## Form **990**

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	2022 calend	lar year, or t	ax year begin	ining	07-	01	, 2022, a	nd endi	ng	0	6-30 ,20	23
В	Check if a	ceck if applicable: C Name of organization Concord Counseling Services									D Employer identification number		
	Address	change	Doing busin	ess as							31-0821940		
	Name ch	ange	Number and	street (or P.O. bo	x if mail is not delivered	to street address)			Room/suit	e	E Telep	phone number	
	Initial retu	urn	700 B	rooksedge	Blvd							(614)88	32-9338
	Final retu	ırn/terminated	City or town	state or province	, country, and ZIP or fore	ign postal code		19.7.01		G Gross receipts			
	Amended	i return	Weste	rville, C	H 43081						\$		7,040,964
	Application	on pending	F Name and a	ddress of principa	l officer:			EARD INCOME.		H(a) Is this a g	roup return	for subordinates?	Yes X No
												tes included?	Yes No
ī	Tax-exen	npt status: X	501(c)(3)	7 501(c) (	) (insert no.)	4947(a)(1) or	527					ist. See instructio	
J	Website:			counselir						H(c) Group e			
K			Corporation		ociation Other		L Year	r of formation	n: 197				OH
Pi	art I	Summar						or rollinate			idio or io	gar dominiono.	
	1			ization's miss	ion or most signific	ant activities: Pro	vidi	ng mei	ntal 1	nealth.	alco	hol and	drug
		1 Briefly describe the organization's mission or most significant activities: Providing mental health, alcohol, and drug addiction treatment services to the residents of Franklin county as well as educational											
e co		material and prevention services.											
Tan C		material and prevention services.											
/eri	2	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Governance	3	3 Number of voting members of the governing body (Part VI, line 1a)									3	1	1.4
05	4			•							4	<del> </del>	14
Activities &	5	Number of independent voting members of the governing body (Part VI, line 1b)								5	-		
Ž	6										6		122
AC	70	6 Total number of volunteers (estimate if necessary)										-	18
	.0000000	7a Total unrelated business revenue from Part VIII, column (C), line 12								7a		0	
	- D	Net unrelate	d business ta	ixable income	from Form 990-1,	Parti, line 11		• • • • •			7b		0
		0 1 1 1 1		D-41/00 P	41.					Prior Year		1	ent Year
Revenue	8			Part VIII, line	the state of the s				-	5,071			5,157,534
	9									1,928		]	1,821,183
0	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							100000	,739		44,655	
Œ.									15	,499		17,592	
	12								7,017	7,421 7,040		7,040,964	
	13					s 1-3)							0
	14	Benefits paid	to or for me	mbers (Part I)	K, column (A), line 4	1)							0
(A)	15					column (A), lines 5-10				5,507	5,507,682		5,870,317
Expenses	16a	Professional	fundraising f	ees (Part IX, d	column (A), line 116	e)							0
Ö.	b	Total fundrai	sing expense	s (Part IX, co	lumn (D), line 25)		12	2,941				250	
Щ	17	Other expens	ses (Part IX,	column (A), lir	nes 11a-11d, 11f-24	le)				1,197	,523	1	1,268,211
	18	Total expens	es. Add lines	s 13-17 (must	equal Part IX, colu	mn (A), line 25)				6,705	,205	7	7,138,528
	19	Revenue les	s expenses.	Subtract line	18 from line 12 .	<del></del>				312	,216		(97,564)
5	ces								Begin	ning of Curre	nt Year	End o	of Year
ets	20	Total assets	(Part X, line	16)						6,084	,423	6	5,503,888
Net Assets o	21	Total liabilitie	es (Part X, lin	e 26)						1,504	,089	2	2,021,118
		Net assets o	r fund balanc	es. Subtract	line 21 from line 20					4,580	,334	4	1,482,770
and the second division in the second	art II		re Block										
Und	der penalti	es of perjury, I dec	clare that I have e	examined this retu	rn, including accompanyi	ng schedules and statemen mation of which preparer ha	ts, and to	o the best o	of my know	ledge and beli	ef, it is		
	, correct, i	and complete. Bet		Ter (outer triair on	oci) is based on an interior	nation of which preparer ha	3 driy Kri	iowiedge.				200	
		Lind	a Jakes	•		10				V		252	024
Sig	yn .	Signature of office	cer								Da	ate	
He	re	Lind	a Jakes,	Executiv	e Director	4							
		Type or print nar	ne and title						TETT T				
		Print/Type pre	parer's name		Preparer's signature		Date			Check	☐ if	PTIN	
Pa	id	Joseph	T Roche	EA			02-	01-202	24	self-emp	oloyed	P00238	3159
	eparer				d Company LL	ıC				m's EIN			
	e Only												
-			100 m		ОН 43215				1.		614-	224-3078	
May	the IRS	S discuss this	retum with th		own above? See ir	nstructions	· .				V		es X No

#### Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." X 2 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. . . . . . . . . . . . . . . . . 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII. VIII. IX. or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . 11e X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X . . . . . 11f X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . 12b X 13 13 X Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 X 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

X

21

ı a	Tel Tel Checkinst of Required Ochedules (Continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			A
550.70	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part.I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			276275
07	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part. II	26	ļ	Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		١
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	27	120025	Х
20	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	100000	SESTIMATE OF THE PROPERTY OF T	権権保護
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? <i>If</i> "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		- 11
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part.I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
12020	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
07	related organization?If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	20	,,,	
Dar		38	X	
Par	Check if Schedule O contains a response or note to any line in this Part V			
	oncok ii oonoddic o contains a response or note to any iine iii tiiis Fait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	E ( a-s)	162	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	10125		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	х	

Form	990 (2022) Concord Counseling Services 31-082	1940	F	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			D.S.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	100000000000000000000000000000000000000	declines and
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	SIBLE	- William	KIPP
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			2000
0.00	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	2000	IRES.	12,03
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		IIIV SAME	Marine 1
	sponsoring organization have excess business holdings at any time during the year?	8	Noteires	X
	Sponsoring organizations maintaining donor advised funds.		BANNI	166
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Outside the second seco			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	3/3/35/6	200000
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	HOXXXX	
	Note: See the instructions for additional information the organization must report on Schedule O.	762		
	Enter the amount of reserves the organization is required to maintain by the states in which	100		
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.	THE PARTY AND	To the same	1500

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 

Se	ction A. Governing Body and Management				
10	Enter the number of voting members of the governing healt at the and of the tourses	[	150/61	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	14			
	if the governing body delegated broad authority to an executive committee or similar	1			
	committee, explain on Schedule O.				
b		14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1.4			
_	any other officer, director, trustee, or key employee?	100	2		v
3	Did the organization delegate control over management duties customarily performed by or under the direct		_		Х
~	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-			
	one or more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		, u		- 1
	stockholders, or persons other than the governing body?		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		-	Tang.	116
	the year by the following:				
a	The governing body?		8a	х	
b	Each committee with authority to act on behalf of the governing body?		8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		-		
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	1	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	1	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	2	1a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	翻			8.1.1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	1	l2b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe on Schedule O how this was done	1	l2c	х	
13	Did the organization have a written whistleblower policy?		13	х	
14	Did the organization have a written document retention and destruction policy?		14	х	
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	200			
a	The organization's CEO, Executive Director, or top management official	1	15a	х	
b	Other officers or key employees of the organization	1	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	1	l6a		X
b					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	1	6b		
71.3	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Ohio				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website  X Another's website  X Upon request  Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,				
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records.				
	Linda Jakes (614)882-9338, 700 Brooksedge Blvd, Westerville, OH 43081				

_	000	10000
⊢ orm	990	(2022)

3	7		^	0	2	7	0	1	^	
	1	-	u	O	4	1	9	4	U	

age 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A) Name and title  Average hours per week (list any hours for related organizations below dotted line)  (1) Dena Gost (2) Lukasz Lozanski Director of Medical Edu/Psychiatry (3) Linda Jakes Executive Director (4) Mike Preston Director of Clinical Operations  (8)  Average hours per week (list any hours for related organizations (do not check more than one box, unless person is both an officer and a director/trustee)  (a) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (b) Reportable compensation from the organizations (W-2/1099-MISC/1099-M
Average hours per week (list any hours for related organizations below dotted line)  (1) Dena Gost 36.00  Medical Director  (2) Lukasz Lozanski Director of Medical Edu/Psychiatry  Director of Medical Edu/Psychiatry  (3) Linda Jakes Executive Director  Executive Director  (4) Mike Preston 4 Average hours per week with a director/trustee)  Average hours per week wow, unless person is both an officer and a director/trustee)  Average hours per week wow, unless person is both an officer and a director/trustee)  Average hours per week wow, unless person is both an officer and a director/trustee)  Average hours per week wow, unless person is both an officer and a director/trustee)  Average hours per week wow, unless person is both an officer and a director/trustee)  Average hours per week wow, unless person is both an officer and a director/trustee)  Average hours per week work hand of the compensation from the organization (W-2/1099-MISC/
hours per week (list any hours for related organizations below dotted line)   hours for related organizations with the companied of the compensation from the distance of the companied organizations (W-2) (1099-MISC) (109
(1) Dena Gost
Nours for related organizations below dotted line   Nours for related organizations   Nours for for related organizations   Nours for related organization
(1) Dena Gost 36.00  Medical Director X 254,806 0 8,620  (2) Lukasz Lozanski 40.00  Director of Medical Edu/Psychiatry X 222,568 0 2,660  (3) Linda Jakes 40.00  Executive Director X 121,820 0 6,800  (4) Mike Preston 40.00
(1) Dena Gost 36.00  Medical Director X 254,806 0 8,620  (2) Lukasz Lozanski 40.00  Director of Medical Edu/Psychiatry X 222,568 0 2,660  (3) Linda Jakes 40.00  Executive Director X 121,820 0 6,800  (4) Mike Preston 40.00
(1) Dena Gost 36.00  Medical Director X 254,806 0 8,620  (2) Lukasz Lozanski 40.00  Director of Medical Edu/Psychiatry X 222,568 0 2,660  (3) Linda Jakes 40.00  Executive Director X 121,820 0 6,800  (4) Mike Preston 40.00
(1) Dena Gost 36.00  Medical Director X 254,806 0 8,620  (2) Lukasz Lozanski 40.00  Director of Medical Edu/Psychiatry X 222,568 0 2,660  (3) Linda Jakes 40.00  Executive Director X 121,820 0 6,800  (4) Mike Preston 40.00
(1) Dena Gost 36.00  Medical Director X 254,806 0 8,620  (2) Lukasz Lozanski 40.00  Director of Medical Edu/Psychiatry X 222,568 0 2,660  (3) Linda Jakes 40.00  Executive Director X 121,820 0 6,800  (4) Mike Preston 40.00
Medical Director       X       254,806       0       8,620         (2) Lukasz Lozanski       40.00       X       222,568       0       2,660         (3) Linda Jakes       40.00       X       121,820       0       6,800         Executive Director       40.00       X       121,820       0       6,800
Medical Director       X       254,806       0       8,620         (2) Lukasz Lozanski       40.00       X       222,568       0       2,660         (3) Linda Jakes       40.00       X       121,820       0       6,800         Executive Director       40.00       X       121,820       0       6,800
(2) Lukasz Lozanski       40.00         Director of Medical Edu/Psychiatry       X       222,568       0       2,660         (3) Linda Jakes       40.00       X       121,820       0       6,800         Executive Director       X       121,820       0       6,800         (4) Mike Preston       40.00       0       0       0       0
Director of Medical Edu/Psychiatry X 222,568 0 2,660  (3) Linda Jakes  Executive Director X 121,820 0 6,800  (4) Mike Preston 40.00
(3) Linda Jakes       40.00         Executive Director       X       121,820       0       6,800         (4) Mike Preston       40.00       0       0       6,800
Executive Director X 121,820 0 6,800  (4) Mike Preston 40.00
(4) Mike Preston 40.00
Director of Clinical Operations X 97,704 0 5,921
(5) Charles Vranekovic 40.00
Chief Financial Officer X 85,965 0 14,910
(6) Michael Sawyers 1.00
Board Member X 0 0 0
(7) John Porter 1.00
Board Member X 0 0 0
(8) LaDonya Pierce 1.00
Board Member X 0 0 0
(9) Kim Kellog 1.00
Board Member X 0 0 0
(10)Fara Waugh 1.00
Board Member X 0 0
(11)Kenneth Wright 1.00
Board Member X 0 0 0
(12)Anna Schiffbauer 1.00
Board Member X 0 0 0
(13)Anamarie Webb 1.00
Board Member X 0 0 0
(14)Jim McCann 1.00
Board Member X 0 0 0

Form 990 (2022) Concord Counselin	4	-	_	_				31-0821			Page 8
Part VII   Section A. Officers, Directors, T	rustees,	Key	Emp	loye	es, a	nd F	lighest Comp	ensated Empl	oyees	s (con	tinued)
(A) Name and title	(B) Average hours per week	box	, unless	s perso		an	(D)  Reportable compensation from the	(E) Reportable compensation from related		(F) mated an of othe ompensa	г
	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	employee Key employee	Former Highest compensated	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		from the anization ed organi	and
(15)Brian Pierson Board Member	1.00	х					0	0			0
(16)Lori_Hitchens Board Member	1.00	х					0	0			0
(17)Alyson Poirier Board Member	1.00	х					0	0			0
(18)Derrick Manley Chair elect	1.00	х		х			0	0			0
(19)Justin Satin	1.00	х		х			0	0			0
(20)Larry Jenkins Treasurer	1.00			x			0	0			0
(21)Kathleen Ryan Secretary	1.00	-		x			0	0			0
(22)Jennifer Lewis Immell	1.00			x			0	0			0
(23)				*			0	0			
(24)				$\top$							
(25)											
1b Subtotal	on A					:					
d Total (add lines 1b and 1c)							782,863 ore than \$100,000	0 of		38,	911
reportable compensation from the organization											3
3 Did the organization list any former officer, direct	or, trustee, l	key em	ploye	ee, or	highes	t con	npensated			Yes	No
<ul><li>employee on line 1a? If "Yes," complete Schedule</li><li>For any individual listed on line 1a, is the sum of re</li></ul>									3		X
organization and related organizations greater that individual									4	х	
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes									5		х
Section B. Independent Contractors											
1 Complete this table for your five highest compensat	100										
compensation from the organization. Report compe	ensation for t	he cal	endar	r year	ending	with		ization's tax year.			
(A) Name and business address	S						(B)  Description of service	es es	(C) Compen		
				-							
Total number of independent contractors (including	5		those	listed	d above	e) who	0				
received more than \$100,000 of compensation from	n the organiz	zation							For	m 990 /	(2022)

Form 990 (2022) Concord Counseling Services 31-0821940 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Total revenue Unrelated Related or exempt Revenue excluded function revenue business revenue from tax under sections 512-514 Federated campaigns . . . . . . . 1a Membership dues . . . . . . . . . . . 1b Contributions, Gifts, Grants and Other Similar Amounts 1c d Related organizations . . . . . . . 1d e Government grants (contributions) . . 1e 4,920,330 f All other contributions, gifts, grants, and similar amounts not included above 1f 237,204 Noncash contributions included in lines 1a-1f . . . . . . . . . . . . . . . . 1g \$ 5,157,534 **Business Code** 2a Client fees 900099 219,844 219,844 Program Service b Medicaid 900099 1,294,859 1,294,859 Revenue c Medicare 900099 306,480 306,480 f All other program service revenue . . . . . 1,821,183 Investment income (including dividends, interest, and 44,655 44,655 Income from investment of tax-exempt bond proceeds 6a Gross rents . . . . . 6a b Less: rental expenses . . 6b c Rental income or (loss) 6c d Net rental income or (loss) . . . . . . . . . . . . . . . . . . . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis 7b and sales expenses . . Other Revenue c Gain or (loss) . . . . . 7c 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . 8a b Less: direct expenses . . . . . . . . . 8b c Net income or (loss) from fundraising events . . . . . . . . . 9a Gross income from gaming activities, See Part IV, line 19 . . . . . . b Less: direct expenses . . . . . . . . . 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . . . . . . . 10a b Less: cost of goods sold . . . . . . . . 10b c Net income or (loss) from sales of inventory . . . . . . . . . . **Business Code** 11a Other 900099 17,592 17,592 Miscellanous Revenue

17,592

1,883,430

7,040,964

d All other revenue . . . . . . . . . . . . . . .

0

#### Form 990 (2022) **Part IX** Sta Statement of Functional Expenses

Section 501(c)(3)	) and 501(c)(4	) organizations mus	t complete all co	lumns. All oth	er organizations	must complete co	lumn (A).
Ch	eck if Schedul	e O contains a resp	onse or note to a	ny line in this f	Part IX		

	Check if Schedule O contains a response or note to	any line in this Part IX			
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	782,863	702,564	80,225	74
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,321,012	3,877,802	442,802	408
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	766,442	716,559	49,771	112
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	84,877	57,228	27,614	35
14	Information technology				
15	Royalties				
16	Occupancy	523,776	501,700	21,892	184
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	89,150	80,934	8,147	69
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
a	Operating Expenses	570,408	529,591	28,758	12,059
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,138,528	6,466,378	659,209	12,941
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here   if				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** 

Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . (B) Beginning of year End of year 1 3,408,545 1 1,811,186 2 2 3 3 4 259,323 4 632,133 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . 7 7 Assets 8 8 9 51,306 44,110 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . . . 10a 3,361,602 1,162,201 10c 2,300,963 2,199,401 11 11 12 1,176,877 55,112 12 13 13 14 14 15 15 9,174 640,181 Total assets. Add lines 1 through 15 (must equal line 33) . . . . . . . . . . . . 16 6,084,423 6,503,888 16 475,365 17 17 419,818 18 18 19 48,937 19 42,300 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ...... 22 23 Secured mortgages and notes payable to unrelated third parties . . . . . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . . . . . . . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 979,787 25 1,559,000 26 1,504,089 2,021,118 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 4,580,334 27 4,482,770 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund ..... 30 Retained earnings, endowment, accumulated income, or other funds . . . . . . 31 31 32 4,580,334 32 4,482,770 33 6,084,423 33 6,503,888 Form 990 (2022)

Form	1990 (2022) Concord Counseling Services	31-082194	0	Р	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	040	964
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	138,	,528
3	Revenue less expenses. Subtract line 2 from line 1	3		(97	,564)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,580,334		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	4,	482,	770
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Doth consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Forn	1 990	(2022)

#### SCHEDULE A (Form 990)

Department of the Treasury

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Concord Counseling Services 31-0821940 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving a the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990) 2022 Concord Counseling Services 31-0821940 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 4,598,845 5,117,866 4,597,607 5,071,894 5,157,534 24,543,746 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . Total. Add lines 1 through 3 . . . . . 4,598,845 5,117,866 4,597,607 5,071,894 5,157,534 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .... Public support. Subtract line 5 from line 4. 24,543,746 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 4,598,845 Amounts from line 4 . . . . . . . . . . 5,117,866 4,597,607 5,071,894 5,157,534 24,543,746 8 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources ...... 12,402 14,573 6,138 1,739 44,655 79,507 Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . . . . 11 Total support. Add lines 7 through 10 24,623,253 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**..<u>....</u>..... Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . . 14 99.68 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 99.80 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0.70	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(4) 2010	(10) 20 10	(0) 2020	(4) 202	(0) 2022	(1) 10141
10a	Gross income from interest, dividends, .						
100	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b				-		
11	Net income from unrelated business		-				
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First 5 years. If the Form 990 is for the org	ganization's fi	ret second thi	rd fourth or fit	fth tay year as	a saction 501/a	.//3/
14	organization, check this box and <b>stop her</b>	<del></del>				630	
Socti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8			13 column (f)		15	%
	Public support percentage for 2022 (line of			66 5.0		16	<del>/</del> 0
16 Secti	on D. Computation of Investment Inc					10	70
<u> 17</u>	Investment income percentage for 2022 (li			v line 13 colu	mn (f))	17	%
18	Investment income percentage for 2022 (iii  Investment income percentage from 2021				10000000	18	<del>%</del>
	33 1/3% support tests - 2022. If the organ						
19a							
L	17 is not more than 33 1/3%, check this bo				Contraction of the contraction		or reprincing the position of the
b	33 1/3% support tests - 2021. If the organization						
00	line 18 is not more than 33 1/3%, check this box					special formal profit control and the	
20	Private foundation. If the organization did	a not check a	box on line 14,	19a, or 19b, c	neck this box a	and see instruc	lions

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Sup	porting	Org	<b>ganizations</b>
---------	--------	-----	---------	-----	--------------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

- 7/253	Yes	No
1		
2	essinin	V.Stania
3a		
3b		
3с	3645	
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		TO:	
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		five St	
42-1-1-1-1	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			1100
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			96
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	F2.		
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	125%	Also de	
0 11	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
		2007/65	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1200	
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	(COSCI)	STATE OF THE PARTY
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2	Sea	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have		K 5.44	Dec 27
J	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3	100000100	
Section	on E. Type III Functionally Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	insti	ructio	ns)
а	The organization satisfied the Activities Test. Complete line 2 below.			-,.
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	le A (Form 990) 2022 Concord Counselling Services		31-082	1940	Page
Part					
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying				
	instructions. All other Type III non-functionally integrated supporting organ	nizati	ons must complete Sect	ions A through	gh E.
Sect	ion A - Adjusted Net Income		(A) Prior Year		rent Year ional)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Secti	ion B - Minimum Asset Amount		(A) Prior Year		rent Year ional)
1	Aggregate fair market value of all non-exempt-use assets (see				New Section V
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors	46			
	(explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Curre	nt Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			Some Control
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

(see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continue	ed)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years		and on the control of the property	Language I	
h	Applied to 2022 distributable amount				CONTRACTOR AND A STATE OF THE PARTY OF THE P
<u>i</u> _	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			707	
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years			35-040	
b	Applied to 2022 distributable amount			E656	
C	Remainder. Subtract lines 4a and 4b from line 4.			2002	
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.			5/45/50	
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
7	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
o	Excess from 2018				
a	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

#### Schedule B (Form 990)

#### Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number Concord Counseling Services 31-0821940 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
Concord Counseling Services

Employer identification number

31-0821940

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	Puffin Foundation  60 E Spring St  Columbus OH 43215	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

ation. Inspection

<i>a</i>	1.01/		21 0001010
	ord Counseling Services	Funda ar Othar Similar Funda ar Asa	31-0821940
Pa			counts.
	Complete if the organization answered "Yes"		
121		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
	funds are the organization's property, subject to the organiz		
6	Did the organization inform all grantees, donors, and donor		
	only for charitable purposes and not for the benefit of the do		( <u></u> )
	conferring impermissible private benefit?		Yes No
Par			
	Complete if the organization answered "Yes"		
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreati		nistorically important land area
	Protection of natural habitat	☐ Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		. 2b
C	Number of conservation easements on a certified historic st	ructure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired	after July 25, 2006, and not on a	
	historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	rganization during the
	tax year		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(h)	(4)(B)(i)
	, , , , , , ,	*************	
9	In Part XIII, describe how the organization reports conserva		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Par		The second section of section and section and	ther Similar Assets.
	Complete if the organization answered "Yes"	***************************************	
1a	If the organization elected, as permitted under FASB ASC 9		
	of art, historical treasures, or other similar assets held for pu		erance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial g	ain, provide the
	following amounts required to be reported under FASB ASC		
a	Revenue included on Form 990, Part VIII, line 1 $\dots$		
b	Assets included in Form 990, Part X		\$

Par	t III   Organizations Maintaining	Collections of Art, Hi	storical Treasures,	or Other Similar As	sets (continued)
3	Using the organization's acquisition, access	ion, and other records, check	any of the following that n	nake significant use of its	
	collection items (check all that apply):				
а	Public exhibition	d	Loan or exchange pr	ogram	
b	Scholarly research	е	Other		
С	Preservation for future generations				
4	Provide a description of the organization's c	ollections and explain how the	ev further the organization	's exempt pumose in Part	
1980	XIII.	one of the distance of the dis	of ranking the organization	io oxompi parpodo iri i art	
5	During the year, did the organization solicit of	or receive donations of art his	torical treasures or other	similar	
	assets to be sold to raise funds rather than				Yes No
Par	t IV   Escrow and Custodial Arra		o organization o objection		100 110
	Complete if the organization		m 990 Part IV line	9 or reported an amo	ount on Form
	990, Part X, line 21.	anomorou roo on ro	in ood, i dit iv, into	o, or reported an ann	ount on i onn
1a	Is the organization an agent, trustee, custodi	ian or other intermediany for co	ontributions or other asset	's not	
		· · · · · · · · · · · · · · · · · · · ·			.  Yes No
b	If "Yes," explain the arrangement in Part XII				.   163   100
D	ii res, explain the arrangement iiri art Air	rand complete the following to	abic.	Δm	ount
	Reginging balance				oun
C	Beginning balance				
d					
e	Distributions during the year				
f	Ending balance				☐ Yes ☐ No
2a	Did the organization include an amount on F				
Par	If "Yes," explain the arrangement in Part XIII  t V Endowment Funds.	i. Check here if the explanation	n nas been provided on F	'ап хIII	
rai	Complete if the organization	answered "Ves" on For	m 000 Part IV line	10	
	Complete if the organization				T
10	Designing of year balance	(a) Current year (b) F	Prior year (c) Two years	back (d) Three years back	(e) Four years back
1a	Beginning of year balance				
b	Contributions				-
С	Net investment earnings, gains, and				
	losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
120	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the curr	i man	, column (a)) held as:		
a	Board designated or quasi-endowment	%			
b	Permanent endowment%				
С	Term endowment%				
	The percentages on lines 2a, 2b, and 2c sho				
3a	Are there endowment funds not in the posse	ession of the organization that	are held and administere	d for the	
	organization by:				Yes No
	(i) Unrelated organizations			* * * * * * * * * * * * * *	3a(i)
	(ii) Related organizations			*******	3a(ii)
b	If "Yes" on line 3a(ii), are the related organiz	cations listed as required on S	chedule R?		3b
4	Describe in Part XIII the intended uses of the		unds.		
Par	t VI Land, Buildings, and Equip				
	Complete if the organization	answered "Yes" on For	m 990, Part IV, line	11a. See Form 990, I	Part X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
1a	Land	r (#)	53,800		53,800
b	Buildings	* 100	594,520	208,087	386,433
С	Leasehold improvements	1 189	2,151,363	757,438	1,393,925
d	Equipment		561,919	196,676	365,243
ее	Other				
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X, colur	mn (B), line 10c.)		2,199,401

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line (s) Description of searchity or category (s) (s) Book value (s) Metrod of valuatoric Cost or and of year market value (c) Cost or and of year market value (d) (c) (d) (d) (e) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Schedule D (Fo		ing Services			31-0821940	Page 3
(a) Description of security or category (realizing parame of security) (b) Book value (c) Method of valuation: (c) Closely-held equity interests (d) Closely-held equity interests (d) Closely-held equity interests (e) Closely-held equity interests (f) Gillows (high must equal Form 990, Part X, col. (g) line 12). (c) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Part VII	Investments - Other Securities.					
(i) Financial derivatives (2) Closely-held equity interests (3) Other (VMarketable securities 1,1,176,877 PMV (VMarketable sec		Complete if the organization answere	ed "Yes" on Form 990	, Part IV, lir	e 11b. See Fo	orm 990, Part X,	line 12.
(2) Closely-held equity interests (3) Other (Waxrketable securities 1,176,877 FMV  (B) (C) (C) (D) (E) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F			(b)	Book value			
(3) Other ((A) Assistant and the securities (A) (A) Assistant (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	(1) Financial	derivatives					
Affarketable securities   1,176,877   PMV	(2) Closely-h	eld equity interests					
(B) (C) (C) (D) (E) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)	(3) Other	97. 8					
(C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) 1, 176, 877  Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line (a) Description of investment (b) Book value (c) Method of valuations: (Gost or end-of-year market value (d) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	(AMarket	able securities		,176,877	FMV		
(D) (E) (F) (G) (H) (Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)	(B)						
(E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)	(C)						
(F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	(D)						
(6) (H) (Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) 1, 176, 877    Part VIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value   (f)   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (7)   (8)   (9)   (7)   (8)   (9)   (7)   (8)   (9)   (7)   (8)   (9)   (7)   (8)   (9)   (7)   (9)   (7)   (7)   (8)   (9)   (7)   (9)   (9)   (7)   (9)   (9)   (9)   (9)   (9)   (1)   (9)	(E)						
Total.     Column   (b)   must equal Form 990, Part X, col.   (B)   line 12.)	(F)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	(G)						
Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line	(H)						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line			2.)	,176,877			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	Part VIII	Investments - Program Related.					
(1)		Complete if the organization answere	d "Yes" on Form 990	, Part IV, lin	e 11c. See Fo	orm 990, Part X,	line 13.
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (1) namortized Loan Costs (2) perating Lease (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)	,,,,	(a) Description of investment	(b)	Book value			
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (1) namortized Loan Costs (2) perating Lease (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)	(1)						
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line  (1) Description (b) Book value  (1) Description (c) Book value  (1) Description (d) Book value  (1) Description (e) Book value  (1) Description of liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part V, line 25.							
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	(3)						
(6) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13).  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line  (1) Description (b) Book value (1) Description (c) Book value	(4)						
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line  (1)Inamortized Loan Costs (2)Departing Lease (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)	(5)						
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line  (1)Inamortized Loan Costs (2)Pperating Lease 631 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)							
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	-						
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	AT STATE OF						
Part IX   Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line	- Contract						
Part IX   Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line	Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 1	3.)				
(a) Description (b) Book value  (1) Unamortized Loan Costs 8  (2) Operating Lease 631  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). 640  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part V line 25.  1. (a) Description of liability (b) Book value							
(1) Inamortized Loan Costs (2) perating Lease (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		Complete if the organization answere	d "Yes" on Form 990	, Part IV, lin	e 11d. See Fo	orm 990, Part X,	line 15.
(2) perating Lease (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		(a) [	Description			(b) Book	value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(1)Unamor	tized Loan Costs					8,891
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(2)Dperat	ing Lease					631,290
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(3)						
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(4)			¥:			
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	6W.000						
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(6)						
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(7)						
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)							
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)							
Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X line 25.  1. (a) Description of liability (b) Book value		nn (b) must equal Form 990, Part X, col. (B) line 1	5.)				640,181
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part I line 25.  1. (a) Description of liability (b) Book value	Part X	Other Liabilities.					
line 25.  1. (a) Description of liability (b) Book value		Complete if the organization answere	d "Yes" on Form 990	, Part IV, lin	e 11e or 11f. S	See Form 990, P	art X,
		line 25.					
	1.		(b) Book value				
(1) Federal income taxes	(1) Federal	income taxes					
(2Lease Obligation-Current Portion 117,481			117,4	81			
(3Mortgage Payable-Current Portion 49,148							
(4Lease Obligation-Long Term Portion 513,809							
(5Mortgage Payable-Long Term Portion 878,562				50000000			
(6)							
(7)							

(8) (9)

Part	XI Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, P		Return.	
1	Total revenue, gains, and other support per audited financial statements		1	7,040,964
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		2000	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	7,040,964
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	77	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,040,964
Part			er Retur	
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	7,138,528
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	7,138,528
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3.86	.,,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5	7,138,528
Part				,,250,520
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li	ines 1b and 2b: Part V. line 4:	Part X. line	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			
	ootnote for uncertain tax position under FIN 48 (Part	₹ <sub>10</sub> .		
		/		
Conco	ord adopted guidance relating to accounting for uncerta	inty in income taxe	s. which	h requires
		and an amound dance	, ,,,,,,,,	redurres
Conco	ord to annually evaluate tax positions taken with regar	d to unrelated busi	ness in	come, related
				,
deduc	tions applied or other activities that may jeopardize	their tax exempt st	atus an	d thus would
		*		
meet	the definitions of an uncertain tax position. Concord'	s open audit period	s are 2	019 thru 2022
	*	•		
based	l on filed Forms 990, no tax accrual liability was reco	rded as management	believe	s there are no
	*			
uncer	tain tax positions.			
	*			

#### SCHEDULE G (Form 990)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Conc	ord Counseling Services					31-082	
Part	I Fundraising Activities	. Complete if t	he organiz	ation ansv	vered "Yes" on I	Form 990, Part IV	, line 17.
	Form 990-EZ filers are not	required to com	plete this p	art.			
1	Indicate whether the organization rais	sed funds through	any of the fo	llowing activit	ties. Check all that a	pply.	
a	Mail solicitations		е [		of non-government		
b	Internet and email solicitations		f	Solicitation	of government gran	ıts	
С	Phone solicitations		g	Special fur	ndraising events		
d	☐ In-person solicitations						
2a	Did the organization have a written o	r oral agreement v	vith any indivi	idual (includir	ng officers, directors	, trustees,	
	or key employees listed in Form 990,	Part VII) or entity	in connection	n with profess	sional fundraising se	ervices?	Yes No
b	If "Yes," list the 10 highest paid indivi-	duals or entities (f	undraisers) p	ursuant to ag	reements under whi	ch the fundraiser is to	be
	compensated at least \$5,000 by the	organization.					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		(7)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the organization	n is registered or	icensed to se	dicit contribut	tions or has been no	tified it is exempt from	
3	registration or licensing.	iris registered or i	ilcerised to st	oncit continuu	uons of has been no	uned it is exempt from	
	registration of licensing.						
							<del></del>
						1 V2-1 III	

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts . . . . . . . 2 Less: Contributions Gross income (line 1 minus line 2) . . . . . . . . . . . . . . 4 Cash prizes . . . . . . . . Noncash prizes . . . . . . 5 6 Rent/facility costs . . . . . . . Direct Expenses 7 Food and beverages . . . . . 8 Entertainment . . . . . . . Other direct expenses . . . . 10 11 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue . . . . . . . 2 Cash prizes . . . . . . . . . Expenses Noncash prizes . . . . . . 3 Direct 4 Rent/facility costs . . . . . . 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No ☐ No Enter the state(s) in which the organization conducts gaming activities: 9 a If "No," explain: b 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:

#### SCHEDULE J (Form 990)

#### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Concord Counseling Services 31-0821940 **Questions Regarding Compensation** Part I Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee ☐ Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X Participate in or receive payment from a supplemental nonqualified retirement plan? b 4b Х Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X 5b X If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X 6b X If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes." describe in Part III 8

Regulations section 53.4958-6(c)?

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Page 2

Concord Counseling Services

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

		(B) Breakdown of W-2 ar	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	099-NEC compensation	(C) Retirement and	ON November	(E) Total of columns	(E) Company
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Dena Gost	Θ	254,806	0	0	0	8,620	263,426	0
1 Medical Director	<b>(ii)</b>	0	0	0	0	0	0	0
Lukasz Lozanski	Ξ	222,568	0	0	0	2,660	225,228	0
2 Director of Medical Edu/P		0	0	0	0	0	0	0
	Θ							
3	(ii)							
	Θ							
4	€							
	Ξ							
5	€							
	€							
9	€							
	(							
7	<b>E</b>							
	€							
8	(ii)							
	Θ							
6	(ii)							
	Θ							
10	(ii)							
	Θ							
11	(E)							
	Θ							
12	(ii)							
	Ξ							
13	(E)							
	Θ							
14	<u>(ii)</u>							
	()							
15	(E)							
	<b>(</b>							
16	(ii)							
EEA							Schedu	Schedule J (Form 990) 2022

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Concord Counseling Services 31-0821940 01. Form 990 governing body review (Part VI, line 11) The Form 990 is reviewed by the Finance committee (a sub committee of the board), then presented for review and approval by the board. 02. Conflict of interest policy compliance (Part VI, line 12c) As part of the annual audit process internal management presents to the Governing Body the 1.30 Code of Ethics policy for review and sign off. Employess, contract staff, volunteers & interns are given the policy to read and sign off on before employment. 03. CEO, executive director, top management comp (Part VI, line 15a) Review and approval by governing body, comparison to other salaries for comparable positions and documentation of the deliberations and decisions regarding the compensation decisions. The Executive Compensation Governance policy addresses executive compensation, philosophy, independent review, compensation mix and the related documentations process. 04. Other officer or key employee compensation (Part VI, line 15b Review and approval by governing body, comparison to other salaries for comparable positions and documentation of the deliberations and decisions regarding the compensation decisions. The Executive Compensation Governance policy addresses executive compensation, philosophy, independent review, compensation mix and the related documentations process. 05. Form 990 availability to public (Part VI, line 18) Available upon request and it is posted on several websites. 06. Governing documents, etc, available to public (Part VI, line 19)

Available upon request and it is posted on several websites.

## Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

▶ File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file)**. You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits

Contracts,	for which an extension request must be sent to	the IRS in	paper format (see instructions). For more of	details	on the	electronic
filing of this	form, visit www.irs.gov/e-file-providers/e-file-fo	or-charities-	and-non-profits.			
Automati	c 6-Month Extension of Time. Only subr	nit original	(no copies needed).			
All corpora	tions required to file an income tax return other	than Form	990-T (including 1120-C filers), partnershi	os, RE	MICs, a	ind trusts
must use F	orm 7004 to request an extension of time to file	e income ta	x returns.			
Type or print	Name of exempt organization or other filer, see ins	structions.	Taxpayer identification number (TIN)			
	Concord Counseling Services	31-0821940				
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.					
due date for filing your return. See instructions.	700 Brooksedge Blvd					
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
	Westerville OH 43081					
Enter the Re	tum Code for the retum that this application is for (file	a separate a <sub>l</sub>	oplication for each return)			0 1
Application		Return	Application			Return
Is For		Code	Is For			Code
350 (000000000	or Form 990-EZ	01	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			
Form 990-PF		04	Form 5227	Train aday		
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			
Form 990-T (trust other than above)		06	Form 8870			
740-200-00-00	T (corporation)	07	1 3.111 2070			
<ul><li>If the orga</li><li>If this is fo</li><li>for the whole</li></ul>	e No.▶ 614-882-9338 anization does not have an office or place of business or a Group Return, enter the organization's four digit G group, check this box ▶ ☐ . If it names and TINs of all members the extension is for.	roup Exempti	States, check this box	this is		▶□
1 I request an automatic 6-month extension of time until 05-15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ □ calendar year 20 or  ▶ ☒ tax year beginning 07-01, 2022, and ending 06-30, 2023  2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return						
	ange in accounting period		Latera Ann. Error von			
	application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter the ter	native tax, less any			
-	undable credits. See instructions.		fundable and its and	3a	\$	
	f this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
	ted tax payments made. Include any prior year overp			3b	\$	
	ce due. Subtract line 3b from line 3a. Include your pa	•	SCOUT CONTRACTOR OF COMMENTS O			
using EFTPS (Electronic Federal Tax Payment System). See instructions.  36					\$	A Vindo Military and a service.
	ou are going to make an electronic funds withdrawal	I (direct debit	) with this Form 8868, see Form 8453-TE and F	orm 88	79-TE for	payment
nstructions.						

For Privacy Act and Paperwork Reduction Act Notice, see instructions.