

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify), the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months)
B This return/report is:
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.
1b Three-digit plan number (PN): 001
1c Effective date of plan: 04/01/1983
2a Plan sponsor's name (employer, if for a single-employer plan): COMMUNITY ACTION PROGRAM FOR C
2b Employer Identification Number (EIN): 71-0393919
2c Plan Sponsor's telephone number: 501-329-3891
2d Business code (see instructions): 813000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	269
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	106
	6a(2)	113
	6b	23
	6c	130
	6d	266
	6e	0
	6f	266
	6g(1)	217
6g(2)	202	
6h	11	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **04/01/2023** and ending **03/31/2024**

<p>A Name of plan 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY ACTION PROGRAM FOR C</p>	<p>D Employer Identification Number (EIN) 71-0393919</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA SEC. CORP LLC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	058786B	266	04/01/2023	03/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	133

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

NASHVILLE REGIONAL OFFICE **HIGHLAND RIDGE II**
555 MARRIOTT DR STE 510
NASHVILLE, TN 37214

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	133	PORTION OF INCENTIVE COMP PROGRAM	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	236490
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1578987

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	237640
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c Additions: (1) Contributions deposited during the year	7c(1)	41492
	7c(2)	0
	7c(3)	4601
	7c(4)	20739
	7c(5)	8142
▶ ROLLOVER, LOANS, FORFEITURES		

(6) Total additions	7c(6)	74974
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d Total of balance and additions (add lines 7b and 7c(6))	7d	312614
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	39984
	7e(2)	509
	7e(3)	0
	7e(4)	
▶		

(5) Total deductions	7e(5)	40493
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	272121
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b	Benefit charges (1) Claims paid.....	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2)).....		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies.....	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves.....		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **04/01/2023** and ending **03/31/2024**

A Name of plan 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY ACTION PROGRAM FOR C	D Employer Identification Number (EIN) 71-0393919	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DWS **210 WEST 10TH STREET**
KANSAS CITY, MO 64105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS **82 DEVONSHIRE STREET**
BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS **200 WEST STREET**
NEW YORK, NY 10282

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MUTUAL OF AMERICA **320 PARK AVE**
NEW YORK, NY 10022

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO
840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS
333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CALVERT RESEARCH AND MANAGEMENT
1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 65	RECORD KEEPER	512	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024

A Name of plan <u>401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COMMUNITY ACTION PROGRAM FOR C</u>	D Employer Identification Number (EIN) <u>71-0393919</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SEPARATE ACCOUNT NUMBER SA1</u>	
b Name of sponsor of entity listed in (a):	<u>MUTUAL OF AMERICA</u>	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<u>13-1614399-001</u>	<u>P</u>	<u>1578987</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE G (Form 5500) <small>Department of Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	Financial Transaction Schedules This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **04/01/2023** and ending **03/31/2024**

A Name of plan 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY ACTION PROGRAM FOR C	D Employer Identification Number (EIN) 71-0393919	

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024	
A Name of plan 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY ACTION PROGRAM FOR C	D Employer Identification Number (EIN) 71-0393919

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	23354	26686
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	1578987
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1390787	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	237640	236490
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1651781	1842163
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1651781	1842163

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	118933	
(B) Participants	2a(1)(B)	111704	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		230637
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	1462	
(F) Other	2b(1)(F)	4547	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6009
(2) Dividends:			
(A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		232636
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		3916
d Total income. Add all income amounts in column (b) and enter total.....	2d		473198

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	282304	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		282304
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Recordkeeping fees.....	2i(3)	0	
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees.....	2i(5)	0	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	0	
(7) Actuarial fees.....	2i(7)	0	
(8) Legal fees.....	2i(8)	0	
(9) Valuation/appraisal fees.....	2i(9)	0	
(10) Other trustee fees and expenses.....	2i(10)	0	
(11) Other expenses.....	2i(11)	512	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		512
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		282816

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		190382
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **WELCH COUCH & COMPANY**

(2) EIN: **71-0623618**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19345
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	310000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024

A Name of plan <u>401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMUNITY ACTION PROGRAM FOR C</u>	D Employer Identification Number (EIN) <u>71-0393919</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-3590259

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	
--	---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702372A.

**COMMUNITY ACTION PROGRAM FOR
CENTRAL ARKANSAS, INC.**

**Independent Auditor's Report
and Financial Statements**

March 31, 2024

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

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Welch, Couch & Company, PA Certified Public Accountants

John Ed Welch, CPA | William T. Couch, Jr., CPA
Jeff D. Welch, CPA, JD | Rachel M. Pennywitt, CPA
M. Garrett McSpadden, CPA

Members of American Institute of Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Community Action Program for Central Arkansas, Inc.
Conway, Arkansas

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Community Action Program for Central Arkansas, Inc. (a nonprofit organization), which comprise the statement of financial position as of March 31, 2024, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Community Action Program for Central Arkansas, Inc. as of March 31, 2024, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit 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 Community Action Program for Central Arkansas, Inc. and to meet our other ethical responsibilities, in accordance with the 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 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 Community Action Program for Central Arkansas, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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-1-

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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 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 Community Action Program for Central Arkansas, Inc.'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 Community Action Program for Central Arkansas, Inc.'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.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying statement of activities by program on page 16 and the 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*, are presented for purposes of additional analysis and are 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 statement of activities by program and the schedule of expenditures of federal awards are fairly stated, in all material respects, in relation to the financial statements as a whole.

Management is responsible for the other supplementary information on pages 20 through 30. Our opinion on the financial statements does not cover the other supplementary information, and we do not express an opinion or any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other supplementary information and consider whether a material inconsistency exists between the other supplementary information and the financial statements, or the other supplementary information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other supplementary information exists, we are required to describe it in our report.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated August 22, 2024, on our consideration of Community Action Program for Central Arkansas, Inc., Inc.'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 Community Action Program for Central Arkansas, Inc.'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 Community Action Program for Central Arkansas, Inc.'s internal control over financial reporting and compliance.

Welch, Couch & Company, PA
Welch, Couch & Company, PA
Certified Public Accountants

Batesville, Arkansas
August 22, 2024

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Statement of Financial Position

March 31, 2024

<u>Assets</u>	
Current assets:	
Cash and cash equivalents - Notes 1 and 3	\$ 1,813,311
Grants receivable - Note 4	941,954
Prepaid expenses	69,350
Total current assets	<u>2,824,615</u>
Property and equipment - Note 1	
Building and improvements	1,407,971
Furniture and equipment	1,618,864
Vehicles	1,260,467
Total property and equipment	<u>4,287,302</u>
Accumulated depreciation	<u>(2,219,635)</u>
Total property and equipment, net of accumulated depreciation	<u>2,067,667</u>
Operating lease right-of-use assets - Note 7	<u>1,415,803</u>
Total assets	<u><u>\$ 6,308,085</u></u>
<u>Liabilities and Net Assets</u>	
Current liabilities:	
Accounts payable	\$ 126,046
Accrued salaries and benefits	454,322
Deferred revenue - Note 6	1,428,647
Current operating lease right-of-use liability - Note 7	154,733
Total current liabilities	<u>2,163,748</u>
Noncurrent liabilities:	
Operating lease right-of-use liability, less current portion - Note 7	<u>1,261,070</u>
Total noncurrent liabilities	<u>1,261,070</u>
Net assets	
Without donor restrictions - Note 1	
Undesignated	815,600
Property and equipment	2,067,667
Total net assets	<u>2,883,267</u>
Total liabilities and net assets	<u><u>\$ 6,308,085</u></u>

The notes to financial statements are an integral part of this statement.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Statement of Activities

Year Ended March 31, 2024

	Without Donor Restrictions
Revenues, gains and other support	
Federal contracts and grants	\$ 10,677,208
Contributions and grants	121,202
Insurance proceeds	9,993
In-kind income	826,534
Interest income	113,216
Total revenues, gains and other support	11,748,153
Expenses:	
Salaries	4,421,280
Payroll taxes	346,318
Fringe benefits	287,246
Supplies	676,239
Repairs and maintenance	313,860
Travel and training	304,464
Utilities and telephone	296,293
Insurance	193,493
Rent	295,131
Professional fees	52,484
Consulting fees	72,824
Food and nutrition supplies	678,527
Direct assistance	1,852,110
Other client services	85,524
Miscellaneous	235,134
In-kind expenditures	826,534
Total program related expenses	10,937,461
Depreciation expense	256,316
Total expenses	11,193,777
Increase in net assets	554,376
Net assets - beginning of year	2,328,891
Net assets - end of year	\$ 2,883,267

The notes to financial statements are an integral part of this statement.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Statement of Functional Expenses

Year Ended March 31, 2024

	<u>Head Start</u>	<u>Child and Adult Food Care Program</u>	<u>Community Services Block Grant</u>	<u>Low Income Home Energy Assistance</u>	<u>ARPA Child Care Grant</u>	<u>Emergency Solutions Grant</u>	<u>Temporary Emergency Food Assistance</u>	<u>Other Miscellaneous Programs</u>	<u>Agency</u>	<u>Total</u>
Expenses:										
Program services:										
Salaries	3,732,480	-	191,803	177,787	-	128,947	5,133	176,838	8,292	4,421,280
Payroll taxes	286,569	-	16,994	15,428	-	11,703	472	14,556	596	346,318
Fringe benefits	242,812	-	10,823	9,517	-	2,753	206	9,192	11,943	287,246
Supplies	291,328	-	31,028	21,061	8,054	280,486	314	2,827	41,141	676,239
Repairs and maintenance	143,109	-	13,236	1,815	75,664	35,010	930	655	43,441	313,860
Travel and training	265,919	-	29,741	2,921	250	27	392	235	4,979	304,464
Utilities and telephone	259,150	-	22,262	10,730	-	1,268	431	1,440	1,012	296,293
Insurance	150,773	-	34,966	3,894	2,867	668	103	182	40	193,493
Rent	221,845	-	46,437	22,272	-	-	4,588	-	(11)	295,131
Professional fees	39,140	-	4,116	4,978	650	3,000	-	500	100	52,484
Consulting fees	62,706	-	4,910	4,993	-	170	-	-	45	72,824
Food and nutrition supplies	101,770	250,396	17,492	-	-	50,353	246,296	1,427	10,793	678,527
Direct assistance	-	-	75,883	1,229,136	-	547,091	-	-	-	1,852,110
Other client services	21,892	-	11,808	-	-	7,844	1,166	12,556	30,258	85,524
Miscellaneous	173,500	-	17,462	22,951	22	428	343	1,398	19,030	235,134
In-kind expenditures	826,534	-	-	-	-	-	-	-	-	826,534
Total program related expenses	6,819,527	250,396	528,961	1,527,483	87,507	1,069,748	260,374	221,806	171,659	10,937,461
Depreciation expense	-	-	-	-	-	-	-	-	256,316	256,316
Total expenses	6,819,527	250,396	528,961	1,527,483	87,507	1,069,748	260,374	221,806	427,975	11,193,777

The notes to financial statements are an integral part of this statement.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Statement of Cash Flows

Year Ended March 31, 2024

Cash flows from operating expenses:	
Change in net assets	\$ 554,376
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	256,316
Net changes in:	
Grants receivable	220,174
Prepaid expenses	(34,840)
Accounts payable	(54,900)
Accrued expenses	23,247
Deferred revenue	(538,733)
Net cash flows provided by operating activities	<u>425,640</u>
Cash flows from investing activities:	
Purchase of land, buildings and equipment	(860,086)
Net cash flows (used in) investing activities	<u>(860,086)</u>
Cash flows from financing activities:	
Proceeds from line of credit	75,000
Principal payments on line of credit	(75,000)
Net cash flows provided by financing activities	<u>-</u>
Net decrease in cash and cash equivalents	(434,446)
Cash and cash equivalents, beginning of year	<u>2,247,757</u>
Cash and cash equivalents, end of year	<u><u>\$ 1,813,311</u></u>
<u>Supplemental information</u>	
Interest paid	\$ 425

The notes to financial statements are an integral part of this statement.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Notes to Financial Statements

Year Ended March 31, 2024

Note 1 – Summary of Significant Accounting Policies

Nature of Operations

The Community Action Program for Central Arkansas, Inc. (CAPCA) is a nonprofit community action agency that operates a variety of federal, state and locally funded programs providing services to the residents of Faulkner, White and Cleburne counties in Arkansas and other counties as approved by the funding sources. The operations of CAPCA are primarily funded by federal, state and local grant funds that are treated as contributions. CAPCA receives immaterial amounts of support from donor contributions; consequently, the ability to collect and maintain its level of funding is directly affected by the funding available from federal, state and local sources.

The relative significance of its programs in terms of total expenditures was as follows as of March 31, 2024:

Children's programs	64%
Assistance to low-income individuals	30%
General community support	6%

Basis of Presentation

The accompanying financial statements have been presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Net Assets

Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified as follows:

With Donor Restrictions: Net assets subject to donor-imposed stipulations that they be maintained permanently by CAPCA. The donors of these assets permit CAPCA to use all of the income earned on related investments for general or specific purposes.

Net assets with donor restrictions also include net assets subject to donor-imposed stipulations that may or will be met by actions of CAPCA and/or the passage of time.

Without Donor Restrictions: Net assets not subject to donor-imposed stipulations.

Support that is restricted by the donor is reported as an increase in net assets without donor restrictions, 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 net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Notes to Financial Statements

Year Ended March 31, 2024

Note 1 – Summary of Significant Accounting Policies

Subsequent Events

Management has evaluated subsequent events through August 22, 2024, the date on which the financial statements were available to be issued. No events were noted which would require recognition or disclosure in the financial statements.

Income Taxes

CAPCA has been recognized as exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and a similar provision of state law. However, CAPCA is subject to federal income tax on any unrelated business taxable income. Management annually reviews its tax position and has determined that there are no material uncertain tax positions that require recognition in the financial statements. The past three years are still open and are subject to IRS examination.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Significant estimates include management's estimated net realizable value of accounts receivable, estimated allocation of functional expenses, estimated lives and methods used to compute depreciation expense, and values attributed to donated services and the use of facilities.

Cash and Cash Equivalents

For purposes of the statement of cash flows, CAPCA considers all highly liquid investments with an original maturity of three months or less to be cash equivalents.

Grants Receivable

Grants receivable is stated at the amount CAPCA expects to collect. CAPCA uses the allowance method to determine uncollectible accounts. The allowance is based on prior years' experience and management's analysis of the accounts. Accounts are charged off to the allowance when management deems the accounts will not be collectible. Past due status is based on how recently payments have been made on the accounts. Management has evaluated and considers all grants receivable at March 31, 2024, fully collectible, and as such, no allowance has been recorded.

Prepaid Expenses

Certain payments to vendors reflect costs applicable to future accounting periods and are recorded as prepaid expenses.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Notes to Financial Statements

Year Ended March 31, 2024

Note 1 – Summary of Significant Accounting Policies (Cont.)

Accounts Payable and Accrued Expenses

Accounts payable consists of various trade accounts which are generally payable within thirty (30) days. Accrued expenses consist primarily of accrued wages and other accrued payroll-related expenses.

Deferred Revenue

Deferred revenue consists of grant funds unexpended at year end and refundable to the grantors.

Property and Equipment

Property and equipment are recorded at cost or, if donated, at its estimated fair value at the date of donation, net of accumulated depreciation. Purchases and donations in excess of \$5,000 are capitalized. Depreciation is computed using the straight-line method over the estimated useful life of each asset and totaled \$256,316 for the current year. Funding sources may retain equitable interests in property and equipment purchased with grant monies as well as the right to determine the use of any proceeds from the sale of the assets. The estimated useful lives, by classes of asset, are as follows:

	<u>Years</u>
Buildings and improvements	15 – 30
Computer and other equipment	3 – 15
Vehicles	3 – 5

Donations of property and equipment are recorded as contributions at their estimated fair value. Such donations are reported as contributions without donor restrictions 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 contributions with donor restrictions. Absent donor stipulations regarding how long those donated assets must be maintained, CAPCA reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. CAPCA reclassifies net assets with donor restrictions to net assets without donor restrictions at that time.

Revenue Recognition

Contributions are recognized when the donor makes a promise to give to CAPCA that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires because the contributed resources are spent in accordance with the donor's instructions or because of the passage of time, net assets with donor restrictions are reclassified to net assets without donor restriction.

Grants are either recorded as contributions or exchange transactions based on criteria contained in the grant award.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Notes to Financial Statements

Year Ended March 31, 2024

Note 1 – Summary of Significant Accounting Policies (Cont.)

Revenue Recognition (Cont.)

A. Grant Awards That Are Contributions

Grants that qualify as contributions are recorded when invoiced to the funding sources in accordance with the terms of the award and ASC Topic 605. Revenue is recognized in the accounting period when the related expenses are incurred. Amounts received or receivable in excess of expenses are reflected as deferred revenue.

B. Grant Awards That Are Exchange Transactions

Exchange transactions are reimbursed based on a predetermined rate for services performed in accordance with the terms of the award and ASC Topic 606. Revenue is recognized when control of the promised goods or services is transferred to the customer (grantor) in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. Amounts received in excess of recognized revenue are reflected as a contract liability. The Organization has no grant awards that are exchange transactions.

Functional Expenses

Expenses are charged to programs based on direct expenditures incurred. Any expenditure not directly chargeable is allocated to programs based on allocation bases specified in the Administrative Manual.

Leases

CAPCA leases office space and office equipment. The determination of whether an arrangement is a lease is made at the lease's inception. Under ASC 842, a contract is (or contains) a lease if it conveys the right to control the use of an identified asset for a period of time in exchange for consideration. Control is defined under the standard as having both the right to obtain substantially all of the economic benefits from the use of the asset and the right to direct the use of the asset. Management only reassesses its determination if the terms and conditions of the contract are changed.

Operating leases are included in operating lease right-of-use ("ROU") assets, other current liabilities, and operating lease liabilities in the statement of financial position.

ROU assets represent our right to use an underlying asset for the lease term, and lease liabilities represent our obligation to make lease payments. Operating lease ROU assets and liabilities are recognized at the lease commencement date based on the present value of lease payments over the lease term. CAPCA uses the implicit rate when it is readily determinable. Since most of CAPCA's leases do not provide an implicit rate, to determine the present value of lease payments, management uses CAPCA's incremental borrowing rate based on the information available at lease commencement. Operating lease ROU assets also includes any lease payments made and excludes any lease incentives. Lease expense for lease payments is recognized on a straight-line basis over the lease term. CAPCA's lease terms may include options to extend or terminate the lease when it is reasonably certain that CAPCA will exercise the option.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Notes to Financial Statements

Year Ended March 31, 2024

Note 1 – Summary of Significant Accounting Policies (Cont.)

Donated Services and Use of Facilities (In-Kind)

CAPCA receives a substantial amount of donated services and use of facilities in the operation of its Head Start program. A number of the federal and state programs operated by CAPCA have requirements concerning local matching funds, which can include donated services and the use of facilities.

The Accounting for Contributions Received and Contributions Made topic of the ASC requires that in order for the value of donated services to be recognized in the financial statements that they must either (1) create or enhance a nonfinancial asset, or (2) require the specialized skills that would be purchased if they were not donated.

The values of donated services are computed by accumulating information on hours donated and multiplying it by a minimum wage plus a percentage for payroll taxes and benefits. Donated services totaled approximately \$127,109 for the year ended March 31, 2024.

Donated use of facilities is valued based on appraisals of the rental values, performed by certified independent appraisers of the properties. Donated use of facilities totaled approximately \$635,519 for the year ended March 31, 2024.

Compensated Absences

CAPCA permits full time and part time employees working at least 20 hours per week to accumulate annual leave benefits. Expenses and the related liabilities are recognized as the annual leave is earned and are computed using the regular pay rates in effect at the statement of financial position date.

Risk Management

CAPCA is exposed to various risks of loss from torts, theft of, damage to, and destruction of assets, business interruption, errors and omissions, employee injuries and illness, natural disasters and employee health and accident benefits. Commercial insurance coverage is purchased for claims arising from property losses, professional and general liability.

Note 2 – Retirement Plan

Effective April 1, 2001, CAPCA established a 401(k) profit sharing plan which is named the Employee Benefit Plan of CAPCA, Inc. (the Plan). Employees can make a salary deferral election authorizing CAPCA to withhold up to 100% of the employee's compensation or the maximum allowed under the Internal Revenue Code, whichever is less. CAPCA may make a matching contribution each plan year of 200% of the elective deferrals up to 3% of the employee's eligible compensation. The Plan covers all full-time employees of CAPCA. Employer matching contributions totaled approximately \$116,003 for the year ended March 31, 2024.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Notes to Financial Statements

Year Ended March 31, 2024

Note 3 – Concentrations of Risk

Support

A material part of CAPCA's support is derived from federal funds administered through contracts with the State of Arkansas or directly through the intermediary agency. For the year ended March 31, 2024, this support represented approximately 91% of CAPCA's total support and revenue. The loss of these contracts would have an adverse effect on CAPCA's ability to provide its services.

Cash

Deposits in financial institutions could potentially subject CAPCA to a risk of loss to the extent of the uninsured/uncollateralized portion of those deposits. At March 31, 2024, CAPCA's carrying amount of deposits was \$1,813,311 and the bank balance was \$1,956,375. Of this balance \$300,488 was covered by FDIC insurance and \$1,655,887 was covered by additional safekeeping pledged in CAPCA's name.

Due to higher cash flows at certain times during the year, CAPCA's risk for uninsured and uncollateralized deposits could be higher or lower than at year end.

Note 4 – Grants Receivable

CAPCA provides services under contracts with various federal and state and other awarding agencies on a reimbursement or unit of service basis. Grants receivable were as follows at March 31, 2024:

	<u>Amount</u>	<u>Percentage</u>
Head Start Program	\$ 527,014	55.9%
Community Services Block Grant	130,119	13.8%
Child and Adult Care Food Program	63,013	6.7%
Low Income Home Energy Assistance	113,560	12.1%
Emergency Solutions Grant	76,246	8.1%
Temporary Food Assistance Program	2,320	0.2%
Other Miscellaneous Programs	29,682	3.2%
Total grants receivable	\$ 941,954	100.0%

Note 5 – Contingent Liabilities

CAPCA was the recipient of various federal and state grants. These grant programs are subject to audit by the federal or state governments or their representatives. Accordingly, the amount, if any, of expenditures which may be disallowed by the program representatives cannot be determined at this time, although management expects such amounts, if any, to be immaterial.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Notes to Financial Statements

Year Ended March 31, 2024

Note 6 – Deferred Revenue

Grant funds advanced to CAPCA but unexpended at year end are reported as technically refundable to the grantor and reported as deferred revenue. Deferred revenues were as follows at March 31, 2024:

	<u>Amount</u>
CCDF - ARPA - COVID-19	1,362,185
Community Services Block Grant	813
Vaccine Equity Project	52,151
Emergency Solutions Grant	2,622
Home Energy Assistance Program	10,876
Total deferred revenue	\$ 1,428,647

Note 7 – Operating Leases

CAPCA has operating leases of office space and equipment. CAPCA's lease terms of 1 year to 10 years, some of which include options to extend the leases, and some of which include options to terminate the leases within 1 year. Only lease options that management believes are reasonably certain to exercise are included in the measurement of the lease assets and liabilities. The base rent for renewals may be negotiated at the time the renewal option is exercised. CAPCA's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

The following summarizes the line items in the statement of financial position which include amounts for operating leases as of March 31, 2024.

	<u>2024</u>
Operating Leases	
Operating lease right-of-use-assets	\$ 1,415,803
Current operating lease right-of-use liability	\$ 154,733
Noncurrent operating lease right-of-use liability	1,261,070
Total operating lease liabilities	\$ 1,415,803

Operating lease expense is included in rent expense on the statement of activities in the amount of \$180,933 for the year ended March 31, 2024.

The following summarizes the weighted average remaining lease term and discount rate as of March 31, 2024:

	<u>2024</u>
Operating Leases	
Cash paid for amounts included in measuring operating lease liabilities:	
Operating cash flows from operating leases	\$ (180,933)
Weighted average remaining lease term	8.53 years
Weighted average discount rate	4.22%

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Notes to Financial Statements

Year Ended March 31, 2024

Note 7 – Operating Leases Cont.

Following is a schedule by year of future minimum lease payments under operating leases that have initial or remaining terms in excess of one year as of March 31, 2024:

<u>Year Ending March 31:</u>	<u>Operating</u>
2025	210,800
2026	197,580
2027	192,720
2028	192,720
2029	192,720
Thereafter	701,870
Total Lease Payments	<u>1,688,410</u>
Less: Interest	(272,607)
Present value of lease liabilities	<u><u>\$ 1,415,803</u></u>

Note 8 – Management of Liquidity

CAPCA is substantially supported through contracts and grants with federal and state agencies that are typically restricted for expenditure by the terms of those contracts and grants to a particular program or activity. At March 31, 2024, CAPCA had the following financial assets that could readily be made available within one year to fund expenses without limitations:

	<u>Amount</u>
Financial resources available:	
Cash and cash equivalents	\$ 1,813,311
Grants receivable	941,954
Total financial resources	<u>2,755,265</u>
Contractual imposed restrictions:	
Deferred revenue	(1,428,647)
Other required reserves:	
Annual leave reserve	<u>(84,529)</u>
Financial resources available to liquidate liabilities and general expenditures within one year	<u><u>\$ 1,242,089</u></u>

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Statement of Activities by Program

Year Ended March 31, 2024

	<u>Head Start</u>	<u>Child and Adult Food Care Program</u>	<u>Community Services Block Grant</u>	<u>Low Income Home Energy Assistance</u>	<u>ARPA Child Care Program</u>	<u>Emergency Solutions Grant</u>	<u>Temporary Emergency Food Assistance</u>	<u>Other Miscellaneous Programs</u>	<u>Agency</u>	<u>Total</u>
Revenues, gains and other support										
Government contracts and grants:										
Federal contracts and grants	\$ 6,003,593	\$ 257,101	\$ 528,952	\$ 1,518,767	\$ 712,102	\$ 1,192,636	\$ 271,761	\$ 192,296	\$ -	\$ 10,677,208
Contributions and grants	-	-	-	-	-	-	-	38,577	82,625	121,202
Miscellaneous income	-	-	-	-	-	-	-	-	9,993	9,993
In-kind income	826,534	-	-	-	-	-	-	-	-	826,534
Interest income	-	-	-	10,237	-	-	-	-	102,979	113,216
Total revenues, gains and other support	6,830,127	257,101	528,952	1,529,004	712,102	1,192,636	271,761	230,873	195,597	11,748,153

Expenses:

Program services:										
Salaries	3,732,480	-	191,803	177,787	-	128,947	5,133	176,838	8,292	4,421,280
Payroll taxes	286,569	-	16,994	15,428	-	11,703	472	14,556	596	346,318
Fringe benefits	242,812	-	10,823	9,517	-	2,753	206	9,192	11,943	287,246
Supplies	291,328	-	31,028	21,061	8,054	280,486	314	2,827	41,141	676,239
Repairs and maintenance	143,109	-	13,236	1,815	75,664	35,010	930	655	43,441	313,860
Travel and training	265,919	-	29,741	2,921	250	27	392	235	4,979	304,464
Utilities and telephone	259,150	-	22,262	10,730	-	1,268	431	1,440	1,012	296,293
Insurance	150,773	-	34,966	3,894	2,667	668	103	182	40	193,493
Rent	221,845	-	46,437	22,272	-	-	4,588	-	(11)	295,131
Professional fees	39,140	-	4,116	4,978	650	3,000	-	500	100	52,484
Consulting fees	62,706	-	4,910	4,993	-	170	-	-	45	72,824
Food and nutrition supplies	101,770	250,396	17,492	-	-	50,353	246,296	1,427	10,793	678,527
Direct assistance	-	-	75,883	1,229,136	-	547,091	-	-	-	1,852,110
Other client services	21,892	-	11,808	-	-	7,844	1,166	12,556	30,258	85,524
Miscellaneous	173,500	-	17,462	22,951	22	428	343	1,398	19,030	235,134
In-kind expenditures	826,534	-	-	-	-	-	-	-	-	826,534
Total program related expenses	6,819,527	250,396	528,961	1,527,483	87,507	1,069,748	260,374	221,806	171,659	10,937,461
Depreciation expense	-	-	-	-	-	-	-	-	256,316	256,316
Total expenses	6,819,527	250,396	528,961	1,527,483	87,507	1,069,748	260,374	221,806	427,975	11,193,777
Increase (decrease) in net assets	\$ 10,600	\$ 6,705	\$ (9)	\$ 1,521	\$ 624,595	\$ 122,888	\$ 11,387	\$ 9,067	\$ (232,376)	\$ 554,376

See independent auditor's report.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.
Schedule of Expenditures of Federal Awards
Year Ended March 31, 2024

<u>Federal Grantor/ Pass-Through Grantor/ Program or Cluster Title</u>	<u>Federal CFDA Number</u>	<u>Grant Award/ Pass-Through</u>	<u>Federal Expenditures</u>
<u>U.S. Department of Agriculture</u>			
Passed-through Arkansas Department of Human Services:			
<i>Food Distribution Cluster:</i>			
Emergency Food Assistance Program			
Administrative Costs	10.568	N/A	\$ 25,465
Temporary Emergency Food Assistance Program			
Food Commodities	10.569	4600041107	246,296
<i>Total Food Distribution Cluster</i>			<u>271,761</u>
Child and Adult Care Food Program (CACFP)	10.558	Q14	238,952
Passed-through Louisiana Department of Education:			
Child and Adult Care Food Program (CACFP)	10.558	200-164527000	18,149
Total Child and Adult Care Food Program			<u>257,101</u>
Total U.S. Department of Agriculture			<u>\$ 528,862</u>
<u>U.S. Department of Housing and Urban Development</u>			
Passed-through Arkansas Department of Human Services:			
Emergency Solutions Grant Program	14.231	4600053287	\$ 99,305
Emergency Solutions Grant Program	14.231	4600051467	109,843
Emergency Solutions Grant Program - COVID-19	14.231	4600047382	983,488
Total Emergency Solutions Grant Program			<u>1,192,636</u>
Passed-through City of Conway, Arkansas:			
Community Development Block Grants	14.218	N/A	2,277
Total U.S. Department of Housing and Urban Development			<u>\$ 1,194,913</u>

See accompanying notes to schedule of expenditures of federal awards
and independent auditor's report.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Schedule of Expenditures of Federal Awards (Cont.)

Year Ended March 31, 2024

<u>Federal Grantor/ Pass-Through Grantor/ Program or Cluster Title</u>	<u>Federal CFDA Number</u>	<u>Grant Award/ Pass-Through</u>	<u>Federal Expenditures</u>
<u>U.S. Department of Health and Human Services</u>			
Direct Program:			
Head Start Cluster:			
Regional Head Start	93.600	06CH01144104	\$ 2,110,788
Regional Head Start	93.600	06CH01241901	225,000
Early Head Start/Regional II	93.600	06CH010825-05	1,360,235
Migrant Seasonal Head Start	93.600	90CM00984205	424,679
Migrant Seasonal Head Start	93.600	90CM00984204	1,868,462
Regional Head Start - CARES - COVID-19	93.600	06CH01144104C3	14,429
Total Head Start Program			<u>6,003,593</u>
Passed-through Arkansas Department of Human Services:			
Community Services Block Grant	93.569	CSBG-24-04	217,954
Community Services Block Grant	93.569	CSBG-23-04	160,284
Community Services Block Grant	93.569	CSBG-22-04-C	87,463
Community Services Block Grant	93.569	CSBG-23-04-C	22,835
Community Services Block Grant	93.569	CSBG-22-04-D	36,494
Community Services Block Grant	93.569	CSBG-23-04-D	3,922
Total Community Services Block Grant			<u>528,952</u>
Passed-through Arkansas Energy Office, Division of Environmental Quality:			
Low-Income Home Energy Assistance	93.568	2303ARLIEA/2023-AEO-04	449,722
Low-Income Home Energy Assistance	93.568	2403ARLIEA/2024-AEO-04	319,256
Low-Income Home Energy Assistance	93.568	2303ARLIEE/2023-AEO-04	749,789
Total Low-Income Home Energy Assistance			<u>1,518,767</u>
Passed-through Arkansas Department of Human Services			
Child Care and Development Block Grant - ARPA - COVID-19	93.575	N/A	712,102
Total Child Care and Development Block Grant			<u>712,102</u>
Direct Program:			
Centers for Disease Control and Prevention:			
Vaccine Equity Project - COVID-19	93.185	00-FE-3400-01-00	164,206
Total U.S. Department of Health and Human Services			<u>\$ 8,927,620</u>
<u>U.S. Department of the Treasury</u>			
Passed-through Faulkner County, Arkansas:			
Coronavirus State and Local Fiscal Recovery Funds - COVID-	21.027	N/A	\$ 25,813
Total U.S. Department of the Treasury			<u>\$ 25,813</u>
Total Expenditures of Federal Awards			<u>\$ 10,677,208</u>

See accompanying notes to schedule of expenditures of federal awards
and independent auditor's report.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Notes to Schedule of Expenditures of Federal Awards

Year Ended March 31, 2024

Note 1 – Basis of Presentation

The accompanying schedule of expenditures of federal awards includes the federal grants activity of CAPCA and is presented on the accrual basis of accounting. The information in the 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). Therefore, some amounts presented in the schedule may differ from amounts presented in, or used in the preparation of the financial statements.

Note 2 – Summary of Significant Accounting Policies

- 1) 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.
- 2) Pass-through identifying numbers are presented when available.
- 3) CAPCA has elected not to use the 10% de minimis indirect cost rate as allowed under the Uniform Guidance.

Note 3 – Subrecipients

There were no Federal awards passed through to subrecipients.

Note 4 – Matching Requirements

Certain federal programs require that CAPCA contribute non-federal funds (matching funds) to support the federal-funded programs. CAPCA has complied with the matching requirements. The expenditures of non-federal matching funds are not included on the schedule.

Note 5 – Contingencies

In connection with various federal grant programs, CAPCA is obligated to administer related programs and spend the funds in accordance with regulatory restrictions, and is subject to audit by grantor agencies and other auditors. In cases of noncompliance, the agencies involved may require CAPCA to refund program funds.

**COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.
Regional Head Start**

Grant Number 06CH011441-04

Schedule of Revenues and Expenses (Budget to Actual Non-GAAP)

April 1, 2023 Through March 31, 2024

	<u>Budget</u>	<u>Actual</u>	<u>Variance Favorable (Unfavorable)</u>
Revenues:			
Grant revenues	\$ 2,557,948	\$ 2,103,107	\$ (454,841)
Non-Federal share	584,208	456,241	(127,967)
Total revenues	<u>\$ 3,142,156</u>	<u>\$ 2,559,349</u>	<u>\$ (582,807)</u>
Expenses:			
Personnel	\$ 1,690,472	\$ 1,249,246	\$ 441,226
Fringe benefits	352,629	181,803	170,826
Travel	12,278	16,295	(4,017)
Supplies	60,180	142,637	(82,457)
Contractual	108,966	108,706	260
Other	333,423	404,420	(70,997)
Non-Federal share	584,208	456,241	127,967
Total expenses	<u>\$ 3,142,156</u>	<u>\$ 2,559,349</u>	<u>\$ 582,807</u>
Excess of revenues over expenses	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

See independent auditor's report.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Regional II and Early Head Start

Grant Number 06CHC10825-05

Schedule of Revenues and Expenses (Budget to Actual Non-GAAP)

February 1, 2023 Through January 31, 2024

	<u>Budget</u>	<u>Actual</u>	<u>Variance Favorable (Unfavorable)</u>
Revenues:			
Grant revenues	\$ 1,814,630	\$ 1,609,051	\$ (205,579)
Non-Federal share	415,576	224,676	(190,900)
Total revenues	<u>\$ 2,230,206</u>	<u>\$ 1,833,727</u>	<u>\$ (396,479)</u>
Expenses:			
Personnel	\$ 1,200,471	\$ 1,011,505	\$ 188,966
Fringe benefits	250,451	136,571	113,880
Travel	11,170	20,947	(9,777)
Supplies	57,055	79,481	(22,426)
Contractual	73,132	62,752	10,380
Other	222,351	297,794	(75,443)
Non-Federal share	415,576	224,676	190,900
Total expenses	<u>\$ 2,230,206</u>	<u>\$ 1,833,727</u>	<u>\$ 396,479</u>
Excess of revenues over expenses	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

See independent auditor's report.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Migrant Seasonal Head Start

Grant Number 90CM009842-04

Schedule of Revenues and Expenses (Budget to Actual Non-GAAP)

February 1, 2023 Through January 31, 2024

	<u>Budget</u>	<u>Actual</u>	<u>Variance Favorable (Unfavorable)</u>
Revenues:			
Grant revenues	\$ 2,596,215	\$ 2,060,120	\$ (536,095)
Non-Federal share	139,720	148,067	8,347
Total revenues	<u>\$ 2,735,935</u>	<u>\$ 2,208,187</u>	<u>\$ (527,748)</u>
Expenses:			
Personnel	\$ 1,645,839	\$ 1,332,402	\$ 313,437
Fringe benefits	354,138	147,041	207,097
Travel	17,062	32,146	(15,084)
Supplies	105,120	94,419	10,701
Other	474,056	454,112	19,944
Non-Federal share	139,720	148,067	(8,347)
Total expenses	<u>\$ 2,735,935</u>	<u>\$ 2,208,187</u>	<u>\$ 527,748</u>
Excess of revenues over expenses	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

See independent auditor's report.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Low-Income Home Energy Assistance Program

Grant Number 2303ARLIEA/2023-AEO-4

Schedule of Revenues and Expenses (Budget to Actual Non-GAAP)

October 1, 2022 Through December 31, 2023

	<u>Budget</u>	<u>Actual</u>	<u>Variance Favorable (Unfavorable)</u>
Revenues:			
Grant revenues	\$ 1,261,654	\$ 1,186,896	\$ (74,758)
Interest income	-	12,460	12,460
Total revenues	<u>\$ 1,261,654</u>	<u>\$ 1,199,356</u>	<u>\$ (62,298)</u>
Expenses:			
Salaries and wages	\$ 191,588	\$ 179,357	\$ 12,231
Fringe benefits	33,798	27,024	6,774
Professional fees	3,500	3,181	319
Travel	-	487	(487)
Space rental and maintenance	13,683	17,169	(3,486)
Supplies	15,026	21,733	(6,708)
Insurance	-	1,288	(1,288)
Postage	7,000	2,979	4,021
Bank fees	1,300	1,327	(27)
Equipment and lease	10,850	17,683	(6,833)
Utilities	3,533	4,379	(846)
Telephone	2,938	6,602	(3,665)
Direct client utility assistance	978,439	916,147	62,293
Total expenses	<u>\$ 1,261,654</u>	<u>\$ 1,199,356</u>	<u>\$ 62,298</u>
Excess of revenues over expenses	<u>\$ -</u>	<u>\$ (0.00)</u>	<u>\$ -</u>

Applications paid

Summer regular	618
Summer crisis intervention	150
Winter regular	704
Winter crisis intervention	593

See independent auditor's report.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Low-Income Home Energy Assistance Program

Grant Number 2303ARLIEA/2023-AEO-4

Schedule of Revenues and Expenses – Non-GAAP

October 1, 2022 Through December 31, 2023

Administrative:

Revenue	\$ 98,323
Expenditures	(98,323)
Administrative carryover	<u>\$ -</u>

Winter regular assistance:

Revenue	\$ 599,337
Expenditures	(479,345)
Regular assistance carryover	<u>\$ 119,993</u>

Summer regular assistance:

Revenue	\$ 205,816
Expenditures	(175,816)
Regular assistance carryover	<u>\$ 30,000</u>

Summer crisis intervention:

Revenue	\$ 79,850
Expenditures	(49,850)
Crisis assistance carryover	<u>\$ 30,000</u>

Winter crisis intervention:

Revenue	\$ 424,946
Expenditures	(340,855)
Crisis intervention carryover	<u>\$ 84,091</u>

Assurance 16:

Revenues	\$ 55,167
Expenditures	(55,167)
Assurance 16 carryover	<u>\$ -</u>

Interest income	<u>\$ 12,460</u>
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Total program carryover

Total carryover returned to grantee	<u>\$ 14,758</u>
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Administrative costs equaled 8.20% of total expenditures.

See independent auditor's report.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.
Community Service Block Grant Funds
Schedule of Revenues and Expenses (Budget to Actual Non-GAAP)
For the Period October 1, 2022 Through September 30, 2023

	Regular CSBG Funds:		
	CSBG 23-04		
	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>
Revenues:			
Grant revenues	\$ 417,759	\$ 333,444	\$ (84,315)
Total revenues	<u>417,759</u>	<u>333,444</u>	<u>(84,315)</u>
Expenses:			
Salaries	\$ 141,684	\$ 141,213	\$ 471
Fringe benefits	23,530	22,210	1,320
Travel	35,660	1,302	34,358
Supplies	22,787	11,088	11,699
Equipment	14,788	7,559	7,229
Contractual	13,621	13,343	278
Other expenses	99,655	97,680	1,975
Direct client benefits	66,034	39,047	26,987
Total expenses	<u>\$ 417,759</u>	<u>\$ 333,444</u>	<u>\$ 84,315</u>
Excess of revenues over expenses	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

See independent auditor's report.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.
Community Service Block Grant Funds
Schedule of Revenues and Expenses (Budget to Actual Non-GAAP)
For the Period October 1, 2022 Through September 30, 2023

	Carryover Funds: CSBG 22-04 C	
	Budget	Actual
Revenues:		
Grant revenue receipts, current year	\$ 89,885	\$ 89,885
Total revenues	89,885	89,885
Expenses:		
Salaries	\$ 13,587	\$ 13,587
Fringe Benefits	1,792	1,792
Travel	13,317	13,317
Supplies	17,396	17,396
Contractual	1,422	1,422
Direct Client Benefits	42,372	42,372
Total expenses	\$ 89,885	\$ 89,885
Excess of revenues over expenses	\$ -	\$ -

See independent auditor's report.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.
Community Service Block Grant Funds
Schedule of Revenues and Expenses (Budget to Actual Non-GAAP)
For the Period October 1, 2022 Through September 30, 2023

	Discretionary Grant: CSBG 22-04 D	
	Budget	Actual
Revenues:		
Grant revenue receipts, current year	\$ 39,447	\$ 39,447
Total revenues	39,447	39,447
Expenses:		
Travel	\$ 2,298	\$ 2,298
Other Office Expenses	12,524	11,062
Direct client benefits	24,625	26,087
Total expenses	\$ 39,447	\$ 39,447
Excess of revenues over expenses	\$ -	\$ -

See independent auditor's report.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.
Emergency Solutions Grant
Schedule of Revenues and Expenses (Budget to Actual Non-GAAP)
For the Period October 1, 2022 Through September 30, 2023

	Grant No. 4600053287		
	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>
Revenues:			
Grant revenues	\$ 285,351	\$ 201,747	\$ (83,604)
Total revenues	<u>285,351</u>	<u>201,747</u>	<u>(83,604)</u>
Expenses:			
Salaries	90,830	51,122	39,708
Fringe benefits	17,220	6,452	10,768
Professional fees	1,000	500	500
Travel	-	510	(510)
Other expenses	176,301	143,163	33,138
Total expenses	<u>\$ 285,351</u>	<u>\$ 201,747</u>	<u>\$ 83,604</u>
Excess of over revenue over expenses	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

See independent auditor's report.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.
TEFAP – Commodities Distribution Administrative Funds
Schedule of Revenues and Expenses – Non-GAAP
For the Period October 1, 2022 Through September 30, 2023

	Subgrant 4600041107		
	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>
Revenues:			
Grant revenues	\$ 18,859	\$ 18,859	\$ -
Total revenues	18,859	18,859	-
Expenses:			
Salaries	\$ 15,400	\$ 9,210	\$ 6,190
Fringe benefits	3,459	279	3,179
Rent	-	4,138	(4,138)
Supplies	-	2,318	(2,318)
Other	-	2,913	(2,913)
Total expenses	\$ 18,859	\$ 18,859	\$ -
Excess of revenue over expenses	\$ -	\$ -	\$ -
 Value of commodities distributed		\$ 246,296	
Units of service:			
Number of cases		9,170	
Number of bonus cases		896	
Number of households served		3,550	

See independent auditor's report.

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

Child and Adult Care Food Program

Units of Service Provided

April 1, 2023 Through March 31, 2024

	Arkansas		
	<u>Breakfast</u>	<u>Lunch</u>	<u>Snacks</u>
April	3,936	4,082	3,715
May	3,791	3,770	3,516
June	989	986	805
July	68	554	547
August	1,453	1,175	1,383
September	3,124	2,106	2,975
October	3,219	2,219	3,156
November	2,940	2,670	2,750
December	2,228	1,843	2,097
January	2,244	1,886	2,163
February	2,543	2,385	2,608
March	2,760	2,747	2,567
	<u>29,295</u>	<u>26,423</u>	<u>28,282</u>

	Louisiana		
	<u>Breakfast</u>	<u>Lunch</u>	<u>Snacks</u>
April	164	150	113
May	224	224	200
June	174	168	154
July	14	10	10
August	109	108	107
September	265	264	279
October	311	310	303
November	201	225	199
December	186	174	171
January	122	161	105
February	225	239	248
March	297	283	289
	<u>2,292</u>	<u>2,316</u>	<u>2,178</u>

See independent auditor's report.



Welch, Couch & Company, PA Certified Public Accountants

John Ed Welch, CPA | William T. Couch, Jr., CPA
Jeff D. Welch, CPA, JD | Rachel M. Pennywitt, CPA
M. Garrett McSpadden, CPA

Members of American Institute of Certified Public Accountants

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
Community Action Program for Central Arkansas, Inc.
Conway, Arkansas

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 Community Action Program for Central Arkansas, Inc. (CAPCA) (a nonprofit organization), which comprise the statement of financial position as of March 31, 2024, and the related statements of activities, 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 August 22, 2024.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered CAPCA's internal control over financial reporting (internal control) as a basis for designing 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 CAPCA's internal control. Accordingly, we do not express an opinion on the effectiveness of CAPCA'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 or significant deficiencies may exist that have not been identified.

Batesville: PO Box 2094 | Batesville, AR 72503 | P: 870.793.5231 | F: 870.793.7788

Salem: PO Box 647 | Salem, AR 72576 | P: 870.895.3212 | F: 870.895.2998

West Plains: 1386 Bill Virdon Blvd. | West Plains, MO 65775 | P: 417.256.6624 | F: 417.256.1171

Little Rock: 1501 N. University, Suite 268 | Little Rock, AR 72207 | P: 501.468.0089 | F: 501.557.3929

www.welchcouch.com

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether CAPCA'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 financial statements. 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 CAPCA's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering CAPCA's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Welch, Couch & Company, PA
Welch, Couch & Company, PA
Certified Public Accountants

Batesville, Arkansas
August 22, 2024



Welch, Couch & Company, PA Certified Public Accountants

John Ed Welch, CPA | William T. Couch, Jr., CPA
Jeff D. Welch, CPA, JD | Rachel M. Pennywitt, CPA
M. Garrett McSpadden, CPA

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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
Community Action Program for Central Arkansas, Inc.
Conway, Arkansas

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Community Action Program for Central Arkansas, Inc.'s (CAPCA) 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 CAPCA's major federal programs for the year ended March 31, 2024. CAPCA'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, CAPCA 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 March 31, 2024.

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 CAPCA 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 CAPCA's compliance with the compliance requirements referred to above.

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 CAPCA's federal programs.

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Little Rock: 1501 N. University, Suite 268 | Little Rock, AR 72207 | P: 501.468.0089 | F: 501.557.3929

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 CAPCA'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 CAPCA'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 CAPCA'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 CAPCA's 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 CAPCA'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.

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.

Welch, Couch & Company, PA
Welch, Couch & Company, PA
Certified Public Accountants

Batesville, Arkansas
August 22, 2024

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.
Schedule of Findings and Questioned Costs
For the Year Ended March 31, 2024

Section I – Summary of Audit Results

Financial Statements

Type of Auditor's Report:	Unmodified
Internal Control Over Financial Reporting:	
Material Weakness Identified	None Reported
Significant Deficiencies Identified that are not considered to be Material Weaknesses	None Reported
Non-Compliance material to Financial Statements noted:	None Reported

Federal Awards

Internal Control Over Major Programs:	
Material Weakness Identified	None Reported
Significant Deficiencies Identified that are not considered to be Material Weaknesses	None Reported
Type of Auditor's Report issued on Compliance for Major Programs:	Unmodified
Findings required to be reported in accordance with 2CFR Section 200.516(a):	None Reported

Identification of Major Programs:

Assistance Listing Number

93.600	Head Start
14.231	Emergency Solutions Grant Program

Dollar Threshold Used to Distinguish Between Type A and Type B Programs:	\$750,000
Auditee Qualified as Low Risk Auditee:	Yes

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.
Schedule of Findings and Questioned Costs (Cont.)
For the Year Ended March 31, 2024

Section II – Financial Statement Findings

Significant Deficiencies

No matters reported

Material Weaknesses

No matters reported

Section III – Federal Award Findings and Questioned Costs

Significant Deficiencies

No matters reported

Material Weaknesses

No matters reported

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.
Prior Year Schedule of Findings and Questioned Costs
For the Year Ended March 31, 2024

Section I – Summary of Audit Results

Financial Statements

Type of Auditor's Report:	Unmodified
Internal Control Over Financial Reporting:	
Material Weakness Identified	None Reported
Significant Deficiencies Identified that are not considered to be Material Weaknesses	None Reported
Non-Compliance material to Financial Statements noted:	None Reported

Federal Awards

Internal Control Over Major Programs:	
Material Weakness Identified	None Reported
Significant Deficiencies Identified that are not considered to be Material Weaknesses	None Reported
Type of Auditor's Report issued on Compliance for Major Programs:	Unmodified
Findings required to be reported in accordance with 2CFR Section 200.516(a):	No
Identification of Major Programs:	

Assistance Listing Number

93.568	Low Income Home Energy Assistance Program
93.600	Head Start

Dollar Threshold Used to Distinguish Between Type A and Type B Programs:	\$750,000
Auditee Qualified as Low Risk Auditee:	Yes

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.
Prior Year Schedule of Findings and Questioned Costs (Cont.)
For the Year Ended March 31, 2024

Section II – Financial Statement Findings

Significant Deficiencies

No matters reported

Material Weaknesses

No matters reported

Section III – Federal Award Findings and Questioned Costs

Significant Deficiencies

No matters reported

Material Weaknesses

No matters reported

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS, INC.

**Supplemental Data Sheet
Year Ended March 31, 2024**

- | | |
|-------------------------------|---|
| 1) Entity's Full Name: | Community Action Program for Central Arkansas, Inc. |
| 2) Entity's Address: | 707 Robins Street, Suite 118
Conway, AR 72034 |
| 3) Entity's FEIN: | 71-0393919 |
| 4) Entity's Telephone Number: | (501) 329-3891 |
| 5) Name of Director: | Jennifer Welter, Executive Director |
| 6) Name of Contact Person: | Elizabeth Dunlap, Fiscal Officer |

Attachment to April 2023 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Plan Name: 403(b) Thrift Plan of NeighborImpact
EIN: 71-0393919
Plan Number: 001

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c)Description of investment including maturity date, rate of interest, collateral par or maturity value	(d) Cost	(e)Closing Value
.	Mutual of America	GROUP ANNUITY CONTRACT American Century Investments VP Capital Appreciation Fund		4,356
.	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		4,298
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager Portfolio		260
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		17,270
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		4,600
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		4,135
.	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT Small Cap Equity Insights Fund		36
.	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.I. Main Street Fund		1,151
.	Mutual of America	GROUP ANNUITY CONTRACT Loan Fund		26,686
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Aggressive Allocation Fund		52,810
.	Mutual of America	GROUP ANNUITY CONTRACT MoA All America Fund		18,548
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Balanced Fund		4,252
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2015 Fund		2,197
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2020 Fund		238,345
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2025 Fund		30,898
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2030 Fund		130,199
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2035 Fund		196,101
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2040 Fund		131,174
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2045 Fund		203,272
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2050 Fund		64,485
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2055 Fund		121,192
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2060 Fund		39,859
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2065 Fund		7,552
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Conservative Allocation Fund		34,189
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Core Bond Fund		1,163

Attachment to April 2023 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Plan Name: 403(b) Thrift Plan of NeighborImpact
EIN: 71-0393919
Plan Number: 001

.	Mutual of America	GROUP ANNUITY CONTRACT MoA Equity Index Fund		36,005
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Intermediate Bond Fund		6,394
.	Mutual of America	GROUP ANNUITY CONTRACT MoA International Fund		412
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Equity Index Fund		19,319
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Value Fund		2,353
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Moderate Allocation Fund		142,314
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Money Market Fund		182
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Retirement Income Fund		216
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Growth Fund		4,029
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Value Fund		6,113
.	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		236,490
.	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Portfolio		6,999
.	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		24,113
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		3,486
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		7,201
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		7,509