Department of the Treasury

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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



A For the 2022 calendar year, or tax year beginning and ending B Check if applicable: C Name of organization D Employer identification metricitation Address Change Change Community Clinical Services, Inc. 01-0409788 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number (207) 513-385	97
applicable: Address Community Clinical Services, Inc. Address Doing business as 01-0409788 Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E	97
Name change change Doing business as 01-0409788 Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E	
Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number	
Final Campus Avenue, P.O. Box 7291 (207) 513-389	
	EOE 77E
	,586,725.
Amended Lewiston, ME 04240-7291 H(a) Is this a group return	
Application F Name and address of principal officer: Coleen Elias for subordinates?	Yes X No
Same as c above H(b) Are all subordinates included?	
I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See	
J Website: WWW.COMMUNITYCIINICALSERVICES.COM H(c) Group exemption number	
K Form of organization: X Corporation Trust Association Other L Year of formation: 1984 M State of Part I Summary	legal domicile: ME
2 1 Briefly describe the organization's mission or most significant activities: Federally qualified field fi	1
 2 Check this box 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 	
3 Number of voting members of the governing body (Part VI, line 1a)	9
3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4	7
8 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5	148
6	7
4 Number of independent voling members of the governing body (Part Vi, inte 1b) 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
	irrent Year
a Contributions and grants (Part VIII, line 1h) 2,380,483. 2	,742,160.
9 Program service revenue (Part VIII, line 2g) 12,921,440. 12	,841,516.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,049.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.
	,586,725.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,648,221.9	,096,658.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0,040,221.9 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 17 Other expenses (Part IX, column (D), line 11e) 5.915.254	0.
b Total fundraising expenses (Part IX, column (D), line 25) 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5, 915, 254. 5	,967,279.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	, <u>967,279.</u> ,063,937.
	<u>,003,937.</u> 522,788.
	nd of Year
⁴² 2 025 012 2	,831,038.
20 Total assets (Part X, line 16) 2,925,015.5 21 Total liabilities (Part X, line 26) 1,002,726.1	,410,436.
21 Total liabilities (Part X, line 26) 1,002,720.1 22 Net assets or fund balances. Subtract line 21 from line 20 1,922,287.2	,420,602.
Part II Signature Block	,,
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled	ge and belief. it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	- ,

	Colsen L. Clias		11/03/2023							
Sign	Signature of officer		Date							
Here	Coleen Elias, CEO									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature Date	Check PTIN							
Paid	Connor Smart		/23 ^{if} P02285543							
Preparer	Firm's name Baker Newman & No	yes	Firm's EIN 01-0494526							
Use Only	Firm's address 650 Elm Street, S	uite 302								
	Manchester, NH 03	101	Phone no. (603) 626-2200							
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No							
232001 12-	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

	990 (2022) Community Clinical Services, Inc.	01-0409788	Pa
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	Community Clinical Services is committed to improve t		
	well-being of our community through patient-centered	care, advocacy	<u>,</u>
	and community engagement.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	Yes	X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces? Yes	X
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	s as measured by expense	s
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.	,	
4a		Revenue \$ 3,723,	23
	Family Practice: Medical care for infants, children,	and adults. Th	le
	Organization received 17,760 medical visits in 2022 f	or family	
	practices.		
	-		
4b	(Code:) (Expenses \$ 4,218,233. including grants of \$ 0.) (I	Revenue \$ 3,544,	48
	Behavioral Medicine: Psychiatric care for children an		
	Organization received 13,773 pyschiatry visits in 202	2 for behavior	al
	medicine.		
4c	(Code:) (Expenses \$ 1,797,072. including grants of \$ 0.) (i	Revenue \$ 2,485,	
	Outpatient Counseling: Counseling services for childr	en and adults.	Т
	Organization received 29,523 visits in 2022 for outpa	tient counseli	.ng
4d	Other program services (Describe on Schedule O.)		
		3,088,453. ₎	
4e	Total program service expenses 14,166,788.		
		Form 9	990 (
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_	3		. –
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Form 990 (2022) Community Clinical Services, Inc.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	1		- 21
8		8		х
9	Schedule D, Part III	0		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19		х
20a	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
232003			990 (2022)

232003 12-13-22

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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23	X		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x	
	Schedule K. If "No," go to line 25a	24a			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c			
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		X	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x	
	"Yes," complete Schedule L, Part IV	28a		A X	
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b			
C	"Yes," complete Schedule L, Part IV	28c		x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30		x	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	32		Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34	Х	37	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x	
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30			
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
	Note: All Form 990 filers are required to complete Schedule O	38	х		
Par					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>			
			Yes	No	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable				
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	X		
232004	- 12-13-22 5	Form	990	(2022)	

022)	Community	Clinical	Services,	Inc.
Statements I	Regarding Other	IRS Filings an	nd Tax Complia	nce (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 148			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		<u> </u>
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	<u> </u>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
d	Is the organization licensed to issue qualified health plans in more than one state?	108		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
20000	If "Yes," complete Form 6069.	Form	990	(2022)
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Form 990 (2022)

Part V

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Form 990 (2022)	Form	990	(2022)
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Community Clinical Services, Inc.

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

Section A. Governing Body and Management

X

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

Yes No 9 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 7 **b** Enter the number of voting members included on line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 х 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 х organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Χ **10a** Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х **11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done 12c Χ 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? Х 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a Х **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ME17 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records Coleen Elias, CEO - 207-513-3897 57 Birch Street, Lewiston, ME 04240 Form **990** (2022) 232006 12-13-22 7 13131031 793251 30117 2022.05000 Community Clinical Services 30117_1

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Name and title	Average hours per week (list any hours for	box offi	not c , unle cer an	Pos heck ss pe	more rson	than is bot	h an	Reportable compensation	Reportable	Estimated
	week (list any hours for	box offi	, unle	ss pe	rson	is bot	h an	compensation		
	(list any hours for		cer an	d a d	irecto				compensation	amount of
	hours for	ē			1	or/trus	tee)	from	from related	other
		ec						the	organizations	compensation
	related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	tiona		nploy	st cor yee	-	1000 NEO		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e gameater
(1) Syed Fahd, MD	40.00		_		-		-			
Physician	0.00	1				Х		287,866.	Ο.	27,857.
(2) Megan Brewer, MD	40.00									
СМО	0.00			Х				241,765.	0.	7,290.
(3) Paige Hagerstrom	0.30									
Director	40.00	Х						0.	185,831.	31,629.
(4) Elizabeth Keene	0.30									
Director	40.00	X						0.	142,330.	29,171.
(5) Tyler Gagnon	40.00								•	10 010
Physician	0.00					Х		140,640.	0.	13,042.
(6) Donna Martinez	40.00							105 450	0	06 501
Senior Clinician	0.00					X		125,479.	0.	26,521.
(7) Carolyn Mcnamara	40.00					37		116 150	0	24 010
Family Nurse Practitioner	0.00					X		116,152.	0.	34,212.
(8) Coleen Elias	40.00			x				115 750	0.	22 161
CEO (9) Jonathan Libby	40.00			^				115,759.	0.	23,461.
Family Nurse Practitioner	0.00					x		120,908.	0.	14,460.
(10) John Melehov	40.00							120,500.	0.	14,400.
CFO	0.00			x				71,015.	0.	458.
(11) Heather Skolfield	0.10							/ 1 / 0 10 0		1301
Director (end 11/22)	40.30	x						Ο.	0.	0.
(12) Abdi Abdalla	0.30									
Director	0.00	x						0.	0.	0.
(13) Nathan Miller	0.30									
Director	0.00	X						Ο.	0.	0.
(14) Abdulerim Said	0.30									
Director	0.00	X						0.	0.	0.
(15) Lynn Ward	0.50									
Chair	0.00			Х				0.	0.	0.
(16) Hawo Abille	0.30									
Vice Chair	0.00			Х				0.	0.	0.
(17) Laura Gormley	0.50									
Treasurer	0.00	X		Х				0.	0.	0.

232007 12-13-22

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2022.05000 Community Clinical Services 30117_1

8

Form 990 (2022)

Form 990 (2022) Communit								-		109788 Page 8	
Part VII Section A. Officers, Directors, Trus (A) Name and title	(A) (B) Name and title Average hours per			(B) (C) Average Position				Compensated Employe (D) Reportable compensation from	(E) Reportable compensation from related		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s compensation	
(18) Frances Rodgers Secretary	0.30	x		x	-			0.		0. 0.	
1b Subtotal								1,219,584.	328,16		
c Total from continuation sheets to Part V d Total (add lines 1b and 1c) Total number of individuals (including but r								0 • 1,219,584 • eceived more than \$100	328,16		
compensation from the organization										8 Yes No	
 3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> 4 For any individual listed on line 1a, is the su 	uch individual								•	<u>3</u> X	
 and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i> 	accrue comper	nsat	ion f	rom	any	unr			idual for services	4 X 5 X	
Section B. Independent Contractors 1 Complete this table for your five highest contractors the organization. Report compensation for	-	-								pensation from	
(A) Name and business	address							(B) Description of s	services	(C) Compensation	
St. Mary's Regional Med. Ctr., 93 C Avenue, P.O. Box 7291, Lewiston, ME								Inter-Compan Purchased Se		3,344,556.	
2 Total number of independent contractors (\$100,000 of compensation from the organi	-	iot lii	mite	d to	tho: 1	se lis 1	stec	d above) who received n	nore than	Form 990 (2022)	

						1i	nical Se	rvices, In		01-0409	788 Page 9
Pa	rt '	VII	Statement of Re Check if Schedule O			nco	or noto to any lin	o in this Part VIII			
			Check il Schedule O	cont	ains a respo	nse	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under
6 0					1.1						sections 512 - 514
s, Grants Mounts	1		Federated campaigns								
ي ق ق			Membership dues Fundraising events								
Contributions, Gifts, and Other Similar An			Related organizations								
s, o Uli			Government grants (cont				2,237,987.				
rtion S			All other contributions, gifts,								
the			similar amounts not included	d abov	/e 1f		504,173.				
ant of		-	Noncash contributions included in								
σā		h	Total. Add lines 1a-1f				2,742,160.				
•			Dationt convices				Business Code	10 041 516	10 041 516		
Program Service Revenue	2		Patient services				621110	12,841,516.	12,841,516.		
Ser		b c									
evel		d									
- Bo		e									
۲ ۲		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f					12,841,516.			
	3	3	Investment income (inclu	-				0.05			
			other similar amounts) Income from investment of tax-exempt bond p					825.			825.
	4				-						
	5)	Royalties		(i) Real		(ii) Personal				
	6	ба	Gross rents	6a			(
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
		d	Net rental income or (loss	s) <u></u>							
	7	'a	Gross amount from sales of		(i) Securiti		(ii) Other				
			assets other than inventory	7a	2,2	24.					
Ð		b	Less: cost or other basis			•					
venue		_	and sales expenses	7b 7c		0.					
Rev			Gain or (loss) Net gain or (loss)					2,224.			2,224.
ler	8		Gross income from fundraisi					_,			_,
Other			including \$								
			contributions reported or								
			Part IV, line 18			8a					
			Less: direct expenses			8b					
			Net income or (loss) from		-						
	9	€а	Gross income from gamir	-							
		h	Part IV, line 19 Less: direct expenses			9a 9b					
			Net income or (loss) from								
	10		Gross sales of inventory,	-	-	<u> </u>					
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from			у					
S							Business Code				
Miscellaneous Revenue	11	la									
jlar ven		b								<u> </u>	
Be		c d	All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					15,586,725.	12,841,516.	0.	3,049.
23200)9 1:	2-13					· · · · · ·	· · · · ·			Form 990 (2022)

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10

Form 990 (2022) Community Clinical Services, Inc. Part IX | Statement of Functional Expenses

	rt IX Statement of Functional Expension 501(c)(3) and 501(c)(4) organizations must con		her organizations must co	mplete column (A).	
	Check if Schedule O contains a respo				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	459,748.	448,407.	11,341.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			100 044	
7	Other salaries and wages	6,997,716.	6,827,672.	170,044.	
8	Pension plan accruals and contributions (include		115 000		
	section 401(k) and 403(b) employer contributions)	119,541.	115,988.	3,553.	
9	Other employee benefits	996,732.	967,109.	29,623.	
10	Payroll taxes	522,921.	507,380.	15,541.	
11	Fees for services (nonemployees):				
a	Management			1 527	
b	Legal	4,537. 64,603.		4,537. 64,603.	
	Accounting	04,003.		04,003.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	4,145,230.	3,689,255.	455,975.	
10		4,145,250.	3,003,233.	100,070.	
12 12	Advertising and promotion	207,504.	198,125.	9,379.	
13 14	Office expenses Information technology	29,975.	28,620.	1,355.	
15	Royalties				
16	Occupancy	290,449.	277,321.	13,128.	
17	Travel	30,114.	28,753.	1,361.	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,689.	3,522.	167.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,166.		14,166.	
23	Insurance	182,451.	82,103.	100,348.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Provision for bad debts	694,784.	694,784.		
b	Drugs/medical supplies	254,475.	254,475.		
с	Minor equipment/repairs	44,872.	42,844.	2,028.	
d	Food and dining	430.	430.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	15,063,937.	14,166,788.	897,149.	0.
26	$\ensuremath{\textbf{Joint costs}}$. Complete this line only if the organization				
		1	I		

232010 12-13-22

Check here

13131031 793251 30117

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

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Form **990** (2022)

13131031 793251 30117

18,508. 8 Inventories for sale or use 10,163. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 225,603. basis. Complete Part VI of Schedule D _____ 10a 166,296. 72,899. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 44,272. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 54,440. 854,268. Other assets. See Part IV, line 11 15 15 2,925,013. 3,831,038. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 739,744. 748,275. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 129,185. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 133,797. 657,134. 25 of Schedule D 1,002,726. 1,410,436. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 1,877,614. 1,875,171. Net assets without donor restrictions 27 27 44,673. 545,431. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.

Community Clinical Services, Inc. Part X Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons

Notes and loans receivable, net

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

1,496,306.

545,431.

807,734.

18,508.

59,307.

41,539.

5,027.

2,420,602.

3,831,038.

Form 990 (2022)

7,945.

(B)

End of year

(A)

Beginning of year

1,945,894.

43,130.

735,707.

1

2

3

4

5

6 7

29

30

31

32

33

1,922,287.

2,925,013.

1

2

3

4

6

7

8

Assets

-iabilities

Net Assets or Fund Balances

29

30 31

32

33

Form	990 (2022) Community Clinical Services, Inc.	01 - 04	09788	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,586		
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,063		
3	Revenue less expenses. Subtract line 2 from line 1	3			88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,922		
5	Net unrealized gains (losses) on investments	5	- 6	5,4	73.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-18	3,0	00.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,420),6	02.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			v	
_	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			v	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	(2022)

Form **990** (2022)

232012 12-13-22

SCHEDULE	A
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Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
On the Dath is

Open to Public . Inspection

Name	of the	organizati	on

Name of	the organization		inal Comuina	~ T	-			1 0400700
Part I	Reason for Public		ical Service			oo instruction		1-0409788
							15.	
	nization is not a private found							
	A church, convention of ch	,			on 170(b)(*	I)(A)(I).		
2	A school described in sect							
3	A hospital or a cooperative							
4 📖	A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,
	city, and state:							
5 📖	An organization operated for		llege or university owned	d or opera	ted by a g	overnmental	unit descrit	bed in
	section 170(b)(1)(A)(iv). (C							
6	A federal, state, or local go	•				. ,		
7 📖	An organization that norma		intial part of its support f	from a gov	ernmental	unit or from t	he general	public described in
	section 170(b)(1)(A)(vi). (C							
8	A community trust describe							
9 📖	An agricultural research org							
	or university or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state o	f the colleg	je or
	university:							
10 X	0							
	activities related to its exen							-
	income and unrelated busin		(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
	See section 509(a)(2). (Con							
	An organization organized	-	•	•				
12	An organization organized a	•	•	•		-	•	• •
	more publicly supported or							Sheck the box on
a [lines 12a through 12d that							
a 🗆	Type I. A supporting orga the supported organizativ	-		•				
	the supported organization			a majonty (or the dire		es or the s	supporting
b 🗌	organization. You must c Type II. A supporting org	-		tion with it	to ourport	od organizati	n(c) by be	wing
Б —	control or management o	-				-		-
	organization(s). You mus			ame perso			age the sup	oponed
c 🗌	Type III functionally inte			in connec	tion with	and functions	llv integrat	ed with
•	its supported organizatio						iny integration	
d 🗌	Type III non-functionally						rted organi	ization(s)
	that is not functionally int							
	requirement (see instruct			•		-		
e	Check this box if the orga						II. Type III	
	functionally integrated, or					···) ·, ·)	··, · ,	
f Ent	er the number of supported of							
	vide the following informatior							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount o	-	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total								

Schedule	A (Form 990) 2022
Part II	Support Sc

Community Clinical Services, Inc.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	: (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	e (f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	. etc. (see instructi	ons)	•		12	
	First 5 years. If the Form 990 is for th		,			501(c)(3)	
	organization, check this box and stor						
Se	ction C. Computation of Publ						
14	Public support percentage for 2022 (line 6, column (f), (divided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
1 6a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	more, check tl	nis box and
	stop here. The organization qualifies	as a publicly supp	orted organization	וו			
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, ch	eck this box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	ublicly supported	organization		
b	0 10% -facts-and-circumstances tes	t - 2021. If the orc	anization did not	check a box on lin			
	more, and if the organization meets th						
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
							Ile A (Form 990) 2022

Schedule A (Form 990) 2022

232022 12-09-22

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	1,492,744.	1,637,184.	484,613.	2,380,483.	2,742,160.	8,737,184.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						<i>(</i> , <u>,</u> , , , , , , , , , , , , , , , , ,
organization's tax-exempt purpose	10,770,132.	13,002,774.	11,722,281.	12,921,440.	12,841,516.	61,258,143.
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge	10 060 876	14 620 059	12 206 804	15 201 022	15 592 676	60 005 227
6 Total. Add lines 1 through 5		14,639,958.	12,206,894.	15,301,923.	15,583,676.	69,995,327.
7a Amounts included on lines 1, 2, and		1 500 007				0 707 147
3 received from disqualified person	s 1,284,320.	1,502,827.				2,787,147.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b		1,502,827.				2,787,147.
8 Public support. (Subtract line 7c from line 6.)						67,208,180.
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	12,262,876.	14,639,958.	12,206,894.	15,301,923.	15,583,676.	69,995,327.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		1,214.	984.	750.	825.	4,904.
b Unrelated business taxable income		,				,
(less section 511 taxes) from businesse acquired after June 30, 1975	S					
c Add lines 10a and 10b	1,131.	1,214.	984.	750.	825.	4,904.
11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.		14,641,172.	12,207,878.	15,302,673.	15,584,501.	70,000,231.
14 First 5 years. If the Form 990 is for	the organization's fi	rst, second, third,	fourth, or fifth tax y	/ear as a section &	501(c)(3) organizati	on,
check this box and stop here						
Section C. Computation of Pul	olic Support Pe	rcentage				
15 Public support percentage for 2022			column (f))		15	96.01 %
16 Public support percentage from 203 Section D. Computation of Inv					16	94.37 %
17 Investment income percentage for 2			ne 13 column (f))		17	.01 %
18 Investment income percentage from					18	.02 %
19a 33 1/3% support tests - 2022. If th						,,,
more than 33 1/3%, check this box	-					X
b 33 1/3% support tests - 2021. If th						
line 18 is not more than 33 1/3%, c						
20 Private foundation. If the organizat						
232023 12-09-22			,, encor un			(Form 990) 2022
			16		2011044107	

13131031 793251 30117

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22

17 2022.05000 Community Clinical Services 30117_1

10b Schedule A (Form 990) 2022

11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	rted		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how control or management of the supporting organization was vested in the same persons that controlled or managed</i>			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea{see instruction in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.		ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
23202	5 12-09-22 Sc	hedule A (Forr	n 990)	2022

232025 12-09-22

13131031 793251 30117

Yes No

Part IV Supporting Organizations (continued)

Schedule A (Form 990) 2022

¹⁸ 2022.05000 Community Clinical Services 30117_1

1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	· i
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

13131031 793251 30117

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemption				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Form 990) 2022			Services,		01-0409788 _{Pag}
Part IV, Section A, line 1; Part IV, Sect	ion D, lines 2 and 3; Part IV	a, 6, 9a, 9b, 9c, 11 /, Section E, lines 1	a, 11b, and 11c; Pa 1c, 2a, 2b, 3a, and	art IV, Section B, line 3b; Part V, line 1; Pa	s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,
Section D, lines 5, ((See instructions.)	6, and 8; and Part V, Sectio	n E, lines 2, 5, and	d 6. Also complete	this part for any add	tional information.

Schedule B

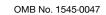
(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.



2022

Employer identification number

	Community Clinical Services, Inc.	01-0409788
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	

4947(a)(1) nonexempt charitable trust treated as a private foundation

____ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

X

X

Employer identification number

Name of organization Community Clinical Services, Inc. 01 - 0409788Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 2,237,987. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person Payroll 504,173. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No.

> (Complete Part II for noncash contributions.)

Person Pavroll Noncash

Schedule B (Form 990) (2022)

23

2022.05000 Community Clinical Services 30117_1

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223452 11-15-22

Schedule B (Form 990)	(2022)
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. .

Name of organization

- . ..

Community Clinical Services, Inc.

Employer identification number

01 - 0409788

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
223453 11-15	j-22		Schedule B (Form 990) (2022)			

13131031 793251 30117

Schedule	B (Form 990) (2022)		Pag
Name of c	organization		Employer identification number
Commu	nity Clinical Services,	Inc.	01-0409788
Part III		ions to organizations described in s	section 501(c)(7), (8), or (10) that total more than \$1,000 for the y
	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ift l
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			•
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ift
	Transferee's name, address, a		Relationship of transferor to transferee
	· · · · ·		
223454 11-1	15-22		Schedule B (Form 990) (20
		25	

13131031 793251 30117

SCHEDULE [)
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Department of the Treasury

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

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



Internal Revenue Service Name of the organization

Employer identification number 01 - 0409788

	Community Clinical	Services, Inc.	01-0409788
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
Pa			
1	Purpose(s) of conservation easements held by the organizat	-	
•	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	a conservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
h			
c c	Number of conservation easements on a certified historic st		
4	Number of conservation easements included in (c) acquired		
u	historic structure listed in the National Register	-	2d
3	Number of conservation easements modified, transferred, re		
3		leased, extinguished, or terminated by the t	signization during the tax
4	year Number of states where property subject to conservation ea	ecomont is located	
5	Does the organization have a written policy regarding the pe		
5	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
0	Stan and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and emorcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and onforcing consonvativ	on accoments during the year
'	Amount of expenses incurred in monitoring, inspecting, har	aling of violations, and emorcing conservation	on easements during the year
0	Does each conservation easement reported on line 2(d) abo	ve esticity the requirements of eastion 170/h	
8			
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat		
9			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's infancial statemen	its that describes the
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	of Art Historical Treasures or Oth	oer Similar Assets
1 4	Complete if the organization answered "Yes" on Form		ier ommar Assets.
10	If the organization elected, as permitted under FASB ASC 9		d balance aboat works
Id			
	of art, historical treasures, or other similar assets held for pu		
b	service, provide in Part XIII the text of the footnote to its fina		
D	If the organization elected, as permitted under FASB ASC 98		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthe	rance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
~			
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2022
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Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued) a Using the organization accussion, and other records, thek any of the following that make significant use of its collection terms (check all that apply): Deluce exhibition Bestevation for future generations Deluce exhibition Deluce the organization accussion of art, historical treasures, or other similar assets to be soft or asset that artifantial as part of the organization answered "Yes" on Form 990, Part XIII. During the year, did the organization ar other intermediaty for contributions or other assets not included on Form 990, Part XIII. Test the organization an agent, trustee, custodiat or contributions or other assets not included on Form 990, Part XIII. Delation of Dommont Funder. Delation during the year Early example the arrangement in Part XIII and complete the following table: Test behavions during the year Early behavione Early example the arrangement in Part XIII. Check here the cognization annower or mesion provided on Part XIII. Delative cognism and annower on the organization include an annower on the organization include an annower on the organization annowere on the organization annower on the organization ann			ty Clinica				or Other		1-04			age 2
collection lores (check all that apply): a b <th></th> <th></th> <th></th> <th>-</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>iueu)</th> <th></th>				-							iueu)	
a Public exhibition d Lean or exchange program b Scholary research e Other	3		ion, and other record	us, check a	ly of the	ioliowing tha	t make sig	Jinicant				
b Scholarly research e Other	а				an or excl	nange progra	m					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solic for roceive donations of art, historical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 980, Part IV, line 9.0, reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 1b Dath organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 1b Boginning balance Interpret in the organization has been provided on Part XIII 2b Oth organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes 2b Oth organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes 2b Control or the organization include an amount on Form 990, Part X, line 21. for escrow on custodial ac						lange progra						
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(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land		organization by:									Yes	No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land		(i) Unrelated organizations								3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land		(ii) Related organizations								3a(ii)		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sch	edule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land				owment fun	ds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	Pa											
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 99	0, Part IV, li	ne 11a. S	ee Form 990	, Part X, li	ne 10.				
b Buildings 55,433. 29,217. 26,216. c Leasehold improvements 170,170. 137,079. 33,091. e Other		Description of property	. ,		. ,		• •		d	(d) Boo	k value	e
b Buildings 55,433. 29,217. 26,216. c Leasehold improvements 170,170. 137,079. 33,091. e Other	1a	Land										
c Leasehold improvements 55,433. 29,217. 26,216. d Equipment 170,170. 137,079. 33,091. e Other												
d Equipment 170,170. 137,079. 33,091.												
e Other					17	0,170.	1	37,07	79.	3	3,0	91.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 59, 307.											-	
	Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	0c.)				5	9,3	07.

Schedule D (Form 990) 2022

232052 09-01-22

Part VII Investments - Other Securities.	on Form 000, Dart IV/ lin	a 11b See Form 000 Bart V line 12	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1) Financial derivatives			a or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) Due from affiliates			854,268.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			054.000
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		854,268.
Part X Other Liabilities.	an Farm 000 Dart IV (lin		
Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, Im	e The or TTL See Form 990, Part X, III e 20	. (b) Book value
(1) Federal income taxes (2) Due to affiliates			657,134.
<u> </u>			057,154.
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		657,134.
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under		-	

Community Clinical Services, Inc.

01-0409788 Page 3

232053 09-01-22

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 Community Clinical Service	es,	Inc.	01-040	9788	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ente	s With Revenu	e per Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.				
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_				
а	Net unrealized gains (losses) on investments	L:	2a			
b	Donated services and use of facilities	[:	2b			
с	Recoveries of prior year grants	[:	2c			
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d					
3	Subtract line 2e from line 1					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	L'	4a			
b	Other (Describe in Part XIII.)					
c Add lines 4a and 4b						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	nent	ts With Expension	ses per Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	а.				
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	[:	2a			
b	Prior year adjustments	[:	2b			
с	Other losses 2c					
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	L'	4a			
b	Other (Describe in Part XIII.)	[4	4b			
с	Add lines 4a and 4b			4c		
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<u></u>			
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

In its 2019 tax year, the Organization determined that its restricted
investment holdings, which were previously designated as endowment funds
on Schedule D, Part V, did not meet the terms and definitions of endowment
funds as provided in IRS Guidance and the Form 990 instructions.
Accordingly, the Organization's 2019 ending balance for endowment funds
was corrected to an appropriate zero-value. This continues to be the case
in 2020; the figures reported on Schedule D, Part V have been maintained
only to reflect the carryforward of the Organization's historic filings.
Temporarily restricted funds continue to be reported separately on Form

990, Part X, Line 28. Restricted net assets, as were previously reported Schedule D (Form 990) 2022 232054 09-01-22 29

13131031 793251 30117

 Schedule D (Form 990) 2022
 Community Clinical Services, Inc.
 01-0409788 Page 5

 Part XIII
 Supplemental Information (continued)
 Page 5

as endowment funds, are largely composed of restricted grants used to

provide housing solutions to elderly, ill, or disenfranchised persons.

Part X, Line 2: Covenant and its member organizations are considered not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code, except as noted below.

Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position. Estimated interest and penalties, if applicable, related to uncertain tax positions are included as a component of income tax expense.

The System has evaluated the position taken on its filed tax returns. The System has concluded no uncertain income tax positions exist at December 31, 2022.

Schedule D (Form 990) 2022

232055 09-01-22

13131031 793251 30117

SC	SCHEDULE J Compensation Information		1	OMB No. 1545-0047			
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest	2022				
Compensated Employees							
Dena	Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.						
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nan	e of the organizatio			dentification number			
		Community Clinical Services, Inc.	01-0	40978	8		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o	, i i i i i i i i i i i i i i i i i i i					
	Travel for com						
		ation and gross-up payments					
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)				
_							
b		on line 1a are checked, did the organization follow a written policy regarding payment or					
-		provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
2	ladiaata waaiala ifa		-				
3		ny, of the following the organization used to establish the compensation of the organization					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat					
	X Compensation	ation of the CEO/Executive Director, but explain in Part III.					
		compensation consultant X Compensation survey or study					
		ther organizations X Approval by the board or compensation of the server of study	committoo				
			Johnnittee				
4	During the year did	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
•	organization or a re						
а	•	e payment or change-of-control payment?		4a	х		
b		eive payment from a supplemental nonqualified retirement plan?				X	
с		eive payment from an equity-based compensation arrangement?				X	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	,						
	Only section 501(;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r						
а	The organization?			5a		X	
		ation?				X	
		or 5b, describe in Part III.					
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
contingent on the net earnings of:							
а	The organization?			6a		X	
		ation?				X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment					
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to					
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			8		X		
9		id the organization also follow the rebuttable presumption procedure described in					
		n 53.4958-6(c)?				Ĺ	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forr	n 990)) 2022	

232111 10-18-22

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) Syed Fahd, MD	(i)	287,476.	0.	390.	4,108.	23,749.	315,723.	0.
Physician	(ii)	0.	0.	0.	0.	0.		0.
(2) Megan Brewer, MD	(i)	241,497.	0.	268.	4,834.	2,456.	249,055.	0.
СМО	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Paige Hagerstrom	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	185,555.	0.	276.	5,588.	26,041.	217,460.	0.
(4) Elizabeth Keene	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	141,475.	0.	855.	4,122.	25,049.	171,501.	0.
(5) Tyler Gagnon	(i)	124,269.	0.	16,371.	3,476.	9,566.		0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Donna Martinez	(i)	125,146.	0.	333.	3,976.	22,545.	152,000.	0.
Senior Clinician	(ii)	0.	0.	0.	0.	0.	-	0.
(7) Carolyn Mcnamara	(i)	116,022.	0.	130.	0.	34,212.	150,364.	0.
Family Nurse Practitioner	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 3:

Any compensation paid to the trustees, directors, officers or key employees

of the Organization is subject to the oversight and decisions of Covenant

Health, a related tax-exempt organization. Every two-to-three years the

Compensation Committee of the Covenant Health Board of Directors engages an

external consultant to provide competitive market data from various survey

sources, which is then used to develop recommendations for changes to the

compensation program. Since 2003, the Compensation Committee has engaged a

human resources consultant to conduct this analysis. Objectives of the

analysis are to assess the compositeness of the total cash compensation

levels of the senior leadership team, develop market based competitive

salary ranges for all executive positions, and ensure that the annual

incentive opportunities, if there are any, are competitive and reasonable.

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047 2022 Open to Public Inspection		
Name of the organizatio	n Community Clinical Services, Inc.		identification number 409788		
Form 990, Pa	rt III, Line 4d, Other Program Services:				
Other progra	m services offered by Community Clinical Serv	ices I	nc.		
include dent	al care and dental services (of which there w	ere 4,	309		
visits in 20	22), care management, 340B pharmacy programs,	and			
electronic h	andbook and meaningful-use incentive programs	•			
Expenses \$ 1	,944,152. including grants of \$ 0. Revenue	e\$3,	088,453.		
Form 990, Pa	rt VI, Section A, line 4:				
The Organiza	tion adopted amendments to its bylaws during	the pe	riod covered		
by this Form	990. The Organization became aware upon revi	ew tha	t previously		
adopted amen	dments to its bylaws were not disclosed in fu	11 upo:	n its annual		
Forms 990 as filed in prior years. Accordingly, a summary of all changes					
and revisions between the Organization's bylaws, as dated December 23,					
2022, from and as compared to the bylaws dated August 23, 2012, have been					
disclosed on this Form 990 for transparency purposes.					
The most rec	ent version of the Organization's bylaws make	s effe	ctive the		

following changes:

1. The amended bylaws allow for the Member of the Organization (St. Mary's Health System) to resign and withdraw from the Organization and terminate its status as the Member. Upon receipt of notice that the Member elected to terminate Membership, the Organization's Board of Directors may determine if a new Member should be adopted, and if the bylaws should be amended to document such change.

34

Schedule O (Form 990) 2022 Page 2						
Name of the organization	Employer identification number					
Community Clinical Services, Inc.	01-0409788					

2. The amended bylaws revised the functions and powers of the Corporate Member.

(Additional details regarding the powers of the Corporate Member are disclosed on this Schedule O, narratives for Form 990, Part VI, Lines 7a and 7b.)

3. The amended bylaws rephrased the roles and responsibilities of the Chief Executive Officer (CEO) to be as follows: the CEO, in general, shall supervise and control all of the business and affairs of the Corporation. The CEO shall be the Chief Executive Officer of the Corporation. The CEO, their designee, or any other officer of the Corporation authorized by the Board of Directors, may sign any deeds, mortgages, bonds, contracts, or other instruments which the Board of Directors have authorized to be executed, except in cases where the signing and execution thereof shall be expressly delegated by the Board of Directors or by these Bylaws or by law to some other officer or agent of the Corporation and, in general, shall perform all duties as may be prescribed by the Board of Directors from time to time. The CEO shall be responsible for the daily activities and operations of the Corporation. The CEO shall assure ongoing compliance by the Corporation with applicable Community Health Center guidelines, rules and regulations. The CEO shall be responsible for all employment decisions concerning non-physician employees of the Corporation, and shall be responsible for negotiating physician employment agreements and implementing personnel policy, with the approval of the Board. The CEO shall be appointed by the Board and shall serve at the pleasure of the Board, either at will or pursuant to the terms of a written contract which shall have for a term a period of time not exceeding Three (3) years. 232212 10-28-22 Schedule O (Form 990) 2022 35

13131031 793251 30117

4. The amended bylaws have established the Nominating and Orientation Committee, which oversees the solicitation and evaluation of persons to be considered as members of the Board of Directors.

5. The amended bylaws allow for the bylaws to be altered, amended, or repealed by a vote of the majority of the Directors.

Form 990, Part VI, Section A, line 6:

St. Mary's Health System is the sole corporate member of the Organization.

Form 990, Part VI, Section A, line 7a:

The Organization's Board of Directors consists of Class A and Class B Directors. As the sole corporate member of the Organization, St. Mary's Health System shall appoint Class B Directors of the Board. Class A directors are appointed by a majority vote of all board members, including the Class B directors that are directly appointed by St. Mary's Health System.

Additionally, as the sole Corporate Member, St. Mary's Health System also holds the following powers over the Organization's governing body:

1. Any Director appointed by the Corporate Member may be removed at any time from such position at any time by the Corporate Member with or without cause.

2. A vacancy due to death, resignation, removal, or otherwise of any Director appointed by the Corporate Member shall be filled by the Corporate 232212 10-28-22 36 13131031 793251 30117 2022.05000 Community Clinical Services 30117_1

Schedule O (Form 990) 2022 Page 2				
Name of the organization Community Clinical Services, Inc.	Employer identification number $01-0409788$			
Member until the position which was vacated has been permanently filled in				
accordance with the procedures for election and appointment of new				

Directors as outlined in the Organization's bylaws.

Form 990, Part VI, Section A, line 7b:

As the sole corporate member of the Organization, St. Mary's Health System has the following powers and rights over the Organization as outlined in the Organization's bylaws:

1. The Corporate Member shall act in a stewardship capacity to assure that all actions of the Corporation are consistent with the purpose of the Corporation and the philosophy and ethical and religious principles of the Roman Catholic Church.

2. The Corporate Member shall interpret the Ethical and Religious Directives for Catholic Health Care Services applicable to the Corporation and with respect to the services and programs offered directly by the Corporation. Should the Corporate Member determine that services or programs of the Corporation are inconsistent with the Directives, it shall specify to the Corporation the way in which it determines such inconsistency, and the Corporate Member and the Corporation shall work together to ensure that the method of delivery of such services or programs are conducted in a manner that is consistent with the Directives. Notwithstanding the foregoing, the Corporate Member may not infringe on any aspect of the Corporation's provision of services or programs necessary to remain compliant with Federal and/or State laws, regulations or related policies, including Section 330 of the Public Health Service Act and Community Health Center Program Expectations as amended from time to time. 232212 10-28-22 Schedule O (Form 990) 2022 37 2022.05000 Community Clinical Services 30117_1

13131031 793251 30117

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
Community Clinical Services, Inc.	01-0409788

3. The Corporate Member shall act in accordance with its own bylaws by executing and delivering to the Secretary of the corporation a written instrument signed by an authorized officer of the Corporate Member setting forth the action taken and the date of action taken by the Corporate Member, which may be a Secretary's Certificate of the action taken by the Corporate Member. The action of the Corporate Member shall be deemed to have been taken on the dates such written instruments are so delivered, unless the instruments provide otherwise

4. Special Meetings of the Corporate Member shall be held whenever called by: (1) the Corporate Member; or (2) when requested by the Chairperson at the request of a majority of the Directors of the Corporation.

5. The presence of the duly designated representative of the Corporate Member, in person or by proxy, shall constitute a quorum for the transaction of business at all Meetings of the Corporate Member.

6. The Corporate Member may designate a new fiscal year for the Organization.

Form 990, Part VI, Section B, line 11b:

The Form 990 is provided to the governing body for their review and

approval prior to filing.

Form 990, Part VI, Section B, Line 12c:

This process is the responsibility of the Compliance Officer. A conflict of

interest disclosure form is submitted to all leadership, board members,

board committee members, employed physicians, medical directors and certain 232212 10-28-22 38

13131031 793251 30117

3

2022.05000 Community Clinical Services 30117_1

Name of the organization Community Clinical Services, Inc.	Employer identification number 01-0409788
employees in key positions annually to be completed. Rem	inders are sent to
all persons of interest to ensure that all conflict of i	nterest disclosure

Form 990, Part VI, Section B, Line 15:

Any compensation paid to the trustees, directors, officers or key employees of the Organization is subject to the oversight and decisions of Covenant Health, a related tax-exempt organization. Every two-to-three years the Compensation Committee of the Covenant Health Board of Directors engages an external consultant to provide competitive market data from various survey sources, which is then used to develop recommendations for changes to the compensation program. Since 2003, the Compensation Committee has engaged a human resources consultant to conduct this analysis. Objectives of the analysis are to assess the compositeness of the total cash compensation levels of the senior leadership team, develop market based competitive salary ranges for all executive positions, and ensure that the annual incentive opportunities, if there are any, are competitive and reasonable.

Form 990, Part VI, Section C, Line 19:

The Organization's Form 990, governing documents, conflict of interest policy, and financial statements are made available to the public upon request. The Organization's Form 990 is also made available on the website of its parent organization, Covenant Health, at the following web address: https://www.covenanthealth.net/financials

Form 990, Part IX, Line 11g, Other Fees:

Purchased medical and physician services:

2,341,79	vice expenses	Program
Schedule O (Form 990)		232212 10-28-22
	39	

96.

Schedule O (Form 990) 2022 Name of the organization Community Clinical Services, Inc.	Page Employer identification numbe 01-0409788
Management and general expenses	01-0409788
Fundraising expenses	0
Total expenses	2,341,796
Administrative and other fees:	
Program service expenses	1,347,459
Management and general expenses	455,975
Fundraising expenses	0
Total expenses	1,803,434
Total Other Fees on Form 990, Part IX, line 11g, Col A	4,145,230
	Schedule O (Form 990) 202

13131031 793251 30117

2022.05000 Community Clinical Services 30117_1

SCH	IEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

01-0409788

Name of the organization

Community Clinical Services, Inc.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
Alternative Health Services - 01-0422885					St. Joseph		
360 Broadway					Healthcare		
Bangor, ME 04402	Home health and hospice	Maine	501(c)(3)	Line 10	Foundation		X
Bangor Nursing and Rehabilitation Center -							
01-0538534, 103 Texas Avenue , Bangor, ME	Long-term care nursing				Covenant Health,		
04401	facility	Maine	501(c)(3)	Line 10	Inc.		X
CHS of Waltham, Inc. d/b/a Maristhill							
Nursing & Rehab Center - 04-3333609, 66	Nursing home and				Covenant Health,		
Newton Street, Waltham, MA 02453	restorative facility	Massachusetts	501(c)(3)	Line 10	Inc.		x
CHS of Worcester, Inc. d/b/a St. Mary Care							
Center - 04-3419625, 39 Queen Street,	Nursing home and				Covenant Health,		
Worchester, MA 01610	restorative facility	Massachusetts	501(c)(3)	Line 10	Inc.		x

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti organiz	g) 512(b)(13) rolled ization?
Covenant Health Foundation Inc						Yes	No
80-0199674, 100 Ames Pond Drive, Tewksbury,	-				Covenant Health,		
MA 01876	Charitable foundation	Massachusetts	501(c)(3)	Line 12a, I	Inc.		x
				,		1	
04-6835128, 420 Bedford Street, Lexington,	-				Covenant Health,		
MA 02420		Massachusetts	501(c)(3)	Line 12a, I	Inc.		x
Covenant Health, Inc 22-2484505				,			
100 Ames Pond Drive	Health care management and						
Tewksbury, MA 01876	resource organization	Massachusetts	501(c)(3)	Line 10	N/A		x
Fanny Allen Corporation, Inc 22-2495808							
790 College Parkway	_				Covenant Health,		
Colchester, VT 05446	Charitable foundation	Vermont	501(c)(3)	Line 12a, I	Inc.		x
Fanny Allen Holdings, Inc 03-0181052				,			
790 College Parkway					Covenant Health,		
Colchester, VT 05446		Vermont	501(c)(3)	Line 12a, I	Inc.		x
Helping Hands of St. Marguerite, Inc				,			
80-0199674, 799 Concord Avenue, Cambridge,	Private home-care health				Covenant Health,		
MA 02138	services	Massachusetts	501(c)(3)	Line 10	Inc.		x
M & J Company - 22-2480150					St. Joseph		
360 Broadway	_				Healthcare		
Bangor, ME 04402	Lease holding company	Maine	501(c)(2)		Foundation		x
Mary Immaculate Guild, Inc 46-3073987							
172 Lawrence Street	Supporting grants and				Covenant Health,		
Lawrence, MA 01841		Massachusetts	501(c)(3)	Line 12a, I	Inc.		x
MI Adult Day Health Care Center, Inc							
04-2921888, 189 Maple Street, Lawrence, MA	-				Covenant Health,		
01841	Adult day care services	Massachusetts	501(c)(3)	Line 10	Inc.		x
MI Management, Inc 04-2857794							
172 Lawrence Street	-				Covenant Health,		
Lawrence, MA 01841	Assisted living services	Massachusetts	501(c)(3)	Line 12a, I	Inc.		x
MI Nursing Restorative Center, Inc							1
04-2104851, 172 Lawrence Street, Lawrence,	Nursing home and				Covenant Health,		
MA 01841	restorative facility	Massachusetts	501(c)(3)	Line 10	Inc.		x
MI Residential Community, Inc 04-2647207							
189 Maple Street					Covenant Health,		
Lawrence, MA 01841	HUD low income housing	Massachusetts	501(c)(3)	Line 10	Inc.		x

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation? No
MI Transportation, Inc 04-2921889						103	
189 Maple Street	- Elderly transportation				Covenant Health,		
Lawrence MA 01841	services	Massachusetts	501(c)(3)	Line 10	Inc.		x
Mount St. Rita Health Centre - 05-0342330							
15 Sumner Brown Road	1				Covenant Health,		
Cumberland, RI 02864	Nursing home	Rhode Island	501(c)(3)	Line 10	Inc.		x
Neighborhood Housing Initiative - 01-0539730	-						
P.O. Box 7291	Affordable housing				St. Mary's Health		
Lewiston, ME 04243	services	Maine	501(c)(3)	Line 10	System		x
Penacook Place, Inc 23-7090088							
150 Water Street	1				Covenant Health,		
Haverhill, MA 01830	Nursing home	Massachusetts	501(c)(3)	Line 10	Inc.		x
Souhegan Nursing Association - 02-0222795	-				St. Joseph		
24 North River Road	1				Hospital of		
Milford, NH 03055	Home health and hospice	New Hampshire	501(c)(3)	Line 10	Nashua, NH Inc.		x
St Joseph Ambulatory Care, Inc 22-2480373					St. Joseph		
360 Broadway	7				Healthcare		
Bangor, ME 04402	- Physician practice	Maine	501(c)(3)	Line 10	Foundation		x
St. Andre Health Care - 01-0342399							
407 Pool Street	Nursing home and				Covenant Health,		
Biddeford, ME 04005	restorative facility	Maine	501(c)(3)	Line 10	Inc.		х
St. Joseph Healthcare Foundation -					Covenant Health,		
22-2480149, 360 Broadway, Bangor, ME 04402	Healthcare foundation	Maine	501(c)(3)	Line 10	Inc.		x
St. Joseph Hospital - 01-0212435					St. Joseph		
360 Broadway	Hospital and health care				Healthcare		
Bangor, ME 04402	facility	Maine	501(c)(3)	Line 3	Foundation		x
St. Joseph Manor Health Care - 04-2565937							
215 Thatcher Street	Nursing home and				Covenant Health,		
Brockton, MA 02302	restorative facility	Massachusetts	501(c)(3)	Line 10	Inc.		x
St. Joseph's Hospital of Nashua, NH Inc							
02-0222215, 172 Kinsley Street, Nashua, NH	Hospital and health care				Covenant Health,		
03061	facility	New Hampshire	501(c)(3)	Line 3	Inc.		x
St. Mary's D'Youville Pavilion - 01-0211558							
P.O. Box 7291	Nursing home and				St. Mary's Health		
Lewiston, ME 04243	- restorative facility	Maine	501(c)(3)	Line 10	System		x

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr organiz	g) 512(b)(13) rolled zation?
St. Mary's Health System - 22-2504349						Yes	No
P.O. Box 7291	Hospital and health care				Covenant Health,		
Lewiston, ME 04243	facility	Maine	501(c)(3)	Line 12a, I	Inc.		x
St. Mary's Regional Medical Center -				,			
01-0211551, P.O. Box 7291, Lewiston, ME	Hospital and health care				St. Mary's Health		
04243	- facility	Maine	501(c)(3)	Line 3	System		x
St. Mary's Residences - 22-2504356							
P.O. Box 7291	1				St. Mary's Health		
Lewiston, ME 04243	Low income housing	Maine	501(c)(3)	Line 10	System		x
St. Mary's Villa Nursing Home, Inc							
23-2057177, 675 St. Mary's Villa Road,	Nursing home and				Covenant Health,		
Moscow, PA 18444	restorative facility	Pennsylvania	501(c)(3)	Line 10	Inc.		x
The Surgicenter at St. Joseph Hospital, Inc.					St. Joseph		
- 02-0222215, 172 Kinsley Street, Nashua, NH	Healthcare and surgery				Hospital of		
03061	center	New Hampshire	501(c)(3)	Line 10	Nashua, NH Inc.		x
Youville Hospital and Rehabilitation Center,							
Inc 04-3239563, 1575 Cambridge Street,	Hospital and health care				Youville		
Cambridge, MA 02138	facility	Massachusetts	501(c)(3)	Line 10	Lifecare, Inc.		x
Youville House, Inc 04-3239593							
1573 Cambridge Street	7				Youville		
Cambridge, MA 02138	Assisted living services	Massachusetts	501(c)(3)	Line 10	Lifecare, Inc.		X
Youville Lifecare Inc 04-2103582							
1575 Cambridge Street	Hospital and health care				Covenant Health,		
Cambridge, MA 02138	facility	Massachusetts	501(c)(3)	Line 10	Inc.		X
Youville Place - 04-3297834							
10 Pelham Road	7				Covenant Health,		1
Lexington, MA 02421	Assisted living services	Massachusetts	501(c)(3)	Line 10	Inc.		X
							1
							1
							1
							1

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera managi partne	or Percentag ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	YesN	0
	7										
	-										
	-										
	-										
	-										
	-										
	-										
	_										
	4										

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	((i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(l contr ent	(b)(13) trolled tity?
		country)		,				Yes	No
Campus Holding - 01-0406049									
P.O. Box 7291									
Lewiston, ME 04240	Holding company	ME	N/A	C CORP	N/A	N/A	N/A		X
Covenant Health Insurance LTD - 04-3360127									
P.O. Box 69	Self-insurance	Cayman							
Grand Cayman, CAYMAN ISLANDS KY1-1102	company	Islands	N/A	C CORP	N/A	N/A	N/A		X
GNM Corporation - 02-0400550									
172 Kinsley Street	Real estate holding								
Nashua, NH 03060	company	NH	N/A	C CORP	N/A	N/A	N/A		X
SJ Physicians Services - 02-0522234									
172 Kinsley Street	7								
Nashua, NH 03060	Physician practice	NH	N/A	C CORP	N/A	N/A	N/A		X
St. Joseph Corporate Services, Inc									
02-0405197, 172 Kinsley Street, Nashua, NH	7								
03060	Holding company	NH	N/A	C CORP	N/A	N/A	N/A		X
232162 09-14-22		45				Sch	edule R (Forr	n 990) 2022

See Part VII for Continuations

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(Sec	(i) ction (b)(13) trolled
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	512(cont	(b)(13) trolled tity?
		country)		or trust)		assets		Yes	
Strauss Incorporated - 01-0391369									
360 Broadway	Repairs and								
Bangor, ME 04402	transcriptions	ME	N/A	C CORP	N/A	N/A	N/A		X
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Schedule R (Form 990) 2022 Community Clinical Services, Inc.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			No	
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х	
	Gift, grant, or capital contribution to related organization(s)	1b		Х	
с	Gift, grant, or capital contribution from related organization(s)	1c		Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х	
	Loans or loan guarantees by related organization(s)	1e		Х	
f	Dividends from related organization(s)	1f		Х	
g	Sale of assets to related organization(s)	1g		Х	
	Purchase of assets from related organization(s)	1h		Х	
i	Exchange of assets with related organization(s)	1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х		
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х	
ο	Sharing of paid employees with related organization(s)	10	Х		
р	Reimbursement paid to related organization(s) for expenses	1p	Х		
	Reimbursement paid by related organization(s) for expenses	1q		Х	
r	Other transfer of cash or property to related organization(s)	1r		Х	
s	Other transfer of cash or property from related organization(s)	1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
_(2)			
(3)			
<u>(4)</u>			
(5)			
_(6)	17		0.45.454 D (F.2000 000) 0000

Schedule R (Form 990) 2022 Community Clinical Services, Inc.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I) (3) !? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes	ral or iging ner?	(k) Percentage ownership

Schedule R (Form 990) 2022

Schedule R	(Form 990) 2022	Community	Clinical	Services,	Inc.	01-0409788	Page 5
Part VII	Supplemental Inform	mation					

Provide additional information for responses to questions on Schedule R. See instructions.

Part IV, Identification of Related Organizations Taxable as Corp or Trust:

Name of Related Organization:

St. Joseph Corporate Services, Inc.

Direct Controlling Entity: St. Joseph's Hospital of Nashua, NH Inc.

232165 09-14-22