

Form **990**Department of the Treasury
Internal Revenue Service**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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023**Open to Public
Inspection****A** For the **2023** calendar year, or tax year beginning **07/01/2023** and ending **06/30/2024****B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization

THE SUMMIT COUNSELING CENTER, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

2750 OLD ALABAMA RD STE 200

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

JOHNS CREEK, GA 30022

F Name and address of principal officer:

DAVID M SMITH

2750 OLD ALABAMA RD STE 200, JOHNS CREEK, GA 30022

D Employer identification number

58-2424268

E Telephone number

(678) 893-5300

G Gross receipts \$ 5,828,304.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.SUMMITCOUNSELING.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1998 **M** State of legal domicile: GA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDES PROF. COUNSELING PSYCHOLOGICAL TESTING SCHOOL-BASED THERAPY SUICIDE PREVENTION & MENTAL HEALTH AWARENESS EDUCATION USING AN INTEGRATIVE APPROACH TO TREAT THE WHOLE PERSON
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 24
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 22
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 74
	6	Total number of volunteers (estimate if necessary) 6 50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a
7b	Net unrelated business taxable income from Form 990-T, line 34 7b	
Revenue	8	Contributions and grants (Part VIII, line 1h) 1,397,764. 1,522,435.
	9	Program service revenue (Part VIII, line 2g) 3,790,862. 4,061,956.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 20,913. 97,161.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -104,973. -124,588.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,104,566. 5,556,964.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,522,210. 4,109,192.
16a		Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE
b		Total fundraising expenses (Part IX, column (D), line 25) 108,619.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 890,749. 995,641.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,076,213. 5,987,348.
19		Revenue less expenses. Subtract line 18 from line 12 28,353. -430,384.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 4,125,663. 3,441,591.
	21	Total liabilities (Part X, line 26) 795,674. 680,558.
	22	Net assets or fund balances. Subtract line 21 from line 20. 3,329,989. 2,761,033.

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 knowledge 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.

Sign Here	Signature of officer	05/15/2025	Date
	DAVID M SMITH	EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	SABRE J LINAHAN	Sabre Linahan	05/15/2025
	Firm's name ▶ SMITH & HOWARD ADVISORY, LLC	Firm's EIN ▶ 92-0749631	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ 271 17TH STREET, NW SUITE 2100 ATLANTA, GA 30363	Phone no. 404-874-6244	PTIN P01372980

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission:

THE SUMMIT COUNSELING CENTER, INC., KNOWN AS THE SUMMIT, PROVIDES
 PROFESSIONAL COUNSELING, PSYCHOLOGICAL TESTING, SCHOOL-BASED THERAPY,
 SUICIDE PREVENTION & MENTAL HEALTH AWARENESS EDUCATION USING AN...
 FULL ORGANIZATION MISSION CONTINUED IN SCHEDULE O, PART III, LINE 1

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 ☒ No
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 services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 2,795,065. including grants of \$ 425,814.) (Revenue \$ 2,171,578.)

THE PRIMARY PROGRAM OF THE SUMMIT COUNSELING CENTER IS THE
 OUTPATIENT OFFICE-BASED AND TELEHEALTH COUNSELING AND
 PSYCHOLOGICAL SERVICES PROGRAM. THIS PROGRAM PROVIDES INDIVIDUAL,
 COUPLES, FAMILY AND GROUP COUNSELING SERVICES TO ADULTS, CHILDREN
 AND ADOLESCENTS. OUR PROFESSIONAL STATE LICENSED CLINICAL STAFF
 UTILIZES EVIDENCE-BASED THERAPIES TO TREAT A WIDE RANGE OF
 CLINICAL ISSUES INCLUDING (BUT NOT LIMITED TO) ANXIETY,
 DEPRESSION, COMPLICATED GRIEF, TRAUMA, SUBSTANCE USE/ABUSE,
 PARENTING AND RELATIONSHIP DIFFICULTIES. THE SUMMIT PROVIDED...

PROGRAM DESCRIPTION CONTINUED IN SCHEDULE O, PART III, LINE 4A

4b (Code:) (Expenses \$ 2,592,379. including grants of \$ 425,814.) (Revenue \$ 1,833,583.)

SINCE 2015, THE SUMMIT HAS PROVIDED THE "SUMMIT ON-SITE"
 SCHOOL-BASED MENTAL HEALTH SERVICES PROGRAM. THE SUMMIT HAS
 PARTNERED WITH BOTH PRIVATE AND PUBLIC SCHOOLS TO OFFER
 CONFIDENTIAL MENTAL HEALTH THERAPY, CONVENIENTLY LOCATED IN THE
 SCHOOL SO THAT STUDENTS HAVE THE OPTION TO SEE THEIR THERAPISTS AT
 SCHOOL DURING THE DAY. ACCORDING TO THE YOUTH RISK BEHAVIOR
 SURVEILLANCE SYSTEM (YRBSS) IN 2023, THE MENTAL WELL-BEING OF HIGH
 SCHOOL STUDENTS ACROSS ... PROGRAM DESCRIPTION CONTINUED IN
 SCHEDULE O, PART III, LINE 4B

4c (Code:) (Expenses \$ 46,296. including grants of \$ 22,063.) (Revenue \$ NONE)

MENTAL HEALTH AWARENESS AND SUICIDE PREVENTION EDUCATION- MENTAL
 HEALTH AWARENESS AND SUICIDE PREVENTION PLAY A CRUCIAL ROLE IN
 PROMOTING WELL-BEING AND SAVING LIVES. THE SUMMIT IS COMMITTED TO
 CREATING A WELL-INFORMED AND STIGMA FREE COMMUNITY BY ENCOURAGING
 OPEN CONVERSATIONS AND EDUCATION ON MENTAL HEALTH TOPICS. IN
 2023/24, THE SUMMIT PROVIDED 142 WORKSHOPS AND PRESENTATIONS,
 REACHING OVER 2,500 INDIVIDUALS IN OUR COMMUNITY. ... PROGRAM
 DESCRIPTION CONTINUED IN SCHEDULE O, PART III, LINE 4C

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 18,518. including grants of \$ 8,825.) (Revenue \$ 56,795.)

4e Total program service expenses 5,452,258.

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 X	
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	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 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? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a 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	X
c 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	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
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 X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
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	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
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	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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).		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	32	
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	NONE	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	74
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	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).		
a 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	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c 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	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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 organizations maintaining donor advised funds.		
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:		
a 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:		
a 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.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b 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.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b 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	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
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? If "Yes," complete Form 6069.	17	

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.

Section A. Governing Body and Management

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Section C. Disclosure

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒ X**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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REV. DAVID SMITH EXECUTIVE DIRECTOR	40.00 NONE			X				156,796.	NONE	6,305.
(2) HELEN CAUDILL SECRETARY & TREASURER	5.00 40.00			X				NONE	140,450.	14,497.
(3) BETH GIDDES DIRECTOR OF FINANCE & HR	20.00 20.00			X				NONE	136,436.	12,798.
(4) JASON HOWARD THERAPIST	40.00 NONE					X		129,612.	NONE	12,178.
(5) BRITANY GLASER THERAPIST	40.00 NONE					X		114,260.	NONE	20,302.
(6) RACHEL NEWCOMER DIRECTOR OF DEVELOPMENT	40.00 NONE					X		106,000.	NONE	9,993.
(7) ALICE HOAG THERAPIST	40.00 NONE					X		100,058.	NONE	8,800.
(8) J. DAVID SMITH BOARD CHAIR	2.00 NONE	X						NONE	NONE	NONE
(9) BILL MCLENDON BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(10) BARBARA WILLIAMS BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(11) ANDY GIBSON BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(12) JUSTIN HESTER BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(13) MARSHALL TURNER BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(14) QUENTIN JONES BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE

Form **990** (2023)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KEITH GRIFFIN BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(16) JANE SCHILLING BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(17) ANDREW JOHNSON BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(18) STEVE KORB BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(19) DR. CHRIS LEGGETT BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(20) SCOTT VANSANT BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(21) FRAN MILLAR BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(22) KARLEE MIDDLEBROOKS BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(23) LISA AMUNDSEN BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(24) LESTER ARCHAMBEAU BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(25) ANA C. FRANCO BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								606,726.	276,886.	84,873.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								606,726.	276,886.	84,873.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	808,084.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	303,554.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	410,797.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 12,080.			
	h	Total. Add lines 1a-1f		1,522,435.			
	Program Service Revenue				Business Code		
2a		OFFICE BASED MENTAL HEALTH			2,171,578.	2,171,578.	
b		SCHOOL BASED MENTAL HEALTH			1,833,583.	1,833,583.	
c		CURE CHILDHOOD CANCER			56,795.	56,795.	
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f			4,061,956.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			97,161.		97,161.
	4	Income from investment of tax-exempt bond proceeds . . .			NONE		
	5	Royalties			NONE		
			(i) Real	(ii) Personal			
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	NONE	NONE		
	d	Net rental income or (loss)			NONE		
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses . .	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)			NONE		
	8a	Gross income from fundraising events (not including \$ 808,084. of contributions reported on line 1c). See Part IV, line 18	8a	146,752.			
	b	Less: direct expenses	8b	271,340.			
	c	Net income or (loss) from fundraising events			-124,588.		-124,588.
	9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE			
	b	Less: direct expenses	9b	NONE			
c	Net income or (loss) from gaming activities			NONE			
10a	Gross sales of inventory, less returns and allowances	10a	NONE				
b	Less: cost of goods sold	10b	NONE				
c	Net income or (loss) from sales of inventory			NONE			
Miscellaneous Revenue				Business Code			
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			NONE		
12	Total revenue. See instructions			5,556,964.	4,061,956.	-27,427.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 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	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	882,515.	882,515.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	163,371.	122,528.	32,674.	8,169.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	3,417,396.	3,110,905.	230,901.	75,590.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	80,774.	79,158.	808.	808.
9 Other employee benefits	225,845.	221,329.	2,258.	2,258.
10 Payroll taxes	221,806.	217,370.	2,218.	2,218.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	4,438.		4,438.	
c Accounting	29,068.		29,068.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	4,952.	4,852.	50.	50.
12 Advertising and promotion	169,569.	169,569.		
13 Office expenses	150,666.	134,592.	12,296.	3,778.
14 Information technology	117,173.	87,880.	29,293.	
15 Royalties	NONE			
16 Occupancy	311,554.	233,665.	62,311.	15,578.
17 Travel	933.	933.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	49,552.	37,164.	12,388.	
23 Insurance	NONE			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DEVELOPMENTAL INVESTMENTS	66,930.	65,591.	1,339.	
b DESIGNATED PROGRAM EXPENSES	39,530.	38,739.	718.	73.
c EQUIPMENT EXPENSE	18,553.	18,182.	371.	
d PROFESSIONAL DEVELOPMENT	9,737.	9,543.	97.	97.
e All other expenses	22,986.	17,743.	5,243.	
25 Total functional expenses. Add lines 1 through 24e	5,987,348.	5,452,258.	426,471.	108,619.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☒

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	130.	1	130.
	2 Savings and temporary cash investments	1,524,269.	2	1,029,546.
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	1,050,551.	4	406,369.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	1,633.	9	NONE
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 603,036.		
	b Less: accumulated depreciation	10b 401,163.		
	11 Investments - publicly traded securities.	193,976.	10c	201,873.
	12 Investments - other securities. See Part IV, line 11	763,739.	11	1,326,158.
	13 Investments - program-related. See Part IV, line 11.	NONE	12	NONE
	14 Intangible assets	NONE	13	NONE
	15 Other assets. See Part IV, line 11	NONE	14	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	591,365.	15	477,515.	
	4,125,663.	16	3,441,591.	
Liabilities	17 Accounts payable and accrued expenses	140,844.	17	122,835.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	20,426.	19	26,529.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other 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	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	634,404.	25	531,194.
	26 Total liabilities. Add lines 17 through 25.	795,674.	26	680,558.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,993,818.	27	2,301,017.
	28 Net assets with donor restrictions.	336,171.	28	460,016.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,329,989.	32	2,761,033.
33 Total liabilities and net assets/fund balances.	4,125,663.	33	3,441,591.	

Form **990** (2023)

Part XI Reconciliation of Net AssetsCheck 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	5,556,964.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,987,348.
3	Revenue less expenses. Subtract line 2 from line 1	3	-430,384.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,329,989.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-138,572.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,761,033.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public
Inspection

Name of the organization

THE SUMMIT COUNSELING CENTER, INC.

Employer identification number

58-2424268

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2023

JSA
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PUBLIC INSPECTION COPY

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,449,981.	1,263,654.	1,888,420.	1,397,764.	1,652,037.	7,651,856.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,451,621.	3,560,434.	3,503,183.	3,790,862.	4,061,956.	18,368,056.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						NONE
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
5 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
6 Total. Add lines 1 through 5	4,901,602.	4,824,088.	5,391,603.	5,188,626.	5,713,993.	26,019,912.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	235,372.	144,512.	230,665.	231,004.	120,577.	962,130.
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						NONE
c Add lines 7a and 7b.	235,372.	144,512.	230,665.	231,004.	120,577.	962,130.
8 Public support. (Subtract line 7c from line 6.)						25,057,782.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6.	4,901,602.	4,824,088.	5,391,603.	5,188,626.	5,713,993.	26,019,912.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				20,913.	97,161.	118,074.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						NONE
c Add lines 10a and 10b				20,913.	97,161.	118,074.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						NONE
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
13 Total support. (Add lines 9, 10c, 11, and 12.)	4,901,602.	4,824,088.	5,391,603.	5,209,539.	5,811,154.	26,137,986.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	95.87%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	95.38%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)).	17	0.45%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	0.09%

- 19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☒
- b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . ☐

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c 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 .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section 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?		
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).		
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.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		

Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
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		

Section 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		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

THE SUMMIT COUNSELING CENTER, INC.

58-2424268

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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

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

Special Rules

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

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

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization

THE SUMMIT COUNSELING CENTER, INC.

Employer identification number

58-2424268

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 85,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 80,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 74,870.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 67,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 66,369.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 43,330.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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58-2424268

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 23,187.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 20,054.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 19,572.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 18,636.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$ 18,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A	\$ 14,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A	\$ 14,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A	\$ 13,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A	\$ 12,905.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A	\$ 12,687.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$ 12,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A	\$ 12,200.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A	\$ 12,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	N/A	\$ 11,909.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	N/A	\$ 11,366.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	N/A	\$ 10,694.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$ 10,104.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

58-2424268

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	N/A	\$ 8,907.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	N/A	\$ 8,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	N/A	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	N/A	\$ 7,593.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE SUMMIT COUNSELING CENTER, INC.

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	N/A	\$ 7,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	N/A	\$ 7,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	N/A	\$ 7,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	N/A	\$ 6,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	N/A	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE SUMMIT COUNSELING CENTER, INC.

Employer identification number

58-2424268

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	N/A	\$ 6,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	N/A	\$ 6,114.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	N/A	\$ 6,057.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE SUMMIT COUNSELING CENTER, INC.

Employer identification number

58-2424268

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	N/A	\$ 5,929.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	N/A	\$ 5,904.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	N/A	\$ 5,825.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	N/A	\$ 5,800.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	N/A	\$ 5,785.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	N/A	\$ 5,600.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE SUMMIT COUNSELING CENTER, INC.

Employer identification number

58-2424268

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	N/A	\$ 5,565.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	N/A	\$ 5,215.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	N/A	\$ 5,140.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	N/A	\$ 5,105.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE SUMMIT COUNSELING CENTER, INC.

Employer identification number

58-2424268

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE SUMMIT COUNSELING CENTER, INC.

Employer identification number

58-2424268

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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

THE SUMMIT COUNSELING CENTER, INC.

Employer identification number

58-2424268

Part III **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____

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 gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SUMMIT COUNSELING CENTER, INC.

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

58-2424268

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. \$ _____

(ii) Assets included in Form 990, Part X. \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. \$ _____

b Assets included in Form 990, Part X. \$ _____

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

Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- ☐ a Public exhibition
☐ b Scholarly research
☐ c Preservation for future generations
☐ d Loan or exchange program
☐ e Other _____

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 solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,133,692.	1,133,692.	1,000,000.	2,624.	2,624.
b Contributions			133,692.	997,376.	
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,133,692.	1,133,692.	1,133,692.	1,000,000.	2,624.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 88.0000 %

b Permanent endowment NONE %

c Term endowment 12.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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	(d) Book value
1a Land				
b Buildings		71,964.	71,964.	NONE
c Leasehold improvements		96,070.	57,839.	38,231.
d Equipment		221,850.	144,480.	77,370.
e Other		213,152.	126,880.	86,272.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				201,873.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Complete if the organization answered "Yes" on Form 990, Part IV, line 14a, 990, Part VII, line 15.	
(a) Description	(b) Book value
(1) RIGHT OF USE	477,515.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	477,515.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CASH LOAN	44,169.
(3)	RIGHT OF USE	487,025.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).		531,194.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,901,575.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	258,098.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-913,487.
e	Add lines 2a through 2d	2e	-655,389.
3	Subtract line 2e from line 1	3	5,556,964.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,556,964.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	5,331,959.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	258,098.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-913,487.
e	Add lines 2a through 2d	2e	-655,389.
3	Subtract line 2e from line 1	3	5,987,348.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,987,348.

Part 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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART V

THE BOARD HAS DESIGNATED NET ASSETS WITHOUT DONOR RESTRICTIONS TO BE AVAILABLE AS AN OPERATING RESERVE FOR GENERAL EXPENDITURES. ALTHOUGH THE SUMMIT DOES NOT INTEND TO SPEND THESE FUNDS AS PART OF ITS ANNUAL BUDGET, THESE FUNDS COULD BE MADE AVAILABLE IF NECESSARY. THE BALANCE OF THESE FUNDS IS \$1,133,692 AS OF JUNE 30, 2024.

SCHEDULE D, PART X, LINE 2

THE SUMMIT IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER REVENUE CODE SECTION 501(C)(3). ACCORDINGLY, NO PROVISION FOR INCOMES TAXES HAS BEEN MADE.

THE SUMMIT ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS THE SUMMIT TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION. MANAGEMENT BELIEVES THE SUMMIT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR TAX YEARS ENDING BEFORE JUNE 30, 2021.

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XI, LINE 2B

\$258,098 DONATED SERVICES INCLUDED IN REVENUE

SCHEDULE D, PART XI, LINE 4B

\$882,515 PRO BONO EXPENSE INCLUDED IN REVENUE

\$30,972 EXPENSES NOT NETTED WITH REVENUE FOR TAX PURPOSES

\$913,487

SCHEDULE D, PART XII, LINE 2A

\$258,098 DONATED SERVICES INCLUDED IN REVENUE

SCHEDULE D, PART XII, LINE 4B

\$882,515 PRO BONO EXPENSE INCLUDED IN REVENUE

\$30,972 EXPENSES NOT NETTED WITH REVENUE FOR TAX PURPOSES

\$913,487

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

THE SUMMIT COUNSELING CENTER, INC.

58-2424268

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations e ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations f ☒ Solicitation of government grants
c ☒ Phone solicitations g ☒ Special fundraising events
d ☒ In-person solicitations

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				371,054.	36,800.	334,254.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

GA,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	GOLF EVENT (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	832,617.	122,218.	NONE	954,835.
	2 Less: Contributions	703,716.	104,368.		808,084.
	3 Gross income (line 1 minus line 2)	128,901.	17,850.	NONE	146,751.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		19,432.		19,432.
	7 Food and beverages	66,615.			66,615.
	8 Entertainment				
	9 Other direct expenses	173,089.	12,205.		185,294.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				271,341.
11 Net income summary. Subtract line 10 from line 3, column (d)				-124,590.	

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

WELLSPRING NONPROFIT

ADDRESS:

2870 PEACHTREE ROAD SUITE 614
ATLANTA, GA 30305

ACTIVITY :

GRANT WRITER

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 371,054.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 36,800.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 334,254.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SUMMIT COUNSELING CENTER, INC.

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

58-2424268

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1DISCOUNT SERVICES	21,314	790,640.		FMV	DISCOUNTED SERVICES
2SUPERVISION AND TRAINING	613	91,875.		FMV	TRAINING SERVICES
3					
4					
5					
6					
7					

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

THE SUMMIT PROVIDES COUNSELING SERVICES FOR FREE OR AT A DISCOUNTED AND SUBSIDIZED RATE BASED ON THE DEMONSTRATED FINANCIAL NEED OF THE INDIVIDUAL OR FAMILY. CLIENTS COMPLETE A CLIENT ASSISTANCE APPLICATION AND PROVIDE PROOF OF INCOME, ALONG WITH INFORMATION ABOUT ANY EXTENUATING CIRCUMSTANCES. THE SUMMIT MAINTAINS AN OFFICIAL SLIDING FEE SCALE INDICATING WHETHER CLIENTS CAN RECEIVE A FULLY DISCOUNTED AND SUBSIDIZED COPAYMENT OR A REDUCED DISCOUNTED AND SUBSIDIZED COPAYMENT. THE RECORDS OF THIS PROCESS AND ANY DISCOUNTS AND SUBSIDIES ARE MAINTAINED AS A PART

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

OF THE CLIENT ELECTRONIC HEALTH RECORD. THE POLICIES AND PROCEDURES ARE

DOCUMENTED IN SUMMIT'S OPERATIONAL DOCUMENTATION.

SCHEDULE I, PART III, LINE 1

IN AN EFFORT TO CARE FOR THOSE WHO CANNOT AFFORD THE FULL COST OF

SERVICES, THE SUMMIT PROVIDES A PRO BONO DISCOUNT TO SERVICES BEFORE

APPLYING ANY ADDITIONAL SUBSIDIES OR GRANT FUNDING TO CLIENTS WHO

QUALIFY. BY PROVIDING PRO BONO DISCOUNTS, THE SUMMIT MATERIALLY

PARTICIPATES IN THE CARE OF THOSE WHO CANNOT AFFORD THE COST OF SERVICES.

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

FOR MORE INFORMATION ABOUT THE SUBSIDIES AND GRANT FUNDING AVAILABLE

THROUGH THE SUMMIT'S CLIENT ASSISTANCE FUND, SEE SCHEDULE O.

SCHEDULE I, PART III, COLUMN (B)

THE NUMBER OF RECIPIENTS REPRESENTS THE NUMBER OF SESSIONS PROVIDED AT A

PRO BONO OR DISCOUNTED RATE.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SUMMIT COUNSELING CENTER, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

	Yes	No
1b	X	

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

2	X	
---	---	--

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- | | | |
|---|----|---|
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | X |
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | |
|-----------------------------|----|---|
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
- If "Yes" on line 5a 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 compensation contingent on the net earnings of:

- | | | |
|-----------------------------|----|---|
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

7		X
---	--	---

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8		X
---	--	---

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9		
---	--	--

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

Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
REV. DAVID SMITH	(i)	156,796.			4,871.	2,566.	164,233.	
1 EXECUTIVE DIRECTOR	(ii)							
HELEN CAUDILL	(i)							
2 SECRETARY & TREASURER	(ii)	140,450.			5,618.	11,370.	157,438.	
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

SCHEDULE J, PART I, LINE 1A

REV. DAVID SMITH RECEIVES A HOUSING ALLOWANCE WHICH IS INCLUDED IN BOX 5

OF HIS W-2.

SCHEDULE J, PART II, LINE 1

COMPENSATION PAID TO BETH GIDDES AND HELEN CAUDILL WAS REPORTED ON W-2S

RECEIVED FROM MT. PISGAH CHURCH.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SUMMIT COUNSELING CENTER, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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FORM 990, PART III, LINE 1 ORGANIZATION MISSION (CONTINUED)

ORGANIZATION MISSION CONTINUED FROM PART III, LINE 1

...INTEGRATIVE APPROACH TO TREAT THE WHOLE PERSON BODY, MIND, SPIRIT, AND
RELATIONSHIPS. THE SUMMIT PROVIDES SERVICES FOR ALL FAMILY MEMBERS
INCLUDING ADULTS, TEENS, AND CHILDREN TO ADDRESS A WIDE VARIETY OF MENTAL
HEALTH AND SUBSTANCE USE CONCERNS AND TO PROMOTE AWARENESS AND WELLNESS
WITHIN COMMUNITIES IN NORTH METRO ATLANTA. THE SUMMIT IS COMMITTED TO
PROVIDING A THERAPEUTIC RELATIONSHIP, AN INTEGRATIVE APPROACH TO HEALING,
HIGH-QUALITY SERVICES PROVIDED BY STATE LICENSED PROVIDERS, MULTIPLE
AREAS OF SPECIALIZATION, EVIDENCE-BASED PRACTICES, PARTNERSHIPS WITH
COMMUNITY STAKEHOLDERS, COMMUNITY SERVICE, AND ACCOUNTABILITY TO OUR
BOARD OF DIRECTORS AND TO OUR ACCREDITING AGENCY, THE SOLIHNTEN INSTITUTE.

THE SUMMIT MAINTAINS A STRONG COMMITMENT TO REMOVING BARRIERS TO MENTAL
HEALTH SERVICES AND MAKING OUR SERVICES ACCESSIBLE AND AFFORDABLE TO
THOSE WHO CANNOT AFFORD THE FULL COST OF OUR SERVICES. THIS COMMITMENT IS
EXPRESSED THROUGH THE AVAILABILITY OF OUR CLIENT ASSISTANCE FUNDS, PRO
BONO DISCOUNTS, PARTNERSHIPS, GRANTS, AND ADDITIONAL FUNDRAISING SUPPORT
TO ENSURE THAT ANYONE WHO NEEDS OUR SERVICES CAN ACCESS THESE SERVICES
WITHOUT INCOME BEING A BARRIER. SERVICES ARE PROVIDED AT OUR 7
COMMUNITY-BASED OFFICE LOCATIONS, 31 PUBLIC SCHOOLS AND 1 PRIVATE SCHOOL
IN FULTON, DEKALB AND GWINNETT COUNTIES.

FORM 990, PART III, LINE 4A PROGRAMS (CONTINUED)

PROGRAM DESCRIPTION CONTINUED FROM PART III, LINE 4A

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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THE SUMMIT COUNSELING CENTER, INC.

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...24,773 HOURS OF THERAPY AND SERVED 2,506 UNDUPLICATED CLIENTS IN
2023-24. SPECIALIZED PROGRAMS INCLUDE SUICIDE RISK SCREENINGS, PLAY
THERAPY FOR CHILDREN, DIALECTICAL BEHAVIORAL THERAPY, AND SKILLS GROUPS.
ADDITIONALLY, ASSOCIATE LICENSED CLINICIANS ARE PROVIDED CLINICAL
SUPERVISION FROM CERTIFIED MENTAL HEALTH SUPERVISORS AT NO CHARGE FOR
CLINICAL QUALITY ASSURANCE.

SPECIALIZED CHILD AND PLAY THERAPY PROGRAM FOR CHILDREN AGED 3-12: MENTAL
HEALTH IS A CRUCIAL ASPECT OF CHILDREN'S OVERALL WELL-BEING. IT
ENCOMPASSES THEIR MENTAL, EMOTIONAL, AND BEHAVIORAL HEALTH, INFLUENCING
HOW THEY THINK, FEEL, AND ACT. ADDITIONALLY, IT PLAYS A ROLE IN HOW
CHILDREN HANDLE STRESS, RELATE TO OTHERS, AND MAKE HEALTHY CHOICES.
NEARLY 1 IN 5 CHILDREN EXPERIENCE MENTAL HEALTH CHALLENGES EACH YEAR.
THESE ISSUES CAN IMPACT THEIR DAILY LIVES, RELATIONSHIPS, AND OVERALL
WELL-BEING. RECOGNIZING AND ADDRESSING THESE CONCERNS EARLY IS ESSENTIAL.

CHILDREN WITH MENTAL, EMOTIONAL, OR BEHAVIORAL DISORDERS, SUCH AS
ANXIETY, DEPRESSION, ADHD, AUTISM SPECTRUM DISORDER, OR DISRUPTIVE
BEHAVIOR DISORDER, BENEFIT SIGNIFICANTLY FROM EARLY DIAGNOSIS AND
TREATMENT. ACCESS TO MENTAL HEALTH CARE DURING THIS CRITICAL
DEVELOPMENTAL PERIOD CAN HELP ADDRESS ISSUES PROMPTLY AND IMPROVE
LONG-TERM OUTCOMES.

PLAY THERAPY IS A SPECIALIZED FORM OF PSYCHOTHERAPY & COUNSELING DESIGNED
TO HARNESS THE POWER OF PLAY TO HELP CHILDREN EXPRESS FEELINGS, LEARN

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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COPING SKILLS, GAIN INTERPERSONAL SKILLS, AND RESOLVE BLOCKAGES TO
ACHIEVE OPTIMAL GROWTH AND DEVELOPMENT. THE SUMMIT'S CERTIFIED CLINICAL
SUPERVISORS AND TRAINED PLAY THERAPISTS INCORPORATE EVIDENCE-BASED
PRACTICES AND TECHNIQUES. THE SUMMIT PROVIDED 5,862 SESSIONS OF
SPECIALIZED CHILD AND PLAY THERAPY SERVICES IN OFFICE-BASED SETTINGS AND
SERVED 773 UNDUPLICATED CLIENTS. CLIENT ASSISTANCE PRO BONO DISCOUNTS AND
FEE SUBSIDIES ENSURE THAT THOSE IN NEED RECEIVE THE HELP THEY NEED.

DIALECTICAL BEHAVIORAL THERAPY (DBT) PROGRAM:

DIALECTICAL BEHAVIOR THERAPY (DBT) IS A STRUCTURED PROGRAM OF
PSYCHOTHERAPY WITH A STRONG EDUCATIONAL COMPONENT. IT EQUIPS INDIVIDUALS
WITH SKILLS FOR MANAGING INTENSE EMOTIONS AND NAVIGATING SOCIAL
RELATIONSHIPS. ORIGINALLY DEVELOPED TO ADDRESS SELF-DESTRUCTIVE IMPULSES
IN CHRONICALLY SUICIDAL PATIENTS, DBT IS ALSO EFFECTIVE FOR TREATING
BORDERLINE PERSONALITY DISORDER, EMOTION DYSREGULATION, AND VARIOUS
PSYCHIATRIC CONDITIONS. WHEN APPROPRIATE, DBT CAN BE ADMINISTERED IN AN
OUTPATIENT SETTING, ALLOWING INDIVIDUALS TO ATTEND THERAPY SESSIONS AND
SKILLS GROUPS WHILE CONTINUING TO LIVE AT HOME, ATTEND SCHOOL, AND
CONTINUE TO WORK. THE SUMMIT UTILIZES THERAPISTS AND CLINICAL SUPERVISORS
WHO HAVE RECEIVED ADVANCED TRAINING TO PROVIDE DBT THERAPY AND DBT
EDUCATION GROUPS THAT TRAIN CLIENTS IN MINDFULNESS PRACTICES, DISTRESS
TOLERANCE, EMOTIONAL REGULATION AND INTERPERSONAL EFFECTIVENESS.
EDUCATIONAL GROUPS ARE PROVIDED FOR ADULTS, TEENS (AND FAMILY MEMBERS OF
TEENS). THE SUMMIT PROVIDED 1,218 HOURS OF OUTPATIENT DBT PROGRAMMING AND
SERVED 62 ADULTS, ADOLESCENTS, AND FAMILY MEMBERS. CLIENT ASSISTANCE PRO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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BONO DISCOUNTS AND FEE SUBSIDIES ENSURE THAT THOSE IN NEED RECEIVE THE
HELP THEY NEED.

PSYCHOLOGICAL TESTING PROGRAM

THE SUMMIT ALSO PROVIDES PSYCHOLOGICAL AND PSYCHO-EDUCATIONAL TESTING,
SCREENINGS AND ASSESSMENTS FOR ADULTS, CHILDREN AND ADOLESCENTS. THE
SUMMIT DEVELOPED COST-EFFECTIVE, EARLY INTERVENTION SCREENINGS FOR MENTAL
HEALTH, LEARNING DISABILITIES AND ATTENTION PROBLEMS. WHEN SCREENINGS
INDICATE A NEED FOR MORE EXTENSIVE TESTING, THE SUMMIT PROVIDES THE FULL
BATTERY OF PSYCHO-EDUCATIONAL OR NEURO-PSYCHOLOGICAL TESTING.

NATIONALLY, THE HEALTH, WELL-BEING AND ACADEMIC PERFORMANCE OF CHILDREN
AND ADOLESCENTS IS SIGNIFICANTLY HAMPERED BY UNDIAGNOSED MENTAL HEALTH
DISORDERS, LEARNING DISABILITIES (AND DIFFERENCES), AND BEHAVIORAL
CONDITIONS. THE SUMMIT WORKED WITH AREA PEDIATRICIANS TO DEVELOP A
SCREENING PROTOCOL TO PROVIDE MORE COST-EFFECTIVE MENTAL HEALTH AND
NEUROPSYCHOLOGICAL SCREENING TOOLS TO PROVIDE PHYSICIANS AND PARENTS WITH
EFFECTIVE MEANS TO IDENTIFY THESE CONDITIONS. EARLY, COST-EFFECTIVE
IDENTIFICATION OF MENTAL HEALTH DISORDERS ALLOWS PHYSICIANS TO ETHICALLY
PROCEED WITH ANY NEEDED PHARMACOLOGICAL TREATMENT WITHOUT UNNECESSARY
ADDITIONAL TESTING. WHEN SCREENING TOOLS DETECT THE LIKELIHOOD OF A MORE
SIGNIFICANT UNDERLYING CONDITION, ADDITIONAL TESTING CAN BE ADMINISTERED
WHILE OBTAINING FINANCIAL CREDIT FOR THE PREVIOUS SCREENING. COMPLETE
PSYCHO-EDUCATIONAL ASSESSMENTS ALLOW PARENTS, PHYSICIANS AND EDUCATORS TO
MORE EFFECTIVELY ADDRESS STUDENT CHALLENGES AND CREATE A PLAN FOR

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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► Attach to Form 990 or 990-EZ.

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THE SUMMIT COUNSELING CENTER, INC.

58-2424268

ACADEMIC SUCCESS AND GREATER OVERALL WELL-BEING. IN 2023-24, THE SUMMIT'S
NEUROPSYCHOLOGIST AND PSYCHOMETRIST PROVIDED OVER 1,184 BILLABLE HOURS OF
SCREENINGS AND ASSESSMENTS TO 135 CLIENTS AND THEIR FAMILIES.

SUICIDE RISK ASSESSMENTS

THE FIRST STEP IN EFFECTIVE SUICIDE PREVENTION IS TO IDENTIFY ANYONE WHO
IS IN NEED OF HELP. BY EDUCATING OUR COMMUNITY ON THE RISK FACTORS AND
WARNING SIGNS OF SUICIDAL IDEATION AND OFFERING SUICIDE RISK ASSESSMENTS
AT NO CHARGE, WE ARE REMOVING THE BARRIERS THAT PREVENT THOSE AT RISK
FROM RECEIVING THE SERVICES THEY SO DESPERATELY NEED.

THE SUMMIT PROVIDES FREE SUICIDE RISK ASSESSMENTS IN OUR COMMUNITY WHEN A
PERSON HAS BEEN IDENTIFIED EXPERIENCING SUICIDAL IDEATION. OUR TEAM OF
CLINICIANS HAVE COMPLETED AMSR (ASSISTING AND MANAGING SUICIDE RISK) AND
USE THE COLUMBIA PROTOCOL TO ADDRESS THE FULL RANGE OF SUICIDAL THOUGHTS
AND BEHAVIORS THAT POINT TO HEIGHTENED RISK. THE ASSESSMENT IDENTIFIES
RISK NOT ONLY IF SOMEONE HAS PREVIOUSLY ATTEMPTED SUICIDE, BUT ALSO IF HE
OR SHE HAS CONSIDERED SUICIDE, PREPARED FOR AN ATTEMPT (FOR EXAMPLE,
BUYING A GUN, COLLECTING PILLS, OR WRITING A SUICIDE NOTE), OR ABORTED
PLANS FOR SUICIDE BECAUSE OF A LAST-MINUTE CHANGE OF MIND OR SOMEONE'S
INTERVENTION. THIS PROTOCOL ALLOWS OUR TEAM TO EFFICIENTLY AND
EFFECTIVELY DETERMINE NEXT STEPS FOR A SAFETY PLAN RANGING FROM
COUNSELING SERVICES, COMMUNITY SUPPORTS, AND/OR HOSPITALIZATION. SUMMIT
PROVIDED 66 SUICIDE ASSESSMENTS IN 2023-2024.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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TELEHEALTH SERVICES

AS THE NEED FOR MENTAL HEALTH SERVICES HAS INCREASED, THE SUMMIT IS FINDING WAYS TO BRING INDIVIDUAL AND GROUP THERAPY TO INDIVIDUALS WHERE THEY ARE. TELEHEALTH HAS EMERGED AS A CRUCIAL TOOL IN EXPANDING ACCESS TO MENTAL HEALTH SERVICES. BY REMOVING THE BARRIER OF ACCESSIBILITY, CLIENTS CAN RECEIVE SERVICES PRIVATELY AND CONVENIENTLY FROM HOME, WORK, AND SCHOOL. THIS ALLOWS CLIENTS THE OPTION OF RECEIVING THERAPY IN A VIRTUAL SETTING OR A HYBRID OF VIRTUAL AND IN PERSON COMBINED. IT HAS PROVEN TO BE A BENEFICIAL RESOURCE FOR OUR SCHOOL-BASED THERAPISTS TO USE WHEN MEETING WITH PARENTS OR GUARDIANS, ALLOWS FOR A CONTINUUM OF CARE WITH STUDENTS ATTENDING COLLEGE, ADULTS WHO TRAVEL FOR BUSINESS AND COUPLES/FAMILIES TO RECEIVE THERAPY WHEN THEY ARE NOT ABLE TO BE AT THE SAME LOCATION. SUMMIT PROVIDED 4,202 TELEHEALTH HOURS IN 2023-2024.

THE SUMMIT FIRST RESPONDERS COUNSELING PROGRAM:

AS FIRST RESPONDERS, THESE DEDICATED INDIVIDUALS FACE IMMENSE CHALLENGES WHILE SAFEGUARDING OUR COMMUNITIES. THEIR ROLES INVOLVE CONFRONTING LIFE-THREATENING SITUATIONS, TRAUMA, AND EMOTIONAL STRESS DAILY. DESPITE TRAINING FOR EXTREME CONDITIONS, RESOURCES FOR ADDRESSING POST-RESPONSE MENTAL HEALTH NEEDS ARE NOT ALWAYS MET.

THE SUMMIT PARTNERS WITH THE CITIES OF JOHNS CREEK, GA AND MILTON, GA TO SERVE THEIR FIRST RESPONDERS THROUGH THE FIRST RESPONDER COUNSELING PROGRAM. FIRST RESPONDERS CAN RECEIVE INDIVIDUAL, COUPLES OR FAMILY COUNSELING THAT IS CONFIDENTIAL AND ANONYMOUS. SERVICES ARE PROVIDED AT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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THE SUMMIT COUNSELING CENTER, INC.

58-2424268

EACH OF SUMMIT'S OFFICE-BASED LOCATIONS AS WELL AS VIA TELEHEALTH. NO
PRE-APPROVAL IS REQUIRED AND THERE IS NO NEED TO INVOLVE THE EMPLOYEE
ASSISTANCE PROGRAM. FIRST RESPONDERS RECEIVE 10 COMPLIMENTARY
(SUBSIDIZED) SESSIONS PER YEAR WHILE THEIR FAMILY MEMBERS RECEIVE 5
COMPLIMENTARY (SUBSIDIZED) SESSIONS PER YEAR. IN 2023-24, THIS DEVELOPING
PROGRAM PROVIDED 230 SESSIONS AND SERVED 30 FIRST RESPONDERS AND THEIR
FAMILY MEMBERS.

FORM 990, PART III, LINE 4B PROGRAMS (CONTINUED)

PROGRAM DESCRIPTION CONTINUED FROM PART III, LINE 4B

...THE UNITED STATES FACED SIGNIFICANT CHALLENGES.

1. MENTAL HEALTH AND SUICIDALITY:

- 39.7% OF STUDENTS EXPERIENCED PERSISTENT FEELINGS OF SADNESS AND
HOPELESSNESS
- 28.5% OF STUDENTS EXPERIENCED POOR MENTAL HEALTH
- 20.4% OF STUDENTS SERIOUSLY CONSIDERED ATTEMPTING SUICIDE
- 9.5% OF STUDENTS ATTEMPTED SUICIDE

2. GENDER DIFFERENCES:

FEMALE STUDENTS, LGBQ+ STUDENTS, AND STUDENTS WHO HAD ANY SAME-SEX
PARTNERS WERE MORE LIKELY THAN THEIR PEERS TO EXPERIENCE POOR MENTAL
HEALTH AND SUICIDAL THOUGHTS AND BEHAVIORS.

- NEARLY 53% OF FEMALE STUDENTS AND NEARLY 65% OF LGBQ+ STUDENTS
EXPERIENCED PERSISTENT FEELINGS OF SADNESS OR HOPELESSNESS.
- 13% OF FEMALE STUDENTS AND MORE THAN 20% OF LGBQ+ STUDENTS ATTEMPTED

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THE SUMMIT COUNSELING CENTER, INC.

58-2424268

SUICIDE.

3. SUBSTANCE USE BEHAVIOR:

HIGH SCHOOL STUDENTS REPORTED ENGAGING IN SUBSTANCE USE:

- 22% OF STUDENTS CONSUMED ALCOHOL DURING THE SAME PERIOD.

- 12% OF HIGH SCHOOL STUDENTS CONSUMED PRESCRIPTION PAIN MEDICINE SUCH

AS CODEINE, VICODIN, OXYCONTIN, HYDROCODONE, OR PERCOCET, WITHOUT A

DOCTOR'S PRESCRIPTION OR DIFFERENTLY THAN HOW A DOCTOR TOLD THEM TO USE

IT.

4. GEORGIA STATISTICS

MENTAL AND BEHAVIORAL HEALTH STATISTICS FOR HIGH SCHOOL STUDENTS IN

THE STATE OF GEORGIA INCREASED DRAMATICALLY FROM 2019 TO 2021 IN THE

FOLLOWING CATEGORIES:

- FEELING OF SADNESS OR HOPELESSNESS INCREASED FROM 29.9% TO 43.5%

- SUICIDAL IDEATION INCREASED FROM 18.5% TO 26.5%

- CURRENT ALCOHOL USE ROSE FROM 17.5% TO 24.7%

- CURRENT VAPING ROSE FROM 17.0% TO 18.

- GEORGIA WAS ABOVE THE NATIONAL AVERAGE FOR EACH OF THESE CATEGORIES.

BY REMOVING THE BARRIERS OF STIGMA, ACCESSIBILITY AND AFFORDABILITY, THIS

PROGRAM ALLOWS THE SUMMIT THERAPISTS THE FLEXIBILITY TO QUICKLY

INTERVENE, BY SERVING STUDENTS ONSITE DURING REGULAR SCHOOL HOURS. THIS

INTERVENTION INCREASES EARLY IDENTIFICATION OF MENTAL HEALTH NEEDS,

OPENNESS TO HELP AND AN INCREASE IN SKILLS AND RESOURCES TO ADDRESS THESE

ISSUES. IN 2023-2024, THE SUMMIT PROVIDED 8,549 HOURS OF COUNSELING TO

STUDENTS IN 29 FULTON COUNTY SCHOOLS, 2 DEKALB COUNTY SCHOOLS, AND

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GREATER ATLANTA CHRISTIAN SCHOOLS, SERVING 840 STUDENTS THROUGH ON-SITE SERVICES. DURING THE JULY 2023 - DECEMBER 2024 TIMEFRAME, THE SUMMIT PARTNERED WITH THE FULTON COUNTY DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES TO ENSURE HIGH QUALITY SERVICES AND INCREASE SUSTAINABILITY. IN JANUARY 2023, FULTON COUNTY FORMED THE NEW FULTON COUNTY BEHAVIORAL HEALTH NETWORK (FCBHN) TO PROVIDE BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES SERVICES TO FULTON COUNTY RESIDENTS. WITH THE ESTABLISHMENT OF THIS NEW NETWORK, THE SUMMIT WAS AWARDED A CONTRACT TO PROVIDE SCHOOL-BASED BEHAVIORAL HEALTH SERVICES TO OUR SAME 29 SCHOOLS IN NORTHERN FULTON COUNTY AS A DIRECTLY CONTRACTED COMMUNITY BEHAVIORAL HEALTH PROVIDER. THIS INNOVATIVE NEW NETWORK CONTRACT WAS FOR ONE CALENDAR YEAR AND IS RENEWABLE FOR AN ADDITIONAL 9 YEARS. CLIENT ASSISTANCE PRO BONO DISCOUNTS AND FEE SUBSIDIES ENSURED THAT THOSE IN NEED RECEIVE THE HELP THEY NEED. SERVICES INCLUDE TWO PRO BONO SESSIONS AT THE BEGINNING OF SERVICE FOR PARENTS TO ENSURE THEIR ENGAGEMENT IN THEIR CHILD'S CARE.

FULTON COUNTY SCHOOL'S K-5 LEAP (LEARNING, ENGAGEMENT AND ASSISTANCE PROGRAM) PROGRAM IS A NEW BEHAVIORAL SUPPORT PROGRAM DESIGNED TO SUPPORT ELEMENTARY STUDENTS IN GRADES KINDERGARTEN THROUGH FIFTH GRADE WHO ARE EXHIBITING CHALLENGING BEHAVIORS THAT DISRUPT THEIR LEARNING AND ABILITY TO BE SUCCESSFUL IN A TRADITIONAL CLASSROOM SETTING. THANKS TO A PRIVATE GRANT, THE SUMMIT HIRED A BILINGUAL THERAPIST IN 2024 TO SUPPORT THE STUDENTS AND FAMILIES ENROLLED IN THE LEAP PROGRAM AT VICKERY MILL ELEMENTARY SCHOOL.

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SUICIDE RISK ASSESSMENTS

THE FIRST STEP IN EFFECTIVE SUICIDE PREVENTION IS TO IDENTIFY ANYONE
NEEDING HELP. THE SUMMIT PROVIDES FREE SUICIDE RISK ASSESSMENTS WHEN A
STUDENT HAS BEEN IDENTIFIED EXPERIENCING SUICIDAL IDEATION. SUICIDE RISK
ASSESSMENTS ARE PROVIDED AT BOTH SCHOOL AND OFF-SITE LOCATIONS. OUR TEAM
OF SCHOOL-BASED CLINICIANS HAVE COMPLETED AMSR (ASSISTING AND MANAGING
SUICIDE RISK) AND USE THE COLUMBIA PROTOCOL TO ADDRESS THE FULL RANGE OF
SUICIDAL THOUGHTS AND BEHAVIORS THAT POINT TO HEIGHTENED RISK. THE
ASSESSMENT IDENTIFIES RISK NOT ONLY IF A STUDENT HAS PREVIOUSLY ATTEMPTED
SUICIDE, BUT ALSO IF HE OR SHE HAS CONSIDERED SUICIDE, PREPARED FOR AN
ATTEMPT (FOR EXAMPLE, BUYING A GUN, COLLECTING PILLS, OR WRITING A
SUICIDE NOTE), OR ABORTED PLANS FOR SUICIDE BECAUSE OF A LAST-MINUTE
CHANGE OF MIND OR SOMEONE'S INTERVENTION. THIS PROTOCOL ALLOWS OUR TEAM
TO EFFICIENTLY AND EFFECTIVELY DETERMINE THE NEXT STEPS FOR A SAFETY PLAN
RANGING FROM COUNSELING SERVICES, COMMUNITY SUPPORT, AND/OR
HOSPITALIZATION. BY EDUCATING OUR SCHOOL COMMUNITY ON THE RISK FACTORS
AND WARNING SIGNS OF SUICIDAL IDEATION AND OFFERING SUICIDE RISK
ASSESSMENTS AT NO CHARGE, WE ARE REMOVING THE BARRIERS THAT PREVENT THOSE
STUDENTS AT RISK FROM RECEIVING THE SERVICES THEY SO DESPERATELY NEED.

TELEHEALTH SERVICES

AS THE NEED FOR MENTAL HEALTH SERVICES HAS INCREASED, THE SUMMIT IS
FINDING WAYS TO BRING INDIVIDUAL AND GROUP THERAPY TO INDIVIDUALS WHERE

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THEY ARE. TELEHEALTH HAS EMERGED AS A CRUCIAL TOOL IN EXPANDING ACCESS TO
MENTAL HEALTH SERVICES. BY REMOVING THE BARRIER OF ACCESSIBILITY, CLIENTS
CAN RECEIVE SERVICES PRIVATELY AND CONVENIENTLY FROM HOME, WORK, AND
SCHOOL. IT HAS PROVEN TO BE A BENEFICIAL RESOURCE FOR OUR SCHOOL-BASED
THERAPISTS TO USE WHEN STUDENTS ARE NOT ABLE TO ATTEND SCHOOL DUE TO
SCHOOL CLOSURE, HOLIDAY BREAKS, OR OTHER ACADEMIC DISRUPTIONS. IT IS ALSO
A CONVENIENT METHOD OF MEETING WITH PARENTS OR GUARDIANS DURING SCHOOL
HOURS.

FORM 990, PART III, LINE 4C PROGRAMS (CONTINUED)

PROGRAM DESCRIPTION CONTINUED FROM PART III, LINE 4C

...

- UNDERSTANDING EATING DISORDERS
- POSITIVE DISCIPLINE SKILLS FOR PARENTS
- RELATIONSHIP BUILDING FOR COUPLES
- WELL-BEING IN THE WORKPLACE
- BUILDING SELF-CONFIDENCE
- POSTPARTUM ANXIETY & DEPRESSION
- TALKING TO TEENS ABOUT GRIEF
- INTERSECTION OF FAITH AND MENTAL HEALTH
- IDENTIFYING THE SIGNS OF ANXIETY
- HOW TO BE A TRUSTED ADULT (RECOGNIZING THE SIGNS OF SUICIDE)

THE SUMMIT WAS THE PRIMARY FOUNDING AND SPONSORING ORGANIZATION OF THE
NORTH FULTON MENTAL HEALTH COLLABORATIVE. THE MISSION OF THE NFMHC IS TO

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CONNECT AND CATALYZE STAKEHOLDERS TO CULTIVATE AN ACCESSIBLE LIFE SPAN
BEHAVIORAL HEALTH SYSTEM TO IMPROVE MENTAL WELLNESS FOR OUR COMMUNITY. IT
IS OPEN TO ALL BEHAVIORAL HEALTHCARE STAKEHOLDERS IN OUR COMMUNITY,
INCLUDING: FAITH COMMUNITIES, PUBLIC AND PRIVATE SCHOOLS, LAW ENFORCEMENT
AGENCIES AND PERSONNEL, LOCAL GOVERNMENT, CIVIC ORGANIZATIONS, NON-PROFIT
ORGANIZATIONS, BEHAVIORAL HEALTH PROVIDERS, HEALTHCARE ORGANIZATIONS AND
PROVIDERS, AND FRIENDS AND FAMILY MEMBERS OF BEHAVIORAL HEALTH CONSUMERS.
THROUGH EXPERT PANEL DISCUSSIONS AND SHARED EXPERIENCES, OUR QUARTERLY
MEETINGS SERVE AS A CATALYST FOR CREATING LASTING CONNECTIONS AND
FOSTERING A SUPPORTIVE NETWORK THAT ACTIVELY CONTRIBUTES TO THE
BETTERMENT OF MENTAL WELLNESS IN NORTH FULTON.

FORM 990, PART III, OTHER PROGRAM SERVICE 4D

THE SUMMIT COUNSELING NETWORK ON BEHALF OF CURE CHILDHOOD CANCER:

THE SUMMIT PARTNERS WITH CURE WHOSE MISSION IS TO CONQUER CHILDHOOD
CANCER THROUGH FUNDING TARGETED RESEARCH WHILE SUPPORTING PATIENTS AND
THEIR FAMILIES. SINCE 2013, THE SUMMIT HAS BEEN A KEY PARTNER IN
SUPPORTING PATIENTS AND THEIR FAMILIES THROUGH THIS INNOVATIVE COUNSELING
NETWORK. THE SUMMIT ACTS AS A THIRD-PARTY ADMINISTRATOR TO RECRUIT AND
CONTRACT WITH SELECT THERAPISTS IN THE METRO ATLANTA AREA, SAVANNAH AND
BEYOND TO PROVIDE CURE PATIENTS AND THEIR FAMILIES WITH A FIRST SESSION
AT NO CHARGE AND UP TO 9 ADDITIONAL SESSIONS AT A SUBSIDIZED REDUCED
COPAY. FOLLOWING THE INITIAL 10 SESSIONS, ADDITIONAL SUBSIDIZED SESSIONS
ARE APPROVED AS NEEDED TO ENSURE ALL FAMILIES RECEIVE NECESSARY SERVICES.

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THIS NETWORK OF THERAPISTS CONTINUES TO GROW TO SERVE CURE FAMILIES THROUGH BOTH IN PERSON AND TELEHEALTH COUNSELING SERVICES. IN FISCAL YEAR 2023-24, 53 NEW FAMILIES ENROLLED IN THE PROGRAM BRINGING THE TOTAL OF FAMILIES UTILIZING THE PROGRAM TO 77. A TOTAL OF 517 SESSIONS WERE CONDUCTED AND 14 NEW THERAPISTS WERE ONBOARDED TO THE PROGRAM AND ADDED TO THE CURE NETWORK OF PROVIDERS.

FORM 990, PART VI, SECTION A, LINE 7A

MT. PISGAH CHURCH HAS THE ABILITY TO ELECT 51% OF THE BOARD OF DIRECTORS UPON THE EXPIRATION OF A TERM OR VACANCY FOR ANY REASON. THIS INCLUDES POSITIONS CREATED BY AN INCREASE IN THE NUMBER OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B

THE BOARD MAY AMEND OR REPEAL THE BYLAWS, OR ADOPT NEW BYLAWS, PROVIDED, THAT ANY SUCH CHANGE MUST BE APPROVED BY THE CHARGE CONFERENCE OF MT. PISGAH METHODIST CHURCH. IF DEEMED NECESSARY, THE CHARGE CONFERENCE OF MT. PISGAH METHODIST CHURCH MAY AMEND OR REPEAL THE BYLAWS, OR ADOPT NEW BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B

THE FINANCE COMMITTEE REVIEWED AND APPROVED THE 990. THE FINAL VERSION IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C

THE CONFLICT OF INTEREST POLICY IS MONITORED AS NEEDED BY THE GOVERNING BOARD. ALL CONFLICTS ARE DISCUSSED AND REVIEWED BY THE GOVERNING BOARD.

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FORM 990, PART VI, SECTION B, LINE 15

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED ANNUALLY BY THE
GOVERNING BOARD. ALL ADJUSTMENTS ARE REVIEWED AND APPROVED BY THE BOARD.
COMPENSATION FOR ALL OTHER EMPLOYEES IS SET BASED ON COMPARABLE MARKET
STATISTICS, AND IS EVALUATED ANNUALLY. BOARD MEMBERS ARE NOT COMPENSATED.

FORM 990, PART VI, SECTION C, LINE 19

PUBLIC DISCLOSURE COPIES OF THE ORGANIZATION'S FORM 990 AND EXEMPT STATUS
APPLICATION MATERIALS WILL BE PROVIDED IMMEDIATELY UPON REQUESTS, WHEN
MADE IN PERSON DURING NORMAL BUSINESS HOURS AT THE ORGANIZATION'S
ADDRESS. COPIES WILL BE PROVIDED WITHIN 30 DAYS OF RECEIPT OF WRITTEN
REQUESTS. THE PUBLIC DISCLOSURE COPY IS ALSO POSTED ON THE ORGANIZATIONS
WEBSITE UNDER "OUR FINANCIAL REPORTS".

FORM 990, PART VII, SECTION A

HELEN CAUDILL SERVES ON THE BOARD OF DIRECTORS AT THE SUMMIT COUNSELING
CENTER, INC. ALL COMPENSATION WAS PAID BY A RELATED ORGANIZATION. NO
COMPENSATION WAS PAID FROM THE SUMMIT COUNSELING CENTER, INC.

MOUNT PISGAH CHURCH PAYS 100% OF BETH GIDDES'S SALARY, W-2 REPORTING, AND
BENEFITS, BUT THE SUMMIT COUNSELING CENTER CONTRACTS MOUNT PISGAH CHURCH
TO PROVIDE SOME OF HER TIME TO DELIVER THEIR OWN EXECUTIVE MANAGEMENT
SERVICES.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED ANY SELECTION OR OVERSIGHT PROCESSES
FROM PREVIOUS YEARS.

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FORM 990, PART VI, SECTION A, LINE 4

THREE CHANGES WERE MADE TO THE BYLAWS IN APRIL 2024. 1) THE MAXIMUM
NUMBER OF DIRECTORS WAS CHANGED FROM A SPECIFIED NUMBER (21) TO THE
MAXIMUM SET BY THE BOARD, 2) DIRECTOR TERMS WERE CHANGED FROM 3 YEARS TO
1 YEAR, 3) ALL DIRECTORS STAND FOR RE-ELECTION EACH YEAR.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
-----	-----	-----	-----
THE SUMMIT COUNSELING NETWORK ON BEHALF CHILDHOOD CANCER AND FIRST RESPONDERS CO PROGRAM	8,825.	18,518.	56,795.
	-----	-----	-----
TOTALS	8,825.	18,518.	56,795.
	=====	=====	=====

Name of the organization

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FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

PEDIA IQ, LLC - REBECCA MARSHALL
110 FOREST BREEZE CV
ALPHARETTA, GA 30022

PSYCHOLOGICAL SVCS.

186,938.

Name of the organization

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FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
TREASURY BILLS	1,326,158.	COST

TOTALS	1,326,158.	
	=====	

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MOUNT PISGAH CHURCH 93-4586576 2850 OLD ALABAMA ROAD STE 150 JOHNS CREEK, GA 30022	CHURCH	GA	501 (C) (3)	1	N/A		X
(2) A BEACON OF HOPE WOMEN'S CENTER, INC. 58-2424267 2750 OLD ALABAMA ROAD STE 150 JOHNS CREEK, GA 30022	CLINIC	GA	501 (C) (3)	7	N/A		X
(3)							
(4)							
(5)							
(6)							
(7)							

Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

	Yes	No
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s).		X
c Gift, grant, or capital contribution from related organization(s).	X	
d Loans or loan guarantees to or for related organization(s).		X
e Loans or loan guarantees by related organization(s).		X
f Dividends from related organization(s).		X
g Sale of assets to related organization(s).		X
h Purchase of assets from related organization(s).		X
i Exchange of assets with related organization(s).		X
j Lease of facilities, equipment, or other assets to related organization(s).	X	
k Lease of facilities, equipment, or other assets from related organization(s).		X
l Performance of services or membership or fundraising solicitations for related organization(s).	X	
m Performance of services or membership or fundraising solicitations by related organization(s).		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		X
o Sharing of paid employees with related organization(s).		X
p Reimbursement paid to related organization(s) for expenses.		X
q Reimbursement paid by related organization(s) for expenses.		X
r Other transfer of cash or property to related organization(s).		X
s Other transfer of cash or property from related organization(s).		X
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)			
(4)			
(5)			
(6)			

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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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