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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2023
ZUZ 3
Open to Public Inspection
Inspection

Α	For the	2023 calendar year, or tax year beginning JU	L 1, 2023 and	ending J	UN 30, 2024			
В	Check if applicable	C Name of organization			D Employer	identifica	ation number	
Г	Addres change	S HOPELINK						
	Name change				91-09	82116		
	Initial return Final return/	Number and street (or P.O. box if mail is not delived by 154TH AVENUE NE	vered to street address)	Room/suite	E Telephone number 425-869-6000			
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts	s \$	91,184,641.	
	Amend		9 p		H(a) Is this a			
F	Applica tion	F Name and address of principal officer: MEGHA	N ALTIMORE		1 ' '	rdinates?		
	pendin	SAME AS C ABOVE			H(b) Are all subd			
<u> </u>	Tax-exe	mpt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	7 ` ´		st. See instructions	
	Website				H(c) Group e			
K	Form of	organization: X Corporation Trust Ass	ociation Other	L Year	of formation: 19		State of legal domicile: WA	
	art I	Summary		•		•	<u> </u>	
ą.	1 [Briefly describe the organization's mission or most s		NK EQUIPS	S PEOPLE TO	EXIT		
Governance	-	POVERTY THROUGH COMPREHENSIVE SERVICES						
ern	2 (<u>—</u>	tinued its operations or dispos			1 1		
Š	3 1	Number of voting members of the governing body (F					19	
∞ ≪	: '	Number of independent voting members of the gove					19	
es	5	Total number of individuals employed in calendar ye					521	
Activities	6	Total number of volunteers (estimate if necessary)					6206	
Act	7 a ੋ	Total unrelated business revenue from Part VIII, colu				1 1	0.	
	l d	Net unrelated business taxable income from Form 9	90-T, Part I, line 11	·····			Current Year	
		0			Prior Year		_	
e	8 (Contributions and grants (Part VIII, line 1h)		28,164		25,868,342.		
Revenue	9 [65,126		64,474,011.	
Be	10	nvestment income (Part VIII, column (A), lines 3, 4,			5,600.	245,806.		
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				7,208.	-293,041.	
		Total revenue - add lines 8 through 11 (must equal F		92,967		90,295,118.		
	1	Grants and similar amounts paid (Part IX, column (A			14,733	· +	13,486,931.	
	1	Benefits paid to or for members (Part IX, column (A)		25 72	0.	0.		
es	15 5	Salaries, other compensation, employee benefits (P			25,739		28,693,288.	
Expenses	16a l	Professional fundraising fees (Part IX, column (A), lir	ne 11e)	0.05	0.		0.	
Q X	b	Total fundraising expenses (Part IX, column (D), line	' · · · · · · · · · · · · · · · · · · ·		E 4 411	166	E4 202 0E4	
_	'' \	Other expenses (Part IX, column (A), lines 11a-11d,			54,413		54,283,854.	
		Total expenses. Add lines 13-17 (must equal Part IX			94,886		96,464,073.	
	19	Revenue less expenses. Subtract line 18 from line 1	2		-1,919 ginning of Curre		-6,168,955. End of Year	
Net Assets or	j	5 (D V			69,095			
SSE	20						64,049,455.	
let A	21	Total liabilities (Part X, line 26)			24,539 44,559		25,572,900. 38,476,555.	
P	22 i art II	Net assets or fund balances. Subtract line 21 from li Signature Block	ne 20		44,555	7,711.	30,470,333.	
		ties of perjury, I declare that I have examined this return, i	ncluding accompanying schedules	and statem	ents, and to the h	est of my l	cnowledge and helief it is	
		and complete. Declaration of preparer (other than officer				-	and bonon, it is	
	1	4-1R: 00	, 10 54004 011 411 1110111141011 01 111	p. opa. o.		2/2025	1	
Sig	տ	Signature of officer			Date			
He	L	AMANDA REINHARD, CFO						
110	·	Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Pai	d P	** * *	EGAN R. RYAN	o	5/02/25	if self-employed	P00737884	
	- F	Firm's name CLARK NUBER, PS			Firm's		1-1194016	
	Only	Firm's address 10900 NE 4TH STREET, SUITE	1400					
	-	BELLEVUE, WA 98004			Phone	no.425-	454-4919	
Ma	y the IR	S discuss this return with the preparer shown abov	e? See instructions				Yes No	
							= 000 (2222)	

	990 (2023) HOPELINK	91-0982116	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х Х
1	Briefly describe the organization's mission:		
	HOPELINK EQUIPS PEOPLE TO EXIT POVERTY THROUGH COMPREHENSIVE SERVICES,		
	IMPACTFUL PARTNERSHIPS, AND ADVOCACY FOR EQUITABLE OPPORTUNITIES FOR		
	ALL.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes 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 services, as	measured by exper	ises.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expense	es, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$61,458,574. including grants of \$271,632.) (Rever	nue \$62	2,374,544.
	HOPELINK OPERATES A SPECIAL NEEDS TRANSPORTATION BROKERAGE FOR KING AND		
	SNOHOMISH COUNTIES, PROVIDES DIRECT TRANSPORTATION SERVICES UNDER		
	CONTRACT TO KING COUNTY METRO, AND PROVIDES MOBILITY MANAGEMENT		
	SERVICES FOR KING COUNTY. FOR THE YEAR ENDING JUNE 30, 2024, A TOTAL OF		
	749,637 TRIPS WERE PROVIDED IN KING AND SNOHOMISH COUNTIES; 695,249		
	RIDES WERE GIVEN FOR DART, ALTERNATIVE SERVICES AND WATER TAXI SHUTTLE		
	ROUTES; AND 266 HUMAN SERVICE PROVIDERS WERE TRAINED ON TRAVEL OPTIONS		
	FOR THEIR CLIENTS, PROVIDING TRAVEL OPTIONS ASSISTANCE DIRECTLY TO		
	9,737 INDIVIDUALS IN KING COUNTY.		
41-	(Code:) (Expenses \$ 20,018,640. including grants of \$ 13,101,799.) (Rever	1	509 404
4b	HOPELINK PROVIDES FOOD, EMERGENCY FINANCIAL ASSISTANCE TO ASSIST LOW	nue \$.,303,404.
	INCOME FAMILIES, DISTRIBUTES FEDERAL DOLLARS TO THOSE WHO NEED HELP		
	WITH ENERGY BILLS, AND TEACHES ENERGY CONSERVATION. FOR THE YEAR ENDING		
	JUNE 30, 2024, HOPELINK FOOD BANKS DISTRIBUTED MORE THAN 4,796,784		
	POUNDS OF FOOD TO 16,500 INDIVIDUALS FOR A TOTAL OF 184,705 FOOD BANK		
	VISITS. HOPELINK PROVIDED MORE THAN \$1,353,067 IN DIRECT FINANCIAL		
	ASSISTANCE FROM GRANT AND FUNDRAISING DOLLARS. THE LIHEAP AND PUGET		
	SOUND ENERGY (PSE) PROGRAMS PROVIDED ENERGY ASSISTANCE TO FAMILIES IN		
	THE AMOUNT OF \$8,655,503 OF WHICH \$1,839,105 REPRESENTED DIRECT		
	ASSISTANCE, WITH THE REMAINDER PROVIDED BY THIRD PARTIES UPON THE		
	REFERRAL BY HOPELINK. HOUSEHOLDS SERVED WERE 4,517 WITH LIHEAP FUNDS		
	AND 3,826 WITH PSE FUNDS.		
4c	6.245.202	nue \$	590,063.
40	HOPELINK EQUIPPED TO EXIT POVERTY PROGRAMS PROVIDE FAMILIES WITH		
	EMERGENCY SHELTER, TRANSITIONAL HOUSING, AND PERMANENT HOUSING. FOR THE		
	YEAR ENDING JUNE 30, 2024, EMERGENCY SHELTER AND TRANSITIONAL HOUSING		
	PROGRAMS PROVIDED 76,954 BED NIGHTS AND PERMANENT HOUSING		
	PROVIDED 120,998 BED NIGHTS. CASE MANAGERS ASSIST FAMILIES IN ACCESSING		
	SERVICES THEY NEED TO REACH THEIR GOALS SUCH AS PARENTING, BUDGETING		
	CLASSES, TENANT EDUCATION AS WELL AS ADULT EDUCATION AND EMPLOYMENT		
	CLASSES. THE FAMILY DEVELOPMENT PROGRAM PARTICIPANTS HAD 100% OF		
	EXITED HOUSEHOLDS MAINTAIN OR ESTABLISH STABLE HOUSING. ADULT EDUCATION		
	PROVIDES ENGLISH LANGUAGE ACQUISITION, BASIC LITERACY, AND MONEY	,	

87,792,537.

) (Revenue \$

MANAGEMENT. HOPELINK'S ADULT EDUCATION AND LITERACY PROGRAMS SERVED 410 ADULTS. THE GED PREP COURSE SERVED 70 STUDENTS. HOPELINK'S ENGLISH

including grants of \$

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

Total program service expenses

91-0982116

Form 990 (2023) HOPELINK Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_	v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		x
_	Schedule D, Part III	8		
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?	_		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
4.4	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		_ A
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	, ,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b		11b		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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	110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	I

Form 990 (2023) HOPELINK

Part IV Checklist of Required Schedules (continued) 91-0982116 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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	Х	<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			۱
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			۱
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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	00-		X
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
29	"Yes," complete Schedule L, Part IV	28c 29	Х	
30	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30		30		x
31	contributions? If "Yes," complete Schedule M 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? <i>If</i> "Yes," <i>complete</i>			
JZ	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			
	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	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
		_	$\Omega\Omega\Omega$	

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91-0982116

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

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.

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 19 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 19 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records AMANDA REINHARD - 425-869-6000 8990 154TH AVENUE NE, REDMOND, 98052

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	J			C)	іроп	our	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c		Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	an an	compensation	compensation	amount of
	week		cer an	ia a a	Irecto	r/trus	iee)	from	from related	other
	(list any hours for	ndividual trustee or director						the	organizations (W-2/1099-MISC/	compensation from the
	related	eord	stee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	idual	nstitutional trustee	ъ	Key employee	Highest compensated employee	Jer.	,		organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) DR. CATHERINE CUSHINBERRY	57.00									
CEO THRU 09/23				Х				285,379.	0.	18,603.
(2) GEOFF CRUMP	50.00									
COO, INTERIM CEO FROM 09/23				Х				241,733.	0.	22,130.
(3) AMANDA REINHARD	50.00									
CFO				Х				184,625.	0.	18,770.
(4) TERESA POOLE	50.00									
VP, COMMUNICATIONS THRU 09/23						Х		178,509.	0.	21,886.
(5) DANIEL QUIRK	50.00									
СТО					Х			177,745.	0.	17,249.
(6) MEGHAN ALTIMORE	50.00									
VP, COMMUNITY SVCS, COO FROM 04/24					Х			178,238.	0.	9,534.
(7) ANNA WOLFF	50.00									
VP, EMPLOYEE ENGAGEMENT & HR					Х			170,376.	0.	9,165.
(8) SUSAN CARTER	50.00									
VP, TRANSPORTATION					Х			163,126.	0.	16,365.
(9) JOSALYN FORD	50.00									
VP, DEVELOPMENT THRU 03/24						Х		145,003.	0.	24,634.
(10) DANIEL WALKER	45.00									
GENERAL MANAGER, TRANS. DIRECTOR						Х		141,112.	0.	16,866.
(11) BARBARA DYKMAN-THOMAS	45.00									
CONTROLLER						Х		132,612.	0.	16,353.
(12) JENNY FRAZIER	45.00									
DIRECTOR OF FACILITIES						Х		119,669.	0.	15,616.
(13) NICKHATH SHERIFF	1.00									
CHAIR THRU 12/23		Х		Х				0.	0.	0.
(14) BYRON SHUTZ	1.00									
CHAIR FROM 01/24		Х		Х				0.	0.	0.
(15) CHERE BAUTISTA	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(16) DR. CHRIS GEHRKE	1.00									
TREASURER		Х		Х				0.	0.	0.
(17) PAUL GRAVES	1.00									
SECRETARY		X		Х				0.	0.	0.

Form 990 (2023) HOPELINK									91-098211	b Page o
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		one	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week (list any					17 11 413		from the	from related organizations	other
	hours for	direct				_		organization	(W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsateo		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related
	below	vidual	tution	Je.	Key employee	nest c loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(18) ANGELA BIRNEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(19) AARON MORROW	1.00									
BOARD MEMBER		Х						0.	0.	0.
(20) APRIL BERG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(21) GREGORY NAUMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(22) JANET RICHARDS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(23) JOSH KENSOK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(24) KRISHNAN IYER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(25) LILLIAN STROTHERS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(26) MANKA DHINGRA	1.00									
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal								2,118,127.	0.	207,171.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)								2,118,127.	0.	207,171.

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SAFE TRANSPORTATION, 12811 8TH AVE W SUITE		
A105, EVERETT, WA 98204	TRANSPORTATION	5,592,847.
TRI-COUNTY CABULANCE INC		
PO BOX 5844, LYNNWOOD, WA 98046	TRANSPORTATION	3,658,835.
NORTHWEST TRANSPORT INC		
22627 85TH PL S, KENT, WA 98031	TRANSPORTATION	3,176,018.
MUCKLESHOOT INDIAN TRIBE		
39015 172ND AVE SE, AUBURN, WA 98092	TRANSPORTATION	3,006,846.
CLOUD NINE TRANSPORT		
8614 PORTLAND AVE E, TACOMA, WA 98445	TRANSPORTATION	2,030,320.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	32	
		000

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Form 990 HOPELINK 91-0982116

Form 990 HOPELINK									91-09821	L16
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(check all that					compensation	compensation	amount of	
	per							from	from related	other
	week	_)yee		the	organizations	compensation
	(list any	recto				em plc		organization	(W-2/1099-MISC)	from the
	hours for	ordi	e e			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		e e	Suedic				and related
	organizations below	lual tr	tional		nploy	tcon	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARK BERRY	1.00	_	⊢	 	Ť	Ë	_			
BOARD MEMBER	1.00	х						0.	0.	0.
(28) PEARL LEUNG	1.00							•	•	•
BOARD MEMBER	1.00	х						0.	0.	0.
(29) PENNY SWEET	1.00							•	· ·	•
BOARD MEMBER	1.00	X						0.	0.	0.
(30) VANDANA SLATTER	1.00		\vdash		\vdash	\vdash			0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(31) LYNNE ROBINSON	1.00	<u> </u>	\vdash		\vdash	\vdash		· · · · · ·	••	
BOARD MEMBER THRU 02/24		х						0.	0.	0.
(32) DANA RALPH	1.00									-
BOARD MEMBER THRU 02/24		Х						0.	0.	0.
(33) SUNITA SHASTRI	1.00									
BOARD MEMBER		Х						0.	0.	0.
								-	-	
		-								
	-									
		-								
		1								
					•					
Total to Part VII, Section A, line 1c										
								1	I	

91-0982116

Form 990 (2023) HOPELINK
Part VIII 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 function revenue	Unrelated business revenue	Revenue excluded from tax under
							lanetion revenue	business revenue	sections 512 - 514
ts ts	1 a	Federated campaigns		_ 1a	33,137.				
ra Mi									
Ω, E	С	Fundraising events			742,571.				
ifts ar A									
s, G mils		Government grants (contr			10,532,332.				
Sign		All other contributions, gifts,							
but		similar amounts not included		1f	14,560,302.				
Ē	g	Noncash contributions included in	lines 1a-1f	1g \$	7,068,378.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f				25,868,342.			
					Business Code				
ø	2 a	HCA CONTRACTS			624100	47,032,682.	47,032,682.		
Ş	b	TRANSPORTATION			480000	15,341,862.	15,341,862.		
Se	С	FINANCIAL RESILIENC	Y		624200	1,509,404.	1,509,404.		
an eve	d	HOUSING			624200	590,063.	590,063.		
Program Service Revenue	е								
P.	f	All other program service	revenue						
	g	Total. Add lines 2a-2f				64,474,011.			
	3	Investment income (includ	ling divid	dends, intere	est, and				
		other similar amounts)				239,563.			239,563.
	4	Income from investment of	of tax-exe	empt bond p	roceeds				
	5	Royalties	. <u></u>						
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a	270,183.					
	b	Less: rental expenses	6b	117,419.					
	С	Rental income or (loss)	6с	152,764.					
	d	Net rental income or (loss)	<u></u>			152,764.			152,764.
	7 a	Gross amount from sales of	(i)	Securities	(ii) Other				
		assets other than inventory	7a	192,992.	800.				
	b	Less: cost or other basis							
e		and sales expenses	7b	187,549.	0.				
/en	С	Gain or (loss)	7c	5,443.	800.				
ther Revenue	d	Net gain or (loss)		<u></u>		6,243.			6,243.
Jer	8 a	Gross income from fundraising							
₹		including \$	742,571	1. of					
		contributions reported on	line 1c).	See					
		Part IV, line 18		8a					
	b	Less: direct expenses		8b	584,555.				
		Net income or (loss) from				-461,895.			-461,895.
	9 a	Gross income from gamin							
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from							
	10 a	Gross sales of inventory, I		I					
		and allowances							
		Less: cost of goods sold							
\dashv	С	Net income or (loss) from	sales of	inventory	Decision 2 :				
2		CDEDIM CARR REGISTRA			Business Code	10.025			10.025
eor Te	11 a				900099	12,935.			12,935.
Miscellaneous Revenue	b	· -			900099	3,155.			3,155.
Sce	C								
Ξ̈́		All other revenue				16,090.			
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instruction				90,295,118.	64,474,011.	0.	-47,235.
	14	i otat i ovellae. Obb ilibli delle	/IIU			. , ,			- ,

Part IX Statement of Functional Expenses

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

00011	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons				
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	rotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	503,254.	503,254.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	12,983,677.	12,983,677.		
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,	1 451 514	500 460	0.41 470	105 552
	trustees, and key employees	1,451,514.	502,469.	841,472.	107,573.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	21,563,613.	17 185 223	3 519 733	859,657.
7	Other salaries and wages	21,303,013.	17,185,223.	3,518,733.	039,037.
8	Pension plan accruals and contributions (include	505,465.	368,115.	111,690.	25,660.
9	section 401(k) and 403(b) employer contributions) Other employee benefits	2,881,224.	2,424,796.	383,097.	73,331.
10	Other employee benefits	2,291,472.	1,866,660.	341,307.	83,505.
11	Payroll taxes Fees for services (nonemployees):	2,252,272	2,000,000.	012,007.	
	Management				
	Legal	77,665.	24,507.	53,158.	
	Accounting	85,851.	2,077.	83,774.	
	Lobbying	84,000.	, .	84,000.	
	Professional fundraising services. See Part IV, line 17	,		,	
f	Investment management fees	19,046.		19,046.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A), amount, list line 11g expenses on Sch 0.)	696,786.	514,854.	168,447.	13,485.
12	Advertising and promotion	87,001.	936.	83,565.	2,500.
13	Office expenses	1,193,106.	915,460.	166,358.	111,288.
14	Information technology	1,305,011.	793,285.	396,388.	115,338.
15	Royalties				
16	Occupancy	2,968,629.	2,785,475.	167,393.	15,761.
17	Travel	157,104.	103,839.	37,351.	15,914.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	61,056.	32,813.	13,192.	15,051.
20	Interest	311,719.	65,817.	245,902.	
21	Payments to affiliates	0.700.700	2 422	264 224	25.55
22	Depreciation, depletion, and amortization	2,790,503.	2,492,519.	261,384.	36,600.
23	Insurance	898,370.	845,903.	39,575.	12,892.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) TRANSPORTATION	41,751,221.	41,751,221.		
a	REPAIRS & MAINTENANCE	1,341,999.	1,311,412.	29,793.	794.
b	EQUIP RENTAL & MAINT.	191,907.	159,891.	13,487.	18,529.
c d	EMPLOYEE EXPENSES	88,876.	58,956.	21,703.	8,217.
	All other expenses	174,004.	99,378.	70,896.	3,730.
25	Total functional expenses. Add lines 1 through 24e	96,464,073.	87,792,537.	7,151,711.	1,519,825.
26	Joint costs. Complete this line only if the organization	, ,	, , , , , , , , , , , , , , , , , , , ,	,,	_,,,-
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
		l e			E 000 (2222)

Form 990 (2023) Part X Balance Sheet

Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to any	/ line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			616,051.	1	456,872.
	2	Savings and temporary cash investments		8,825,768.	2	4,762,912.	
	3	Pledges and grants receivable, net			10,020,352.	3	10,964,917.
	4	Accounts receivable, net	6,873.	4	11,449.		
	5	Loans and other receivables from any current	·		,		
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descril		6			
s	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			826,299.	8	783,298.
As	9				1,149,069.	9	1,157,336.
		Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		56,318,887.			
	b			27,195,308.	30,806,646.	10c	29,123,579.
	11	Investments - publicly traded securities			2,427,060.	11	2,640,383.
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		14,417,314.	15	14,148,709.	
	16	Total assets. Add lines 1 through 15 (must e		ı	69,095,432.	16	64,049,455.
	17	Accounts payable and accrued expenses		10,732,845.	17	12,041,949.	
	18	Grants payable		18			
	19	Deferred revenue	296,410.	19	0.		
	20	Tax-exempt bond liabilities		5,700,000.	20	5,460,000.	
	21	Escrow or custodial account liability. Comple		ı		21	
S	22	Loans and other payables to any current or fo	ormer offic	er, director,			
ij		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese perso	ons		22	
Ë	23	Secured mortgages and notes payable to uni	elated thir		483,323.	23	527,290.
	24	Unsecured notes and loans payable to unrela	ted third p	oarties		24	
	25	Other liabilities (including federal income tax,	payables t	o related third			
		parties, and other liabilities not included on lin	nes 17-24).	Complete Part X			
		of Schedule D			7,327,143.	25	7,543,661.
	26	Total liabilities. Add lines 17 through 25			24,539,721.	26	25,572,900.
		Organizations that follow FASB ASC 958, o	heck here	X			
ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions	27,397,525.	27	22,409,828.		
Ва	28	Net assets with donor restrictions	17,158,186.	28	16,066,727.		
pur		Organizations that do not follow FASB ASC					
편		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun			29		
set	30	Paid-in or capital surplus, or land, building, or	equipmer	nt fund		30	
As	31	Retained earnings, endowment, accumulated				31	
Ret	32	Total net assets or fund balances			44,555,711.	32	38,476,555.
	33	Total liabilities and net assets/fund balances			69,095,432.	33	64,049,455.

Form **990** (2023)

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	90	,295,	118.
2	Total expenses (must equal Part IX, column (A), line 25)	2			073.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6	,168,	955.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	44	,555,	711.
5	Net unrealized gains (losses) on investments	5		161,	096.
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		-71,	297.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	38	476,	555.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	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 Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				_
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

Open Inst

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

	HOPELINK 91-0982116						91-0982116		
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	orgar	nization is not a private found	lation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv).	Complete Part II.)						
6	Ш	A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from th	e general ¡	public described in
		section 170(b)(1)(A)(vi). (C	•						
8	\vdash	A community trust describe			•				
9		An agricultural research org	-			-		-	-
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	tne college	or
10	Х	university: An organization that norma	ully receives (1) more	than 33 1/3% of its supp	ort from co	ontribution	ne mamharch	in fees and	d arose receipts from
10	ــــــا	activities related to its exen							
		income and unrelated busin		•	` '				•
		See section 509(a)(2). (Con		(1000 000 months) in any ma		ooo aoqa.			
11		An organization organized a	•	ively to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	•	•	•			rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section s	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.	
á	a 🗌	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting
	_	organization. You must o	complete Part IV, Se	ections A and B.					
k) <u> </u>	☐ Type II. A supporting org	· · · · · · · · · · · · · · · · · · ·				-		
		control or management o			ame perso	ns that co	ntrol or manaç	ge the supp	ported
		organization(s). You mus							
•								ly integrate	ed with,
	,	its supported organization		•				tad araani-	ration(a)
•	t	_ Type III non-functionally that is not functionally int						•	` '
		requirement (see instruct	•	• ,	•		•	an attentiv	VELLESS
•	, _	Check this box if the orga	•	-				II Type III	
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , p =	
1	f Ent	er the number of supported o		, 5	5 5				
	y Pro	vide the following information	n about the supporte	ed organization(s).					•
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)
Tot	al								

332021 12-21-23

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support		_	_	_		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	· ·				12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
800	organization, check this box and stor						
	tion C. Computation of Publi						
	Public support percentage for 2023 (li					15	<u>%</u>
	Public support percentage from 2022 33 1/3% support test - 2023. If the contract of the contra			n line 10 and line			<u>%</u>
IOa	stop here. The organization qualifies	-					
h	33 1/3% support test - 2022. If the o		~			or more, check thi	
b	and stop here. The organization qual						
172	10% -facts-and-circumstances test					and line 14 is 10% (
., a	and if the organization meets the facts						
	meets the facts-and-circumstances te		•	-	•	now the organiz	
h	10% -facts-and-circumstances test	_		*	-	 17a_and line 15 is :	10% or
J	more, and if the organization meets the	-					10/0 01
	organization meets the facts-and-circu				-		
12	Private foundation. If the organization						
	ato toanaution it the organizatio	did not officer a	~3/ 3/1 mile 10, 10	-, 100, 174, 01 171	e, check this box a		· ·····

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.)

Se	ction A. Public Support	elow, please comp	iete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) = 1 1 1	(-,	(-,	(-,	(-,	(-,
	membership fees received. (Do not						
	include any "unusual grants.")	25,125,658.	34,306,745.	26,592,718.	28,164,104.	25,868,342.	140,057,567.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	48,442,924.	49,224,174.	54,687,594.	65,126,984.		281,955,687.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	338,625.	326,311.	322,934.	322,321.	317,769.	1,627,960.
6	Total. Add lines 1 through 5	73,907,207.	83,857,230.	81,603,246.	93,613,409.	90,660,122.	
	Amounts included on lines 1, 2, and	, , ,	, , ,	, , ,	, , -	, , ,	, , , -
,,	3 received from disqualified persons	102,161.	48,507.	470,804.	49,099.	41,310.	711,881.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	·	,	,	,	,	0.
(Add lines 7a and 7b	102,161.	48,507.	470,804.	49,099.	41,310.	711,881.
	Public support. (Subtract line 7c from line 6.)						422,929,333.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	73,907,207.	83,857,230.	81,603,246.	93,613,409.	90,660,122.	423,641,214.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	317,364.	347,657.	328,793.	388,532.	509,746.	1,892,092.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	317,364.	347,657.	328,793.	388,532.	509,746.	1,892,092.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					16,090.	16,090.
13	Total support. (Add lines 9, 10c, 11, and 12.)	74,224,571.	84,204,887.	81,932,039.	94,001,941.	91,185,958.	425,549,396.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organization	on,
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (li	ne 8, column (f), di	ivided by line 13, c	olumn (f))		15	99.38 %
16	Public support percentage from 2022					16	99.40 %
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	23 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.44 %
18	Investment income percentage from 2	2022 Schedule A, I	Part III, line 17			18	.42 %
19a	a 33 1/3% support tests - 2023. If the	organization did n	ot check the box c	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
k	more than 33 1/3%, check this box are 33 1/3% support tests - 2022. If the	-	-	•	•		nd
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organizatio						

Schedule A (Form 990) 2023 HOPELINK 91-0982116 Page **4**

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.)

		Yes	No
	1		
	_		
	2		
	2-		
Η,	3a		
	3b		
	JIJ		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
9	9a		
	9b		
	9с		
_1	0a		
1	0b		

Sche	edule A (Form 990) 2023 HOPELINK	91-0982116	Pá	age 5
	rt IV Supporting Organizations (continued)			<u> </u>
			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	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's official capacity, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporganization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the controlled the organization.	cers, orted		
	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, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instrument of the organization satisfied the Activities Test. Complete line 2 below.	uctions).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	y (see instructioi	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain, how those activities directly furthered their exempt supposes			

Schedule A (Form 990) 2023 HOPELINK 91-0982116 Page **6**

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations mus		·	
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):			
a	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-functional	Ilv integrato	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Sche	dule A (Form 990) 2023 HOPELINK				91-0982116	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continue	ed)		
Sect	on D - Distributions		•		Current Y	'ear
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	3	(iii) Distributa Amount for	
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	From 2019					
С	From 2020					
d	From 2021					
е	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: \$					
а	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
С	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:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

HOI	91-0982116				
Organization type (check o	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
• •	s covered by the General Rule or a Special Rule .	- Our Hallandian			
Note: Only a section 501(c)	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.			
General Rule					
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	•			
Special Rules					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	any one			
literary, or education	the year, total contributions of more than \$1,000 exclusively for religious, charitable, so conal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e o) 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\$					
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fe 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	• •			
For Paperwork Reduction Act	Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$1,913,406.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Nume, dudicess, and Eli + +	\$1,600,000.	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		\$671,192.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions \$545,042.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$28,290.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Tamby dadi 200; dira Eli TT	\$311,642.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Name, address, and Zir + 4	\$ 287,922.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	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
9		\$198,101.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	\$141,059.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$134,285.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$132,379.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		\$ 121,206. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14		\$ 109,590. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
16		\$ 104,674. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
17		\$ 97,880. Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
18		\$ 87,005. Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No. 19	Name, address, and ZIP + 4	Total contributions \$ 82,102.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Hame, dadieco, and zin T T	\$\$69,224.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$60,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25		\$ 58,141.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	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
27		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	### Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$53,711.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$53,687.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No. 31	Name, address, and ZIP + 4	# Total contributions 53,170.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	Hame, address, and Zii + 4	\$\$	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
35		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$50,000.	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
38		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$50,000.	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
41		\$50,000.	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
42		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43			Person Payroll Noncash X Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44			Person Payroll Noncash X Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45			Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46			Person Payroll Noncash X Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		1,	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
48			Person Payroll Noncash Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
49		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4	* 36,599.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 35,139.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$	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
60		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$ 29,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$\$ 26,585.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
73		\$\$	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
74		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
76	Name, address, and ZIP + 4	Total contributions \$\$ \$	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
77		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
79		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
80		\$20,869.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
81		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
82		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 83	Name, address, and ZIP + 4	\$20,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 84	Name, address, and ZIP + 4	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$	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
87		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$	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
89		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$	Person X Payroll

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) (d) Total contributions Type of con	
91		\$ 20,000. Person Payroll Noncash (Complete Part noncash contri	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
92		\$ 18,935. Person Payroll Noncash (Complete Part noncash contri	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
93		\$ 18,215. Person Payroll Noncash (Complete Part noncash contri	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
94		\$ 18,057. Person Payroll Noncash (Complete Part noncash contri	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
95		\$ 18,010. Person Payroll Noncash (Complete Part noncash contri	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con	
96		\$ 17,426. Person Payroll Noncash (Complete Part noncash contri	

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
97		\$ \$ Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
98		\$ 17,254. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
99		\$ 16,799. Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
100		\$ 16,308. Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
101		\$ 16,293. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
102		\$ 16,200. Person X Payroll Noncash (Complete Part II for pancash contributions)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$15,754.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$15,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$ 15,548.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$ 15,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$13,750.	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
117		\$13,592.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118		\$13,500.	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
119		\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123		\$ 12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$11,395.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		\$11,125.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		\$11,095.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130		\$11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131		\$10,862.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132		\$10,844.	Person X Payroll

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
133	Name, address, and ZIF + 4	\$ \$ 10,838.	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
134		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
136		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$10,353.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		\$10,300.	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
141		\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142		\$	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
143		\$10,139.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144		\$10,106.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$10,050.	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
146		\$10,050.	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
147		\$10,025.	Person X Payroll
(a)	(b)	(c)	(d)
No. 148	Name, address, and ZIP + 4	\$ 10,000.	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
149		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
150		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
154		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156		\$10,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		\$	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
158		\$	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
159		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
160		\$10,000.	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
161		\$10,000.	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
162		\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
165		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
166		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
167		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
168		\$10,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
169		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
170		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
171		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
172		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
173		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
174		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$10,000.	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
176		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
177		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
178		\$10,000.	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
179		\$	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
180		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		\$10,000.	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
182		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
183		\$	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
184		\$10,000.	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
185		\$10,000.	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
186		\$9,751.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
188		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
189		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
190		\$\$9,025.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
191		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
192		\$8,809.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	Name, address, and Zir + 4	\$\$ 8,790.	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
194		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
195		\$8,488.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
196	Name, address, and Zir + 4	\$\$ 8,421.	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
197		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
198		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
199		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
200		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
201		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
202		\$7,764.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
203		\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 204	Name, address, and ZIP + 4	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
205		\$	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
206	Hamo, address, and Zir + +	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
207		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 208	Name, address, and ZIP + 4	\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
209	rumo, addross, und En TT	\$ 7,500.	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
210	Name, audiess, and ZIF + 4	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
212		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
213		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
214		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
215		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
216		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		\$	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
218		\$	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
219		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
220		\$	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
221		\$6,908.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
222		\$6,869.	Person Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
224			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
225			Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
226			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
227			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
228			Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
230			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
231			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
232			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
233		1 '	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
234			Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
235		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
236		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
237		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
238		\$ 5,831. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
239		\$ 5,800. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
240		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241			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
242			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
243			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
244			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
245			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
246			Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
247		\$5,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 248	Name, address, and ZIP + 4	\$ 5,500.	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
249		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 250	Name, address, and ZIP + 4	Total contributions \$	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
251	Taminy duditions, und Ell TT	\$5,500.	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
252	Name, audress, and ZIF + 4	\$ 5,271.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253		\$\$ 5,263.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
254		\$5,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
255		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
256		\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
257		\$\$ 5,213.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
258		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259		\$5,188.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
260		\$5,182.	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
261		\$5,100.	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
262		\$5,075.	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
263		\$5,050.	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
264		\$5,028.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265		\$5,028.	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
266		\$3,520,759.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
267		\$1,120,196.	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
268		\$1,006,909.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
269		\$1,003,717.	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
270		\$821,775.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
271	Nume, address, and Zir + 4	\$ 528,998. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
272		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
273		\$ 422,579. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
274	Nume, address, and Zir + 4	\$ 380,797. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
275		\$ 347,726. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
276		\$ 255,877. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
278		\$111,763.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
279		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
280		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
281		\$65,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
282		\$\$	Person X Payroll

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
283	- Nume, address, and En 1 1	\$\$	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
284		\$\$	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
285		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
286	Name, address, and Zir + +	\$\$	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
287		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
288		\$ 8,938.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
290			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
291			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
292			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
293			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
294			Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
296		\$5,000.	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
297		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
298		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
299		\$5,000.	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
300		\$5,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
302		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
303		\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
304		\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
305		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
306		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
308			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
309			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
310			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
311			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
312			Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
314		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
315		\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
316		\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
317		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
318		\$\$	Person X Payroll

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
319		\$5,000.	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
320		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
321		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
322		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
324		\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
326		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
327		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
328	Nume, dudices, did Eli 1 7	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
329		\$\$	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
330		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co	
331		Person Payroll Noncash (Complete Pa noncash cont	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co	
332		Person Payroll Noncash (Complete Pa noncash cont	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co	
333		Person Payroll Noncash (Complete Pa	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co	
334		Person Payroll Noncash (Complete Pa noncash cont	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co	
335		Person Payroll Noncash (Complete Pa noncash cont	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co	
336		Person Payroll Noncash (Complete Pa	X

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
337		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
338		\$\$	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
339		\$ \$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
340		\$ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
341		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
342		\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
344		\$5,000.	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
345		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
346		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
347		\$	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
		\$	Person Payroll Noncash (Complete Part II for

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 1 1,913,406. 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 3 671,192. 06/30/24 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 4 545,042. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 5 328,290. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 7 287,922. 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 10 141,059. 06/30/24 \$

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED GOODS		
11			
		\$134,285.	06/30/24
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See instructions.)	
	DONATED GOODS		
13	-		
		\$	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED GOODS		
14			
		\$ 109,590.	06/30/24
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
	DONATED GOODS		
15			
		\$ 105,451.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED GOODS		
16			
		\$104,674.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
17	DONATED GOODS		
			06/22/2
		\$\$	06/30/24

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 18 87,005. 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 19 82,102. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 22 69,224. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 23 60,476. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 25 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 27 55,849. 06/30/24 \$

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED GOODS		
28	DONATED GOODS		
		\$54,780.	06/30/24
(a)		(-)	
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See instructions.)	
	DONATED GOODS		
29			
		\$ 53,711.	06/30/24
		'	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	, , , , ,	(See instructions.)	
	DONATED GOODS		
30			
		\$ 53,687.	06/30/24
		* 	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	, , , , ,	(See instructions.)	
	DONATED GOODS		
31			
		\$ 53,170.	06/30/24
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
	PUBLICLY TRADED SECURITIES		
32			
		\$ 51,639.	06/30/24
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
	DONATED GOODS		
33			
		\$51,397.	06/30/24

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 35 50,602. 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 36 50,077. 06/30/24 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 43 49,870. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 44 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 45 46,064. 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 46 40,893. 06/30/24 \$

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 48 40,003. 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 49 39,820. 06/30/24 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 52 36,599. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 53 36,178. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 54 35,521. 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 55 35,139. 06/30/24 \$

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 57 32,841. 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 64 26,585. 06/30/24 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 65 26,447. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 66 26,322. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 67 26,302. 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 74 22,654. 06/30/24 \$

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
	DONATED GOODS		
75	· · · · · · · · · · · · · · · · · · ·		
		\$\$	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED GOODS		
77			
		\$\$	06/30/24
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	DONATED GOODS		
78			
		\$ 21,036.	06/30/24
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I	DONATED GOODS	, ,	
79	DONATED GOODS		
	· · · · · · · · · · · · · · · · · · ·	\$	06/30/24
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
81	PUBLICLY TRADED SECURITIES		
81	-		
	-	\$ 20,621.	06/30/24
(a)		(c)	4.0
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of nonotasti property given	(See instructions.)	Date received
	DONATED GOODS		
82			
		\ \ \ \ 20,252.	06/30/24

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I PUBLICLY TRADED SECURITIES 92 18,935. 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 93 18,215. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 94 18,057. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I DONATED GOODS 96 800. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 97 17,346. 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 99 649. 06/30/24 \$

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 100 5,018. 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 101 16,293. 06/30/24 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 103 16,137. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 106 15,754. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 108 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 119 137. 06/30/24 \$

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 126 1,620. 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 127 11,395. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 129 95. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I DONATED GOODS 134 10,817. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I PUBLICLY TRADED SECURITIES 139 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I PUBLICLY TRADED SECURITIES 141 9,983. 06/30/24 \$

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I PUBLICLY TRADED SECURITIES 143 10,139. 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 150 10,000. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 187 9,539. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I DONATED GOODS 188 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I DONATED GOODS 194 8,748. 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED GOODS 195 300 06/30/24 \$

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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
	DONATED GOODS		
197			
		\$ 8,113.	06/30/24
(a)		(c)	4.00
No. from	(b)	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
	DONATED GOODS		
203		_	
		_	
		92.	06/30/24
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	DOMARIED GOODS		
216	DONATED GOODS	_	
		-	
		— _{\$} 32.	06/30/24
	-	_ •	
(a)		()	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		, ,	
221	DONATED GOODS	_	
	-	-	
			06/30/24
		_ ^Ψ	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(Gee mandenone.)	
	DONATED GOODS	_	
222		_	
	-	 \$ 6,869.	06/30/24
		\$ 6,869.	
(a)		+	
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
	DONATED GOODS		
223		_	
		6 348.	06/30/24
		1 % U 340 I	00/30/24

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t 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
	DONATED GOODS		
225			
		\$\$	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED GOODS		
242			
		\$\$	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED GOODS		
245			
			06/30/24
		\$ 5,558.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED GOODS		
246			
		\$\$	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED GOODS		
252			
		\$\$	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED SECURITIES		
256			
		\$ 5,249.	06/30/24

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il 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
	DONATED GOODS		
257			
		\$5,033.	06/30/24
(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
		_	
		s	

Name of or	rganization			Employer identification number
HOPELINK				91-0982116
Part III		ons to organizations described in s	ection 501(c)(7), (8), or (10)	I
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the following line er	try. For organizations	
	Use duplicate copies of Part III if additional s	pace is needed.	less for the year. (Litter this into	. once.)
(a) No. from	(b) Purpose of gift	(a) Use of gift	(d) Do	parintian of how gift is hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
-		(e) Transfer of g	 ft	
		(5)		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
-		()= (
		(e) Transfer of g	π	
	Transferee's name, address, ar	nd 7 IP + 4	Relationship of tr	ansferor to transferee
(a) No			ı	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Part I				
		(e) Transfer of g	ft	
		1 TID 4	5.1	
-	Transferee's name, address, ar	IC ZIP + 4	Helationship of tr	ansferor to transferee
	-			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
Part I	(2)	(5) 555 51 g	(4,723)	
ſ		(e) Transfer of g	ft	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee
1				

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** 91-0982116 HOPELINK Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ ____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Sche	edule C (Form 990) 2023	HOPELINK			91-09	982116 Page 2
	rt II-A Complete if the org		npt under section	501(c)(3) and file		
	section 501(h)).					
A	Check if the filing organiza	ation belongs to an affi	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	expenses, and sha	re of excess lobbying e	expenditures).			
<u>B</u>	Check if the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply.		
		its on Lobbying Exper ditures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)			
b	Total lobbying expenditures to influ	uence a legislative bod	ly (direct lobbying)		84,000.	
С	Total lobbying expenditures (add li	nes 1a and 1b)			84,000.	
	Other exempt purpose expenditure				97,080,349.	
е	Total exempt purpose expenditure	es (add lines 1c and 1d)		97,164,349.	
f	Lobbying nontaxable amount. Enter	er the amount from the	following table in both	n columns.	1,000,000.	
	If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
	not over \$500,000,	20% of	the amount on line 1e.			
	over \$500,000 but not over \$1,000	0,000, \$100,00	00 plus 15% of the exce	ess over \$500,000.		
	over \$1,000,000 but not over \$1,5	00,000, \$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
	over \$1,500,000 but not over \$17,	000,000, \$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
	over \$17,000,000,	\$1,000,	000.			
g	Grassroots nontaxable amount (er	nter 25% of line 1f)			250,000.	
h	Subtract line 1g from line 1a. If zer	o or less, enter -0			0.	
	Subtract line 1f from line 1c. If zero	,			0.	
j	If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720	_	
	reporting section 4911 tax for this	-				Yes No
			eraging Period Under			
	(Some organizations t		01(h) election do not l ate instructions for lir	•	of the five columns be	low.
		Lobbying Exper	nditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
_2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.

72,000.

250,000.

72,000.

250,000.

80,000.

250,000.

Schedule C (Form 990) 2023

308,000.

1,000,000.

1,500,000.

84,000.

250,000.

c Total lobbying expenditures

d Grassroots nontaxable amounte Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	<u> </u>
the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5)), or sec	tion	
(-)(-)			Yes	N
Were substantially all (00% or more) dues received pendeductible by march and				
vvere substantially all 190% of more) dues received nondeductible DV members?		1		
, , , , , , , , , , , , , , , , , , , ,				
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N	orior year? 501(c)(5)	2 3), or sec		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."	orior year? 501(c)(5) Io" OR (I	2 3), or sec b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members	orior year? 501(c)(5) lo" OR (l	2 3), or sec b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	orior year? 501(c)(5) lo" OR (l	2 3), or sec b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	orior year? 501(c)(5) Io" OR (l	2 3), or sec b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	orior year? 501(c)(5) Io" OR (I	2 3), or sec b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	orior year? 501(c)(5) Io" OR (I	2 3), or sec b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	orior year? 501(c)(5) Io" OR (I	2 3), or sec b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	orior year? 501(c)(5) Io" OR (I	2 3), or sec b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	orior year? 501(c)(5) Io" OR (I	2 3), or sec b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year C Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.	prior year? 501(c)(5) Io" OR (I	2 3), or sec b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polit expenditures next year?	prior year? 501(c)(5) Io" OR (I	2 3), or sec b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.	prior year? 501(c)(5) Io" OR (I	2 3), or sec b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polit expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information	prior year? 501(c)(5) Io" OR (I	2 3), or sec b) Part I 2a 2b 2c 3	II-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditures next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list)	prior year? 501(c)(5) Io" OR (I	2 3), or sec b) Part I 2a 2b 2c 3	II-A, line	3, is
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

HOPELINK

Employer identification number 91-0982116

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor or		
Pa			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreated)		f a historically important land area
	Protection of natural habitat	· —	f a certified 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 conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
С	Number of conservation easements on a certified historic stru		0-
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		
	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	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
Da	organization's accounting for conservation easements.	Aut Historical Tuescourse ou Ot	Unau Cincilau Annata
Pal	t III Organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
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 furth	nerance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		ıl gain, provide
	the following amounts required to be reported under FASB A	· ·	
a	Revenue included on Form 990, Part VIII, line 1		\$
h	Accete included in Form 900 Part V		u·

	dule D (Form 990) 2023 HOPELINK							91-098		P	_{age} 2
Pai	t III Organizations Maintaining C	collections of Ar	t, Histo	rical Tre	easures, or	Other	Similar	Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the	following that	make sig	nificant u	se of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🔲 L	oan or exc	hange progra	ım					
b	Scholarly research	e									
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	y further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	· ·		•	-						
	to be sold to raise funds rather than to be ma		,		•				Yes		No
Par	t IV Escrow and Custodial Arran				n answered "\	es" on F	orm 990.	Part IV. li			
	reported an amount on Form 990, Pa			Ü			,	,	•		
1a	Is the organization an agent, trustee, custodi	ian, or other intermed	diary for c	ontributior	ns or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII								_		_
	3	ŗ	3						Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year										
f	Ending balance						1f				
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•		_		j
Pai	t V Endowment Funds Complete if	the organization ans	swered "Y	'es" on Fo	rm 990, Part l	V, line 10					
	·	(a) Current year	(b) Pr	ior year	(c) Two year	s back (d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1a	column (a)) held as:						
a	Board designated or quasi-endowment	,	%	ooiaiiii (a	,,, rioid do.						
b	Permanent endowment	%	— /°								
c											
·	The percentages on lines 2a, 2b, and 2c sho	•′ -									
32	Are there endowment funds not in the posse	•	ation that	are held ar	nd administer	ed for the	,				
ou	organization by:	osion of the organiza	ation that	are riela ai	ia darriiriiotori	00 101 1110	,			Yes	No
	(i) Unrelated organizations?								3a(i)		
	(m) = 1 · · · · · · · ·								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
÷	t VI Land, Buildings, and Equipm		WITICITE IG	1100.							
	Complete if the organization answere), Part IV,	line 11a. S	See Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulate	d	(d) Boo	k valu	—— е
	2 coon prior or property	basis (investr		` '	(other)	` '	reciation	_	(-,		_
1a	Land			1	,208,552.				1	208,	552.
	Buildings				,326,518.	1	6,813,5	581.		512,	
	Leasehold improvements				,072,559.		2,507,9			564,	647.
	Equipment				,371,279.		6,882,5		1	488,	718.
	Other				,339,979.		991,2			348,	
	. Add lines 1a through 1e. (Column (d) must e		X line 10						29	,123,	579.
	3··· (Oolullii) (d) Illust e	Cilli COU, I dil		e, colullill	,—,,, ······						

Schedule D (Form 990) 2023

91-0982116

Schedule D (Form 990) 2023 HOPELINK			91-0982116 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" of		T	nd of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-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" of		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-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			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1) FACILITY CONTRIBUTION RECEIVABLE			7,111,074.
(2) RIGHT OF USE ASSET			7,037,635.
			7,007,000;
(3)			
<u>(4)</u>			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			14 140 500
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		14,148,709.
Part X Other Liabilities			_
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			7,272,790.
(3) ACCRUED INTEREST			270,871.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total, (Column (b) must equal Form 990, Part X, line 25, col.	(R))		7,543,661.

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

Pal	rt XI Reconciliation of Revenue per Audited Financial S	tatements With Re	evenue per Re	turn	
	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	91,494,483.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	161,096.		
b	- · · · · · · · · · · · · · · · · · · ·		355,341.		
С					
d	6.1. (5. II. I. 5. I.) (1. I. I.)	•			
е		•		2e	516,437.
3	Subtract line 2e from line 1			3	90,978,046.
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	19,046.		
b			-701,974.		
С	Add lines 4a and 4b			4c	-682,928.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	90,295,118.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With E	xpenses per P	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			
1	Total expenses and losses per audited financial statements			1	97,573,639.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	418,003.		
b					
С	Other losses	_			
d	6.1. (5		710,609.		
е	Add lines 2a through 2d			2e	1,128,612.
3	Subtract line 2e from line 1			3	96,445,027.
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	19,046.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b	•		4c	19,046.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line			5	96,464,073.
Pa	rt XIII Supplemental Information	,			
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b an	d 2b; Part V, line 4	Part X, I	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional informat	tion.		
PART	T XI, LINE 4B - OTHER ADJUSTMENTS:				
SPEC	CIAL EVENT EXPENSES REPORTED ON PART VIII				
		-584,555.			
		-584,555.			
RENT	TAL EXPENSES REPORTED ON PART VIII	-584,555. -117,419.			
RENT	TAL EXPENSES REPORTED ON PART VIII	•			
	TAL EXPENSES REPORTED ON PART VIII AL TO SCHEDULE D, PART XI, LINE 4B	•			
		-117,419.			
		-117,419.			
		-117,419.			
TOTA		-117,419.			
TOTA	AL TO SCHEDULE D, PART XI, LINE 4B	-117,419.			
TOTA	AL TO SCHEDULE D, PART XI, LINE 4B	-117,419.			
TOTA	AL TO SCHEDULE D, PART XI, LINE 4B I XII, LINE 2D - OTHER ADJUSTMENTS:	-117,419. -701,974.			
PART	AL TO SCHEDULE D, PART XI, LINE 4B I XII, LINE 2D - OTHER ADJUSTMENTS:	-117,419. -701,974.			
PART	AL TO SCHEDULE D, PART XI, LINE 4B If XII, LINE 2D - OTHER ADJUSTMENTS: CIAL EVENT EXPENSES REPORTED ON PART VIII FAL EXPENSES REPORTED ON PART VIII	-117,419. -701,974. 584,555. 117,419.			
PART	AL TO SCHEDULE D, PART XI, LINE 4B F XII, LINE 2D - OTHER ADJUSTMENTS: CIAL EVENT EXPENSES REPORTED ON PART VIII	-117,419. -701,974.			
PART SPEC	AL TO SCHEDULE D, PART XI, LINE 4B If XII, LINE 2D - OTHER ADJUSTMENTS: CIAL EVENT EXPENSES REPORTED ON PART VIII FAL EXPENSES REPORTED ON PART VIII	-117,419. -701,974. 584,555. 117,419.			

Schedule D (Form 990) 2023 Part XIII Supplemental Info	HOPELINK	91-0982116	Page 5
Part XIII Supplemental Info	rmation (continued)		

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

HOPELINK						91-098211	.6
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
Indicate whether the organization rais	eed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual of art VII) or entity in connection with providuals or entities (fundraisers) pursual	ion of ion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	stees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	itrol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration

		le G (Form 990) 2023 HOPELINK				0982116 Page 2
Pa	rt l					
		of fundraising event contributions and gr	T			ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			REACHING OUT		NONE	(add col. (a) through
			LUNCHEON	FARM FRESH FEAST		col. (c))
Φ			(event type)	(event type)	(total number)	, ,,
Revenue						
3ev	1	Gross receipts	595,477.	269,754.		865,231.
	2	Less: Contributions	528,225.	214,346.		742,571.
			65.050	55 400		100.660
	3	Gross income (line 1 minus line 2)	67,252.	55,408.		122,660.
	4	Cash prizes				
	_					
"	5	Noncash prizes				
ses	_	Death (See 11th a see to	20.022	20 402		E1 225
per	6	Rent/facility costs	20,833.	30,402.		51,235.
Direct Expenses	_		00 040			00 040
rec.	7	Y Food and beverages	88,940.			88,940.
		Entertainment	167,388.	8,013.		175,401.
	8	Entertainment	-	•		268,979.
	40	Other direct expenses		•		584,555.
	10	- · · · · · · · · · · · · · · · · · · ·	. ,			-461,895.
Pa		Net income summary. Subtract line 10 from I Gaming. Complete if the organization		900 Part IV line 19 or		401,055.
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1 990, Fait IV, line 19, 01 1	reported more than	
		ψ10,000 0111 01111 000 L2, iii10 0α.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						() ()
Re	1	Gross revenue				
	_	GIOGO TOVENIAO				
	2	Cash prizes				
ses	_					
oen	3	Noncash prizes				
ct Expenses	_					
ect	4	Rent/facility costs				
Dire	_					
	5	Other direct expenses				
			Yes %	Yes %	Yes%	
	6	Volunteer labor	No No	No —		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	/ear?	Yes No
b	lf "	Yes," explain:				
	_					

Sch	edule G (Form 990) 2023	HOPELINK		91-0982116	Page 3				
11	Does the organization conduct ga	aming activities with nonme	embers?	Yes	No				
			t, or a member of a partnership or other entity formed						
		•	· · · · · · · · · · · · · · · · · · ·	Yes	No				
13	Indicate the percentage of gaming								
		· .		13a	%				
			e organization's gaming/special events books and record						
14		ie person who prepares the		15.					
15a	Does the organization have a con	tract with a third party fron	n whom the organization receives gaming revenue?	Yes	☐ No				
b	If "Yes." enter the amount of gam	ing revenue received by th	e organization \$ and the am	ount					
	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$								
c	If "Yes," enter name and address								
Ū	ii 100, omor namo ana addrese	or the time party.							
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
	Description of services provided								
	Director/officer	Employee	Independent contractor						
17	Mandatory distributions:								
а	Is the organization required under	r state law to make charital	ble distributions from the gaming proceeds to						
	retain the state gaming license?		<u> </u>	Yes	☐ No				
b			be distributed to other exempt organizations or spent in						
-	organization's own exempt activit	•	\$						
Pa	rt IV Supplemental Infor	mation. Provide the exp	olanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9,	9b, 10b,				
	150, 150, 16, and 170, as	applicable. Also provide a	any additional information. See instructions.						

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990)	HOPELINK			91-0982116	Page 4
Part IV	(Form 990) Supplemental Infor	mation _{(conti}	nued)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HOPELINK							91-0982116
Part I General Information on Grants a	ınd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis							No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	1	· ·	 		(f) Method of		Т
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							PROVIDE FUNDS FOR THE
FOOD LIFELINE							EMERGENCY FOOD ASSISTANCE
815 S 96TH STREET							PROGRAM IN THE STATE OF
SEATTLE, WA 98108	91-1090450	501(C)(3)	330,329.	0.			WASHINGTON
							PROVIDE FUNDS FOR THE
ISSAQUAH FOOD & CLOTHING BANK							EMERGENCY FOOD ASSISTANCE
179 1ST AVENUE SE							PROGRAM IN THE STATE OF
ISSAQUAH, WA 98027	91-1245499	501(C)(3)	76,534.	0.			WASHINGTON
							PROVIDE FUNDS FOR THE
SKYKOMISH HARVEST FOOD BANK							EMERGENCY FOOD ASSISTANCE
108 W OLD CASCADE HWY							PROGRAM IN THE STATE OF
SKYKOMISH, WA 98288	93-3431519	501(C)(3)	22,140.	0.			WASHINGTON
							PROVIDE FUNDS FOR THE
SNOQUALMIE VALLEY FOOD BANK							EMERGENCY FOOD ASSISTANCE
122 EAST 3RD STREET	16 1200151	504 (5) (3)					PROGRAM IN THE STATE OF
NORTH BEND, WA 98045	46-4388454	501(C)(3)	70,304.	0.			WASHINGTON
2 Enter total number of section 501(c)(3) a	Ind government or	l nanizations listed in th	l e line 1 table			1	4.
3 Enter total number of other organization	-	-					······

91-0982116 e **2**

Schedule I (Form 990) 2023 HOPELINK					Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					IN-KIND DIRECT CONTRIBUTIONS
					OF FOOD, CLOTHING, HOUSEHOLD
					ITEMS, BOOKS AND PUBLICATIONS,
IN-KIND ASSISTANCE	22004	0.	8,171,280.	FMV	GIFTS, SUPPLIES, AND OTHER.
MONETARY ASSISTANCE	15419	0.	4,812,397.	FMV	SEE PART IV
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	ı (b); and any other a	dditional information.	
PART I, LINE 2:					
WHEN SERVICES ARE RENDERED (AND DOCUMENTATION AND	ELIGIBILITY A	RE REQUIRED			
BY THE FUNDING AGENCY), THEY ARE DOCUMENTED BY COL	LECTING SUPPO	RTING			
DOCUMENTATION AND RECORDING THE SERVICE IN ONE OR					
WAYS:					
- SERVICE IS DOCUMENTED ON PAPER OR DIGITALLY IN A	CLIENT FILE				
- SERVICE IS DOCUMENTED IN THE INTERNAL ELECTRONIC	CLIENT DATAB	ASE			
- SERVICE IS DOCUMENTED IN A SEPARATE DATABASE THA	T IS FUNDER R	EQUIRED			

(SUCH AS ENERGY ASSISTANCE)

Schedule I	(Form 990) HOPELINK	91-0982116	Page 2
Part IV	Supplemental Information		
- SERVIC	E IS RECORDED ON AN EXCEL SPREADSHEET USED TO TRACK STATISTICAL		
DATA			
SCHEDULE	I, PART III, MONETARY ASSISTANCE, COLUMN (F):		
CASH PAY	MENTS ON BEHALF OF INDIVIDUALS FOR RENT, MEDICATION, MILEAGE,		
	S, TRANSPORTATION, AND INTERPRETATION.		
	-,		

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HOPELINK

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

Employer identification number

91-0982116

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

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Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 HOPELINK 91-0982116 Page 2

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

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

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

	(B) Breakdown of W	J-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. CATHERINE CUSHINBERRY	(i)	235,529.	850.	49,000.	10,017.	8,586.	303,982.	0.
CEO THRU 09/23	(ii)	0.	0.	0.	0.	0.	0.	0,
(2) GEOFF CRUMP	(i)	241,013.	0.	720.	12,000.	10,130.	263,863.	0.
COO, INTERIM CEO FROM 09/23	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMANDA REINHARD	(i)	183,905.	0.	720.	8,795.	9,975.	203,395.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TERESA POOLE	(i)	122,594.	0.	55,915.	8,876.	13,010.	200,395.	0.
VP, COMMUNICATIONS THRU 09/23	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DANIEL QUIRK	(i)	177,745.	0.	0.	7,743.	9,506.	194,994.	0.
CTO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MEGHAN ALTIMORE	(i)	177,518.	0.	720.	8,827.	707.	187,772.	0.
VP, COMMUNITY SVCS, COO FROM 04/24	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANNA WOLFF	(i)	170,376.	0.	0.	8,469.	696.	179,541.	0.
VP, EMPLOYEE ENGAGEMENT & HR	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SUSAN CARTER	(i)	163,126.	0.	0.	8,107.	8,258.	179,491.	0.
VP, TRANSPORTATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOSALYN FORD	(i)	145,003.	0.	0.	7,206.	17,428.	169,637.	0.
VP, DEVELOPMENT THRU 03/24	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DANIEL WALKER	(i)	141,112.	0.	0.	7,012.	9,854.	157,978.	0.
GENERAL MANAGER, TRANS. DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023 HOPELINK 91-0982116 Page 3

Part III Supplemental Information

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
DR. CATHERINE CUSHINBERRY RECEIVED A SEVERANCE PAYMENT OF \$49,000 AND
TERESA POOLE RECEIVED A SEVERANCE PAYMENT OF \$55,915.
PART I, LINE 7:
BONUS PAYMENTS FOR DR. CATHERINE CUSHINBERRY WERE DETERMINED AT THE
DISCRETION OF THE BOARD OF DIRECTORS.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HOPELINK

Employer identification number 91-0982116

PART VI FOR C	OLUMN (F) CONT	INUATIONS					_					
(b) Issuer EIN (c) CUSIP #		(d) Date issued	d (e) Iss	(e) Issue price		(f) Description of purpose		feased	sed (h) On behalf of issuer		f (i) Pooled financing	
							Yes	No	Yes	No	Yes	No
					ACQUIRE, DEV	TELOP,						
91-1874730	NONEAVAIL	04/13/17	12,	000,000.	CONSTRUCT, A	AND EQUIP FAC	I	Х		Х		Х
												<u> </u>
												<u> </u>
						T						
			•	-	В	C				D		
		***	6,540,000	•								
								-				
			12,000,000.									
				+								
				+								
			240 000	+								
			240,000	•								
				+								
			8 760 000									
			<u> </u>	+								
			3,000,000	· 								
			2018									
				Voc	No	Voc	No		Voc		No	
ssue of tay-exempt	honds (or	165	INU	162	140	162	NU		169		INU	
· · · · · · · · · · · · · · · · · · ·			х									
	•		х									
•		77										
		x										
	(b) Issuer EIN 91-1874730 91-1874730 ssue of tax-exempt tele)? ssue of taxable bonuel? ssand records to sue and records to sue	(b) Issuer EIN (c) CUSIP # 91-1874730 NONEAVAIL ssue of tax-exempt bonds (or, ie)? ssue of taxable bonds (or, if ue)? ssand records to support the	91-1874730 NONEAVAIL 04/13/17 1 1 Yes ssue of tax-exempt bonds (or, ie)? ssue of taxable bonds (or, if ue)? xs and records to support the	(b) Issuer EIN (c) CUSIP # (d) Date issued (e) Iss 91-1874730 NONEAVAIL 04/13/17 12, A 6,540,000. 12,000,000. 240,000. 3,000,000. 2018 Yes No ssue of tax-exempt bonds (or, ie)?	(b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price 91-1874730 NONEAVAIL 04/13/17 12,000,000. A 6,540,000. 12,000,000. 240,000. 3,000,000. 2018 Yes No Yes ssue of tax-exempt bonds (or, le)? x ssue of taxable bonds (or, if ue)? x ssue of taxable bonds (or, if ue)?	(b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Descript 91-1874730 NONEAVAIL 04/13/17 12,000,000. CONSTRUCT, & EVANOR EV	(b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose A	(b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) De Yes 12,000,000	(b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue price (f) Description of purpose Yes No 4	(b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On of is Yes No Yes No Yes No Yes No Yes No Yes Support the (g) Defeased (h) On of is Yes No Yes No Yes No Yes No Yes No Yes No Yes Support the	(b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On behalf of issuer Yes No Yes No ACQUIRE, DEVELOP, 91-1874730 NONEAVAIL 04/13/17 12,000,000. CONSTRUCT, AND EQUIP FACI X X X ACQUIRE, DEVELOP, CONSTRUCT, AND EQUIP FACI X X X ACQUIRE, DEVELOP, CONSTRUCT, AND EQUIP FACI X X X ACQUIRE, DEVELOP, CONSTRUCT, AND EQUIP FACI X X X ACQUIRE, DEVELOP, CONSTRUCT, AND EQUIP FACI X X ACQUIRE	(b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On behalf of issuer finant of issuer fi

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Schedule K (Form 990) 2023

 Schedule K (Form 990) 2023
 HOPELINK
 91-0982116
 Page 2

Par	t III Private Business Use									
			4		Е	3		O)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No		Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х							
2	Are there any lease arrangements that may result in private business use of									
	bond-financed property?		х							
За	Are there any management or service contracts that may result in private									
	business use of bond-financed property?		х							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?									
	Are there any research agreements that may result in private business use of									
	bond-financed property?		Х							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other									
	outside counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by entities		•			•		•		•
	other than a section 501(c)(3) organization or a state or local government		.00	%		%		%		%
5	Enter the percentage of financed property used in a private business use as a									
	result of unrelated trade or business activity carried on by your organization,									
	another section 501(c)(3) organization, or a state or local government		.00	%		%		%		%
6	Total of lines 4 and 5		.00	%		%	%		9	
7	Does the bond issue meet the private security or payment test?		Х							
8a	Has there been a sale or disposition of any of the bond-financed property to a non-									
	governmental person other than a 501(c)(3) organization since the bonds were issued?		Х							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or		•							
	disposed of			%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations									
	sections 1.141-12 and 1.145-2?									
9	Has the organization established written procedures to ensure that all									
	nonqualified bonds of the issue are remediated in accordance with the									
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х								
Par	t IV Arbitrage		•							•
			Α.		E	3	(С)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No		Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х							
	Exception to rebate?	Х								
	No rebate due?		Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was									· ·
	performed									
3	Is the bond issue a variable rate issue?	X								

Schedule K (Form 990) 2023 HOPELINK 91-0982116 Page **3**

Part IV Arbitrage (continued)								
		Α	E	3	Ç)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?	Х							
b Name of provider	SMBC CAPI	TAL MARKET						
c Term of hedge		10.0000000						
d Was the hedge superintegrated?		Х						
e Was the hedge terminated?		Х						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х							
Part V Procedures To Undertake Corrective Action								
		Ą		3	(2	D	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х							
Part VI Supplemental Information. Provide additional information for responses to question	s on Schedu	le K. See instru	ictions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: WASHINGTON STATE HOUSING FINANCE COMMISSION								
(F) DESCRIPTION OF PURPOSE:								
ACQUIRE, DEVELOP, CONSTRUCT, AND EQUIP FACILITIES								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number HOPELINK 91-0982116

Par	tΙ	Ty	pes of Property				•			
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of do noncash contrib	etermin	•	s
1	Art -	Works	s of art							
2			ical treasures							
3			onal interests							
4			publications	Х		740.	COST OR SELLING	PRICE	:	
5			nd household goods	Х		23,087.	COST OR SELLING	PRICE	:	
6			other vehicles			,				
7			planes							
8			l property							
9			- Publicly traded	Х	22	153,920.	FAIR MARKET VALU	Έ		
10			- Closely held stock			, -				
11			- Partnership, LLC, or							
••		intere								
12			B 4" 11							
13			- Miscellaneous onservation contribution -							
.0										
14			onservation contribution - Other							
15			e - Residential							
16			e - Commercial							
17			e - Other							
18			s							
19			ntory	Х	4,526	6 747 438.	FAIR MARKET VALU	Έ		
20			medical supplies							
21			medical supplies							
22			artifacts							
23			specimens							
24										
25	Othe	-	GIFT CARDS	Х	35	56,137.	COST			
26	Othe	. ,	OTHER	X	58	, , , , , , , , , , , , , , , , , , ,	FAIR MARKET VALU	Œ		
20 27	Othe	,	AUCTION ITEMS	X	80	· · · · · · · · · · · · · · · · · · ·	FAIR MARKET VALU			
28	Othe	,	PET FOOD	X	72	,	FAIR MARKET VALU			
<u>20</u> 29			Forms 8283 received by the organ							
25			he organization completed Form 82						2	
	IOI W	/IIICII t	ne organization completed form oz	-00, i ait v, L	once Acknowledg	CITICITE			Yes	
302	Durir	na the	year, did the organization receive b	v contributio	n any property rep	orted in Part I lines 1 throug	sh 28 that it		163	140
Jua			for at least 3 years from the date of							
			rposes for the entire holding period					30a		х
h			escribe the arrangement in Part II.	'*				Julia		Ė
31		,	organization have a gift acceptance	nolicy that re	equires the review (of any nonstandard contribut	tions?	31	Х	
			organization hire or use third parties	•	•	•		"		
JŁa		ributio			•	, ,		32a		x
h			escribe in Part II.					JZd		
33			nization didn't report an amount in	column (c) for	r a type of property	for which column (a) is cho	cked			
55			n Part II.	coluitiii (c) 10	a type of property	To which column (a) is the	sicu,			

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

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.

Employer identification number

91-0982116

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HOPELINK

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

FORM 990, PART I, LINE 6: THE NUMBER OF VOLUNTEERS IN FY24 WAS DETERMINED BASED ON VOLUNTEERS CHECKING IN AND OUT OF THEIR SHIFTS ON AN IPAD. WHEN VOLUNTEERS CAME IN TO VOLUNTEER. THEY WOULD CHECK IN ON AN IPAD WHICH AUTOMATICALLY ENTERED HOURS IN TO THE VOLUNTEER DATABASE. HOPELINK IS THEN ABLE TO PULL A REPORT DIRECTLY FROM THE VOLUNTEER DATABASE WHICH PROVIDES THE NUMBER OF VOLUNTEERS WHO HAVE WORKED OVER THE PAST YEAR. IN FY24, 6,206 INDIVIDUALS VOLUNTEERED A TOTAL OF 52,730 HOURS VOLUNTEERS AT HOPELINK SERVE IN THE FOLLOWING AREAS: -LEADERSHIP: BOARD OF DIRECTORS, FINANCE COMMITTEE -ASSET PROGRAMS: ADULT BASIC EDUCATION TUTORING ESL CLASSROOM TEACHING, EMPLOYMENT PROGRAM COACHING, FINANCIAL LITERACY INSTRUCTION GED PREPARATION -EVENTS AND OUTREACH: DAY OF EVENT VOLUNTEERS, COMMUNITY OUTREACH -CLIENT SERVICES: FOOD DONATION PICK UP DRIVERS, HOME DELIVERY DRIVERS GENERAL FOOD MARKET VOLUNTEERS, FOOD MARKET CHECK-IN, FOOD MARKET CUSTOMER SERVICE, FOOD MARKET FOOD RESTOCKING -HOUSING: WEDNESDAY DINNERS FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: LANGUAGE ACQUISITION (ELA) PROGRAM SERVED 340 STUDENTS WITH 42% MAKING A REPORTABLE GAIN. FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE. IN CONJUNCTION WITH THE CFO AND CONTROLLER. REVIEW

THE 990 PRIOR TO FILING. THE 990 IS DISTRIBUTED TO THE ENTIRE BOARD BEFORE

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** HOPELINK 91-0982116 FILING. FORM 990, PART VI, SECTION B, LINE 12C: EACH OF THE BOARD MEMBERS SIGNS A STATEMENT AT THE BEGINNING OF EACH YEAR STATING THAT THEY HAVE READ THE POLICY AND HAVE NO CONFLICT OF INTEREST OR IF THEY DO HAVE A CONFLICT OF INTEREST THEY STATE WHAT THAT IS. THEY ARE MADE AWARE THAT THIS IS AN ONGOING REQUIREMENT AND IF A CONFLICT ARISES THEY ARE TO NOTIFY THE BOARD CHAIR. IF THEY HAVE A CONFLICT THEY ARE RECUSED FROM VOTING AND THEIR CONFLICT IS DISCLOSED TO THE OTHER BOARD MEMBERS. IN SOME CASES THEY ARE RECUSED FROM THE DISCUSSION REGARDING THE SUBJECT. FORM 990, PART VI, SECTION B, LINE 15: HOPELINK'S EXECUTIVE COMMITTEE, CONSISTING OF OUTSIDE DIRECTORS WHO ARE INDEPENDENT OF HOPELINK, DETERMINED THE CEO'S COMPENSATION. THE DECISION WAS BASED ON COMPARABILITY DATA FROM THE PUGET SOUND BUSINESS JOURNAL PUBLISHED NONPROFIT SALARIES, COMPENSATION CONNECTIONS MARKET SALARY SURVEY, AND OTHER CAP AGENCY CEO SALARY INFORMATION. THE DATA FROM THESE SOURCES WAS DISCUSSED AND CONSIDERED AS WAS PUBLIC AND INTERNAL PERCEPTIONS OF CEO'S SALARY LEVELS BY DONORS. STAFF. THE BOARD AND THE PUBLIC AT LARGE. BASED ON THIS DISCUSSION, AND BY UNANIMOUS DECISION OF THE EXECUTIVE COMMITTEE, THE CEO'S COMPENSATION WAS DETERMINED. THE EXECUTIVE COMMITTEE DOCUMENTED THE COMPENSATION DECISIONS IN THE MINUTES. THE LAST CEO COMPENSATION REVIEW WAS PERFORMED APRIL OF 2024. OFFICER AND KEY EMPLOYEE COMPENSATION, OTHER THAN THE CEO, IS BASED ON DATA FROM COMPENSATION CONNECTIONS MARKET SALARY SURVEYS. OFFICERS AND KEY EMPLOYEES ARE ELIGIBLE FOR ANNUAL MERIT INCREASES BASED ON PERFORMANCE. AS

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** HOPELINK 91-0982116 OUTLINED IN THE ORGANIZATION'S ANNUAL EVALUATION PROCESS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: FACILITIES - PRESENT VALUE OF RECEIVABLES -62,662. UNCOLLECTIBLE PLEDGE WRITE-OFFS FROM PRIOR YEARS -8,635. TOTAL TO FORM 990, PART XI, LINE 9 -71,297.