under #17 above, obtain attendance records and leave documentation for the pay period, and:
- a) Observe all selected employees or officials documented their daily attendance and leave (e.g., vacation, sick, compensatory). (Note: Generally, officials are not eligible to earn leave and do not document their attendance and leave. However, if the official is earning leave according to a policy and/or contract, the official should document his/her daily attendance and leave.)

No exceptions were found as a result of this procedure.

- b) Observe whether supervisors approved the attendance and leave of the selected employees or officials.

No exceptions were found as a result of this procedure.

- c) Observe any leave accrued or taken during the pay period is reflected in the entity's *cumulative leave records*.

No exceptions were found as a result of this procedure.

- d) Observe the rate paid to the employees or officials agree to the authorized salary/pay rate found within the personnel file.

No exceptions were found as a result of this procedure.

- 19. Obtain a listing of those employees or officials that received termination payments during the fiscal period and management's representation that the list is complete. Randomly select two employees or officials, obtain related documentation of the hours and pay rates used in management's termination payment calculations and the entity's policy on termination payments. Agree the hours to the employee or officials' cumulative leave records, agree the pay rates to the employee or officials' authorized pay rates in the employee or officials' personnel files, and agree the termination payment to entity policy.

No exceptions were found as a result of this procedure.

- 20. Obtain management's representation that employer and employee portions of third-party payroll related amounts (e.g., payroll taxes, retirement contributions, health insurance premiums, garnishments, workers' compensation premiums, etc.) have been paid, and any associated forms have been filed, by required deadlines.

The CFO confirmed that the employer and employee portions of third-party payroll related amounts (e.g., payroll taxes, retirement contributions, health insurance premiums, garnishments, workers' compensation premiums, etc.) have been paid, and any associated forms have been filed, by required deadlines.

Fraud Notice

- 21. Obtain a listing of misappropriations of public funds and assets during the fiscal period and management's representation that the listing is complete. Select all misappropriations on the listing, obtain supporting documentation, and observe that the entity reported the misappropriation(s) to the legislative auditor and the district attorney of the parish in which the entity is domiciled.

During inquiry, management is not aware of any misappropriations of public funds and assets during the fiscal period.

22. Observe the entity has posted on its premises and website, the notice required by R.S. 24:523.1 concerning the reporting of misappropriation, fraud, waste, or abuse of public funds.

We observed the entity had posted on its premises that were visited, and on their website, the notice required by R.S. 24:523.1 concerning the reporting of misappropriation, fraud, waste, or abuse of public funds.

Information Technology Disaster Recovery/Business Continuity

23. Perform the following procedures, verbally discuss the results with management, and report "We performed the procedure and discussed the results with management."

- a) Obtain and inspect the entity's most recent documentation that it has backed up its critical data (if no written documentation, inquire of personnel responsible for backing up critical data) and observe that such backup occurred within the past week. If backups are stored on a physical medium (e.g., tapes, CDs), observe evidence that backups are encrypted before being transported.

We performed the procedure and discussed the results with management. No exceptions were found as a result of this procedure.

- b) Obtain and inspect the entity's most recent documentation that it has tested/verified that its backups can be restored (if no written documentation, inquire of personnel responsible for testing/verifying backup restoration) and observe evidence that the test/verification was successfully performed within the past 3 months.

We performed the procedure and discussed the results with management. No exceptions were found as a result of this procedure.

- c) Obtain a listing of the entity's computers currently in use and their related locations, and management's representation that the listing is complete. Randomly select 5 computers and observe while management demonstrates that the selected computers have current and active antivirus software and that the operating system and accounting system software in use are currently supported by the vendor.

We performed the procedure and discussed the results with management. No exceptions were found as a result of this procedure.

24. Randomly select 5 terminated employees (or all terminated employees if less than 5) using the list of terminated employees obtained in procedure #19. Observe evidence that the selected terminated employees have been removed or disabled from the network.

We performed the procedure and discussed the results with management. All terminated employees have been removed or disabled from the network. No exceptions were found as a result of this procedure.

25. Using the 5 randomly selected employees/officials from Payroll and Personnel procedure #17A, obtain cybersecurity training documentation from management, and observe that the documentation demonstrates that the following employees/officials with access to the agency's information technology assets have completed cybersecurity training as required by R.S. 42:1267. The requirements are as follows:

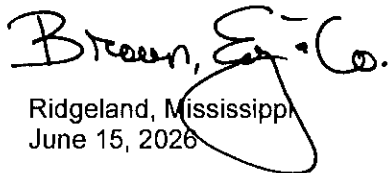
- Hired before June 9, 2020 - completed the training; and
- Hired on or after June 9, 2020 - completed the training within 30 days of initial service or employment.

Employees received cybersecurity training during 2025

We were engaged by Capitol City Family Health Center, Inc., D/B/A Care South to perform this agreed-upon procedures engagement and conducted our engagement in accordance with attestation standards established by the American Institute of Certified Public Accountants and applicable standards of *Government Auditing Standards*. We were not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or conclusion, respectively, on those C/C areas identified in the SAUPs. Accordingly, we do not express such an opinion or conclusion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

We are required to be independent of Capitol City Family Health Center, Inc., D/B/A Care South and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our agreed-upon procedures engagement.

The purpose of this report is solely to describe the scope of testing performed on those C/C areas identified in the SAUPs, and the result of that testing, and not to provide an opinion on control or compliance. Accordingly, this report is not suitable for any other purpose. Under Louisiana Revised Statute 24:513, this report is distributed by the LLA as a public document.


Ridgeland, Mississippi
June 15, 2026