

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: CENTERLINK, INC. D Employer identification number: 52-2292725 E Telephone number: (954) 765-6024 G Gross receipts \$: 3,492,975. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.LGBTCENTERS.ORG K Form of organization: L Year of formation: 2001 M State of legal domicile: FL

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Summary of mission and governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: DENISE SPIVAK, CEO. Preparer: DEREK M. WEBB, WEBB CPA, P.A. Date: 08/19/24. PTIN: P00389509. Firm's EIN: 93-2016641. Phone no.: (561) 752-1721.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CENTERLINK STRENGTHENS, SUPPORTS, AND CONNECTS LGBTQ COMMUNITY CENTERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 4,081,504. including grants of \$ 1,530,270.) (Revenue \$ 125,045.) CENTERLINK PROVIDES TECHNICAL ASSISTANCE AND TRAINING, CROSS-TRAINING, REGIONAL AND NATIONAL NETWORKING OPPORTUNITIES FOR 353 COMMUNITY CENTERS NATIONWIDE. A FUNDAMENTAL GOAL IS TO HELP BUILD THE CAPACITY OF CENTERS TO MEET THE SOCIAL, CULTURAL, HEALTH AND POLITICAL ADVOCACY NEEDS OF THE LGBTQ COMMUNITY MEMBERS ACROSS THE COUNTRY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,081,504.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), tax returns (2b), unrelated business income (3a), foreign accounts (4a), prohibited transactions (5a-5c), charitable contributions (6a-6b), deductible contributions (7a-7h), donor advised funds (8-9), 501(c)(7) organizations (10), 501(c)(12) organizations (11), 4947(a)(1) trusts (12a-12b), 501(c)(29) health insurers (13a-13c), tanning services (14a-14b), parachute payments (15), excise tax (16), and 501(c)(21) organizations (17).

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed FL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
DENISE SPIVAK - (954) 765-6024
P.O. BOX 24490, FT LAUDERDALE, FL 33307

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENISE SPIVAK CEO	50.00			X			170,274.	0.	0.	
(2) DEBORAH LEVINE CHIEF PROGRAM OFFICER	50.00				X		123,984.	0.	0.	
(3) AMHIR HIDALGO CHIEF DEVELOPMENT OFFICER	50.00				X		120,834.	0.	0.	
(4) ANA MACHADO CHIEF OPERATION AND INNOVA	50.00				X		108,478.	0.	0.	
(5) ADRIANA OROZCO CHIEF FINANCIAL OFFICER	50.00				X		100,169.	0.	0.	
(6) SARAH ANDERSON DIRECTOR	3.00	X					0.	0.	0.	
(7) PAUL MOORE DIRECTOR	3.00	X					0.	0.	0.	
(8) PHYLLIS HARRIS DIRECTOR	3.00	X					0.	0.	0.	
(9) CHRIS BARTLETT DIRECTOR	3.00	X					0.	0.	0.	
(10) CECE COX DIRECTOR	3.00	X					0.	0.	0.	
(11) GLENDA TESTONE DIRECTOR	3.00	X					0.	0.	0.	
(12) MARVIN WEBB CO-CHAIR	4.00	X		X			0.	0.	0.	
(13) STACIE WALLS DIRECTOR	3.00	X					0.	0.	0.	
(14) MICHELLE KRISTEL CO-CHAIR	4.00	X		X			0.	0.	0.	
(15) ROBERT BOO DIRECTOR	3.00	X					0.	0.	0.	
(16) DAVID GARCIA DIRECTOR	3.00	X					0.	0.	0.	
(17) LANCE TOMA TREASURER	4.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAY MADDOCK SECRETARY	4.00	X		X				0.	0.	0.
(19) CARA DESERT DIRECTOR	3.00	X						0.	0.	0.
(20) TANDRA LAGRONE DIRECTOR	3.00	X						0.	0.	0.
(21) EARL FOWLKES DIRECTOR	3.00	X						0.	0.	0.
(22) JOE HOLLENDONER DIRECTOR	3.00	X						0.	0.	0.
1b Subtotal								623,739.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								623,739.	0.	0.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b	173,561.					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	237,499.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,837,900.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			3,248,960.				
Program Service Revenue	2 a CONFERENCE FEES	Business Code	561000	76,276.	76,276.			
	b CENTER TRAINING		561000	48,769.	48,769.			
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			125,045.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			118,970.			118,970.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
	b Less: cost or other basis and sales expenses	7b						
	c Gain or (loss)	7c						
d Net gain or (loss)								
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				3,492,975.	125,045.	0.	118,970.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,530,270.	1,530,270.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	623,739.	462,339.	27,044.	134,356.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	766,225.	702,925.	32,224.	31,076.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	194,965.	169,628.	6,820.	18,517.
10 Payroll taxes	110,470.	93,101.	4,691.	12,678.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	8,700.	7,350.	900.	450.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	516,434.	508,568.		7,866.
12 Advertising and promotion	18,821.	18,821.		
13 Office expenses	36,527.	36,527.		
14 Information technology				
15 Royalties				
16 Occupancy	2,876.	2,503.	249.	124.
17 Travel	151,642.	151,642.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	167,339.	167,339.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,787.	11,719.	1,379.	689.
23 Insurance	10,917.	9,280.	1,091.	546.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TECHNICAL ASSISTANCE	62,912.	59,352.	2,259.	1,301.
b DUES & SUBSCRIPTIONS	58,183.	55,611.	1,031.	1,541.
c MISCELLANEOUS	46,136.	40,892.	1,778.	3,466.
d TELEPHONE	18,575.	15,789.	1,842.	944.
e All other expenses	39,735.	37,848.	125.	1,762.
25 Total functional expenses. Add lines 1 through 24e	4,378,253.	4,081,504.	81,433.	215,316.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	759,224.	1	265,579.
	2 Savings and temporary cash investments	3,302,043.	2	2,799,840.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	259,746.	4	300,508.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,324.	9	65,485.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 68,918.		
	b Less: accumulated depreciation	10b 56,860.		
	11 Investments - publicly traded securities	429,663.	11	460,294.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,441.	15	6,441.
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,787,008.	16	3,910,205.	
Liabilities	17 Accounts payable and accrued expenses	110,625.	17	124,745.
	18 Grants payable		18	
	19 Deferred revenue	62,953.	19	33,149.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	173,578.	26	157,894.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,679,930.	27	3,195,826.
	28 Net assets with donor restrictions	933,500.	28	556,485.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,613,430.	32	3,752,311.
33 Total liabilities and net assets/fund balances	4,787,008.	33	3,910,205.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,492,975.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,378,253.
3	Revenue less expenses. Subtract line 2 from line 1	3	-885,278.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,613,430.
5	Net unrealized gains (losses) on investments	5	24,159.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,752,311.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization CENTERLINK, INC.	Employer identification number 52-2292725
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2464063.	3286534.	3420615.	5123137.	3517134.	17811483.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				61,182.	125,045.	186,227.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2464063.	3286534.	3420615.	5184319.	3642179.	17997710.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						17997710.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	2464063.	3286534.	3420615.	5184319.	3642179.	17997710.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,256.	15,166.	21,534.	31,707.	118,970.	198,633.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	11,256.	15,166.	21,534.	31,707.	118,970.	198,633.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	2475319.	3301700.	3442149.	5216026.	3761149.	18196343.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	98.91 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	99.50 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	1.09 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	.50 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CENTERLINK, INC.	Employer identification number 52-2292725
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	5,306.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)	5,306.													
d	Other exempt purpose expenditures	4,372,947.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	4,378,253.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	368,913.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	92,228.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total	
2 a	Lobbying nontaxable amount	283,638.	292,117.	313,176.	368,913.	1,257,844.
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,886,766.
c	Total lobbying expenditures	6,499.	5,675.	5,588.	5,306.	23,068.
d	Grassroots nontaxable amount	70,910.	73,029.	78,294.	92,228.	314,461.
e	Grassroots ceiling amount (150% of line 2d, column (e))					471,692.
f	Grassroots lobbying expenditures	6,499.	5,675.	5,588.	5,306.	23,068.

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			0.
d Mailings to members, legislators, or the public?			0.
e Publications, or published or broadcast statements?			0.
f Grants to other organizations for lobbying purposes?			0.
g Direct contact with legislators, their staffs, government officials, or a legislative body?			0.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			0.
i Other activities?			0.
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: CENTERLINK, INC. Employer identification number: 52-2292725

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		58,918.	50,193.	8,725.
e Other		10,000.	6,667.	3,333.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				12,058.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 3,517,134. Adjustments include net unrealized gains of 24,159. Final total revenue after adjustments is 3,492,975.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 4,378,253. Final total expenses after adjustments is 4,378,253.

Part XIII Supplemental Information

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **CENTERLINK, INC.** Employer identification number **52-2292725**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PRIDE CENTER SAN ANTONIO 1303 MCCULLOUGH AVE SUITE 160 SAN ANTONIO, TX 78212	27-4917227	501C3	12,625.	0.	BOOK		TO FUND NATIONWIDE OUTREACH AND ENROLLMENT EFFORTS OF THE MARKETPLACE/MEDICAID
AKRON AIDS COLLABORATIVE (BAYARD RUSTIN LGBTQ+ RESOURCE CENTER) - 1265 S CLEVELAND MASSILON RD - COPLEY, OH 44321	30-0449421	501C3	39,000.	0.	BOOK		TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY
ALL RAINBOW AND ALLIED YOUTH 1475 COLLINGSWOOD BLVD #G PORT CHARLOTTE, FL 33948	82-2451143	501C3	7,625.	0.	BOOK		TO SUPPORT YOUR CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES. & CAN'T
BORDERLAND RAINBOW CENTER 2714 WYOMING AVE EL PASO, TX 79903	74-2809637	501C3	20,125.	0.	BOOK		TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY
FOUR CORNERS RAINBOW YOUTH CENTER 701 CAMINO DEL RIO DURANGO, CO 81301	82-1752513	501C3	6,300.	0.	BOOK		TO FACILITATE CHATS FOR Q CHAT SPACE PARTNERS & CAN'T CANCEL PRIDE23
ALSO YOUTH, INC 1470 BLC OF THE ARTS SARASOTA, FL 34236	74-2840470	501C3	7,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES. & CAN'T CANCEL PRIDE23.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **64.**

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN COMMUNITY FOUNDATION 4315 GUADALUPE STREET, SUITE 300 AUSTIN, TX 78751	74-1934031	501C3	7,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES. & CAN'T CANCEL PRIDE23.
CAPITOL AREA REENTRY PROGRAM INC 1364 SWAN AVENUE BATON ROUGE, LA 70807	06-1793810	501C3	11,125.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & TO FUND NATIONWIDE OUTREACH AND
CAROLINAS CARE PARTNERSHIP 5855 EXECUTIVE CENTER DRIVEM SUIT 2 CHARLOTTE, NC 28212	31-1765385	501C3	14,000.	0.	BOOK		TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY
BIRMINGHAM AIDS OUTREACH 205 32ND STREET SOUTH BIRMINGHAM, AL 35233	63-0948495	501C3	23,902.	0.	BOOK		ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL
AFFIRMATIONS LESBIAN AND GAY COMMUNITY CENTER - 290 WEST MINE MILE RD - FERNDALE, MI 48220	38-2882823	501C3	6,500.	0.	BOOK		TO FUND NATIONWIDE OUTREACH AND ENROLLMENT EFFORTS OF THE MARKETPLACE/MEDICAID
HUGH LANE WELLNESS FOUNDATION 925 BRIGHTON RD PITTSBURGH, PA 15233	82-1940719	501C3	22,100.	0.	BOOK		TO FUND NATIONWIDE OUTREACH AND ENROLLMENT EFFORTS OF THE MARKETPLACE/MEDICAID
LEXINGTON GAY SERVICES ORGANIZATION, INC - 389 WALLER AVE SUITE 100 - LEXINGTON, KY 40504	31-0994061	501C3	12,625.	0.	BOOK		TO FUND NATIONWIDE OUTREACH AND ENROLLMENT EFFORTS OF THE MARKETPLACE/MEDICAID
LGBT LIFE CENTER 222 W 21ST STREET SUITE F NORFOLK, VA 23517	54-1545157	501C3	19,000.	0.	BOOK		TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY
BROOKLYN COMMUNITY PRIDE CENTER, INC. - 1360 FULTON ST, GROUND FLOOR - BROOKLYN, NY 11216	26-2214534	501C3	25,902.	0.	BOOK		ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORS+ 21430 LORAIN RD SUITE 400 FAIRVIEW PARK, OH 44126	82-4726625	501C3	26,500.	0.	BOOK		TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
CENTER ON HALSTED 3656 N. HALSTED CHICAGO, IL 60613	51-0178807	501C3	49,902.	0.	BOOK		ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL
COMPASS, INC 201 N DIXIE HWY LAKE WORTH BEACH, FL 33460	65-0052657	501C3	11,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES; ALSO MICRO-GRANT FOR ADVOCACY
FABULOUS ARTS FOUNDATION 1342 17TH STREET SARASOTA, FL 33234	27-4013351	501C3	7,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.
GAY AND LESBIAN COMMUNITY CENTER OF SOUTHERN NEVADA, INC. - 401 S MARYLAND PARKWAY - LAS VEGAS, NV 89101	94-3192750	501C3	7,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.
LGBT DETROIT 20025 GREENFIELD RD DETROIT, MI 48235	56-2393981	501C3	25,902.	0.	BOOK		ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL
GENDERNEXUS, INC 3733 N. MERIDIAN ST STE 310 INDIANAPLOIS, IN 46208	46-2587958	501C3	51,500.	0.	BOOK		TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
RESOURCE CENTER 5750 CEDAR SPRINGS RD DALLAS, TX 75235	75-1892059	501C3	7,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.
THE PRIDE CENTER AT EQUALITY PARK PO BOX 70518 FORT LAUDARDALE, FL 33307	65-0431045	501C3	6,500.	0.	BOOK		TO FUND NATIONWIDE OUTREACH AND ENROLLMENT EFFORTS OF THE MARKETPLACE/MEDICAID

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIDELINES P.O. BOX 014340 MIAMI, FL 33140	65-0670159	501C3	29,025.	0.	BOOK		ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL
SACRAMENTO LGBT COMMUNITY CENTER 1015 20TH STREET SACRAMENTO, CA 95811	94-2502229	501C3	11,498.	0.	BOOK		ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL
PRIDE CENTER OF WEST TEXAS 700 N GRANT AVE ODESSA, TX 79761	85-0709355	501C3	57,625.	0.	BOOK		TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
GULF COAST LGBTQ+ CENTER, INC 1608 BAKER COURT CLASSROOMS 5 & 6 PANAMA CITY, FL 32401	88-3397358	501C3	7,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.
HAWAI'I LGBT LEGACY FOUNDATION 2270 KALAKAUA AVE SUITE 1506 HONOLULU, HI 96815	22-3969736	501C3	21,500.	0.	BOOK		TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
TRANSNEWYORK, INC. 108-14 72ND AVE FLOOR 2 FOREST HILLS, NY 11375	83-1006316	501C3	19,000.	0.	BOOK		TO SUPPORT WORKFORCE AND EMPLOYMENT READINESS PROGRAM/INITIATIVES. & CAN'T CANCEL PRIDE23.
HETRICK-MARTIN INSTITUTE, INC 2 ASTOR PL 3RD FL NEW YORK, NY 10003	13-3104537	501C3	9,000.	0.	BOOK		TO FACILITATE CHATS FOR Q CHAT SPACE PARTNERS & CAN'T CANCEL PRIDE23.
HIGH IMPACTO INC. 2221 SW SW 36 AVENUE FORT LAUDARDALE, FL 33312	81-2414283	501C3	7,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.
DIVERSITY COLLECTIVE VENTURA COUNTY - 2471 PORTOLA ROAD SUITE 100 - VENTURA, CA 93003	46-5312131	501C3	11,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES; ALSO MICRO-GRANT FOR ADVOCACY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUDSON PRIDE CENTER PO BOX 8116 NEW JERSEY, NJ 07308	22-3312710	501C3	6,500.	0.	BOOK		TO FUND NATIONWIDE OUTREACH AND ENROLLMENT EFFORTS OF THE MARKETPLACE/MEDICAID
IN OUR OWN VOICES, INC. 245 LARK STREET ALBANY, NY 12210	14-1804364	501C3	14,000.	0.	BOOK		TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY
UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC. (UNF LGBTQ CENTER) - 1 UNF DRIVE, BUILDING 58E ROOM 1111 - JACKSONVILLE, FL	59-2976169	501C3	7,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.
YOUTH OUTLOOK 1828 OLD NAPERVILLE ROAD NAPERVILLE, IL 60563	36-4223806	501C3	16,500.	0.	BOOK		TO FACILITATE CHATS FOR Q CHAT SPACE PARTNERS & CAN'T CANCEL PRIDE23.
COASTAL BEND WELLNESS FOUNDATION 2882 HOLLY ROAD CORPUS CHRISTI, TX 78415	74-2429518	501C3	18,625.	0.	BOOK		TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY
INSIDE OUT YOUTH SERVICES 223 N WAHSATCH AVENUE #101 COLORADO SPRINGS, CO 80903	84-1407299	501C3	6,300.	0.	BOOK		TO FACILITATE CHATS FOR Q CHAT SPACE PARTNERS & CAN'T CANCEL PRIDE23.
JASMYN INC. P.O. BOX 2973 JACKSONVILLE, FL 32203	59-3284175	501C3	7,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.
LGBT+ CENTER ORLANDO, INC 946 N MILLS AVE ORLANDO, FL 32803	59-1884445	501C3	7,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.
LGBT+ FAMILY & GAMES, INC. 931 N STATE RD 434 #1201-150 ALTAMONTE SPRINGS, FL 32714	82-4518100	501C3	7,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LGBTQ CENTER OC 1605 N SPURGEON ST SANTA ANA, CA 92701	95-2934041	501C3	14,400.	0.	BOOK		TO FACILITATE CHATS FOR Q CHAT SPACE PARTNERS & CAN'T CANCEL PRIDE23.
LGBTQ S.A.V.E.S 1959 SANDY LANE FORTH WORTH, TX 76112	81-2963106	501C3	7,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.
LOUISVILLE YOUTH GROUP, INC 417 E BROADWAY LOUISVILLE, KY 40202	61-1340329	501C3	7,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.
OPEN ARMS RAPE CRISES CENTER & LGBT+ SERVICES - 113 N HARRISON - SAN ANGELO, TX 76901	75-2398422	501C3	7,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.
ORLANDO YOUTH ALLIANCE PO BOX 536944 ORLANDO, FL 32853	59-3666953	501C3	7,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.
OUT BOULDER COUNTY PO BOX 1018 BOULDER, CO 80306	84-1467134	501C3	6,300.	0.	BOOK		TO FACILITATE CHATS FOR Q CHAT SPACE PARTNERS & CAN'T CANCEL PRIDE23.
OUT YOUTH 909 E 49TH 1/2 ST AUSTIN, TX 78751	74-2732971	501C3	7,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.
OUTMEMPHIS 892 SOUTH COOPER ST MEMPHIS, TN 38104	62-1398741	501C3	11,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES; MICRO-GRANT FOR ADVOCACY WORK IN
PRIDE COMMUNITY CENTER OF NORTH CENTRAL FLORIDA INC. - PO BOX 3583 - GAINESVILLE, FL 32627	59-3690357	501C3	14,000.	0.	BOOK		TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIDE COMMUNITY CENTER, INC 2130 HARVEY MITCHELL PKWY S #9706 COLLEGE STATION, TX 77842	27-2432807	501C3	11,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES; MICRO-GRANT FOR ADVOCACY WORK IN
PRISM FL 1327 PATRIDGE CLOSE POMPANO BEACH, FL 33064	85-0891778	501C3	11,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES; MICRO-GRANT FOR ADVOCACY WORK IN
PRISM UNITED 151 S ANN ST MOBILE, AL 36604	83-2612275	501C3	51,500.	0.	BOOK		TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
QUEER ASTERISK 1575 FRANKLIN ST DENVER, CO 80218	81-2883822	501C3	6,300.	0.	BOOK		TO FACILITATE CHATS FOR Q CHAT SPACE PARTNERS & CAN'T CANCEL PRIDE23.
SAN FRANCISCO LGBT COMMUNITY CENTER - 1800 MARKET ST - SAN FRANCISCO, CA 94102	94-3236718	501C3	19,000.	0.	BOOK		TO SUPPORT WORKFORCE AND EMPLOYMENT READINESS PROGRAM/INITIATIVES. & CAN'T CANCEL PRIDE23.
SMYAL 410 7TH STREET SE WASHINGTON, DC 20003	52-1394900	501C3	9,000.	0.	BOOK		TO FACILITATE CHATS FOR Q CHAT SPACE PARTNERS & CAN'T CANCEL PRIDE23.
SOJOURN 1530 DEJAKB AVE SUITE A ATLANTA, GA 30307	46-3383825	501C3	26,500.	0.	BOOK		TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
THE CENTER 7 RIVERS LGBTQ CONNECTION - 230 6TH ST SOUTH - LA CROSSE, WI 54601	83-0403958	501C3	14,000.	0.	BOOK		TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY
THE CENTER ON COLFAX 1301 E COLFAX AVE DENVER, CO 80218	84-0738879	501C3	23,800.	0.	BOOK		TO FACILITATE CHATS FOR Q CHAT SPACE PARTNERS; ALSO, TO SUPPORT WORKFORCE AND EMPLOYMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER PROJECT PO BOX 521 COLUMBIA, MO 65205	20-0220760	501C3	20,125.	0.	BOOK		TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY
THE EQUALITY CREW 1200 W WALNUT ST ROGERS, AR 72758	87-2156714	501C3	7,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.
THE LGBT CENTER OF GREATER READING 640 CENTRE AVE READING, PA 19601	81-3191097	501C3	14,000.	0.	BOOK		TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY
YOUTH OASIS 260 S ACADIAN THRUWAY BATON ROUGE, LA 70806	72-1406254	501C3	7,625.	0.	BOOK		TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

AT THE END OF EACH GRANT PERIOD EACH GRANTEE MUST PROVIDE CENTERLINK WITH A

REPORT THAT PROVIDES:

A. A NARRATIVE OF HOW THE SUPPORT WAS USED, NOTING BOTH ACHIEVEMENTS AND UNANTICIPATED CHALLENGES.

B. A FINANCIAL REPORT SHOWING ACTUAL EXPENDITURES AND REVENUES FOR THE PROJECT AND A LIST OF FUNDERS FOR THE TERM OF THE GRANT.

PART II, LINE 1, COLUMN (H):

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PRIDE CENTER SAN ANTONIO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND NATIONWIDE OUTREACH AND ENROLLMENT EFFORTS OF THE MARKETPLACE/MEDICAID OUTREACH PROJECT WITH AN INTEREST IN SERVING LGBTQ+PEOPLE. ALSO, TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT:

AKRON AIDS COLLABORATIVE (BAYARD RUSTIN LGBTQ+ RESOURCE CENTER)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY ORGANIZATIONS TO EMPHASIZE ENHANCING SAFE AND INCLUSIVE ENVIRONMENTS FOR INDIVIDUALS AGED TWENTY-ONE (21) AND ABOVE. ALSO TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF MENTAL HEALTH SERVICES OFFERED AT LGBT COMMUNITY CENTERS & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: ALL RAINBOW AND ALLIED YOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE:

TO SUPPORT YOUR CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES. & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: BORDERLAND RAINBOW CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY ORGANIZATIONS TO EMPHASIZE ENHANCING SAFE AND INCLUSIVE ENVIRONMENTS FOR INDIVIDUALS AGED TWENTY-ONE (21) AND ABOVE. ALSO, TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES. TO FUND NATIONWIDE OUTREACH AND ENROLLMENT EFFORTS OF THE MARKETPLACE/MEDICAID OUTREACH PROJECT WITH AN INTEREST IN SERVING LGBTQ+PEOPLE & CAN'T CANCEL PRIDE23.

Part IV Supplemental Information

TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY ORGANIZATIONS TO EMPHASIZE ENHANCING SAFE AND INCLUSIVE ENVIRONMENTS FOR INDIVIDUALS AGED TWENTY-ONE (21) AND ABOVE. ALSO, TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES. TO FUND NATIONWIDE OUTREACH AND ENROLLMENT EFFORTS OF THE MARKETPLACE/MEDICAID OUTREACH PROJECT WITH AN INTEREST IN SERVING LGBTQ+PEOPLE & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: CAPITOL AREA REENTRY PROGRAM INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & TO FUND NATIONWIDE OUTREACH AND ENROLLMENT EFFORTS OF THE MARKETPLACE/MEDICAID OUTREACH PROJECT WITH AN INTEREST IN SERVING LGBTQ+PEOPLE

NAME OF ORGANIZATION OR GOVERNMENT: CAROLINAS CARE PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY ORGANIZATIONS TO EMPHASIZE ENHANCING SAFE AND INCLUSIVE ENVIRONMENTS FOR INDIVIDUALS AGED TWENTY-ONE (21) AND ABOVE & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: BIRMINGHAM AIDS OUTREACH

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL INSTITUTES OF HEALTH ALL OF US RESEARCH PROGRAM INVITING PEOPLE ACROSS THE U.S. TO HELP BUILD ONE OF THE MOST DIVERSE HEALTH DATABASES IN HISTORY. CENTERLINK IS PART OF A NATIONAL NETWORK OF PARTNER ORGANIZATIONS SERVING AS TRUSTED INTERMEDIARIES AND MESSENGERS TO ASSIST IN REACHING THE NIH GOAL. & CAN'T CANCEL PRIDE23.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

AFFIRMATIONS LESBIAN AND GAY COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND NATIONWIDE OUTREACH AND ENROLLMENT EFFORTS OF THE MARKETPLACE/MEDICAID OUTREACH PROJECT WITH AN INTEREST IN SERVING LGBTQ+PEOPLE & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: HUGH LANE WELLNESS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND NATIONWIDE OUTREACH AND ENROLLMENT EFFORTS OF THE MARKETPLACE/MEDICAID OUTREACH PROJECT WITH AN INTEREST IN SERVING LGBTQ+PEOPLE; ALSO TO FACILITATE CHATS FOR Q CHAT SPACE PARTNERS & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT:

LEXINGTON GAY SERVICES ORGANIZATION, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND NATIONWIDE OUTREACH AND ENROLLMENT EFFORTS OF THE MARKETPLACE/MEDICAID OUTREACH PROJECT WITH AN INTEREST IN SERVING LGBTQ+PEOPLE. ALSO, TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: LGBT LIFE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY ORGANIZATIONS TO EMPHASIZE ENHANCING SAFE AND INCLUSIVE ENVIRONMENTS FOR INDIVIDUALS AGED TWENTY-ONE (21) AND ABOVE. ALSO, TO FUND NATIONWIDE OUTREACH AND ENROLLMENT EFFORTS OF THE MARKETPLACE/MEDICAID OUTREACH PROJECT WITH AN INTEREST IN SERVING LGBTQ+PEOPLE & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: BROOKLYN COMMUNITY PRIDE CENTER, INC.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL INSTITUTES OF HEALTH ALL OF US RESEARCH PROGRAM INVITING PEOPLE ACROSS THE U.S. TO HELP BUILD ONE OF THE MOST DIVERSE HEALTH DATABASES IN HISTORY. CENTERLINK IS PART OF A NATIONAL NETWORK OF PARTNER ORGANIZATIONS SERVING AS TRUSTED INTERMEDIARIES AND MESSENGERS TO ASSIST IN REACHING THE NIH GOAL

NAME OF ORGANIZATION OR GOVERNMENT: COLORS+

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF MENTAL HEALTH SERVICES OFFERED AT LGBT COMMUNITY CENTERS & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER ON HALSTED

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL INSTITUTES OF HEALTH ALL OF US RESEARCH PROGRAM INVITING PEOPLE ACROSS THE U.S. TO HELP BUILD ONE OF THE MOST DIVERSE HEALTH DATABASES IN HISTORY. CENTERLINK IS PART OF A NATIONAL NETWORK OF PARTNER ORGANIZATIONS SERVING AS TRUSTED INTERMEDIARIES AND MESSENGERS TO ASSIST IN REACHING THE NIH GOAL; TO FACILITATE CHATS FOR Q CHAT SPACE PARTNERS; ALSO, TO SUPPORT YOUR WORKFORCE AND EMPLOYMENT READINESS PROGRAM/INITIATIVES.

NAME OF ORGANIZATION OR GOVERNMENT: COMPASS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES; ALSO MICRO-GRANT FOR ADVOCACY WORK IN FLORIDA. & CAN'T CANCEL PRIDE23.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LGBT DETROIT

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL INSTITUTES OF HEALTH ALL OF US RESEARCH PROGRAM INVITING PEOPLE ACROSS THE U.S. TO HELP BUILD ONE OF THE MOST DIVERSE HEALTH DATABASES IN HISTORY. CENTERLINK IS PART OF A NATIONAL NETWORK OF PARTNER ORGANIZATIONS SERVING AS TRUSTED INTERMEDIARIES AND MESSENGERS TO ASSIST IN REACHING THE NIH GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: GENDERNEXUS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF ALL SERVICES OFFERED AT, AS WELL AS THE INFRASTRUCTURE OF, LGBT COMMUNITY CENTERS. & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: THE PRIDE CENTER AT EQUALITY PARK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND NATIONWIDE OUTREACH AND ENROLLMENT EFFORTS OF THE MARKETPLACE/MEDICAID OUTREACH PROJECT WITH AN INTEREST IN SERVING LGBTQ+PEOPLE & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: PRIDELINES

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL INSTITUTES OF HEALTH ALL OF US RESEARCH PROGRAM INVITING PEOPLE ACROSS THE U.S. TO HELP BUILD ONE OF THE MOST DIVERSE HEALTH DATABASES IN HISTORY. CENTERLINK IS PART OF A NATIONAL NETWORK OF PARTNER ORGANIZATIONS SERVING AS TRUSTED INTERMEDIARIES AND MESSENGERS TO ASSIST IN REACHING THE NIH GOAL. ALSO, TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SACRAMENTO LGBT COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL INSTITUTES OF HEALTH ALL OF US RESEARCH PROGRAM INVITING PEOPLE ACROSS THE U.S. TO HELP BUILD ONE OF THE MOST DIVERSE HEALTH DATABASES IN HISTORY. CENTERLINK IS PART OF A NATIONAL NETWORK OF PARTNER ORGANIZATIONS SERVING AS TRUSTED INTERMEDIARIES AND MESSENGERS TO ASSIST IN REACHING THE NIH GOAL. & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: PRIDE CENTER OF WEST TEXAS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF ALL SERVICES OFFERED AT, AS WELL AS THE INFRASTRUCTURE OF, LGBT COMMUNITY CENTERS, ALSO, TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAI'I LGBT LEGACY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF ALL SERVICES OFFERED AT, AS WELL AS THE INFRASTRUCTURE OF, LGBT COMMUNITY CENTERS. & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: DIVERSITY COLLECTIVE VENTURA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES; ALSO MICRO-GRANT FOR ADVOCACY WORK IN FLORIDA. & CAN'T CANCEL PRIDE23.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HUDSON PRIDE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND NATIONWIDE OUTREACH AND ENROLLMENT EFFORTS OF THE MARKETPLACE/MEDICAID OUTREACH PROJECT WITH AN INTEREST IN SERVING LGBTQ+PEOPLE & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: IN OUR OWN VOICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY ORGANIZATIONS TO EMPHASIZE ENHANCING SAFE AND INCLUSIVE ENVIRONMENTS FOR INDIVIDUALS AGED TWENTY-ONE (21) AND ABOVE & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: COASTAL BEND WELLNESS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY ORGANIZATIONS TO EMPHASIZE ENHANCING SAFE AND INCLUSIVE ENVIRONMENTS FOR INDIVIDUALS AGED TWENTY-ONE (21) AND ABOVE & TO SUPPORT YOUR CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES.

NAME OF ORGANIZATION OR GOVERNMENT: OUTMEMPHIS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES; MICRO-GRANT FOR ADVOCACY WORK IN FLORIDA. & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT:

PRIDE COMMUNITY CENTER OF NORTH CENTRAL FLORIDA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY ORGANIZATIONS TO EMPHASIZE ENHANCING SAFE AND INCLUSIVE ENVIRONMENTS FOR INDIVIDUALS AGED TWENTY-ONE (21) AND ABOVE & CAN'T CANCEL PRIDE23.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PRIDE COMMUNITY CENTER, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES; MICRO-GRANT FOR ADVOCACY WORK IN FLORIDA. & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: PRISM FL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES; MICRO-GRANT FOR ADVOCACY WORK IN FLORIDA. & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: PRISM UNITED

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF ALL SERVICES OFFERED AT, AS WELL AS THE INFRASTRUCTURE OF, LGBT COMMUNITY CENTERS. & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: SOJOURN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF MENTAL HEALTH SERVICES OFFERED AT LGBT COMMUNITY CENTERS & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: THE CENTER 7 RIVERS LGBTQ CONNECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY ORGANIZATIONS TO EMPHASIZE ENHANCING SAFE AND INCLUSIVE ENVIRONMENTS FOR INDIVIDUALS AGED TWENTY-ONE (21) AND ABOVE & CAN'T CANCEL PRIDE23.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE CENTER ON COLFAX

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FACILITATE CHATS FOR Q CHAT SPACE PARTNERS; ALSO, TO SUPPORT WORKFORCE AND EMPLOYMENT READINESS PROGRAM/INITIATIVES & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: THE CENTER PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY ORGANIZATIONS TO EMPHASIZE ENHANCING SAFE AND INCLUSIVE ENVIRONMENTS FOR INDIVIDUALS AGED TWENTY-ONE (21) AND ABOVE & CAN'T CANCEL PRIDE23; ALSO, TO SUPPORT CENTER'S YOUTH-SERVING PROGRAM AND INITIATIVES & CAN'T CANCEL PRIDE23.

NAME OF ORGANIZATION OR GOVERNMENT: THE LGBT CENTER OF GREATER READING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND A CAPACITY-BUILDING PROGRAM DESIGNED TO SUPPORT LGBTQ+ COMMUNITY ORGANIZATIONS TO EMPHASIZE ENHANCING SAFE AND INCLUSIVE ENVIRONMENTS FOR INDIVIDUALS AGED TWENTY-ONE (21) AND ABOVE & CAN'T CANCEL PRIDE23.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CENTERLINK, INC.

Employer identification number

52-2292725

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DENISE SPIVAK CEO	(i)	153,274.	17,000.	0.	0.	0.	170,274.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **CENTERLINK, INC.** Employer identification number **52-2292725**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TERRY STONE	FORMER CEO	10,000.	PAYMENT FOR		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TERRY STONE

(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR CONTRACT SERVICES AND LEADING VARIOUS CENTER TRAINING PROGRAMS

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CENTERLINK, INC.

Employer identification number

52-2292725

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

A DRAFT COPY OF THE RETURN WAS FORWARDED TO MANAGEMENT AND THE BOARD FOR REVIEW AND EDITORIAL COMMENTS. ONCE ALL COMMENTS WERE RESOLVED, A FINAL VERSION WAS FORWARDED FOR SIGNATURE AND FILING.

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

EACH BOARD MEMBER IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT EACH YEAR. THESE STATEMENTS ARE REVIEWED EACH YEAR BY THE BOARD CO-CHAIR OR THE EXECUTIVE DIRECTOR.

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

ALL CONTRACTS AND SALARIES OF OFFICERS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

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

ALL GOVERNING DOCUMENTATION IS KEPT ON FILE AND IS READILY AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES	508,568.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	7,866.
TOTAL EXPENSES	516,434.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	516,434.

