

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>HOPELINK BEHAVIORAL HEALTH 403(B) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HOPELINK BEHAVIORAL HEALTH</u></p> <p><u>10455 WHITE GRANITE DRIVE</u> <u>SUITE 400</u> <u>OAKTON, VA 22124</u></p>	<p>1c Effective date of plan <u>01/01/1999</u></p> <p>2b Employer Identification Number (EIN) <u>54-0880899</u></p> <p>2c Plan Sponsor's telephone number <u>703-536-9000</u></p> <p>2d Business code (see instructions) <u>621330</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	KRISTEN CUTFORTH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	JOSEPH GETCH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	410
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	279
	6a(2)	284
	6b	6
	6c	132
	6d	422
	6e	0
	6f	422
	6g(1)	288
	6g(2)	389
h	6h	98
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2F 2G 2L 2M 2T 2S 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan HOPELINK BEHAVIORAL HEALTH 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶ 002</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HOPELINK BEHAVIORAL HEALTH</p>	<p>D Employer Identification Number (EIN) 54-0880899</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR31747	110	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 6016	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LINCOLN FINANCIAL ADVISORS **PO BOX 2239**
FORT WAYNE, IN 46801-2239

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6016			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **GROUP VARIABLE ANNUITY W/GUAR FUND**

b Balance at the end of the previous year	7b	1018455
c Additions: (1) Contributions deposited during the year	7c(1)	0
(2) Dividends and credits.....	7c(2)	0
(3) Interest credited during the year.....	7c(3)	33829
(4) Transferred from separate account	7c(4)	150000
(5) Other (specify below).....	7c(5)	22126
▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS AND/OR ADJUSTMENTS		
(6) Total additions	7c(6)	205955
d Total of balance and additions (add lines 7b and 7c(6))	7d	1224410
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	54059
(2) Administration charge made by carrier.....	7e(2)	8
(3) Transferred to separate account	7e(3)	0
(4) Other (specify below).....	7e(4)	13784
▶ MAY INCLUDE LOANS ISSUED, FORFEITURES, FEES, CORRECTIVES AND/OR ADJUSTMENTS		
(5) Total deductions	7e(5)	67851
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	1156559

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan HOPELINK BEHAVIORAL HEALTH 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HOPELINK BEHAVIORAL HEALTH</p>	<p>D Employer Identification Number (EIN) 54-0880899</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	896596-007	0	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ STABLE VALUE

b Balance at the end of the previous year	7b	28562
c Additions: (1) Contributions deposited during the year	7c(1)	0
(2) Dividends and credits.....	7c(2)	0
(3) Interest credited during the year.....	7c(3)	730
(4) Transferred from separate account	7c(4)	22
(5) Other (specify below).....	7c(5)	47083
▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS AND/OR ADJUSTMENTS		
(6) Total additions	7c(6)	47835
d Total of balance and additions (add lines 7b and 7c(6))	7d	76397
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	10
(2) Administration charge made by carrier.....	7e(2)	0
(3) Transferred to separate account	7e(3)	0
(4) Other (specify below).....	7e(4)	38629
▶ MAY INCLUDE LOANS ISSUED, FORFEITURES, FEES, CORRECTIVES AND/OR ADJUSTMENTS		
(5) Total deductions	7e(5)	38639
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	37758

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan HOPELINK BEHAVIORAL HEALTH 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HOPELINK BEHAVIORAL HEALTH	D Employer Identification Number (EIN) 54-0880899	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	32767	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HOPELINK BEHAVIORAL HEALTH 403(B) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 HOPELINK BEHAVIORAL HEALTH	D Employer Identification Number (EIN) 54-0880899

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	5027
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5207905
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1065568
(15) Other.....	1c(15)	41958

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6278500	7334524
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6278500	7334524

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	281511	
(B) Participants.....	2a(1)(B)	451924	
(C) Others (including rollovers).....	2a(1)(C)	25899	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		759334
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	1429	
(F) Other.....	2b(1)(F)	33829	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		35258
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	106205	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		106205
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		758280
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1659077

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	570286	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		570286
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	32767	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		32767
j Total expenses. Add all expense amounts in column (b) and enter total	2j		603053

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1056024
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **RENNER & COMPANY, CPA, PC**

(2) EIN: **54-1498950**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>HOPELINK BEHAVIORAL HEALTH 403(B) PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOPELINK BEHAVIORAL HEALTH</u>	D Employer Identification Number (EIN) <u>54-0880899</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 35-1140070 04-2456637

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	105
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500796A.

HOPELINK BEHAVIORAL HEALTH 403(b) PLAN

FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

AND SUPPLEMENTAL INFORMATION
Year Ended December 31, 2024

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INDEPENDENT AUDITORS' REPORT

To the Trustees
HopeLink Behavioral Health 403(b) Plan
Oakton, Virginia

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

We have performed audits of the accompanying financial statements of HopeLink Behavioral Health 403(b) Employee Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

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

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Renner and Company, CPA, P.C.

Alexandria, Virginia
October 10, 2025

HOPELINK BEHAVIORAL HEALTH 403(b) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
INVESTMENTS		
Mutual funds	\$ 6,101,834	\$ 5,207,905
Fixed contract	<u>1,190,732</u>	<u>1,065,568</u>
Total investments	<u>7,292,566</u>	<u>6,273,473</u>
RECEIVABLES		
Notes receivable from participants	<u>41,958</u>	<u>5,027</u>
TOTAL ASSETS	<u>\$ 7,334,524</u>	<u>\$ 6,278,500</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 7,334,524</u>	<u>\$ 6,278,500</u>

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

HOPELINK BEHAVIORAL HEALTH 403(b) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS		
Contributions		
Participants' salary deferrals	\$ 451,924	\$ 388,011
Employer's contribution	281,511	238,171
Rollovers	25,899	74,571
Total contributions	<u>759,334</u>	<u>700,753</u>
Investment income		
Interest and dividends	141,463	103,933
Net appreciation in fair value of investments	758,278	800,730
Total investment income	<u>899,741</u>	<u>904,663</u>
TOTAL ADDITIONS	<u>1,659,075</u>	<u>1,605,416</u>
DEDUCTIONS FROM NET ASSETS		
Benefit payments to participants	570,286	1,216,048
Plan transfers	-	3,639
Administration expenses	32,766	37,642
TOTAL DEDUCTIONS	<u>603,052</u>	<u>1,257,329</u>
NET INCREASE IN PLAN ASSETS	1,056,023	348,087
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>6,278,500</u>	<u>5,930,413</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u>\$ 7,334,523</u>	<u>\$ 6,278,500</u>

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

HOPELINK BEHAVIORAL HEALTH 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended December 31, 2024 and 2023

1. DESCRIPTION OF PLAN

HopeLink Behavioral Health 403(b) Plan (the Plan) was established on January 1, 1999. The Plan's sponsor is HopeLink Behavioral Health (HopeLink or the employer), a nonprofit corporation. The Plan is a defined contribution plan under section 403(b) of the Internal Revenue Code. The Plan is subjected to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution, participant-directed 403(b) retirement plan covering substantially all employees of HopeLink. All employees are eligible to participate with the exception of those employees working less than 20 hours a week. The Employer's CEO is responsible for the operation and administration of the Plan and serves as a Trustee of the Plan. The Lincoln National Life Insurance Company (Lincoln) is the Plan's life insurance company and recordkeeper. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was most recently amended effective August 1, 2014.

A new adoption agreement pertaining to the Plan was effective January 1, 2025. Among the most notable changes, the new agreement allows the Plan to make qualified disaster distributions as permitted by the SECURE Act 2.0. It also incorporates other provisions allowed by the Act. This rule is effective January 1, 2025 for all new hires.

Contributions

Eligible employees can make contributions (salary deferrals) to the Plan through either specified-percentage or fixed-dollar payroll deductions in any amount up to statutory limitations as specified in the Internal Revenue Code. Participants who have attained age 50 before the end of the plan year are also eligible to make catch-up contributions. In addition, eligible employees may be entitled to make special catch-up contributions if they have at least 15 years of service and based on how much they have deferred in prior years. Employees will automatically become Plan participants upon eligibility with a 1% contribution. The Salary Reduction Agreement must be completed to increase or decrease withholdings or to not participate in the Plan. Participants may also contribute amounts to the Plan representing rollover distributions from certain other qualified pre-tax benefit plans.

HOPELINK BEHAVIORAL HEALTH 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended December 31, 2024 and 2023

1. DESCRIPTION OF PLAN (CONTINUED)

Contributions (Continued)

Matching contributions are made by HopeLink to participants who make salary deferrals to the plan. These are discretionary contributions applied to all salary deferrals up to a maximum of 5%, and, if made, are determined either as a uniform percentage of salary deferrals or as a flat dollar amount for each participant. Additionally, the limit on matching contributions is a discretionary amount determined by the Employer and the automatic contribution arrangement is removed. Further, matching contributions for eligible employees no longer require a service requirement.

Participants direct the investment of their contributions into various investment options offered by the Plan. Contributions are credited to the participants' individual accounts on the date received by the life insurance company. Participants may change their elected investment options/allocations with the life insurance company at any time via direct phone or internet access by using a personal identification number (PIN). The exception is Plan deposits from participants who have not completed the Salary Reduction Agreement. Funds contributed from these participants will be invested in accordance with the Plan's investment policies.

Total annual contributions to a participant's account are limited generally to no more than the lesser of \$69,000 and \$66,000 for plan years 2024 and 2023, respectively, or 100% of a participant's annual compensation. The maximum allowed participant deferral contribution for plan years 2024 and 2023 was \$23,000 (\$30,500 including catch-up contributions) and \$22,500 (\$30,000 including catch-up contributions), respectively. For participants age 50 or older, catch-up contributions are an additional \$7,500 for Plan years ended December 31, 2024 and 2023.

Participant Accounts

Each participant's account is increased by contributions and allocations of Plan earnings and decreased by allocations of Plan losses, withdrawals, and administrative expenses. Allocations are based on account balances, as defined in the plan document. The benefit to which a participant is entitled is equal to the participant's vested account.

Vesting

Participants are immediately vested in their salary deferral and catch-up contributions plus actual earnings thereon. Vesting in HopeLink contributions is based on years of continuous service. A participant becomes 20% vested after two years of service, 60% vested after three years of service, and 100% vested after five years of service. Any participant reaching the normal retirement age of 65 under the Plan, will automatically become 100% vested in all contributions under the Plan. In addition, participants who terminate employment due to becoming disabled, die or attain the early retirement age of 55 while employed by HopeLink automatically become 100% vested.

HOPELINK BEHAVIORAL HEALTH 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended December 31, 2024 and 2023

1. DESCRIPTION OF PLAN (CONTINUED)

Notes Receivable from Participants

Loans to participants or notes receivable from participants are issued directly from the Plan's assets, specifically, from each participant's vested benefits under the Plan. Participants may borrow a minimum of \$1,000 up to a maximum of \$50,000, or 50% of their vested account balance, whichever is less. Payments of loan principal must be made in monthly or quarterly increments in accordance with an amortization schedule. The interest rate on the outstanding loans to participants was 9% to 9.5% and 7.25% to 9.5% for the years ended December 31, 2024 and 2023, respectively. Loans to participants, including accrued interest, totaled \$41,958 and \$5,027 at December 31, 2024 and 2023, respectively.

Plan Loans

Participants with plan balances in the Multi-fund Plan product may obtain Plan loans directly from the life insurance company. These are not to be confused with notes receivable from participants or participant loans. Plan loans are issued directly from the Custodian's funds and not through the Plan from the participant's account. Plan loans are not considered assets of the Plan. The participant's accounts is pledged as collateral for the Plan loan. Therefore, loans to participants are not reported as receivables in the Plan's financial statements. Participants may borrow a minimum of \$1,000, up to a maximum of \$50,000, or 50% of their vested account balance, whichever is less. Payments of loan principal must be made in monthly or quarterly increments in accordance with an amortization schedule. The portion of participant accounts set aside as collateral for loans is held by the Plan in a Loan Reserve Fund that is invested in an allocated Fixed Account. The interest rate for loans to participants may be fixed or variable as stipulated in a loan agreement between the insurance company and the participant. The interest rate on the outstanding loans to participants was 4.5% to 7% and 4.5% to 9.25% for the years ended December 31, 2024 and 2023, respectively. Plan loans, including accrued interest, totaled \$34,173 and \$46,021 at December 31, 2024 and 2023, respectively. These balances reflect plan assets pledged as collateral for outstanding plan loans.

Benefit Payments

Once participants terminate their employment, they can elect to receive some or all of their account balance, subject to a federal penalty tax of 10% if they have not yet reached age 59 1/2, or they can roll over their account balance into an IRA or certain other eligible retirement plans. Terminated participants can also elect to leave their vested account balance in the Plan.

Normal retirement age under the Plan is 65 years, with an early retirement option at age 55. Minimum distributions are required once the participant reaches age 72. Upon reaching retirement age, participants have several options for receiving their benefits, including a lump sum payment, specified payments option, and an annuity payments option.

HOPELINK BEHAVIORAL HEALTH 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended December 31, 2024 and 2023

1. DESCRIPTION OF PLAN (CONTINUED)

Benefit Payments (Continued)

For lump sum payments, participants receive a single payment equal to their vested account balance rather than a monthly annuity.

Participants who have reached 59 1/2 or older, have terminated employment with HopeLink at age 55 or later, or have become disabled may elect to receive regularly scheduled withdrawals from their account. Under this form of benefit, participants can choose to receive regular monthly payments of \$100 or more and can also specify in advance the number of monthly payments they wish to receive. The participant can also increase or decrease (but not below \$100) the amount of monthly income they wish to receive and can stop payments at any time during the payment term. These monthly payments continue until the earlier of the participant's requested stop date, the date the participant elects to purchase an annuity contract instead, the date the participant's account balance becomes depleted, or the date of the participant's death.

Participants may elect to receive a distribution in the form of an annuity. If elected, the vested benefit will be used to purchase an annuity that will pay the participant over a designated period not to exceed the life expectancy of the participant or the life expectancy of the designated beneficiary.

In-Service Distributions

Participants may withdraw vested amounts in the Plan while still employed, but only if they satisfy the Plan's requirements for in-service distributions. Under the Plan, participants may obtain an in-service distribution if they attain age 59 1/2 at the time of distribution or for a hardship, as described in the Plan document.

Death Benefits

In the event of the death of an active participant, or of a terminated vested participant who has not yet received payment of his/her account, the account is paid to his/her beneficiary in a single lump sum based on the participant's account value on the preceding valuation date.

Forfeited Accounts

Forfeitures occur when a participant ends employment with HopeLink or withdraws his or her account balance from the Plan prior to becoming fully vested in the employer contribution portion of his or her account. These forfeited non-vested balances revert back to HopeLink and are first used to pay certain plan expenses, with any remaining forfeitures being used to reduce HopeLink' future contributions to the Plan.

HOPELINK BEHAVIORAL HEALTH 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended December 31, 2024 and 2023

1. DESCRIPTION OF PLAN (CONTINUED)

Forfeited Accounts (Continued)

The Plan sponsor applied forfeitures totaling \$38,617 and \$17,951 to either pay certain plan expenses or to reduce employer contributions to the Plan during the years ended December 31, 2024 and 2023, respectively. The balance of unapplied forfeitures available to offset future employer contributions totaled \$42,372 and \$33,041 at December 31, 2024 and 2023, respectively.

Administrative Costs and Investment Advisory Fees

Reasonable administrative expenses of the Plan are paid from the Plan's forfeiture accounts or paid by the Plan's sponsor, HopeLink.

Investment advisory fees attributable to terminated participants are allocated among the terminated participants in proportion to the amount of their account balance. Administrative expenses directly attributable to active participants are allocated among the active participants in proportion to the amount of their account balance.

Termination

Although it has not expressed any intent to do so, HopeLink has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in the Plan accounts.

2. SUMMARY OF ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

The Plan prepares its financial statements under the accrual method of accounting.

Use of Estimates

The preparation of the financial statements in conformity with U.S. generally accepted accounting principles requires the Plan's Trustees to make estimates and assumptions that affect certain reported amounts and disclosures. These estimates are based on information available as of the date of the financial statements. Accordingly, actual results may differ from those estimates.

HOPELINK BEHAVIORAL HEALTH 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended December 31, 2024 and 2023

2. SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments in registered investment companies (mutual funds) are reported at net asset value as a practical expedient. Investments in fully benefit-responsive investment contracts are recorded at contract value.

Investment Income

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation in value of investments includes the Plan's gains and losses on investments bought and sold during the year as well as held at year end.

Contributions

Contributions are recorded when received.

Payment of Benefits

Benefits are recorded when paid.

3. INVESTMENTS

The information included in the accompanying financial statements and supplemental Schedule of Assets (Held at End of Year) related to investments, notes receivable from participants, net appreciation in fair value of investments, interest, and dividends as of and for the years ended December 31, 2024 and 2023 was obtained by management and agreed to or derived from information certified as complete and accurate by qualified institutions. These institutions are the Lincoln National Life Insurance Company for assets held in the Multi-fund plan product and by the Lincoln Financial Group Trust Company, Inc. for assets held in the Alliance plan product in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting Disclosure under ERISA.

The Plan incurred \$758,278 and \$800,730 net appreciation in fair value of investments in mutual funds during the years ended December 31, 2024 and 2023, respectively. This included realized gains/losses on investments sold and changes in unrealized gains/losses on investments held at the start and end of the year. The Plan earned \$141,463 and \$103,993 in interest and dividends for the years ended December 31, 2024 and 2023, respectively.

HOPELINK BEHAVIORAL HEALTH 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended December 31, 2024 and 2023

3. INVESTMENTS (CONTINUED)

The Plan's investments in registered investment companies (also referred to as mutual funds) did not have readily determinable fair values. Therefore, the Plan's mutual funds have been reported at net asset value (NAV) as a practical expedient. NAV is based on observable market prices of the underlying assets as reported by the life insurance company. The Plan had no unfunded commitments for additional investments in the mutual funds and the redemption frequency and notice period for these assets was daily for most funds and situations. The Plan's mutual funds each have a prospectus that can be obtained either from the Plan sponsor or from the life insurance company.

Investments in fully benefit-responsive investment contracts are reported at contract value and are not required to be classified in one of the levels prescribed by the fair value hierarchy.

Investments at December 31, 2024 and 2023 consisted of the following:

	<u>2024</u>	<u>2023</u>
Registered investment companies, at NAV	\$ 6,101,834	\$ 5,207,905
Investment contracts, at contract value	<u>1,190,732</u>	<u>1,065,568</u>
	<u>\$ 7,292,566</u>	<u>\$ 6,273,473</u>

4. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan has two fully benefit-responsive guaranteed investment contracts, the Lincoln Multi Fund 1 and Lincoln Multi Fund Select issued by Lincoln Financial Group, who maintains the contributions in a general account. These accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attributable for that portion of the net assets for benefits attributable to the guaranteed investment contract. The contract is included in the financial statements at contract value as reported to the Plan by Lincoln. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on an agreed-upon formula with the issuer.

HOPELINK BEHAVIORAL HEALTH 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended December 31, 2024 and 2023

4. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS (CONTINUED)

Significant unobserved inputs	
Contract crediting rate - Lincoln Multi Fund 1	
Contract year 1 through 5	4.50%
Contract year 6 through 10	4.00%
Contract year 11 and later	3.50%
Contract crediting rate - Lincoln Multi-Fund Select	
Contract years 1 through 10	1.75%
Contract year 11 and later	3.00%
	<u>2024</u>
Total Contract Value	\$ 1,190,732
Valuation technique	Contract value
	<u>2023</u>
Total Contract Value	\$ 1,065,568
Valuation technique	Contract value

Certain events limit the Plan's ability to transact at contract value with Lincoln Financial Group. Such events include the following: (a) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal incomes taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material representation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

HOPELINK BEHAVIORAL HEALTH 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended December 31, 2024 and 2023

5. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds held by The Lincoln National Life Insurance Company (Lincoln) and managed by Lincoln and its affiliates. Lincoln is the custodian as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management and administration services were included as a reduction of the return earned on each fund.

6. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	December 31,	
	2024	2023
Net assets available for benefits per the financial statements	\$ 7,334,524	\$ 6,278,500
Amounts allocated to withdrawing participants	-	-
Net assets available for benefits per Schedule H to the Form 5500	<u>\$ 7,334,524</u>	<u>\$ 6,278,500</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2024 to Schedule H of Form 5500:

Benefits paid to participants per the financial statements	<u>\$ 570,286</u>
Benefits paid to participants per Schedule H of Form 5500	<u>\$ 570,286</u>

7. SEPARATED PARTICIPANTS WITH DEFERRED VESTED BENEFITS

The Plan assets include account balances of 37 participants who withdrew from the Plan during the plan year 2024 with \$117,041 in deferred vested benefits. As of December 31, 2024, there was a total of 128 separated participants, including participants who were terminated prior to 2024, with \$2,866,232 in deferred vested benefits.

HOPELINK BEHAVIORAL HEALTH 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

As of and for the Years Ended December 31, 2024 and 2023

8. TAX STATUS

The Plan has been restated by adopting the Lincoln Financial Group Volume Submitter 403(b) Basic Plan Document. The IRS has determined and informed the Plan sponsor by a letter dated March 31, 2017, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been restated since receiving the letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has evaluated the tax positions of the Plan and determined that no uncertain tax positions have been taken by the Plan accordingly. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

9. RISKS AND UNCERTAINTIES

The Plan offers investments in various funds offered by Lincoln. Investment funds, participant loans, and plan loans are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

10. SUBSEQUENT EVENTS

In preparing these financial statements, the Plan administrator has evaluated events and transactions for potential recognition or disclosure through October 10, 2025, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

HOPELINK BEHAVIORAL HEALTH 403(b) PLAN

SUPPLEMENTAL INFORMATION

SCHEDULE H, LINE 4(I) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

FEIN: 54-0880899, Plan Number 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost***	Current Value
*	Lincoln VIP Trust	Fixed Account		\$ 1,190,732
	Vanguard	VG Tgt Retirement 2045 Invtr Shares		1,027,063
	Vanguard	VG Trgt Retirement 2050 Invtr Shares		555,110
*	Lincoln VIP Trust	LVIP SSGA S&P 500 Index		448,469
	Capital Group Companies, Inc.	American Funds Growth		425,790
	Vanguard	VG Tgt Retirement 2055 Invtr Shares		406,365
	Vanguard	VG Trgt Retirement 2040 Invtr Shares		348,776
*	Lincoln VIP Trust	LVIP Macquarie Smid Cap Core Series		233,805
	Vanguard	Vanguard 500 Index Admiral Class		186,877
	Vanguard	VG Tgt Retirement 2060 Invtr Shares		185,706
	Vanguard	VG Tgt Retirement 2030 Invtr Shares		162,589
	Fidelity Investments	Fidelity VIP Contrafund		135,941
*	Lincoln VIP Trust	LVIP Dimensional US Core Equity 1		132,092
	Vanguard	VG Tgt Retirement 2065 Invtr Shares		130,373
	Vanguard	VG Tgt Retirement 2035 Invtr Shares		123,664
	Fidelity Investments	Fidelity VIP Growth		114,476
	Vanguard	VG Tgt Retirement 2020 Invtr Shares		107,977
	Capital Group Companies, Inc.	American Funds Growth-Income		101,294
*	Lincoln VIP Trust	LVIP Macquarie Social Awareness		96,216
*	Lincoln VIP Trust	LVIP T Rowe Price 2040 Fund		80,938
	PIMCO	PIMCO Income Institutional Class		76,408
*	Lincoln VIP Trust	LVIP Global Moderate Allctn Mngd Risk		67,918
*	Lincoln VIP Trust	LVIP T Rowe Price 2050 Fund		65,115
	Fidelity Investments	Fidelity VIP Freedom Target Date 2050		61,197
*	Lincoln VIP Trust	LVIP Blended Lrg Cap Grth MNGD V		58,400
	Vanguard	VG Tgt Retirement 2025 Invtr Shares		49,395
	BlackRock, Inc.	BlackRock Global Allocation		45,513
*	Lincoln VIP Trust	LVIP T Rowe Price 2020 Fund		44,472
*	Participant Loans**	<i>Interest rate for loans is 4.5% - 7.25%</i>		41,958
	MFS	MFS Mid Cap Growth Class R6		40,865

* Identified as party-in-interest

** The accompanying financial statements classify participant loans as notes receivable from participants.

*** Cost information omitted for participant-directed investments.

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HOPELINK BEHAVIORAL HEALTH 403(b) PLAN

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	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost***	Current Value
*	Lincoln VIP Trust	LVIP Vanguard Domestic Equity ETF		\$ 38,443
*	Lincoln VIP Trust	Lincoln Stable Value Account - LNGPA		37,758
	MFS	MFS Growth Class R6		31,636
*	Lincoln VIP Trust	LVIP Macquarie Mid Cap Value Fund		28,153
*	Lincoln VIP Trust	LVIP Macquarie U.S. REIT Fund		25,148
*	Lincoln VIP Trust	LVIP Mondrian International Value		24,525
	Macquarie Investment	Macquarie Small Cap Value		24,206
	Capital Group Companies, Inc.	American Funds International		23,975
*	Lincoln VIP Trust	LVIP TRowe Price Structured Mid Cap		23,689
*	Lincoln VIP Trust	LVIP SSGA International Index		23,328
*	Lincoln VIP Trust	LVIP Macquarie Diversified Income		23,016
	Invesco Ltd.	Invesco Diversified Dividend Class R6		22,245
*	Lincoln VIP Trust	LVIP Macquarie Value Series		21,812
*	Lincoln VIP Trust	LVIP Baron Growth Opportunities		21,553
*	Lincoln VIP Trust	LVIP T Rowe Price Mid Cap Growth		20,207
*	Lincoln VIP Trust	LVIP Franklin Temp MF EM EQFND		19,304
	PIMCO	PIMCO Cmdt RealReturn Sttg Inst Class		19,173
*	Lincoln VIP Trust	LVIP Global Growth Alloctn Mngd Risk		18,444
	Vanguard	VG International Value Investor Shares		18,178
*	Lincoln VIP Trust	LVIP Vanguard International Eqty ETF		17,105
	Capital Group Companies, Inc.	American Funds Global Growth		15,377
*	Lincoln VIP Trust	LVIP SSGA Small Cap Index		12,478
*	Lincoln VIP Trust	LVIP Macquarie Bond		10,342
	Fidelity Investments	Fidelity VIP Freedom Target Date 2030		10,028
	Invesco Ltd.	Invesco Oppenheimer Intl. Gwth Cls R6		5,266
	Fidelity Investments	Fidelity VIP Freedom Target Date 2040		5,071
	Fidelity Investments	Fidelity VIP Freedom Target Date 2035		4,836
*	Lincoln VIP Trust	LVIP JPM Slct MidCap Value Mngd Vltly		4,406
*	Lincoln VIP Trust	LVIP Blended Mid Cap Mngd Vltly		4,055
	MFS	MFS Utilities		3,973

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	Fidelity Investments	Fidelity VIP Freedom Target Date 2025		\$ 3,828
*	Lincoln VIP Trust	LVIP SSGA Bond Index		3,627
*	Lincoln VIP Trust	LVIP JPM Retirement Income Fund		3,294
	Vanguard	VG Selected Value Investor Shares		2,968
	AllianceBernstein	AB VPS Global Thematic Growth		2,593
	Deutsche Bank AG	DWS Alternative Asset Allocation VIP		2,193
	Capital Group Companies, Inc.	AFCW Growth and Income Class R6		2,086
	Capital Group Companies, Inc.	AF American New World Class R6		2,076
	Vanguard	VG Infltn Prot. Scrty Admiral Shares		1,856
	Fidelity Investments	Fidelity VIP Freedom Target Date 2045		1,581
*	Lincoln VIP Trust	LVIP Macquarie Wealth Builder		1,577
	Eaton Vance Distributors, Inc.	Eaton Vance Income of Boston Class R6		976
*	Lincoln VIP Trust	LVIP Blackrock Global Real Estate Fund		652
*	Lincoln VIP Trust	LVIP Government Money Market		543
*	Lincoln VIP Trust	LVIP Macquarie High Yield Fund		474
*	Lincoln VIP Trust	LVIP Blackrock Infltn Protected Bond		314
*	Lincoln VIP Trust	LVIP Mondrian Global Income Fund		306
	Fidelity Investments	Fidelity VIP Freedom Target Date 2060		249
	Vanguard	PGIM Jennison Small Compa Class R6		107

\$ - \$ 7,334,524

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