			** PUBLIC DISCLOSURE COPY			OMB No. 1545-0047			
_	0	90	Return of Organization Exempt Fro			0000			
For	mJ	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coo Do not enter social security numbers on this form as it n			<sup>s)</sup> <b>ZUZ3</b>			
Depa	Open to Public Inspection								
		nue Service 2023 calend	Go to www.irs.gov/Form990 for instructions and the la ar year, or tax year beginning JUL 1 , 2023 and endi		UN 30, 2024	mopeorion			
Β	Check if	C Name o	organization		D Employer identific	ation number			
, 	Addre								
	Chang Name		LINK BEHAVIORAL HEALTH		54-088089	99			
F	_chang Initial return	J		m/suite	E Telephone number				
	Final return	1015	5 WHITE GRANITE DR 400		703-531-6				
	termin ated	City or t	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	20,867,988.			
	Amen	UAKI	ON, VA 22124		H(a) Is this a group re				
	Applic tion pendir	F Name a	nd address of principal officer: JOSEPH GETCH		for subordinates?				
		SAME			H(b) Are all subordinates ind				
	Nebsi	empt status: [	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or HOPELINKBH.ORG	527		ist. See instructions			
					H(c) Group exemption	I State of legal domicile: VA			
	art I	Summary							
	1	Briefly describ	e the organization's mission or most significant activities: $\_$ LIFE CH	HANG	ING AND LIFE	SAVING			
nce			S ARE PROVIDED TO INDIVIDUALS AND FA						
erna	2	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net asse							
Governance	3		ing members of the governing body (Part VI, line 1a)			15			
کھ ص	1 .		ependent voting members of the governing body (Part VI, line 1b)			15			
Activities &			of individuals employed in calendar year 2023 (Part V, line 2a)			<u> </u>			
tivit			of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12		·····	0.			
Ac			business taxable income from Form 990-T, Part I, line 11			0.			
		not annoiatea			Prior Year	Current Year			
Ø	8	Contributions	and grants (Part VIII, line 1h)		16,692,597.	18,760,785.			
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		1,478,703.	1,244,020.			
Seve	10		come (Part VIII, column (A), lines 3, 4, and 7d)		154,899.	131,501.			
ш	יין		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-22,097.	-60,031.			
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,304,102.	20,076,275.			
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	45		to or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10)		14,733,458.	17,285,200.			
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.			
ben	b		ng expenses (Part IX, column (D), line 25) 354, 928.						
ň	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,907,241.	3,343,765.			
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,640,699.	20,628,965.			
	19	Revenue less	expenses. Subtract line 18 from line 12		663,403.	-552,690.			
Net Assets or				-	inning of Current Year	End of Year			
ssets	20	Total assets (F			10,143,240.	9,846,864.			
et A	21		(Part X, line 26)		3,295,833.	3,221,613.			
	art II	Net assets or Signature	fund balances. Subtract line 21 from line 20		6,847,407.	6,625,251.			
		-	declare that I have examined this return, including accompanying schedules and	statemer	its and to the best of my	knowledge and helief it is			
Silu	- 2010		accure that have standing and retain, including accompanying concludes and	5	, and to the boot of my				

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date							
Here	JOSEPH GETCH, CHIEF EXECUTIVE OFFICER									
	Type or print name and title									
	Print/Type preparer's name Preparer's signature	Date	Check PTIN							
Paid	ADRIEL S. HENRIQUEZ BAIRE ADRIEL S. HENRIQUEZ		self-employed P01822536							
Preparer	Firm's name RENNER & COMPANY, CPA, P.C.		Firm's EIN 54-1498950							
Use Only										
ALEXANDRIA, VA 22314 Phone no.703-535										
May the IRS discuss this return with the preparer shown above? See instructions										
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2023) HOPELINK BEHAVIORAL HEALTH	54-0880899 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: LIFE CHANGING AND LIFE SAVING SERVICES ARE PROVIDE	
	FAMILIES LIVING WITH BEHAVIORAL HEALTH CONDITIONS	
	HOPELINK PROVIDES AN ARRAY OF BEHAVIORAL HEALTH, C	
	AND SUICIDE INTERVENTION SERVICES.	
2	Did the organization undertake any significant program services during the year which were not liste	d on the
	prior Form 990 or 990-EZ?	
	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	n services?Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program s	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	ons to others, the total expenses, and
	revenue, if any, for each program service reported.	) (Revenue \$ 627,321.)
4a	(Code:) (Expenses \$ 2,107,456. including grants of \$ THE COMMUNITY SERVICES PROGRAM INCLUDES EMPLOYMENT	, ( ) ) ( ) ( ), ( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
		SERVICES AND MENTAL
	· · ·	MPETITIVELY EMPLOYED
	IN THE COMMUNITY TO HELP THEM CHOOSE, GET AND KEEP	
	INDIVIDUALLY TAILORED, COMMUNITY-BASED INTENSIVE S	
	SUPPORT SERVICES TO MEET EACH CLIENT'S UNIQUE NEED	
	GOALS; AND HELPS CLIENTS MAINTAIN THEIR HOUSING AN	D MAXIMIZE THEIR
	STABILITY.	
	1 (17 000	207 057
4b	(Code:) (Expenses \$ 1,617,002. including grants of \$	) (Revenue \$ <u>387,857.</u> )
	THE PSYCHOSOCIAL REHABILITATION PROGRAM, ALSO KNOW ACADEMY PROGRAM AND THE COMMUNITY READINESS SUPPOR	
	PROVIDES A CURRICULUM-BASED DAY PROGRAM THAT PROMO	· · · · · ·
	HOPELINK'S FACILITY-BASED PROGRAMMING AND INTO MEA	
	ALTERNATIVES SUCH AS WORK, VOLUNTEERING AND SCHOOL	
	DISORDER SERVICES AND ASSISTANCE WITH TRANSITION T	
	ACTIVITIES ARE ALSO OFFERED.	
	10 110 074	
4c	(Code:) (Expenses \$ 12,110,874. including grants of \$ THE CRISIS SERVICES PROGRAM BRINGS IMMEDIATE HELP,	) (Revenue \$)
	EMPOWER INDIVIDUALS FACING SERIOUS LIFE CHALLENGES	
	AND EMOTIONAL OR SITUATIONAL PROBLEMS THROUGH PROG	
	CRISIS & SUICIDE PREVENTION HOTLINE, CRISIS TEXTLI	
	HOPELINK IS PART OF THE 988 SUICIDE AND CRISIS LIF	-
	ANSWERING CALLS IN VIRGINIA, AND NATIONALLY AS A N	
	CENTER AND CORE CHAT CENTER. HOPELINK ALSO SERVES	
	CRISIS CALL CENTER IN FOUR OF THE FIVE HEALTH PLAN	NING REGIONS (HPRS)
	IN THE COMMONWEALTH OF VIRGINIA.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 2,388,702. including grants of \$ ) (Revenue \$	228,842.)
4e	Total program service expenses     18,224,034.	Form <b>990</b> (2023)
20000	1 10 01 02	Form <b>990</b> (2023)
JJ200	<sup>2</sup> 12-21-23 <b>2</b>	
611		BEHAVIORAL HEALT 0737.

Form	aan	(2023)	
	330	(2023)	

 Form 990 (2023)
 HOPELINK BEHAVIORAL HEALTH

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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?		37	
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			77
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ч	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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			- 23
u		11d	х	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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		Х
	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		Х
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		Х
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
	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		L
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	0000	X
332003	12-21-23	Form	<b>990</b> (	(2023)

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FUIII	330	120201

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		v
00	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	~		х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<b>3</b> 5a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	(2055)
332004	12-21-23	Form	330	(2023)

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<sup>4</sup> 2023.05000 HOPELINK BEHAVIORAL HEALT 0737.001

Form	990 (2023) HOPELINK BEHAVIORAL HEALTH t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		54-0880	899	Pa	age <b>5</b>	
				Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1			100	110	
	filed for the calendar year ending with or within the year covered by this return	2a	555				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ms?	•	2b	Х		
				3a		Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		Х	
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		Х	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th						
	any contributions that were not tax deductible as charitable contributions?			6a		Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut						
	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a	Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	uired				
	to file Form 8282?			7c		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f			
g							
h	1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8							
	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
	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 <sup>.</sup>	?	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.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1				
	organization is licensed to issue qualified health plans	13b					
с	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? If "No," provide an explanation on Schedu	ıle O		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or				
	excess parachute payment(s) during the year?			15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						
332005	12-21-23			Form	990	(2023)	

Form 990 (2023)
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Check if Schedule O contains a response or note to any line in this Part VI

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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. X

10	Enter the number of voting members of the governing body at the and of the tax year	10		15		Yes	N
Та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>					
	If there are material differences in voting rights among members of the governing body, or if the governing						
Ŀ.	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			15			
	Enter the number of voting members included on line 1a, above, who are independent	· · · · · · · · · · · · · · · · · · ·					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				2		Х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			🛏	-		- 23
3	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				, i		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			·····	5		X
6	Did the organization have members or stockholders?				, ;		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint one	or				
_	more members of the governing body?			7	a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si						
_	persons other than the governing body?			7	b	_	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•			37	
	The governing body?				a	X	
-	Each committee with authority to act on behalf of the governing body?			8	b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9	)		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Coo	<i>le.)</i>			.	
<b>^</b> -	Distance and the base based above because an efficiency of					Yes	N 2
	Did the organization have local chapters, branches, or affiliates?			10	Ja		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•					
	and branches to ensure their operations are consistent with the organization's exempt purposes?					x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before fill	ng the form		la	^	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					x	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				2a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			– "	20		
C		,		4	2c	x	
2	on Schedule O how this was done				3	X	
3  4	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?				4	X	
5	Did the process for determining compensation of the following persons include a review and approva			···· ⊢'	4		
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		endent				
2	The organization's CEO, Executive Director, or top management official			1/	5a	x	
	Other officers or key employees of the organization			·····			Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			····   ··			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a	1				
	taxable entity during the year?			10	ba -		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluar						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-					
5	exempt status with respect to such arrangements?			10	6b		
IJ							
	tion C. Disclosure						
ec						voilet	ole
ec 7	List the states with which a copy of this Form 990 is required to be filed DC , MD , VA	nd 990-T (s	ection 501	(c)(3)s on	ly) av	vallar	
ec 7	List the states with which a copy of this Form 990 is required to be filed <u>DC, MD, VA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at for public inspection. Indicate how you made these available. Check all that apply.			(c)(3)s on	ly) av	vallat	
ec 7 8	List the states with which a copy of this Form 990 is required to be filed <u>DC, MD, VA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other <i>(explain</i> )	n on Schea	lule O)		•••		
ec 7 8	List the states with which a copy of this Form 990 is required to be filed <u>DC, MD, VA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other <i>(explain</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	n on Schea	lule O)		•••		
ec 7 8	List the states with which a copy of this Form 990 is required to be filed DC, MD, VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other <i>(explain</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	n on Schea onflict of inf	<i>lule O)</i> terest policy		•••		
ec 7 8	List the states with which a copy of this Form 990 is required to be filed DC, MD, VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other <i>(explain</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	n on Scheo onflict of inf	lule O) terest policy cords		•••		
ec 7 8	List the states with which a copy of this Form 990 is required to be filed DC, MD, VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's book HOPELINK BEHAVIORAL HEALTH / JOSEPH GETCH - (703) 5	on Schear conflict of inflict of inflict $36 - 900$	lule O) terest policy cords		•••		
6ec 17 18	List the states with which a copy of this Form 990 is required to be filed DC, MD, VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply.	n on Scheo onflict of inf	lule O) terest policy cords	/, and fin	ancia		/00/

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B) (C)							(D)	(E)	(F)	
Name and title	Average	(do n		Position (do not check more than one			) than (	nne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week		cer an	id a di	recto	or/trus	tee)	from	from related	other	
	(list any	recto						the	organizations	compensation	
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the	
	related organizations	ustee	trust		66	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related	
	below	ual tr	tional		yolqr	t con	_	1099-NEC)		organizations	
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) JOSEPH GETCH	40.00	_	_	0	-						
CHIEF EXECUTIVE OFFICER				х				264,974.	0.	9,651.	
(2) BRIAN SHOW	40.00										
CHIEF FIN. & ADMIN. OFFICER					х			152,249.	0.	7,658.	
(3) LAURA FONNER	40.00										
CHIEF CLINICAL OFFICER					х			152,140.	0.	7,323.	
(4) LAURA MAYER	40.00										
CHIEF OPERATING OFFICER						X		144,910.	0.	112.	
(5) KATHLEEN FAIRCHILD HAMMOND	40.00										
DIR. OF OUTPATIENT SERVICE						X		104,038.	0.	9,250.	
(6) LAUREN PADGETT	40.00										
DIR. OF RESOURCE DEV						X		101,518.	0.	10,588.	
(7) FLORINA VERGINICA DOBRE	40.00										
LICENSED OUTPATIENT THERAPIST						X		100,853.	0.	10,115.	
(8) ROBERT D. STURM	1.00									-	
CHAIR		Х		Х				0.	0.	0.	
(9) LEONARD WOLF	1.00									-	
VICE CHAIR		Х		Х				0.	0.	0.	
(10) PAUL DI VITO	1.00									-	
SECRETARY		Х		Х				0.	0.	0.	
(11) JOYCE CONNERY	1.00									-	
BOARD MEMBER		Х						0.	0.	0.	
(12) GINGER COOCH	1.00									-	
BOARD MEMBER		Х						0.	0.	0.	
(13) MELISSA GARCIA	1.00								•	•	
BOARD MEMBER		х						0.	0.	0.	
(14) LINDA LANG	1.00									-	
BOARD MEMBER		Х						0.	0.	0.	
(15) DANNI LEIFER	1.00									-	
BOARD MEMBER		Х						0.	0.	0.	
(16) PAUL MCQUILLAN	1.00								-		
BOARD MEMBER		Х					<u> </u>	0.	0.	0.	
(17) BRIAN MEADOWS	1.00								-	<u> </u>	
BOARD MEMBER		Х						0.	0.	0.	
332007 12 21 23										Form <b>990</b> (2023)	

332007 12-21-23

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Form 990 (2023) HOPELINK	BEHAVIC	RA	$\mathbf{L}$	HE	AL	'LH			54-088	<u>308</u>	399 i	-age <b>8</b>
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Position of check more than one			one	Reportable	Reportable		Estima	ted
	hours per	box	, unles	s per	son is	s both	n an	compensation	compensation		amoun	
	week			uau	recio	i/irus	lee)	from	from related		othe	
	(list any hours for	director						the	organizations	,	compens	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC, 1099-NEC)	′	from t	
	organizations	rustee	trus		ee	npen		1099-NEC)	1099-NEC)		organiza and rela	
	below	dual t	itiona	_	nploy	st cor yee	-	1000 1120)			organiza	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
(18) HOLLY MONDAY	1.00		_		-					+		
BOARD MEMBER		x						0.	C	).		0.
(19) JOSHUA MONTGOMERY	1.00											
BOARD MEMBER		x						0.	C	).		0.
(20) LAUREN SHIELDS	1.00											
BOARD MEMBER		x						0.	C	).		0.
(21) TRACI SLIVINSKI	1.00											
BOARD MEMBER		х						0.	C	).		0.
(22) KATHERINE D. ROBBINS	1.00											
BOARD MEMBER		x						0.	C	).		0.
		1										
										$ \rightarrow $		
								1 000 600		+	<b>F A C</b>	
1b Subtotal								1,020,682.		).	54,6	
c Total from continuation sheets to Part V								0.		).	54,6	0.
d Total (add lines 1b and 1c)								1,020,682.		/•	54,0	97.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	JUU of reportable			7
compensation from the organization											Yes	No
3 Did the organization list any former office	director truct			mol	<u></u>	~ ~r	hia	hast componented ampl		Г	103	
5			•	•	•		Ŭ	• •		1	•	X
line 1a? If "Yes," complete Schedule J for										· F	3	
4 For any individual listed on line 1a, is the s										1	4 X	
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>										·	4 1	
rendered to the organization? If "Yes." col										-1	5	x
Section B. Independent Contractors			JI SU	CIŢ	Jerso	011 .				<u>··                                    </u>	U I	
1 Complete this table for your five highest co	ompensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100.000 of comper	nsati	ion from	
the organization. Report compensation for												
(A)	<b>,</b>			5				(B)			(C)	
Name and busines	s address	NC	ONE					Description of s	ervices	Сс	ompensati	on
							$\neg$					
							$\dashv$					
9 Total number of independent contractions	including but	ot 15-	oiter	+	the -		tod	abova) who was street	ve ther			
2 Total number of independent contractors ( \$100.000 of compensation from the organ		JUIN	mea	101	tnos (		rea	above) who received mo				
	Lation					-						

Form **990** (2023)

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		(2023) HOPELINK BEHA	AVIORAL HI	EALTH		54-0880	899 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excludeo from tax under
					function revenue	business revenue	sections 512 - 514
		Federated campaigns 1a					
Ints	16						
Contributions, Gifts, Grants and Other Similar Amounts	ľ	Membership dues 1b	751 060				
Βr.	c	Fundraising events 1c	751,862.				
Gifi	C	Related organizations 1d					
is,	e	e Government grants (contributions)	17,038,898.				
r S	f	All other contributions, gifts, grants, and					
bu†		similar amounts not included above 1f	970,025.				
d dr	ç	Noncash contributions included in lines 1a-1f	90,390.				
Col	ł	Total. Add lines 1a-1f		18,760,785.			
-			Business Code				
•	2 8	MEDICAID	900099	979,562.	979,562.		
vice	20		900099	228,842.	228,842.		
ier, ue	, k	CONSUMER FEES	900099	35,616.	35,616.		
m S /en				33,010.	55,010.		
Program Service Revenue	C						l
jo L	e						
₽.	f	All other program service revenue					
	ç	g Total. Add lines 2a-2f		1,244,020.			
	3	Investment income (including dividends, inter	rest, and				
		other similar amounts)		102,850.			102,850
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 31,461	•				
	k						
	Ċ						
		I Net rental income or (loss)	•	31,461.			31,461.
		Gross amount from sales of (i) Securities	(ii) Other				
	1 2						
			•				
	Ľ	Less: cost or other basis					
evenue		and sales expenses <b>7b</b> 635,981					
svel		c Gain or (loss) 7c 28,651					
Re	C	l Net gain or (loss)		28,651.			28,651.
Other R	8 a	a Gross income from fundraising events (not					
₫		including \$ 751,862. of					
		contributions reported on line 1c). See					
		Part IV, line 18	<b>a</b> 64,240.				
	k	b Less: direct expenses	<b>b</b> 155,732.				
	6	Net income or (loss) from fundraising events		-91,492.			-91,492.
		Gross income from gaming activities. See					
		Part IV, line 19	a				
	t						
			~				
		Net income or (loss) from gaming activities					
	10 8	Gross sales of inventory, less returns					
		and allowances 10					
		Less: cost of goods sold					
	C	Net income or (loss) from sales of inventory					
s			Business Code				
in e	11 a	a					
ellaneo evenue	k	)					
eve:	c	>					
Miscellaneous Revenue		All other revenue					
≥		• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		20,076,275.	1,244,020.	0.	71,470.
33200	9 12-2			,	· · ·		Form <b>990</b> (2023

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Page 9

HOPELINK BEHAVIORAL HEALTH Part IX Statement of Functional Expenses

Do i	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			F7 000	14 050
_	trustees, and key employees	594,380.	522,895.	57,229.	14,256
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	12 074 724	12 016 406	040 044	100 004
7	Other salaries and wages	13,974,724.	12,916,496.	949,244.	108,984
8	Pension plan accruals and contributions (include	222,924.	182,401.	35,629.	1 001
~	section 401(k) and 403(b) employer contributions)	1,197,321.	1,116,349.	73,561.	<u>4,894</u> 7,411
9	Other employee benefits	1,295,851.	1,205,522.	81,312.	9,017
0	Payroll taxes	1,295,051.	1,203,322.	01,512.	9,017
1	Fees for services (nonemployees):				
a h	Management	16,225.		15,792.	433
b		29,202.		29,202.	
		25,202.		25,202.	
e e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	1,578,337.	999,554.	455,821.	122,962
2	Advertising and promotion	8,002.	96.	43.	7,863
3	Office expenses	77,093.	27,232.	23,112.	26,749
4	Information technology	<b>, , , , , , , , , ,</b>	, -		
5	Royalties				
6	Occupancy	526,570.	337,800.	188,770.	
7	Travel	69,808.	66,397.	3,271.	140
8	Payments of travel or entertainment expenses	-	-		
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	129,305.	100,781.	28,080.	444
0	Interest	1,262.	-	1,262.	
1	Payments to affiliates	-			
2	Depreciation, depletion, and amortization	158,870.	132,733.	26,137.	
3	Insurance	57,495.	44,972.	12,523.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	COMMUNICATION	417,643.	381,354.	36,289.	
b	EQUIPMENT AND MAINTENAN	169,946.	142,394.	27,552.	
c	MISCELLANEOUS	102,073.	45,124.	5,174.	51,775
d	BAD DEBT	1,934.	1,934.		,
	All other expenses	_,	_,		
5	Total functional expenses. Add lines 1 through 24e	20,628,965.	18,224,034.	2,050,003.	354,928
6	Joint costs. Complete this line only if the organization		, , ,	, ,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2023)

12061108 783690 0737.001

32

33

6,847,407.

10,143,240.

32

33

#### HOPELINK BEHAVIORAL HEALTH Balance Sheet

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

Total net assets or fund balances

Total liabilities and net assets/fund balances

(A) Beginning of year (B) End of year 578,580. 586,307. 1 1 Cash - non-interest-bearing 1,047,857. 544,637. 2 Savings and temporary cash investments 2 28,080. 164,413. Pledges and grants receivable, net 3 3 2,544,569. 2,795,382. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 53,062. 41,815. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other \_\_\_\_\_10a 2,642,679. basis. Complete Part VI of Schedule D 1,957,202. 816,618. 685,477. b Less: accumulated depreciation 10b 10c 3,485,489. 3,021,074. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 4,412. 14,736. 14 14 Intangible assets 1,913,578. 1,664,018. Other assets. See Part IV, line 11 15 15 10,143,240. 9,846,864. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 963,016. 1,190,292. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 6,543. 4,570. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 6,177. 6,385. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,320,097. 2,020,366. 25 of Schedule D 3,295,833. 3,221,613. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 6,595,229. 6,461,225. 27 27 Net assets without donor restrictions 252,178. Net assets with donor restrictions 164,026. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31

> 9,846,864. Form 990 (2023)

> 6,625,251.

Part X

Assets

Liabilities

Net Assets or Fund Balances

m	990	(2023)	

Form	1990 (2023) HOPELINK BEHAVIORAL HEALTH	54-	-0880899	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,076	5,2	75.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,628	3,9	65.
3	Revenue less expenses. Subtract line 2 from line 1	3	-552	2,6	90.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,847	7,4	07.
5	Net unrealized gains (losses) on investments	5	330	),5	34.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,625	5,2	51.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red auc	lit 📔		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

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

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

	OMB No. 1545-0047
	2023
	Open to Public Inspection
Employer	identification number

## Name of the organization

		HOPE	LINK BEHAV	IORAL HEALTH				5	4-0880899	
Pa	art I	Reason for Public (			omplete th	nis part.) S	ee instruction			
The	organ	ization is not a private found								
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
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	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7	X	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	i <b>x)</b> operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the 1	name, city	, and state of	the college	eor	
		university:								
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section !	509(a)(2).	See section !	509(a)(3). (	Check the box on	
		lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.		
a	ı 🗋	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	/ing	
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported	
		organization(s). You mus	•							
c		Type III functionally inte						ly integrate	ed with,	
		its supported organization		-						
c		Type III non-functionally	• •					Ũ		
		that is not functionally int			•		-	an attentiv	veness	
		requirement (see instructi	,	•						
e		Check this box if the orga					Type I, Type	II, Type III		
		functionally integrated, or		hally integrated supporting	ng organiz	ation.			[]	
f		er the number of supported on vide the following informatior	•	d arganization(a)						
<u>ç</u>		i) Name of supported	(ii) EIN	(iii) Type of organization		inization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization	()	(described on lines 1-10	in your governi <b>Yes</b>	ng document? No	support (see ir	structions)	support (see instructions)	
				above (see instructions))	162					
-										
Tota	al									

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.)

260	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	6135293.	7849616.	11053983.	<u>16692597.</u>	<u>18760785.</u>	60492274.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge				363,625.			
4	Total. Add lines 1 through 3	6480851.	8205541.	11414224.	<u>17056222.</u>	<u>19135339.</u>	62292177.	
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)							
	Public support. Subtract line 5 from line 4.						62292177.	
Sec	ction B. Total Support			1				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	6480851.	8205541.	11414224.	17056222.	<u>19135339.</u>	62292177.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources $\dots$	87,630.	61,796.	120,589.	93,243.	102,850.	466,108.	
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						62758285.	
	Gross receipts from related activities,	·	,				,712,350.	
13	First 5 years. If the Form 990 is for the	•						
-	organization, check this box and stop	here						
	ction C. Computation of Publi		-				00.00	
	Public support percentage for 2023 (I		•			14	99.26 %	
	Public support percentage from 2022					15	99.10 %	
<b>1</b> 6a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies		-					
b	<b>33 1/3% support test - 2022.</b> If the c	•						
	and <b>stop here.</b> The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact			-	-	VI how the organiz	zation	
	meets the facts-and-circumstances te	-		• • • •				
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets th							
40	organization meets the facts-and-circu		-					
18	Private foundation. If the organization	on did not check a l	box on line 13, 16	a, 160, 1/a, or 17b	o, check this box a			
	Schedule A (Form 990) 2023							

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Schedule A	(Form	990	202
		550	2020

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</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	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6			(-/			(1) 1 2 2 2 2
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organ	ization,
_	check this box and stop here	•					
Sec	ction C. Computation of Publi						
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
	<b>33 1/3% support tests - 2023.</b> If the					33 1/3%, and li	
	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2022.</b> If the						3%, and
-	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization						
-	23 12-21-23			, , ,			ule A (Form 990) 2023
			15	5		20	

1

2

3a

3b

3c

4a

Yes No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

16

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization is activities. If the organization controlled the organization is activities. If the organization had more than one supported organization is activities.	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	d. or controlled the supporting organization.	
Section C. Ty	ype II Supporting Organizations	

			Yes	N
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)	1		

Section D	. All Type	III Sup	porting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

### 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	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

17

- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- 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.
- 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.

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. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

Yes No

Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued)

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Schedule A	(Form 99	90) 2023
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Schedule A					BEHAVIC				_
Part V	Type II	Non-	Functionally Int	tegrate	d 509(a)(3	) Supp	oorting (	Organizati	ons

1	Check here if the organization satisfied the Integral Part Test as a qualifyir		lov. 20, 1970 ( <i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete :	Sections A through E.	1
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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

332026 12-21-23

Schedule A (Form 990) 2023

Section D - Distributions

3

7

### 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 9 Line 8 amount divided by line 9 amo 40 ....+

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 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
<b>b</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, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. 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

1 Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

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1

Current Year

Schedule A	Form 990) 2023	HOPELINK	BEHAVIORAL	HEALTH	54-0880899 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	2, 3b, 3c, 4b, 4c, 3 lines 2 and 3; Part l	oa, 6, 9a, 9b, 9c, 11a, V, Section E, lines 1c	ired by Part II, line 10; Part II, lin 11b, and 11c; Part IV, Section E , 2a, 2b, 3a, and 3b; Part V, line 5. Also complete this part for any	3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
22000 10 01 0					Schedule A (Form 990) 2023
332028 12-21-2	2				Schedule A (FORM 990) 2023

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\*\* PUBLIC DISCLOSURE COPY \*\*

# **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

Employer identification number

(FU	 99	0)		
_			_	

Schedule B

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Η

OPELINK I	BEHAVIORAL	HEALTH
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54-088089	99

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**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).

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

TODET THE

Schedule B (Form 990) (2023) Name of organization

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HOPEL	INK BEHAVIORAL HEALTH	54	-0880899
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$4,644,339.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,044,451.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,036,327.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$857,143.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$724,416.	Person X Payroll Noncash (Complete Part II for

Page 2

Employer identification number

noncash contributions.) Schedule B (Form 990) (2023)

noncash contributions.)

(d)

Type of contribution

Person Payroll

Noncash

(Complete Part II for

X

323452 12-26-23

(a) No.

6

2023.05000 HOPELINK BEHAVIORAL HEALT 0737.001

539,261.

(c)

**Total contributions** 

\$

22

(b)

Name, address, and ZIP + 4

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Scheo	dule B	(Form	990)	(2023)

Name of organization

Page 3
Employer identification number

54 - 0880899

HOPELINK BEHAVIORAL HEALTH

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—   —		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

23

Schedule	B (Form 990) (2023)		Page <b>4</b>
Name of o	organization		Employer identification number
HOPEL	INK BEHAVIORAL HEALTH		54-0880899
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	through (e) and the following line entrest the term of the set of	y. For organizations
	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, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	· · · ·
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990) (2023)

## 12061108 783690 0737.001

SCHEDULE I	C
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Department of the Treasury

Internal Revenue Service

(Form	990)
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## **Supplemental Financial Statements**

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

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



Employer identification number

54-0880899

Name of the organization

## HOPELINK BEHAVIORAL HEALTH

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		ccounts. Complete if the			
	organization answered fes on Form 990, Part IV, in		(b) Funds and other accounts			
4	Total number at and of year					
1 2	Total number at end of year Aggregate value of contributions to (during year)					
2	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 v	writing that the assets held in donor advised fun	nde			
J	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor a					
Ŭ	for charitable purposes and not for the benefit of the donor of					
Par						
1	Purpose(s) of conservation easements held by the organization		·			
	Preservation of land for public use (for example, recrea	tion or education)	orically important land area			
	Protection of natural habitat		tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a co	onservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b			2b			
с	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c			
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, and not				
	on a historic structure listed in the National Register	-	2d			
3	Number of conservation easements modified, transferred, rele		nization during the tax			
	year					
4	Number of states where property subject to conservation eas	ement is located				
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it	holds?	Yes 📃 No			
6						
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation ea	asements during the year			
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)				
9	In Part XIII, describe how the organization reports conservation	-				
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements th	nat describes the			
Dar	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Other 9	Similar Assats			
Fai	Complete if the organization answered "Yes" on Form		Similar Assets.			
			lance chect works			
Ia	If the organization elected, as permitted under FASB ASC 95	· ·				
	of art, historical treasures, or other similar assets held for pub					
<b>h</b>	service, provide in Part XIII the text of the footnote to its finar		a ala a di usa di a a f			
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public service,			
	provide the following amounts relating to these items.		¢			
	(i) Revenue included on Form 990, Part VIII, line 1					
•		anuran or other similar aposts for financial gain				
2	If the organization received or held works of art, historical treat the following amounts required to be reported under FASP A		provide			
-	the following amounts required to be reported under FASB A	-	¢			
a h	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions	for Form 990				
			Schedule D (Form 990) 2023			
332051	09-28-23	25				

Sche		K BEHAVIOR				54-08			<sub>ge</sub> 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or O	ther Sin	nilar Assets	continu	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following that ma	ake signific	ant use of its			
	collection items (check all that apply).								
а	Public exhibition	c	l 🗌 Loan or e>	change program					
b	Scholarly research	e	• 🗌 Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization's	exempt p	urpose in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical tre	asures, or other si	milar asset	ts	_		
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organization	on answered "Yes	" on Form	990, Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for contribution	ons or other assets	s not inclu	ded			
	on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII				_				
							Amount		
с	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year				L	1e			
f	Ending balance				L	1f	_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial account	liability?	X	Yes		No
	If "Yes," explain the arrangement in Part XIII.							X	
Par	t V Endowment Funds Complete if						( ) F		
		(a) Current year	(b) Prior year	(c) Two years ba	аск <b>(d)</b> Ir	nree years back	(e) Four	years c	аск
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
g	End of year balance	L							
2	Provide the estimated percentage of the curr	•		a)) held as:					
a	Board designated or quasi-endowment		_%						
D	Permanent endowment	%							
С		<u>%</u>							
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		tion that are hold	and administered t	for the				
Ja	organization by:	ssion of the organiza			ior the		Г	Yes	No
	(i) Unrelated organizations?						3a(i)		
							3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the			• • • • • • • • • • • • • • • • • • • •					
Par	t VI Land, Buildings, and Equipm	ŭ							
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a.	See Form 990, Pa	art X, line 1	0.			
	Description of property	(a) Cost or c basis (investr	• • •	st or other s (other)	(c) Accum deprecia		<b>(d)</b> Book	value	
19	Land		,	57,660.			57	,66	0.
	Buildings			94,239.	634	,962.		,27	
	Leasehold improvements			87,671.		,906.		,76	
	Equipment			39,242.		,444.		, 79	
	Other			63,867.		,890.	1		7.
	Add lines 1a through 1e. (Column (d) must e					-	685	,47	
1010		quai ronn 990, Parl		וְגָשָׁוּ וו				, -,	

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 HOPELINK BEHAVIORAL HEALT	н
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rt VII Investments - Other Securities
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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. (Col. (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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

#### Part IX Other Assets

Р

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

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	38,936.
(2) DEFERRED COMPENSATION	99,262.
(3) RIGHT-OF-USE ASSET	1,525,820.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,664,018.
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)	LEASE LIABILITIES	<u>1,921,104.</u> 99,262.
(3)	DEFERRED TENANT ALLOWANCE	99,262.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. ((	Column (b) must equal Form 990, Part X, line 25, col. (B))	2,020,366.

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 ... X

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 HOPELINK BEHAVIORAL HEALTH			54-	0880899 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re		
	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	21,069,155.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	330,534.		
b	Donated services and use of facilities	2b	506,614.		
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	837,148.
3	Subtract line 2e from line 1			3	20,232,007.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	-155,732.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	-155,732.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	20,076,275.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	n Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	21,291,311.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	506,614.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	155,732.		
е	Add lines 2a through 2d			2e	662,346.
3	Subtract line 2e from line 1			3	20,628,965.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	20,628,965.
Pa	rt XIII Supplemental Information				

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

### PART IV, LINE 2B:

HOPELINK BEHAVIORAL HEALTH HOLDS CASH ON BEHALF OF RECOVERY ACADEMY

CLIENTS FOR PARTICIPATION IN ACTIVITIES THAT REQUIRE A FEE. THESE FUNDS

ARE EXCLUSIVELY HELD FOR THE CLIENTS AND ARE NOT AVAILABLE FOR USAGE BY

HOPELINK BEHAVIORAL HEALTH.

PART V, LINE 4:

HOPELINK BEHAVIORAL HEALTH HOLDS DONATIONS WHICH HAVE BEEN SUBJECTED TO

DONOR-IMPOSED RESTRICTIONS IN SUPPORT OF PARTICULAR PROGRAM ACTIVITIES OR

TIME RESTRICTIONS.

PART X, LINE 2:

332054 09-28-23

Schedule D (Form 990) 2023 HOPELINK BEHAVIORAL HEALTH	54-0880899 Page 5
Part XIII Supplemental Information (continued)	
IN ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ACCOUNTING ST	ANDARDS
REQUIRE AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPAC	T OF A TAX
POSITION WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION W	ILL NOT BE
SUSTAINED UPON EXAMINATION. MANAGEMENT EVALUATED THE ORGANI	ZATION'S TAX
POSITIONS AND CONCLUDED THERE ARE NO UNCERTAIN TAX POSITIONS	THAT REQUIRE
ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PR	OVISIONS OF
THIS GUIDANCE.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RECLASSIFICATION OF DIRECT FUNDRAISING EXPENSES	-155,732.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RECLASSIFICATION OF DIRECT FUNDRAISING EXPENSES	155,732.
	Sobodulo D (Form 000) 2022

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2023
Department of the Treasury	ŭ	Attach to Form 990 of						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and t	ne latest informatior	<u>ı.</u>		Inspection
Name of the organization	Employer ide	entification number						
Part I Fundrais	7. Form 990-E							
required to complete this part.								
<ul> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or</li> </ul>								
•		art VII) or entity in connection with pr	•	Ũ		,	Ye	s 🗌 No
<b>b</b> If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursuation organization.	ant to	agreei	ments under which th	າe fur	ndraiser is to b	e
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	aiser ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total								
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	egistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1	(b) Event #2 ANNUAL GOLF TOURNAMENT	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	715,977.	100,125.		816,102
	2	Less: Contributions	677,402.	74,460.		751,862
	3	Gross income (line 1 minus line 2)	38,575.	25,665.		64,240
	4	Cash prizes				
	5	Noncash prizes	1,498.			1,498
	6	Rent/facility costs	117,158.			117,158
	7	Food and beverages	206.	395.		601
		Entertainment		10,420		
		Other direct expenses		· · · · · · · · · · · · · · · · · · ·		36,475
L		Direct expense summary. Add lines 4 throug	<b>,</b> , , , , , , , , , , , , , , , , , ,			<u>155,732</u> -91,492
	11	Net income summary. Subtract line 10 from				J 1 1 2 2
	rt II	<b>II</b> Gaming. Complete if the organization	answered "Yes" on Form	990. Part IV. line 19. or re	eported more than	
_	rt I		n answered "Yes" on Form	1 990, Part IV, line 19, or re	eported more than	
ai 	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or ro (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	
a 	rt I			(b) Pull tabs/instant		
a   			(a) Bingo	(b) Pull tabs/instant		
	1	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant		
	1	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant		
	1 2 3	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add col. (a) through col. (c
	1 2 3 4	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	(b) Pull tabs/instant		
	1 2 3 4	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant		
	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
_	1 2 3 4 5 6	\$15,000 on Form 990-EZ, line 6a.  Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 2 3 4 5 6 7	\$15,000 on Form 990-EZ, line 6a.  Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 2 3 4 5 6 7	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 2 3 4 5 6 7 8 Ent	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a)
	1 2 3 4 5 6 7 8 Ent Is ti	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a)

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	HOPELINK	BEHAVIORAL	HEALTH	54-(	880899	Page <b>3</b>
11	Does the organization conduct g	aming activities with	nonmembers?			Yes	No
	Is the organization a grantor, be						
	to administer charitable gaming					Yes	No
13	Indicate the percentage of gamin						
	The organization's facility					13a	%
	An outside facility					13b	%
	Enter the name and address of t						
			a co ano organization	o gammig, op oolar of onto 2001			
	Name						
	Address						
15a	Does the organization have a co	ntract with a third pa	arty from whom the or	ganization receives gaming re	evenue?	Yes	No
				gamzatori roborrob gaming r		• • • •	
r	If "Yes," enter the amount of gar	mina revenue receive	d by the organization	\$	and the amount		
~	of gaming revenue retained by th			÷			
	If "Yes," enter name and addres						
	in res, entername and addres	s of the third party.					
	Name						
	Address						
	Address						
40							
16	Gaming manager information:						
	Name						
		•					
	Gaming manager compensation	\$					
	Description of services provided						
		<b>—</b>	<u> </u>				
	Director/officer	Employee	L Indep	endent contractor			
17	Mandatory distributions:						
a	Is the organization required unde		charitable distributior	is from the gaming proceeds	to		<b>—</b>
	retain the state gaming license?					└── Yes	No
b	Enter the amount of distributions	s required under stat	e law to be distribute	d to other exempt organizatio	ons or spent in the		
	organization's own exempt activ						
Ра				iired by Part I, line 2b, columr	ns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, a	as applicable. Also p	rovide any additional i	nformation. See instructions.			
_							
3320	83 09-13-23				Sched	ule G (Form	990) 2023
			32				,

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Part IV	Supplemental Information (continued)	
	Schedule C	G (Form 990)

332084 04-01-23

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<b>n</b> n	
(*********		Compensated Employees		20	ZJ	)
Deres		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organization	1		identificatio		mber
		HOPELINK BEHAVIORAL HEALTH	54-0	088089	9	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
		ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary :	spending account Personal services (such as maid, chauffer	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant				
	X Form 990 of o	ther organizations X Approval by the board or compensation of	committee			
	During the user dis	I any newson listed on Fours 200. Dout VII. Costian A. line to with we need to the filing				
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re			4a		x
a b						X
5	•					X
U	•	erve payment from an equity-based compensation arrangement?				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
-	contingent on the r					
а	-			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r					
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	3			
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?	<u></u>	9		
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n <b>990</b> )	) 2023

LHA 332111 11-06-23

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.

		( <b>B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOSEPH GETCH	(i)	247,474.	17,500.	0.	9,535.	116.	274,625.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIAN SHOW	(i)	142,249.	10,000.	0.	7,214.	444.	159,907.	0.
CHIEF FIN. & ADMIN. OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAURA FONNER	(i)	144,140.	8,000.	0.	7,207.	116.	159,463.	0.
CHIEF CLINICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

#### 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 (Form 990) 2023

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Dout

# **Noncash Contributions**

OMB No. 1545-0047

20

23

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Name of the organization

-

	Inspection
Employer	identification number

54 - 0880899

**Open to Public** 

## HOPELINK BEHAVIORAL HEALTH

Pa	TI I ypes of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contri amounts report Form 990, Part VI	ted on	<b>(d</b> Method of d noncash contrib	letermin	•	S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests						,		
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7									
8	Boats and planes								
	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies						,		
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
23 24									
	Archeological artifacts Other (SILENT AUCTION)	X	108	90	,390.	ד <b>א</b> זע			
25	· ·	Λ	100	50	, 550.	L H V			
26	Other ()								
27	Other ()								
28	Other ( )								
29	Number of Forms 8283 received by the organiz		, ,						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement	29				
								Yes	No
30a	During the year, did the organization receive by	or contributio	n any property rep	orted in Part I, line	s 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to	be used	for			
	exempt purposes for the entire holding period?						30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard	l contribut	ions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell	noncash				
	contributions?		•				32a		х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	a type of property	for which column	(a) is cher	ked			
	describe in Part II.								
For 5	Paperwork Reduction Act Notice, see the Instr	ructions for	Form 990			Schedule	M (Form	n 990)	2022
	aportion for noused and mouse, see the mou					ochequie		555)	2020

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2023

54 - 0880899

Page **2** 

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Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



HOPELINK BEHAVIORAL HEALTH

54-0880899

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BEHAVIORAL HEALTH CONDITIONS OR FACING A CRISIS. HOPELINK PROVIDES AN

ARRAY OF BEHAVIORAL HEALTH, CRISIS INTERVENTION AND SUICIDE

INTERVENTION SERVICES.

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

PEER SUPPORT SERVICES ARE PROVIDED BY INDIVIDUALS WHO HAVE LIVED

EXPERIENCE AND ARE SUCCESSFUL IN THEIR RECOVERY. PEERS USE THAT LIVED

EXPERIENCE TO PROVIDE EMOTIONAL, AFFILIATION, INSTRUMENTAL, AND

INFORMATIONAL SUPPORT FOR OTHERS IN THEIR OWN RECOVERY JOURNEY. AT

HOPELINK, PEERS ARE EMBEDDED WITHIN CLINICAL PROGRAMS AND IN

INDEPENDENT PROGRAMS SERVING AS PARAPROFESSIONALS - UTILIZING THEIR

LIVED EXPERIENCE AND TRAINING TO WORK ALONGSIDE TREATMENT TEAMS.

EXPENSES \$ 909,338. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE YOUTH AND FAMILY PROGRAM SUPPORTS YOUTH AND YOUNG ADULTS WITH

EMOTIONAL OR BEHAVIORAL DIFFICULTIES IN SUCCESSFULLY TRANSITIONING TO

ADULTHOOD. FAMILY PEER SUPPORT SERVICES ARE PROVIDED BY A PARENT OR

GUARDIAN, WITH LIVED EXPERIENCE NAVIGATING THE BEHAVIORAL HEALTH AND

MENTAL HEALTH SYSTEM FOR THEIR CHILD. FAMILY PEERS UTILIZE THAT

EXPERIENCE TO SUPPORT OTHER FAMILIES IN THE COMMUNITY NAVIGATING THE

SYSTEMS OF CARE AND FACING SIMILAR CHALLENGES.

EXPENSES \$ 241,200. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

## HOPELINK'S MENTAL HEALTH OUTPATIENT SERVICES PROVIDE INDIVIDUALS

EXPERIENCING MENTAL ILLNESS, OTHER BEHAVIORAL HEALTH CONDITIONS, OR

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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 332211 11-14-23

lamo of the organization			
lame of the organization			Employer identification number
HOPELI	NK BEHAVIORAL HEALTH		54-0880899
THER LIFE CHALLENGE	S WITH COMPASSIONATE,	PERSONALIZED THE	RAPY TO HELP
AKE POSITIVE CHANGE	5.		

HOPELINK PROVIDES SEVERAL OTHER CRITICAL COMMUNITY SERVICES. THE

COORDINATED SPECIALTY (CSC) PROGRAM IS A RECOVERY-ORIENTED TREATMENT

PROGRAM FOR YOUTH AND YOUNG ADULTS WITH FIRST EPISODE PSYCHOSIS. CSC

OFFERS SKILL TEACHING, CASE MANAGEMENT, SUPPORTED EMPLOYMENT, SUPPORTED

EDUCATION, FAMILY EDUCATION AND SUPPORT, PEER SUPPORT AND PSYCHIATRIC

SERVICES. THE COMMUNITY HOUSING PROGRAM PROVIDES NON-TIME-LIMITED

HOUSING AND SUPPORT TO HELP CLIENTS LIVE AS INDEPENDENTLY AS POSSIBLE.

RESIDENTS LIVE IN ONE OF THE HOUSING RESIDENCES SUPPORTED BY HOPELINK.

EXPENSES \$ 731,915. INCLUDING GRANTS OF \$ 0. REVENUE \$ 17,460.

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

A COMPLETE COPY OF THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE IRS. BOARD MEMBERS, UPON THEIR REVIEW, DIRECT QUESTIONS TO THE CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER. AFTER ALL QUESTIONS HAVE BEEN RESPONDED TO, THE BOARD OF DIRECTORS IS ASKED TO ACCEPT THE 990, AND FOLLOWING ITS ACCEPTANCE, THE 990 IS SUBMITTED TO THE IRS.

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

HOPELINK BEHAVIORAL HEALTH MAINTAINS OPEN COMMUNICATION BETWEEN DIRECTORS

AND EMPLOYEES; FURTHERMORE, OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE MADE

AWARE OF NEW BUSINESS RELATIONSHIPS AS THEY ARE CONTRACTED. WHEN POTENTIAL

CONFLICTS ARE DISCOVERED, TOP MANAGEMENT ASSESSES THE SITUATION. IF A

CONFLICT EXISTS, THE PERSON WITH A CONFLICT IS PROHIBITED FROM

PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE 332212 11-14-23
Schedule O (Form 990) 2023
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BOARD MEMBERS AND KEY EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 15A:

HOPELINK BEHAVIORAL HEALTH'S GOVERNANCE COMMITTEE ANNUALLY REVIEWS

COMPENSATION FOR THE CEO UTILIZING COMPARABLE INDUSTRY ORGANIZATIONAL DATA

AND PERFORMANCE. THE COMMITTEE THEN RECOMMENDS COMPENSATION ADJUSTMENTS

FOR THE CEO TO THE BOARD. THE DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN

THE COMMITTEE'S MEETINGS MINUTES. COMPENSATION FOR OTHER KEY EMPLOYEES IS

DETERMINED BY THE CEO BASED ON AN ASSESSMENT OF PERFORMANCE AND REVIEWED BY

THE HUMAN RESOURCES DIRECTOR. HOPELINK BEHAVIORAL HEALTH MAINTAINS AN

ESTABLISHED PAY SCALE SYSTEM FOR ALL AGENCY POSITIONS WHICH IS MODIFIED AS

NEEDED BASED ON A REGULAR REVIEW OF INDUSTRY DATA.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE ASSUMES THE RESPONSIBILITY OF REVIEWING THE AUDITED

FINANCIAL STATEMENTS AND SELECTING THE INDEPENDENT ACCOUNTS. NO CHANGE

IN PROCEDURE WAS MADE DURING THE FISCAL YEAR.

332212 11-14-23

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