

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan 403(B) THRIFT PLAN OF COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY, INC.	1b	Three-digit plan number (PN) ▶ 002
		1c	Effective date of plan 07/01/2008
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) COMMUNITY COUNSELING CENTER OF 2801 C CT ASHTABULA, OH 44004-4571	2b	Employer Identification Number (EIN) 34-0901680
		2c	Plan Sponsor's telephone number 440-998-4210
		2d	Business code (see instructions) 621420

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/02/2024	JENNIFER KEEFNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 149
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 98
a(2) Total number of active participants at the end of the plan year		6a(2) 106
b Retired or separated participants receiving benefits		6b 6
c Other retired or separated participants entitled to future benefits.....		6c 50
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 162
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 162
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 160
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 3D 2J 2K 2S 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
A Name of plan 403(B) THRIFT PLAN OF COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY, INC.	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY COUNSELING CENTER OF	D Employer Identification Number (EIN) 34-0901680	

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

(a) Name of insurance carrier MUTUAL OF AMERICA
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1611439	88668	089015G	162	07/01/2022	06/30/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	6295

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid AKRON REGIONAL OFFICE 4040 EMBASSY PKWY STE 180 AKRON, OH 44333

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	6295	PORTION OF INCENTIVE COMP. PROGRAM	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end..... **4** 403102**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 384747**c** Additions: (1) Contributions deposited during the year **7c(1)** 18073
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 8921
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 30

▶ MOA CORRECTION

(6) Total additions **7c(6)** 27024**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 411771**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 7834
(2) Administration charge made by carrier **7e(2)** 72
(3) Transferred to separate account **7e(3)** 0
(4) Other (specify below) **7e(4)** 763

▶ FORFEITURES

(5) Total deductions **7e(5)** 8669**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 403102

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023	
A Name of plan 403(B) THRIFT PLAN OF COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY, INC.	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY COUNSELING CENTER OF	D Employer Identification Number (EIN) 34-0901680

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DWS	210 WEST 10TH STREET KANSAS CITY, MO 64105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GOLDMAN SACHS	200 WEST STREET NEW YORK, NY 10282

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MUTUAL OF AMERICA	320 PARK AVE NEW YORK, NY 10022

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS

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

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT

1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

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

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

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

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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 65	INSURANCE CARRIER	755	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
	For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023	

A Name of plan 403(B) THRIFT PLAN OF COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY, INC.		B Three-digit plan number (PN) ►	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 COMMUNITY COUNSELING CENTER OF		D Employer Identification Number (EIN) 34-0901680	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	SEPARATE ACCOUNT NUMBER SA2
--	------------------------------------

b Name of sponsor of entity listed in (a):	MUTUAL OF AMERICA
---	--------------------------

c EIN-PN 13-1614399-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4929453
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
A Name of plan 403(B) THRIFT PLAN OF COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY, INC.	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY COUNSELING CENTER OF	D Employer Identification Number (EIN) 34-0901680	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	00
(2) Participant contributions.....		1b(2)	00
(3) Other.....		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	00
(2) U.S. Government securities		1c(2)	00
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	00
(B) All other		1c(3)(B)	00
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	00
(B) Common.....		1c(4)(B)	00
(5) Partnership/joint venture interests		1c(5)	00
(6) Real estate (other than employer real property)		1c(6)	00
(7) Loans (other than to participants).....		1c(7)	00
(8) Participant loans.....		1c(8)	00
(9) Value of interest in common/collective trusts.....		1c(9)	00
(10) Value of interest in pooled separate accounts		1c(10)	00
(11) Value of interest in master trust investment accounts.....		1c(11)	00
(12) Value of interest in 103-12 investment entities		1c(12)	00
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	36958295282377
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	384747403102
(15) Other		1c(15)	00

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4080576	5685479

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4080576	5685479
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	168927	
(B) Participants	2a(1)(B)	277386	
(C) Others (including rollovers)	2a(1)(C)	622324	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1068637
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	8921	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8921
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		590813
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		1765
d Total income. Add all income amounts in column (b) and enter total	2d		1670136
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	64478	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		64478
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	755	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		755
j Total expenses. Add all expense amounts in column (b) and enter total	2j		65233
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1604903
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SNODGRASS OF N.E. OHIO, INC.

(2) EIN: 46-3004069

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
A Name of plan 403(B) THRIFT PLAN OF COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY, INC.		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY COUNSELING CENTER OF		D Employer Identification Number (EIN) 34-0901680
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3590259		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
	c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
	b The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

**COMMUNITY COUNSELING CENTER OF
ASHTABULA COUNTY**

ASHTABULA, OHIO

**FINANCIAL STATEMENTS
(Audit)**

JUNE 30, 2023 and 2022

Community Counseling Center of Ashtabula County
FINANCIAL STATEMENTS
June 30, 2023 and 2022

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INDEPENDENT AUDITOR'S REPORT

Board of Directors of
Community Counseling Center of Ashtabula County

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Community Counseling Center of Ashtabula County (a nonprofit Center), which comprise the statement of financial position as of June 30, 2023, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Community Counseling Center of Ashtabula County as of June 30, 2023, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Community Counseling Center of Ashtabula County's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 28, 2024, on our consideration of Community Counseling Center of Ashtabula County's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Community Counseling Center of Ashtabula County's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Community Counseling Center of Ashtabula County's internal control over financial reporting and compliance.

Prior Period Financial Statements

We have previously audited the Community Counseling Center of Ashtabula County's 2022 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated July 10, 2023. The financial statements for the year ended June 30, 2022 were not audited in accordance with *Government Auditing Standards*, and accordingly, did not include reporting on internal control over financial reporting or compliance and other matters.

Snodgrass of N.E. Ohio, Inc.

Ashtabula, Ohio
March 28, 2024

Community Counseling Center of Ashtabula County
STATEMENT OF FINANCIAL POSITION

	June 30,	
	2023	2022
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 3,167,740	\$ 3,256,566
Accounts receivable, net	854,850	465,418
Prepaid expenses	87,503	74,746
	<u>4,110,093</u>	<u>3,796,730</u>
Total current assets		
BUILDINGS AND EQUIPMENT		
Land	15,600	15,600
Buildings	3,696,454	3,526,293
Furniture and equipment	541,200	451,525
	<u>4,253,254</u>	<u>3,993,418</u>
Less accumulated depreciation	<u>(1,342,862)</u>	<u>(1,261,518)</u>
Net buildings and equipment	<u>2,910,392</u>	<u>2,731,900</u>
OTHER ASSETS		
Investments	574,245	644,950
Deposits	4,000	4,000
Operating lease right of use asset	43,750	-
	<u>621,995</u>	<u>648,950</u>
Total other assets		
Total assets	<u>\$ 7,642,480</u>	<u>\$ 7,177,580</u>

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

Community Counseling Center of Ashtabula County
STATEMENT OF FINANCIAL POSITION (Continued)

	June 30,	
	2023	2022
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 44,985	\$ 96,847
Accrued salaries	305,624	139,070
Accrued vacation	228,678	237,870
Accrued and withheld payroll taxes	26,422	54,990
Current portion of long-term debt	60,823	58,263
Current portion of operating lease liability	34,814	-
	<u>701,346</u>	<u>587,040</u>
NONCURRENT LIABILITIES		
Long-term debt, net of current portion	912,457	973,253
Operating lease liability, net of current portion	8,937	-
	<u>921,394</u>	<u>973,253</u>
Total liabilities	<u>1,622,740</u>	<u>1,560,293</u>
NET ASSETS		
Net assets without donor restrictions	6,019,740	5,617,287
	<u>6,019,740</u>	<u>5,617,287</u>
Total liabilities and net assets	<u><u>\$ 7,642,480</u></u>	<u><u>\$ 7,177,580</u></u>

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

Community Counseling Center of Ashtabula County
STATEMENT OF ACTIVITIES

	Without donor restrictions	
	Years Ended June 30,	
	2023	2022
REVENUES		
Client fees	\$ 80,626	\$ 60,168
Insurance	378,375	345,507
Medicare	134,577	130,248
Medicaid	5,235,339	4,700,862
Ohio Rise Grant	650,275	-
Mental Health Block Grant	155,138	139,438
CCBHC	603,553	-
School revenue	202,869	240,695
Investment income (loss)	9,454	(45,110)
Rental income	184,695	202,501
Miscellaneous	1,306,489	2,139,624
Total revenues	<u>8,941,390</u>	<u>7,913,933</u>
EXPENSES		
Program service expenses	6,171,420	5,157,573
Administrative services expenses	2,367,517	2,286,341
Total expenses	<u>8,538,937</u>	<u>7,443,914</u>
CHANGE IN NET ASSETS	402,453	470,019
NET ASSETS BEGINNING OF YEAR	<u>5,617,287</u>	<u>5,147,268</u>
NET ASSETS END OF YEAR	<u><u>\$ 6,019,740</u></u>	<u><u>\$ 5,617,287</u></u>

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

Community Counseling Center of Ashtabula County
STATEMENT OF CASH FLOWS

	Years Ended June 30,	
	2023	2022
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 402,453	\$ 470,019
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization expense	81,344	72,045
Net realized and unrealized (gain) loss	(8,882)	62,030
(Increase) decrease in accounts receivable	(389,432)	26,138
(Increase) decrease in prepaid expenses	(12,757)	38,769
Increase (decrease) in accounts payable	(51,862)	23,401
Increase (decrease) in accrued salaries	166,554	(175,508)
Increase (decrease) in accrued vacation	(9,192)	(10,214)
Increase (decrease) in accrued and withheld payroll taxes	(28,568)	43,739
Net cash provided by operating activities	<u>149,658</u>	<u>550,419</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Cash paid for investments	(68,504)	(149,734)
Cash received from sale of investments	148,091	143,089
Cash paid for the purchase of fixed assets	<u>(259,836)</u>	<u>(48,812)</u>
Net cash used by investing activities	<u>(180,249)</u>	<u>(55,457)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Principal payments on long-term debt	<u>(58,235)</u>	<u>(66,987)</u>
Net cash used by financing activities	<u>(58,235)</u>	<u>(66,987)</u>
NET INCREASE (DECREASE) IN CASH	(88,826)	427,974
CASH AT BEGINNING OF YEAR	<u>3,256,566</u>	<u>2,828,592</u>
CASH AT END OF YEAR	<u><u>\$ 3,167,740</u></u>	<u><u>\$ 3,256,566</u></u>

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

Community Counseling Center of Ashtabula County
STATEMENT OF FUNCTIONAL EXPENSES
Year Ended June 30, 2023

FUNCTIONAL EXPENSES	Mental Health							
	Counseling/ Psychotherapy	Medication/ Somatic	Partial Hospitalization	CSP Adults/ Individual	CSP Children/ Individual	Supported Employment	WRAP	CCBHC
Wages	\$ 964,709	\$ 634,498	\$ 98,598	\$ 578,494	\$ 906,790	\$ 178,816	\$ 225,937	\$ 264,894
Payroll taxes	83,268	42,807	7,604	46,872	71,855	13,697	16,084	15,377
Employee benefits	267,029	43,612	18,696	116,046	190,116	22,417	45,703	60,208
Total wages and related expenses	1,315,006	720,917	124,898	741,412	1,168,761	214,930	287,724	340,479
Professional services	42,992	23,800	-	49,647	-	18,700	-	53,745
Building / office rent	-	-	-	-	-	-	-	-
Ground lease	-	-	4,333	-	-	-	-	-
Exterior maintenance	3,100	551	4,477	200	-	-	-	-
Repairs and maintenance - buildings	67	94	4,788	1,584	-	-	-	-
Utilities	440	-	18,841	131	-	-	-	-
Telephone	7,703	1,543	413	5,902	7,619	2,652	1,518	251
Building insurance	-	-	-	-	-	-	-	-
Food	170	-	3,392	474	-	188	-	-
Program expenses	2,591	3,641	8,929	9,186	262	3,881	-	1,246
Vehicle expenses	331	-	532	17,326	-	2,983	-	-
Miscellaneous	1	-	-	-	-	3,200	-	63
Office expense	343	1,192	182	183	627	176	-	-
Postage	-	-	-	-	-	-	-	-
Copier expense	431	33	267	-	-	-	-	-
Computer expense	-	3,576	7,868	-	-	-	-	65,000
Repairs & maintenance - equipment	952	182	12,561	-	-	-	-	-
Conferences/workshops/meetings	1,443	626	3,700	685	930	-	-	-
Travel	1,036	-	1,044	10,055	2,088	711	2,038	60
Dues / fees	1,436	3	373	325	137	-	-	-
Printing	196	-	33	-	-	-	-	-
Advertising/recruitment	140	394	-	-	632	27	57	-
Accreditation expense	-	-	-	-	-	-	-	-
Public relations expense	-	-	-	-	713	-	-	-
Human relations expense	346	76	-	401	174	156	415	132
Insurance - D & O	-	-	-	-	-	-	-	-
Insurance - professional	-	-	14,191	-	-	-	-	-
Depreciation and amortization	-	-	-	-	-	-	-	-
Total functional expenses	<u>\$ 1,378,724</u>	<u>\$ 756,628</u>	<u>\$ 210,822</u>	<u>\$ 837,511</u>	<u>\$ 1,181,943</u>	<u>\$ 247,604</u>	<u>\$ 291,752</u>	<u>\$ 460,976</u>

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

Community Counseling Center of Ashtabula County
STATEMENT OF FUNCTIONAL EXPENSES (Continued)
Year Ended June 30, 2023

FUNCTIONAL EXPENSES	Drug and Alcohol						June 30, 2023
	Counseling/ Psychotherapy	Diagnostic/ Assessment	Laboratory Analysis	CSP Adults/Child. Individual	IOP Intensive Outpatient	Administrative Services	
Wages	\$ 331,042	\$ -	\$ -	\$ 64,893	\$ 91,561	\$ 888,091	\$ 5,228,323
Payroll taxes	27,303	185	-	5,088	6,735	102,607	439,482
Employee benefits	86,524	-	-	8,623	27,615	309,893	1,196,482
Total wages and related expenses	444,869	185	-	78,604	125,911	1,300,591	6,864,287
Professional services	116,240	-	-	-	-	67,342	372,466
Building / office rent	-	-	-	-	-	133,036	133,036
Ground lease	-	-	-	-	-	1,920	6,253
Exterior maintenance	-	-	-	606	-	17,156	26,090
Repairs and maintenance - buildings	94	-	-	1,130	-	114,110	121,867
Utilities	1,064	-	-	14,777	-	57,474	92,727
Telephone	1,929	548	-	1,286	423	29,433	61,220
Building insurance	-	-	-	-	-	-	-
Food	64	-	-	858	-	5,313	10,459
Program expenses	1,702	-	7,080	613	-	4,652	43,783
Vehicle expenses	383	-	-	1,983	-	129	23,667
Miscellaneous	-	-	-	-	-	11	3,275
Office	158	-	-	227	-	11,677	14,765
Postage	-	-	-	-	-	6,850	6,850
Copier expense	-	192	-	-	-	9,080	10,003
Computer expense	-	-	-	-	-	283,966	360,410
Repairs & maintenance - equipment	104	-	-	-	-	3,868	17,667
Conferences/workshops/meetings	1,170	-	-	1,517	-	12,984	15,671
Interest	-	-	-	-	-	45,258	52,642
Travel	869	-	-	77	-	18,331	36,309
Dues / fees	537	-	-	-	-	26,520	29,331
Printing	63	-	-	-	-	885	1,177
Advertising/recruitment	57	-	-	-	-	27,450	28,757
Accreditation expense	-	-	-	-	-	1,627	1,627
Public relations expense	-	-	-	-	-	9,346	10,059
Human relations expense	103	-	-	37	-	20,884	22,724
Insurance - D & O	-	-	-	-	-	(670)	(670)
Insurance - professional	-	-	-	-	-	76,950	91,141
Depreciation and amortization	-	-	-	-	-	81,344	81,344
Total functional expenses	<u>\$ 569,406</u>	<u>\$ 925</u>	<u>\$ 7,080</u>	<u>\$ 101,715</u>	<u>\$ 126,334</u>	<u>\$ 2,367,517</u>	<u>\$ 8,538,937</u>

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

Community Counseling Center of Ashtabula County
STATEMENT OF FUNCTIONAL EXPENSES
Year Ended June 30, 2022

	Mental Health						
	Counseling/ Psychotherapy	Medication/ Somatic	Partial Hospitalization	CSP Adults/ Individual	CSP Children/ Individual	Supported Employment	WRAP
FUNCTIONAL EXPENSES							
Wages	\$ 609,807	\$ 725,853	\$ 118,324	\$ 562,964	\$ 889,530	\$ 221,761	\$ 11,593
Payroll taxes	59,292	35,759	7,856	41,734	69,668	19,021	1,179
Employee benefits	178,617	62,368	33,365	131,910	160,552	62,551	9,423
Total wages and related expenses	847,716	823,980	159,545	736,608	1,119,750	303,333	22,195
Professional services	39,019	178,570	-	29,920	-	21,298	-
Building / office rent	-	-	-	-	-	-	-
Ground lease	-	-	1,024	1,333	-	-	-
Exterior maintenance	-	-	3,526	1,378	-	-	-
Repairs and maintenance - buildings	-	168	1,144	139	-	-	-
Utilities	-	-	12,815	3,141	-	-	-
Telephone	5,448	1,290	150	5,565	8,394	2,481	127
Building insurance	-	-	-	-	-	-	-
Food	-	-	-	-	-	128	-
Program expenses	2,217	1,213	399	-	296	4,742	-
Vehicle expenses	3,867	-	8,227	14,757	466	4,074	-
Miscellaneous	-	-	-	58	-	14,320	-
Office expense	72	165	420	225	435	206	-
Postage	-	-	-	-	-	-	-
Copier expense	-	66	-	-	-	66	-
Computer expense	141	364	-	-	-	-	-
Repairs & maintenance - equipment	-	-	937	-	38	-	-
Conferences/workshops/meetings	1,604	2,207	-	1,701	-	-	-
Travel	378	-	124	5,429	1,045	1,495	199
Dues / fees	783	1,779	111	104	127	-	-
Printing	-	-	-	153	-	-	-
Advertising/recruitment	-	-	-	-	-	-	-
Accreditation expense	-	-	-	-	-	-	-
Public relations expense	-	-	-	-	706	-	-
Human relations expense	74	-	-	175	296	74	-
Insurance - D & O	-	-	-	-	-	-	-
Insurance - professional	-	-	14,254	-	-	-	-
Depreciation and amortization	-	-	-	-	-	-	-
Total functional expenses	<u>\$ 901,319</u>	<u>\$ 1,009,802</u>	<u>\$ 202,676</u>	<u>\$ 800,686</u>	<u>\$ 1,131,553</u>	<u>\$ 352,217</u>	<u>\$ 22,521</u>

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

Community Counseling Center of Ashtabula County
STATEMENT OF FUNCTIONAL EXPENSES (Continued)
Year Ended June 30, 2022

FUNCTIONAL EXPENSES	Drug and Alcohol						June 30, 2022
	Counseling/ Psychotherapy	Diagnostic/ Assessment	Laboratory Analysis	CSP Adults/Child. Individual	IOP Intensive Outpatient	Administrative Services	
Wages	\$ 317,225	\$ -	\$ -	\$ 32,550	\$ 77,925	\$ 955,659	\$ 4,523,191
Payroll taxes	24,493	298	-	4,703	5,551	92,476	362,030
Employee benefits	71,192	-	-	8,747	17,609	326,168	1,062,502
Total wages and related expenses	412,910	298	-	46,000	101,085	1,374,303	5,947,723
Professional services	122,363	-	-	-	-	31,714	422,884
Building / office rent	-	-	-	-	-	125,572	125,572
Ground lease	-	-	-	-	1,333	2,229	5,919
Exterior maintenance	-	-	-	-	1,378	21,297	27,579
Repairs and maintenance - buildings	168	-	-	5,022	139	33,554	40,334
Utilities	-	-	-	15,243	3,141	55,937	90,277
Telephone	1,705	253	-	1,318	307	31,191	58,229
Building insurance	-	-	-	-	-	-	-
Food	-	-	-	1,795	-	6,162	8,085
Program expenses	872	-	10,489	220	-	3,135	23,583
Vehicle expenses	748	-	-	3,071	-	2,422	37,632
Miscellaneous	-	-	-	296	-	20,682	35,356
Office	60	-	-	208	44	5,765	7,600
Postage	-	-	-	-	-	6,935	6,935
Copier expense	66	309	-	-	-	7,812	8,319
Computer expense	-	-	-	112	-	224,295	224,912
Repairs & maintenance - equipment	-	-	-	562	-	4,900	6,437
Conferences/workshops/meetings	3,033	-	-	-	-	10,007	18,552
Interest	-	-	-	-	-	47,982	47,982
Travel	33	-	-	231	-	14,261	23,195
Dues / fees	1,666	-	-	-	-	21,317	25,887
Printing	-	-	-	-	-	1,072	1,225
Advertising/recruitment	-	-	-	-	-	25,461	25,461
Accreditation expense	-	-	-	-	-	21,132	21,132
Public relations expense	-	-	-	-	-	9,572	10,278
Human relations expense	210	-	-	111	-	21,463	22,403
Insurance - D & O	-	-	-	-	-	19,679	19,679
Insurance - professional	-	-	-	-	-	64,445	78,699
Depreciation and amortization	-	-	-	-	-	72,045	72,045
Total functional expenses	<u>\$ 543,834</u>	<u>\$ 860</u>	<u>\$ 10,489</u>	<u>\$ 74,189</u>	<u>\$ 107,427</u>	<u>\$ 2,286,341</u>	<u>\$ 7,443,914</u>

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

Community Counseling Center of Ashtabula County
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies is presented to assist the reader in understanding and evaluating the financial statements of Community Counseling Center of Ashtabula County.

Community Counseling Center of Ashtabula County (the “Center”) operates as a mental health service center for northeastern Ohio. The Center’s major source of support depends significantly on a contractual agreement with a third party. This agreement is based on fees for services rendered. Services are performed without requiring collateral or any other security.

Financial Statement Presentation

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

Net Assets Without Donor Restrictions - Net assets that are not subject to donor-imposed stipulations and are available for use at the discretion of the Board of Directors and/or management for general operating purposes.

Net Assets With Donor Restrictions - Net assets with donor restrictions consist of assets whose use is limited by donor-imposed, time and/or purpose restrictions. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Center or by the passage of time. Some net assets with donor restrictions include a stipulation that assets provided be maintained permanently (perpetual in nature) while permitting the Center to expend the income generated by the assets in accordance with the provisions of additional donor-imposed stipulations or a Board approved spending policy.

There were no net assets with donor restrictions at June 30, 2023 and 2022.

Basis of Accounting

The financial statements of Community Counseling Center of Ashtabula County have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

Use of Estimates

Management uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could vary from the estimates that were used.

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Accounts Receivable

Accounts receivable relate to funding Centers and clients tied economically to this region. Accounts receivable have been adjusted for all known uncollectible accounts. The allowance for bad debts is disclosed later in these notes.

Investments

In accordance with FASB ASC 958-320, “Accounting for Certain Investments Held by Not-for-Profit Centers”, investments in debt and equity securities are stated at fair value. Realized and unrealized gains and losses are reflected in the statement of activities. The basis of donated securities is determined based on the fair market value of the security on the date of the donation. The fair values of investments have been determined based on quoted market prices. Gains or losses on the sale of investments represent the difference between net proceeds and cost determined on a specific identification method.

Property, Plant and Equipment

Property, plant, and equipment purchased are carried at cost and include expenditures for major renewals and betterments. Acquisitions of property and equipment in excess of \$1,500 are capitalized. Maintenance, repairs, and minor renewals are charged to expense as incurred. When assets are sold, or otherwise disposed of, the related cost and accumulated depreciation are removed from the accounts and any profit or loss arising from such disposition is included as income or expense in the year in which sold.

Depreciation of property, plant and equipment is computed for financial reporting purposes on the straight-line basis using service lives of five (5) to forty (40) years.

The Center assesses the impairment of long-lived assets in accordance with FASB ASC 360, “*Property, Plant and Equipment*”. FASB ASC 360 requires that long-lived assets be reviewed for impairment whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable. The Center assesses the fair value of the assets based on the undiscounted future cash flow that the assets are expected to generate and recognizes an impairment loss when estimated undiscounted future cash flow expected to result from the use of the asset plus net proceeds expected from disposition of the asset, if any, are less than the carrying value of the asset. When the Center identifies an impairment, it reduces the carrying amount of the asset to its estimated fair value based on a discounted cash flow approach or, when available and appropriate, to comparable market values. No impairment charges were recorded during 2023.

Community Counseling Center of Ashtabula County
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Cash and Cash Equivalents

For the purpose of the statement of cash flows, the Center considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

Federal Income Tax

Community Counseling Center of Ashtabula County has qualified for a tax exemption under Section 501(c)(3) of the Internal Revenue Code and, accordingly, no provision for federal income tax has been recorded in the accompanying financial statements. The Center is not a private foundation for income tax purposes. Management is not aware of any transactions that would affect the Center's tax exempt status.

The Center evaluates uncertain tax positions, whereby the effect of the uncertainty would be recorded if the outcome was considered probable and reasonably estimable. As of June 30, 2023, the Center had no uncertain tax positions.

Functional Allocation of Expenses

Costs are reported by function under program services and support services in the statements of activities and functional expenses.

Advertising:

The Center uses advertising to promote its programs among the audiences it serves. The production costs of advertising are expensed as incurred. During the years ended June 30, 2023 and 2022, advertising costs totaled \$28,759 and \$25,461, respectively.

Accounting Standards Adopted:

In February 2016, The Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2016-02, *Leases (Topic 842)*, as amended and supplemented by subsequent ASU's (collectively, "ASC 842"). This accounting standard requires that a lessee recognize a right-of-use asset and lease liability on its balance sheet for all leases, including leases currently classified as operating leases, with a term of greater than 12 months. In July 2018, the FASB issued updated guidance, which allows an alternative transition method to adopt the new leases standard at the adoption date, rather than at the beginning of the earliest period presented. The Center elected to transition to the new standard under the alternative transition method on its effective date for private not-for-profits of July 1, 2022, and therefore did not adjust its prior period financial information. On the transition date, we recognized operating right-of-use assets and related lease liabilities of \$77,118.

Community Counseling Center of Ashtabula County
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The Center elected the package of practical expedients permitted under the transition guidance available for expired or existing contracts, which allowed us to carryforward our historical assessments of (1) whether contracts are or contain leases, (2) lease classification, and (3) initial direct costs. The Center also made an accounting policy election not to record a right-of-use asset or lease liability related to leases with an initial term of 12 months or less.

NOTE 2 – ACCOUNTS RECEIVABLES

Accounts receivables are summarized as follows at June 30:

	2023	2022
Medicaid	\$ 295,833	\$ 270,443
Insurance	26,844	23,833
Clients	11,233	9,439
HSBC	9,209	8,058
Medicare	6,704	9,094
Other	517,463	155,206
	867,286	476,073
Less: Allowance for bad debts	(12,436)	(10,655)
	<u>\$ 854,850</u>	<u>\$ 465,418</u>

NOTE 3 – INVESTMENTS

Investments at June 30, 2023 are recorded at market value based upon quoted market prices (fair value) and are summarized as follows:

	Cost	Market	Unrealized Gain (Loss)
Mutual funds	\$ 129,631	\$ 135,808	\$ 6,177
Fixed income securities	478,754	438,437	(40,317)
Total investments	<u>\$ 608,385</u>	<u>\$ 574,245</u>	<u>\$ (34,140)</u>

Investments at June 30, 2022 are recorded at market value based upon quoted market prices (fair value) and are summarized as follows:

	Cost	Market	Unrealized Loss
Mutual funds	\$ 126,058	\$ 122,843	\$ (3,215)
Fixed income securities	546,786	522,107	(24,679)
Total investments	<u>\$ 672,844</u>	<u>\$ 644,950</u>	<u>\$ (27,894)</u>

Community Counseling Center of Ashtabula County
NOTES TO FINANCIAL STATEMENTS

NOTE 3 – INVESTMENTS (Continued)

Investment income (loss) is summarized as follows at June 30:

	<u>2023</u>	<u>2022</u>
Interest, dividends and capital gains	\$ 18,337	\$ 16,920
Realized gain (loss)	(2,637)	4,870
Net unrealized loss	<u>(6,246)</u>	<u>(66,900)</u>
Total investment income (loss)	<u>\$ 9,454</u>	<u>(45,110)</u>

NOTE 4 – FAIR VALUE MEASUREMENTS

Generally accepted accounting principles establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad Levels:

Level 1 – inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority.

Level 2 – inputs consist of quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, or observable inputs other than quoted market prices.

Level 3 – inputs consist of inputs that are unobservable and significant to the fair value measurement and have the lowest priority.

The Center uses appropriate valuation techniques based on available inputs to measure the fair value of its investments. An asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques must maximize the use of observable inputs and minimize the use of unobservable inputs.

Community Counseling Center of Ashtabula County
NOTES TO FINANCIAL STATEMENTS

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The following table set forth by level, within the fair value hierarchy, the calculation techniques used to determine the fair value of the Center's investments as follows:

June 30, 2023				
Description	Fair Value	(Level 1)	(Level II)	(Level III)
<i>Certificates of Deposit</i>	\$ 438,436	\$ 438,436	\$ -	\$ -
<i>Mutual Funds</i>	135,809	135,809	-	-
Total assets measured at fair value	<u>\$ 574,245</u>	<u>\$ 574,245</u>	<u>\$ -</u>	<u>\$ -</u>
June 30, 2022				
Description	Fair Value	(Level 1)	(Level II)	(Level III)
<i>Certificates of Deposit</i>	\$ 522,107	\$ 522,107	\$ -	\$ -
<i>Mutual Funds</i>	122,843	122,843	-	-
Total assets measured at fair value	<u>\$ 644,950</u>	<u>\$ 644,950</u>	<u>\$ -</u>	<u>\$ -</u>

NOTE 5 – BUILDINGS AND EQUIPMENT

Depreciation expense for the years ended June 30, 2023 and 2022 was \$81,344 and \$72,045, respectively.

NOTE 6 – COMPENSATED ABSENCES

Compensated absences (vacation) have been accrued as specified by ASC Topic 710, *Compensation - General*. The accrual recognized the amounts to be paid as a result of the employees' right to the compensated absence, in the year in which it was earned.

Community Counseling Center of Ashtabula County
NOTES TO FINANCIAL STATEMENTS

NOTE 7 – LONG-TERM DEBT

Notes payable consisted of the following at June 30:

	<u>2023</u>	<u>2022</u>
Note payable to Andover Bank due September 2035, payable in 180 monthly installments of \$8,624, beginning October 2020, including interest at 4.50%. This loan is secured by a building.	\$ 973,280	\$ 1,031,516
	<u>973,280</u>	<u>1,031,516</u>
Less current portion	<u>60,823</u>	<u>58,263</u>
	<u>\$ 912,457</u>	<u>\$ 973,253</u>

Aggregate maturities of long-term debt for the five years ending after June 30, 2023 are as follows:

2024	\$ 60,823
2025	63,734
2026	66,662
2027	69,724
2028	72,844
Thereafter	<u>639,493</u>
Total	<u>\$ 973,280</u>

NOTE 8 – NET ASSETS WITHOUT DONOR RESTRICTION

The Center's net assets without donor restrictions is comprised of undesignated amounts for the following purposes at June 30:

	<u>2023</u>	<u>2022</u>
Undesignated - operating	\$ 4,082,628	\$ 3,916,903
Undesignated - building and equipment (net)	<u>1,937,112</u>	<u>1,700,384</u>
Total net assets without donor restrictions	<u>\$ 6,019,740</u>	<u>\$ 5,617,287</u>

Community Counseling Center of Ashtabula County
NOTES TO FINANCIAL STATEMENTS

NOTE 9 – LIQUIDITY AND AVAILABILITY OF RESOURCES

The Center's financial assets available within one year of the statements of financial position date for general expenditures are as follows:

Financial assets at June 30:	2023	2022
Cash	\$ 3,167,740	\$ 3,256,566
Accounts receivable	854,850	465,418
Total financial assets available to meet general expenditures within one year:	<u>\$ 4,022,590</u>	<u>\$ 3,721,984</u>

The Center maintains a policy of structuring its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

NOTE 10 – CONCENTRATION OF CREDIT RISK

The Center maintains cash balances in two financial institutions in Ashtabula, Ohio, which may exceed federal insured limits of \$250,000. During the fiscal year ended June 30, 2023, the Center entered into an agreement with the financial institutions which calls for the securing of such excess funds with pledged assets of the institutions. At June 30 2023, the Center's FDIC uninsured balances totaled \$2,610,909.

NOTE 11 – CONCENTRATION OF REVENUES

For the years ended June 30, 2023 and 2022, Medicaid provided approximately 59% of support and revenue for both years. A significant reduction in the level of this support, if this were to occur, may have an effect on the Center's programs.

NOTE 12 – LEASES

The Center leases office space under an operating lease. Leases with a term of 12 months or less are not recorded on the balance sheet, and the Center generally recognizes lease expense for these leases on a straight-line basis over the lease term. In certain leases, the Center has renewal options, generally at its sole discretion. The Center evaluates renewal options to determine if it is reasonably certain to exercise the option on the basis of contract-based, asset-based, entity-specific, and market-based factors.

The Center rents building/office space from the Human Services Building Corporation (a nonprofit corporation). There is no formal lease agreement and is month to month. Rent expense for the years ended June 30, 2023 and 2022 was \$97,036 and \$89,572, respectively.

Community Counseling Center of Ashtabula County
NOTES TO FINANCIAL STATEMENTS

NOTE 12 – LEASES (Continued)

The Center entered into three thirty-six month operating leases for vehicles on May 15, 2019. The leases expired in April, 2022. Lease expense for these three leases for the years ended June 30, 2022 was \$10,800.

The Center entered into three thirty-six month operating leases for vehicles on September 3, 2019. The leases expired in August, 2022. Lease expense for these three leases for the years ended June 30, 2023 and 2022 was \$1,524 and \$9,142 respectively.

The Center entered into four thirty-six month operating leases for vehicles on February 20, 2020. The leases expired in January, 2023. Lease expense for these four leases for the years ended June 30, 2023 and 2022 was \$7,165 and \$12,282 respectively.

Right-of-use (“ROU”) assets represent the Center’s right to use an underlying asset for the lease term and lease liabilities represent the Center’s obligation to make lease payments arising from the lease. ROU assets and lease liabilities are recognized at the commencement date based on the present value of lease payments over the lease term. The present value of future lease payments are discounted using either the implicit rate in the lease, if known, or the Center’s incremental borrowing rate. The Center has applied the portfolio approach when determining the incremental borrowing rate for certain groups of assets, as such rate is not materially different from the discount rate applied to each of the leases in the portfolio.

The components of lease expense for June 30, 2023 were as follows:

Operating lease expense:

Fixed lease expense	\$ 36,000
Short term lease expense	<u>105,725</u>
Total lease expense	<u><u>\$ 141,725</u></u>

Operating lease expense is recognized on a straight-line basis over the lease term, with variable payments recognized in the period those payments are incurred.

During the year ended June 30, 2023, we had the following cash and non-cash activities associated with our leases:

Cash paid for amounts included in the measurement of lease liabilities:

Operating cash flows from operating leases	\$ 36,000
--	-----------

Non-cash investing and financing activities:

Additions to ROU assets obtained from new operating lease liabilities	\$ -
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Community Counseling Center of Ashtabula County
NOTES TO FINANCIAL STATEMENTS

NOTE 12 – LEASES (Continued)

Maturities of lease liabilities as of June 30, 2023 were as follows:

	Operating
2024	\$ 36,000
2025	9,000
Thereafter	-
Total lease payments	45,000
Less: amount representing interest	1,250
Total present value of future lease payments	<u>\$ 43,750</u>

As of June 30, 2023, the weighted-average remaining lease term for our operating leases was 1.25 years.

The weighted-average discount rate associated with operating leases as of June 30, 2023 was 4.25%.

The future minimum lease payments as of June 30, 2022, as reported under ASC 840 “Leases,” are as follows:

2023	\$ 8,689
Thereafter	-
Total	<u>\$ 8,689</u>

The Center was the lessor of space to several entities under operating leases. Total lease income for the years ended June 30, 2023 and 2022 was \$184,695 and \$198,099, respectively.

NOTE 13 – RETIREMENT PLANS

In July 2008, the Center began a 403B Thrift plan for all employees. The Center contributes between 1.5 percent and 7 percent of the employee's compensation depending upon years of service, if the employee is at least twenty-one years of age and has one year of service. Contributions for the years ended June 30, 2023 and 2022 were \$167,988 and \$173,126, respectively.

NOTE 14 – SUBSEQUENT EVENTS

Management has evaluated subsequent events through March 28, 2024 the date on which the financial statements were available to be issued.



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

To the Board of Trustees of
Community Counseling Center of Ashtabula County

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Community Counseling Center of Ashtabula County (a nonprofit Center), which comprise the statement of financial position as of June 30, 2023, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated March 28, 2024.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Community Counseling Center of Ashtabula County's internal control over financial reporting (internal control) as a basis for designing the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Community Counseling Center of Ashtabula County's internal control. Accordingly, we do not express an opinion on the effectiveness of Community Counseling Center of Ashtabula County's internal control.

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

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

Report on Compliance and Other Matters

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

Purpose of this Report

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

Snodgrass of N.E. Ohio, Inc.

Ashtabula, Ohio
March 28, 2024



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

To the Board of Trustees of
Community Counseling Center of Ashtabula County

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Community Counseling Center of Ashtabula County's compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of Community Counseling Center of Ashtabula County's major federal programs for the year ended June 30, 2023. Community Counseling Center of Ashtabula County's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings.

In our opinion, Community Counseling Center of Ashtabula County complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2023.

Basis for Opinion on Each Major Federal Program

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

We are required to be independent of Community Counseling Center of Ashtabula County and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Community Counseling Center of Ashtabula County's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Community Counseling Center of Ashtabula County's federal programs.

Auditor's Responsibilities for the Audit of Compliance

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

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

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

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

Report on Internal Control over Compliance

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

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

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

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

Snodgrass of N.E. Ohio, Inc.

Ashtabula, Ohio
March 28, 2024

Community Counseling Center of Ashtabula County
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended June 30, 2023

<u>Federal Grantor/Pass-Through Grantor</u>	<u>Federal CFDA Number</u>	<u>Grant Name/ Grant ID No.</u>	<u>Federal Expenditures</u>
<u>U.S. Department of Health and Human Services:</u>			
COVID-19 Provider Relief Fund and American Rescue Plan			
Rural Distribution	93.498	American Rescue Plan	\$ 407,950
COVID-19 Provider Relief Fund and American Rescue Plan			
Rural Distribution	93.498	Provider Relief Fund Phase-4	422,583
			<u>830,533</u>
Certified Community Behavioral Health Clinic			
Expansion Grants	93.696	SM-22-002/CCBHC-PDI	460,765
Block Grants for Community Mental Health Services	93.958	N/A	209,410
Total U.S. Department of Health and Human Services			<u>1,500,708</u>
Total Expenditures of Federal Awards			<u><u>\$ 1,500,708</u></u>

Community Counseling Center of Ashtabula County
NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended June 30, 2023

NOTE A – BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards presents the activity of all federal financial award programs of Community Counseling Center of Ashtabula County for the year ended June 30, 2023.

The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Since the Schedule presents only a selected portion of the operations of Community Counseling Center of Ashtabula County, it is not intended to and does not present the financial position, changes in net assets, or cash flows of Community Counseling Center of Ashtabula County.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- a) Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.
- b) Community Counseling Center of Ashtabula County has elected not to use the 10 percent de minimis indirect cost rate as allowed under the Uniform Guidance.

Community Counseling Center of Ashtabula County
SCHEDULE OF FINDINGS
Year Ended June 30, 2023

Section I – Summary of Auditor’s Results

Financial Statements

Type of auditor’s report issued: **Unmodified**

Internal control over financial reporting:

- Material weakness(es) identified? _____yes X no
- Reportable condition(s) identified that are not considered to be material weakness(es)? _____yes X none reported

Noncompliance material to financial statements noted? _____yes X no

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? _____yes X no
- Reportable condition(s) identified that are not considered to be material weakness(es)? _____yes X none reported

Type of auditor’s report issued on compliance for major programs: **Unmodified**

Any audit findings disclosed that are required to be reported in accordance with section 2 CFR 200.516(a)? _____yes X no

Identification of major programs:

CFDA Numbers
93.498

Name of Federal Programs or Cluster
Provider Relief Fund and American Rescue Plan Rural Distribution

Dollar threshold used to distinguish between type A and B programs: \$ 750,000

Auditee qualified as low-risk auditee? _____yes X no

Community Counseling Center of Ashtabula County
SCHEDULE OF FINDINGS (Continued)
Year Ended June 30, 2023

Section II – Financial Statement Findings

None

Section III – Federal Award Findings

None

Community Counseling Center of Ashtabula County
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS
Year Ended June 30, 2022

Section IV – Financial Statement Findings

None

Section V – Federal Award Findings

N/A

**403(b) THRIFT PLAN OF COMMUNITY COUNSELING
CENTER OF ASHTABULA COUNTY**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES
(Audit)**

JUNE 30, 2023 AND 2022

**403(b) THRIFT PLAN OF COMMUNITY
COUNSELING CENTER OF ASHTABULA COUNTY**

June 30, 2023 and 2022

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
403(b) Thrift Plan of Community Counseling Center of Ashtabula County

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of 403(b) Thrift Plan of Community Counseling Center of Ashtabula County, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of June 30, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended June 30, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 403(b) Thrift Plan of Community Counseling Center of Ashtabula County's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of June 30, 2023 and 2022 and for the year ended June 30, 2023, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 403(b) Thrift Plan of Community Counseling Center of Ashtabula County and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 403(b) Thrift Plan of Community Counseling Center of Ashtabula County's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 403(b) Thrift Plan of Community Counseling Center of Ashtabula County's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about 403(b) Thrift Plan of Community Counseling Center of Ashtabula County's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets Held at June 30, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or are derived from the certified

investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Snodgrass of N.E. Ohio, Inc.

Ashtabula, Ohio

April 9, 2024

**403(b) THRIFT PLAN OF COMMUNITY COUNSELING
CENTER OF ASHTABULA COUNTY
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	June 30,	
	2023	2022
ASSETS		
Investments at fair value	\$ 5,282,377	\$ 3,695,829
Investments at contract value	403,102	384,747
Net assets available for benefits	<u>\$ 5,685,479</u>	<u>\$ 4,080,576</u>

See accompanying notes.

**403(b) THRIFT PLAN OF COMMUNITY COUNSELING
CENTER OF ASHTABULA COUNTY
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	Year Ended June 30, 2023
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in fair value of investments	590,813
Interest and dividends	8,951
Total investment income	<u>599,764</u>
Contributions:	
Participant	277,386
Employer	168,927
Rollovers	622,324
Total contributions	<u>1,068,637</u>
Other Income	1,735
Total additions	<u>1,670,136</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	64,478
Administrative expenses	755
Total deductions	<u>65,233</u>
Net increase	1,604,903
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	<u>4,080,576</u>
End of year	<u><u>\$ 5,685,479</u></u>

403(b) Thrift Plan of Community Counseling Center of Ashtabula County

NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF PLAN

The following brief description of the 403(b) Thrift Plan of Community Counseling Center of Ashtabula County (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Community Counseling Center of Ashtabula County (the "Company"). The Plan was established effective July 1, 2008 as a profit sharing plan with a cash or deferred arrangement qualified under section 403(b) of the Internal Revenue Code. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Participation Requirements

Employees are immediately eligible for elective deferral contributions. Employees are eligible to receive employer matching contributions upon the completion of 12 months of service (1,000 hours) and the attainment of age 21.

Contributions – Employee Salary Deferrals

The Plan allows participants to make voluntary contributions to the Plan, by entering into a salary reduction agreement with the Company for up to 100% of their pre-tax or after-tax annual compensation, as defined, subject to the maximum permitted by the Internal Revenue Service (IRS). The Plan also allows participants who have attained age 50 before the end of the plan year to make catch-up contributions. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan with a default deferral rate set at 2% of eligible compensation, unless they affirmatively elect not to participate. Deferral contributions for each active participant having automatic enrollment contributions made shall be automatically increased as soon as administratively feasible on or after July 1 by 1% up to a maximum automatic deferral contribution of 7% of the participant's compensation. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Contributions - Employer

The Company shall match employee contributions to the Plan in an amount equal to 100% of the participants' elective deferral contributions, which are not in excess of 7% of the participants' eligible compensation. All contributions are subject to the limitations imposed under Internal Revenue Code (IRC) Section 404(a)(3)(A). Participants direct the investment of their contributions into various investment options offered by the Plan.

Funding Policy

The employer shall, within the time period and manner permitted by the Internal Revenue Code, remit to the custodian an amount equal to the sum of the elective deferral contributions and the employer contributions.

403(b) Thrift Plan of Community Counseling Center of Ashtabula County
NOTES TO FINANCIAL STATEMENTS (Continued)

A. DESCRIPTION OF PLAN (Continued)

Participants' Accounts

Each participant's account consists of the contribution made on his/her behalf by the Company, his employee elective deferral contributions, his employee rollover contributions, and his share of investment income or loss. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment of Contributions

Participant contributions and employer contributions are invested by the Plan's custodian as directed by each participant, in one or more of the Plan's investment options, which are stated separately in the accompanying supplemental schedule. Earnings, interest, and dividends received from investments in each fund are allocated to participants' accounts based on the participants' account balance in relation to the entire fund balance and are reinvested in the fund.

Vesting

Participants are vested immediately in their contributions and any earnings thereon. For employer matching contributions, participants are 100 percent vested after completing three years of service.

Payment of Benefits

Upon termination of service, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump sum distribution. If the participant's account balance is between \$1,000 and \$5,000, the plan administrator may direct the custodian to make an automatic rollover of the account balance to a qualified individual retirement account if the participant has not designated an account. If the participant's account balance is less than \$1,000, the plan administrator may direct the custodian to make a lump sum distribution. Participants terminated for reasons other than death, disability, or retirement, are entitled to receive their benefits as soon as administratively feasible. Distributions of a participant's 403(b) account balance may be authorized at any time by the plan administrator under certain hardship conditions.

Forfeited Accounts

When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures are utilized to pay administrative expenses, reduce future employer contributions, or to increase supplemental employer contributions. For the year ended June 30, 2023 and 2022, employer contributions were reduced by \$3,953 and \$14,594, respectively, from forfeited non-vested accounts.

403(b) Thrift Plan of Community Counseling Center of Ashtabula County
NOTES TO FINANCIAL STATEMENTS (Continued)

A. DESCRIPTION OF PLAN (Continued)

Investment Elections

Each participant may direct their salary reduction contributions and Company contributions to be invested in one or more of the various investment fund options offered under the Plan. The custodian of the Plan is Mutual of America Life Insurance Company. The Plan currently offers guaranteed interest investments and mutual funds as options for participants.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, each participant would have a non-forfeitable right to his or her total account balance as of the date of termination.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements and supplemental schedules are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investments

All of the Plan's assets were held in trust by the Plan's custodian, Mutual of America Life Insurance Company. The Plan's interest in the collective trust is based on the contract value of the collective trusts' underlying investments as based on information reported by the investment advisor using the audited financial statements of the collective trust at year end. Mutual funds are stated at fair value as determined by quoted market prices, which represents the net asset value of shares held by the Plan at year-end. The Plan presents, in the statement of changes in net assets available for benefits, the net appreciation or depreciation in the fair market value of its investments which consists of any realized gains or losses and any unrealized appreciation or depreciation on those investments.

Administrative Expenses

Certain expenses incurred in connection with the Plan are paid by the Plan and are recorded in the accompanying statement of changes in net assets available for benefits.

Risks and Uncertainties

The Plan's investments include investments in mutual funds with varying degrees of risk, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

403(b) Thrift Plan of Community Counseling Center of Ashtabula County
NOTES TO FINANCIAL STATEMENTS (Continued)

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires plan management to make estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the dates of the financial statements and the reported amounts of changes in net assets available for plan benefits during the reporting periods. Accordingly, actual results may differ from those estimates.

Benefit Distributions

Benefit distributions are recorded when paid to participants.

C. INFORMATION CERTIFIED BY THE CUSTODIAN

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. The following information included in the financial statements and supplemental schedules has been certified to the Plan administrator by the Plan's custodian: statement of net assets available for benefits – investments at fair value and investments at contract value; statement of changes in net assets available for benefits – net appreciation in fair value of investments and interest and dividends; and Schedule H, Line 4i - Schedule of Assets Held at June 30, 2023 – all information. As directed by the Plan administrator, no auditing procedures have been performed on this information except to compare such information to the information included in the accompanying financial statements and the supplemental schedules.

D. INVESTMENT CONTRACT

The Plan has entered into fully benefit-responsive group annuity investment contracts with Mutual of America. Mutual of America maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The group annuity investment contract issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. The guaranteed investment contracts are presented on the face of the statement of net assets available for benefits at contract value.

Contract value as reported to the Plan by the custodian, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

403(b) Thrift Plan of Community Counseling Center of Ashtabula County
NOTES TO FINANCIAL STATEMENTS (Continued)

D. INVESTMENT CONTRACT (Continued)

Certain events limit the Plan's ability to transact at contract value with the issuers. Such events include the following: amendments to the plan documents (including complete or partial plan termination or merger with another plan), changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, participant communication that is designed to influence participants not to invest in the Fund, plan sponsor withdrawals without the appropriate notice to the Fund and/or issuer, and failure to meet certain tax qualifications. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include; an uncured breach of the Plan's investment guidelines, a material amendment to the contract without the issuer's consent, a violation of a material obligation under the contract, or a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

The guaranteed investment contracts do not permit the custodians to terminate the agreement prior to the scheduled maturity date.

E. FAIR VALUE MEASUREMENTS

ASC Topic 820 provides a definition of fair value which focuses on an exit price rather than an entry price, establishes a framework for measuring fair value which emphasizes that fair value is a market-based measurement, not an entity-specific measurement, and requires expanded disclosures about fair value measurements. In accordance with FASB ASC 820-10, the Plan may use valuation techniques consistent with the market, income, and cost approaches to measure fair value. As a basis for considering market participant assumptions in fair value measurements, ASC Topic 820 establishes a fair value hierarchy, which prioritizes the inputs used in measuring fair values. The hierarchy gives the highest priority to Level I measurements and the lowest priority to Level III measurements. The three levels of the fair value hierarchy under ASC Topic 820 are described as follows:

- Level I: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level II: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level II input must be observable for substantially the full term of the asset or liability.
- Level III: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

403(b) Thrift Plan of Community Counseling Center of Ashtabula County

NOTES TO FINANCIAL STATEMENTS (Continued)

E. FAIR VALUE MEASUREMENTS (Continued)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2023 and 2022.

Mutual funds: Valued at the net asset value (NAV), of shares held by the plan at year end.

Collective trust fund: The Mutual of America Interest Accumulation Account, held in a collective trust fund, invests in conventional, synthetic and separate account guaranteed investment contracts ("GICs") issued by life insurance companies, banks and other financial institutions. The objective of the account is to provide preservation of capital and relatively stable returns regardless of the volatility of the financial markets. The investments are valued using NAV as a practical expedient to estimate fair value where NAV is based on the value of the underlying investment assets owned by the fund, minus its liabilities. This practical expedient is not used when it is determined to be probable that the account will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. If the Plan were to initiate a full redemption of the collective trust, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. There are currently no redemption restrictions or unfunded commitments on these investments.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2023:

	Level I	Level II	Level III	Total
Mutual funds	\$ 5,282,377	\$ -	\$ -	\$ 5,282,377
Total assets in fair value hierarchy	<u>\$ 5,282,377</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,282,377</u>
Collective Trust Fund **				<u>403,102</u>
Investments at fair value				<u>\$ 5,685,479</u>

403(b) Thrift Plan of Community Counseling Center of Ashtabula County

NOTES TO FINANCIAL STATEMENTS (Continued)

E. FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2022:

	Level I	Level II	Level III	Total
Mutual funds	\$ 3,695,829	\$ -	\$ -	\$ 3,695,829
Total assets in fair value hierarchy	\$ 3,695,829	\$ -	\$ -	\$ 3,695,829
Collective Trust Fund **				384,747
Investments at fair value				\$ 4,080,576

** The collective investment trust fund is measured using NAV as a practical expedient and is not classified in the fair value hierarchy. The fair value amounts presented in this table are shown for the purpose of reconciling to the statement of net assets available for benefits.

F. FAIR VALUE OF FINANCIAL INSTRUMENTS

Financial instruments are defined as cash, evidence of ownership interest in an entity, or a contract which creates an obligation or right to receive or deliver cash or another financial instrument from/to a second entity on potentially favorable or unfavorable terms. Fair value is defined as the amount at which a financial instrument could be exchanged in a current transaction between willing parties other than in a forced liquidation or sale. If a quoted market price is available for a financial instrument, the estimated fair value would be calculated based upon the market price per trading unit of the instrument.

Investments in guaranteed investment contracts and mutual funds would be considered financial instruments. At June 30, 2023 and 2022, the carrying amounts of these financial instruments approximate fair value.

G. PARTY-IN-INTEREST TRANSACTIONS

Plan investments are mutual funds in which Mutual of America Life Insurance Company is the advisor of the funds and custodian to the Plan. Transactions in these investments are allowable party-in-interest transactions under Section 408 of ERISA.

H. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts in the statements of net assets available for benefits.

403(b) Thrift Plan of Community Counseling Center of Ashtabula County
NOTES TO FINANCIAL STATEMENTS (Continued)

I. TAX STATUS

Effective July 1, 2020, the Plan is based on a prototype document provided by Mutual of America Life Insurance Company. The Internal Revenue Services (“IRS”) ruled on March 31, 2017 that the prototype document is in compliance with the applicable requirements of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and custodian believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of June 30, 2023 and 2022, there were no uncertain tax positions taken or expected to be taken. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

J. SUBSEQUENT EVENTS

Management has evaluated subsequent events through April 9, 2024, the date on which the financial statements were available to be issued.

**403(b) THRIFT PLAN OF COMMUNITY COUNSELING
CENTER OF ASHTABULA COUNTY**

**Schedule H, Line 4i - Schedule of Assets Held at June 30, 2023
Plan Sponsor EIN - 34-0901680
Plan Number 002**

c.				
Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
a.	b. Identity of Issuer, Borrower, Lessor, or Similar Party	c.	d. Cost **	e. Contract/Current Vaue
	Guaranteed interest account			
*	Mutual of America Interest Accumulation			\$ 403,102
	Mutual Funds			
*	Mutual of America Aggressive Allocation Fund			466,121
*	Mutual of America Conservative Allocation Fund			3,774
*	Mutual of America Moderate Allocation Fund			131,961
*	Mutual of America Bond Fund			7,621
	T. Rowe Price Blue Chip Growth Portfolio			323,626
*	Mutual of America Balanced Fund			4,852
*	Mutual of America Money Market			84
*	Mutual of America Equity Index Fund			62,452
	Fidelity VIP Mid Cap Portfolio			341,792
	Fidelity VIP Asset Manager Portfolio			99,150
	Fidelity VIP Contrafund Portfolio			383,337
	Fidelity VIP Equity-Income Portfolio			157,674
*	American Funds Insurance Series New			2,174
*	Mutual of America Mid-Term Bond Fund			554
*	Mutual of America Mid-Cap Equity Index Fund			455,328
	MFS VIT III Mid Cap Value Fund			24,980
*	Mutual of America Mid Cap Value Fund			2,858
*	Mutual of America International Fund			6,623
	Invesco V.I. Main Street Fund			3,986
*	Mutual of America 2020 Retirement Fund			220,526
*	Mutual of America 2025 Retirement Fund			353,639
*	Mutual of America 2030 Retirement Fund			245,449
*	Mutual of America 2035 Retirement Fund			505,155
*	Mutual of America 2040 Retirement Fund			208,681
*	Mutual of America 2045 Retirement Fund			417,273
*	Mutual of America 2050 Retirement Fund			285,770
*	Mutual of America 2055 Retirement Fund			71,206
*	Mutual of America 2060 Retirement Fund			89,298
*	Mutual of America 2065 Retirement Fund			16,302

(Continued)

The information in this schedule has been certified as to its completeness and accuracy by the custodian.

**403(b) THRIFT PLAN OF COMMUNITY COUNSELING
CENTER OF ASHTABULA COUNTY**

Schedule H, Line 4i - Schedule of Assets Held at June 30, 2023

Plan Sponsor EIN - 34-0901680

Plan Number 002

c.				
Description of Investment Including Maturity Date,				
Rate of Interest,				
Collateral, Par or				
Maturity Value				
a.	b. Identity of Issuer, Borrower, Lessor, or Similar Party		d. Cost **	e. Contract/Current Vaue
	Vanguard VIF Real Estate Index Portfolio			7,203
	PIMCO VIT Real Return Portfolio			15,371
*	Mutual of America All America Fund			24,185
*	Mutual of America Small Cap Equity Index			2,272
	DWS Capital Growth VIP			8,758
*	Mutual of America Small Cap Growth Fund			107,357
*	Mutual of America Small Cap Value Fund			5,633
	American Century Investments VP Capital			82,451
	Vanguard VIF Diversified Value Portfolio			52,477
	Vanguard VIF International Portfolio			84,424
				\$ 5,685,479
*	Note - Represents party-in interest to the Plan.			
**	Note - Cost information is omitted when reporting transactions to the extent the participants' affirmatively authorize the investment of assets allocated.			

The information in this schedule has been certified as to its completeness and accuracy by the custodian.