Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Inspection

A F	or th	e 201	g calendar year, or tax year beginning , 2019	o, and endin	<u>g</u>			, 20		
ъ.			C Name of organization			D Employer ide	ntificati	ion numbe	er	
Вс	heck if ap	plicable:	HIRE HEROES USA, INC.							
	Addre chang		Doing Business As			43-1562	688			
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone nu	ımber			
	Initial	return	1360 UNION HILL ROAD, STE 2A			(678) 78	5-326	61		
	Termi	nated	City or town, state or province, country, and ZIP or foreign postal code							
	Amen return		ALPHARETTA, GA 30004			G Gross receipt	s \$	9,3	87,	790.
	Applic	cation	F Name and address of principal officer: ROSS DICKMAN			H(a) Is this a grou subordinates'		for \	es 🗆	X No
		9	1360 UNION HILL ROAD, STE 2A, ALPHARETTA, G	30004		H(b) Are all subordi		ded?	es 🗍	No
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	7	If "No," attac	h a list. (s	see instructio	ns)	_
J	Websi	te: 🕨	WWW.HIREHEROESUSA.ORG			H(c) Group exemp	otion num	ber 🕨		
K	Form o	of organ	ization: X Corporation Trust Association Other	L Year of	formati	ion: 1990 M	State of	legal domi	icile:	GA
P	art I	Sui	mmary			•				
	1	Briefly	describe the organization's mission or most significant activities: HIRE	HEROES U	SA El	MPOWERS U	.s. N	MILIAR	Y.	
ě			BERS, VETERANS AND MILITARY SPOUSES TO SUCCEE							
anc		WOR	KFORCE.							
ern-	2	Check	this box F if the organization discontinued its operations or dispos	ed of more tha	n 25%	of its net assets	 3.			
Governance			er of voting members of the governing body (Part VI, line 1a)			1	3			6.
			er of independent voting members of the governing body (Part VI, line 1b)				4			6.
ties	5	Total	number of individuals employed in calendar year 2019 (Part V, line 2a)				5		1	41.
Activities &			number of volunteers (estimate if necessary)				6		7	743.
Ac			unrelated business revenue from Part VIII, column (C), line 12				7a			0
			nrelated business taxable income from Form 990-T, line 34				7b			0
			······································			Prior Year		Curre	nt Yea	
	8	Contri	ibutions and grants (Part VIII, line 1h)			11,746,85	2.	7,	970,	301
nue	9	Progra	am service revenue (Part VIII, line 2g)	PY FOR		223,81	1.		341,	875
Revenue			ment income (Part VIII, column (A), lines 3, 4, and 7d)	NSPECTION			1.			407
ž			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			117,95	1.		-92,	
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			12,088,61			251,	
_			s and similar amounts paid (Part IX, column (A), lines 1-3)			, , .	0.	-,		0
			its paid to or for members (Part IX, column (A), line 4)				0.			
			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			7,587,52	6.	8.3	191,	222
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			, , -	0.	-,		
ber	h	Total	fundraising expenses (Part IX, column (D), line 25) ►480 , 256	5.						
ŭ			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,215,87	2.	2.	528,	259
			expenses (Fartix, column (A), lines (Fartix, Frieder) expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			9,803,39			719,	
			nue less expenses. Subtract line 18 from line 12			2,285,21			467,	
or		TTCVCI	tue 1633 experises. Oubtract line 10 from line 12		Begin	ning of Current Y		End of		
ets	20	Total	assets (Part X, line 16)			7,944,17			762,	867
Net Assets or Fund Balances	21		liabilities (Part X, line 10)			2,601,94			888,	
und,	22		ssets or fund balances. Subtract line 21 from line 20.			5,342,23			874,	
	rt II		gnature Block			-,,			,	
			of perjury, I declare that I have examined this return, including accompanying sched	lules and statem	nents a	nd to the best of	mv knc	owledge ar	nd belie	efitis
true	e, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer has	s any kn	owledge.				
						11/1	5/202	2.0		
Sig	n		Signature of officer			Date				
He	re		ROSS DICKMAN INTER	IM CEO						
			Type or print name and title							
			Type preparer's name Preparer's signature	Date		Chaal	if PTII	N		
Paid	i		RE J LINAHAN MARY ZMOKAN	$\gamma_{11/15}^{-11/15}$	/202	Check O self-employe	"	 013729	980	
Pre	parer		· OMTENI C HOMADD D C	1 -1/13	, 202			250486		
Use	Only	_	saddress > 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363					874-62		
May	the II	_	cuss this return with the preparer shown above? (see instructions)			Phone no.		X Yes		N.c.
			Reduction Act Notice, see the separate instructions.						990 (No
ı Ul	- apel	WUIK	readulation Aut Notice, see the Separate instructions.					LOHII	J J U (∠∪19)

Form 990 (2019) Page 2

P	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	HIRE HEROES USA EMPOWERS U.S. MILITARY MEMBERS, VETERANS AND MILITARY	
	SPOUSES TO SUCCEED IN THE CIVILIAN WORKFORCE. AS A 501(C)(3)	
	NONPROFIT ORGANIZATION, HIRE HEROES USA'S SERVICES ARE PROVIDED AT NO	
	COST TO THE CLIENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	orior Form 990 or 990-EZ? Yes [f "Yes," describe these new services on Schedule O.	1 NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	v
	services?.................... Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others
	the total expenses, and revenue, if any, for each program service reported.	
_		
4a	(Code:) (Expenses \$8,396,480. including grants of \$) (Revenue \$) PARTNERED CAREER TRANSITION (PACT) IS OUR HALLMARK PROGRAM WHERE	
	CLIENTS ARE PAIRED WITH TRANSITION SPECIALISTS TO CREATE	
	PROFESSIONAL RESUMES AND LEARN EFFECTIVE JOB SEARCH TECHNIQUES.	
	DUR PARTNERED CAREER TRANSITION PROGRAM SERVES MORE THAN 13,000	
	CLIENTS ANNUALLY.	
	PLEASE SEE SCHEDULE O FOR FURTHER DETAILS.	
4b	Code:) (Expenses \$	
	EMPLOYMENT PARTNERSHIPS AND OPPORTUNITIES (EPO) TEAM	
	ACCOMPLISHMENTS FOR THE YEAR:	
	-2931 INTERVIEW CONNECTIONS	
	-1373 O2O INTERVIEW CONNECTIONS -2093 O2O CONFIRMED HIRES	
	-2093 OZO CONFIRMED HIRES	
	PLEASE SEE SCHEDULE O FOR FURTHER DETAILS.	
	ZEASE SEE SCHEDULE O FOR FURTHER DETAILS.	
4c	(Code:) (Expenses \$ 219,039. including grants of \$) (Revenue \$)	
	SERVING SPOUSES PROGRAM	
	THE HIRE HEROES USA SERVING SPOUSES PROGRAM PROVIDES TAILORED	
	PERSONALIZED IN-PERSON AND VIRTUAL CAREER SERVICES TO IDENTIFY AND	
	SERVICE SOLUTIONS DEVELOPED TO OVERCOME THE UNIQUE EMPLOYMENT	
	BARRIERS ENCOUNTERED AS A MILITARY SPOUSE.	
	PLEASE SEE SCHEDULE O FOR FURTHER DETAILS.	
اء 4	Other program services (Describe on Schedule O.)	
÷u	Expenses \$ including grants of \$) (Revenue \$)	
40	Total program convice expenses \ 9.418.661	

Part IV Checklist of Required Schedules Page 3

rai	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	•		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
_	·	- 3		- 21
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			3.5
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
11				
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		37	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120				
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.	х	
	Schedule D, Parts XI and XII.	12a	Λ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
17		47		Х
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		22
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_	٦,	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part	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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
23 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		Х
		25a		
D	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?			77
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jua		
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		50	21	
ાલા	Check if Schedule O contains a response or note to any line in this Part V			
	Officers in Confedence O Contains a response of flote to any line in this Fart V		Yes	No
1 9	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 03	
	Enter the number reported in Box of Fermi 1000. Enter of infect applicable 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
	Enter the number of Fernie W 20 metadod in line 1d. Enter of infortapphotologic			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1.	Х	
	reportable gaming (gambling) winnings to prize winners?	1c	_ ^	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 141			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
- -a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country \[\bigs\]	Tu		
D				ĺ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		21
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
		7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			i
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			i
	Section 501(c)(12) organizations. Enter:			i
	Gross income from members or shareholders			i
				i
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			i
40-	against announce due of received from the mily 111111111111111111111111111111111111	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	ıza		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			i
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			7.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 9	990 (2019) HIRE HEROES USA, INC. 43-156	2688	F	Page 6
Part	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.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
ıa	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
L	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent.			
	Enter the number of voting members included on line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
•	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		21
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		Х
	one or more members of the governing body?	7a		122
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		Х
_	stockholders, or persons other than the governing body?	7b		- A
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		Х	
а	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			Х
Socti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<u> </u>	21
Secu	ION D. FUNCIES FINS SECTION D LEGITESTS INFORMATION ADOID DOILGES NOT LEGITIEU DA THE INFERMATINE REVENISE.		: ,	
	and the state of t	Couc	_	No
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	_	No X
10a b	Did the organization have local chapters, branches, or affiliates?	10a	_	
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
	Did the organization have local chapters, branches, or affiliates?	10a	_	
b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	
b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	X	
11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	
11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	X X X	
11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	X X X	
b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	X X X X X	
b 11a b 12a b c 13	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10a 10b 11a 12a 12b	X X X	
b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	X X X X X	
b 11a b 12a b c 13	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	X X X X X X	
b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	X X X X X X X X	
b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	X X X X X X	
b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10a 10b 11a 12a 12b 12c 13 14	X X X X X X X X	
b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X X	X
b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	X X X X X X X X	
b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X X	X
b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X X	X
11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X X	X
11a b 12a b c c 13 14 15 a b Section	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X X	X
11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X X X X X X X X X X X X X X	X

(3)s only) available for public inspection. Indicate how you made these a<u>vailable</u>. Check all that apply.

X Upon request Other (explain on Schedule O) Another's website

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.

State the name, address, and telephone number of the person who possesses the organization's books and records Tiffany Hinkle, CPA, MBA 1360 UNION HILL RD, STE 2A ALPHARETTA, GA 30004 678-785-3261 20

Form **990** (2019)

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

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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

Check this box if neither	the organization nor	anv related	dorganization	compensated	any current office	er. director. or trustee.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) CHRISTOPHER PLAMP	40.00									
CEO	0.			Х				214,577.	0.	9,552
(2) ERIN JOHNSON	40.00							,		
DIRECTOR OF GROWTH	0.					X		138,259.	0.	5,712
(3) ROSS DICKMAN	40.00									
DIRECTOR OF INDEPENDENCE PROJE	0.					X		106,661.	0.	27,892
(4) TED SCHWINN	40.00									
DIRECTOR OF CLIENT SERVICES	0.					X		120,686.	0.	6,740
(5) MICHELE WIESNER	40.00									
DIRECTOR OF CAPACITY BUILDING	0.					X		100,910.	0.	11,321
(6) NATHAN ALAN SMITH	40.00									
CFO	0.			Х				80,040.	0.	11,958
(7) JOSEPH EVERS	40.00									
FINANCE DIRECTOR	0.			Х				44,158.	0.	9,948
(8) JOHN BARDIS	1.00									
CHAIRMAN	0.	X						0.	0.	0
(9) BRIAN STANN	1.00									
VICE CHAIRMAN	0.	Х						0.	0.	0
(10) LAUREN CONDOLUCI	1.00									
BOARD MEMBER	0.	Х						0.	0.	0
(11) VAL NICHOLAS	1.00									
BOARD MEMBER	0.	X						0.	0.	0
(12) JOSH WEINTRAUB	1.00									
BOARD MEMBER	0.	X						0.	0.	0
(13) CHARLES MACINTOSH	1.00									
BOARD MEMBER	0.	X						0.	0.	0
(14)										

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and F	lig	hest Compensat	ed Employe	es (c	ontinue	d)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	n both that highest compensated or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportabl compensation related organizatio (W-2/1099-M	from ns	Est am comp fro orga and	(F) timated ount of other pensatio m the anizatio related	f on on d
		-											
1b Sub-total								805,291.		0.		83,2	123.
c Total from continuation sheets to Part VII, Se	_						•	0.		0.		00.1	0.
d Total (add lines 1b and 1c)	limited to t	hose	liste				o re	805,291.	 \$100,000 of	0.		83,2	L23.
reportable compensation from the organization			5									Yes	No
3 Did the organization list any former offic	er directo	or or	trı	iste	6	kev e	mn	alovee or highes	t compensat	ed		163	140
employee on line 1a? If "Yes," complete Schedu											3		Х
4 For any individual listed on line 1a, is the sorganization and related organizations gre													
individual											4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		Х
Section B. Independent Contractors												'	
 Complete this table for your five highest com compensation from the organization. Report c year. 													
(A) Name and business add	Iress							(B) Description of se	rvices	С	(C) compens	ation	
							-						
							+						
							İ						
2 Total number of independent contractors (ir	ncluding bu	ut not	lin	nite	d to	thos	e li	isted above) who	received				

Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to an	y line in this Part V	/III		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ي ق	C	Fundraising events 1c	577,544.				
fts, r A	d	Related organizations	,				
igi ia							
JS, im	e	, , , , , , , , , , , , , , , , , , ,					
rior S	†	All other contributions, gifts, grants,					
but		and similar amounts not included above . 1f	7,392,757.				
Ξğ	g	Noncash contributions included in					
ind		lines 1a-1f <u>1g</u>					
	h	Total. Add lines 1a-1f		7,970,301.			
4			Business Code				
/ice	2a	EPO		341,875.	341,875.		
er Le	b						
n S en	С						
rar	d						
Program Service Revenue	е						
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	341,875.			
	3	Investment income (including dividends	, interest, and				
		other similar amounts)		14,559.			14,559.
	4	Income from investment of tax-exempt bor	. [0.			
	5	Royalties	•	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other	0.			
	l la		() Galler				
			.				
4		suiter unair inventery ru	· ·				
evenue	b	Less: cost or other basis and sales expenses 7h 994,890	,				
Ne.		and calco expended 1 1 1 2					
Re	١.	Gain or (loss)		17,848.			17,848.
Jer	d	Net gain or (loss)		17,040.			17,040.
Other	8a	Gross income from fundraising					
		events (not including \$577,544.					
		of contributions reported on line					
		1c). See Part IV, line 18					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising event	s >	-102,288.			-102,288.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities	s >	0.			
	10a	Gross sales of inventory, less					
		returns and allowances10	a 0.				
	b	Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory	<u> </u>	0.			
S			Business Code				
eo le	11a	OTHER REVENUE		9,521.			9,521.
lan ent	b						
eve	С						
Miscellaneous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d	.	9,521.			
	12	Total revenue. See instructions	. >	8,251,816.	341,875.		-60,360.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX										
Do	not include amounts reported on lines 6b, 7b,				(D)					
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	Fundraising					
			expenses	general expenses	expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	0.								
4	Benefits paid to or for members	0.								
5	Compensation of current officers, directors, trustees, and key employees	370,232.	319,871.	17,836.	32,525.					
6	Compensation not included above to disqualified									
-	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0.								
7	Other salaries and wages	6,532,625.	5,646,318.	572,407.	313,900.					
	Pension plan accruals and contributions (include									
·	section 401(k) and 403(b) employer contributions)	161,472.	139,565.	14,149.	7,758.					
9	Other employee benefits	484,003.	418,337.	42,410.	23,256.					
10	Payroll taxes	642,890.	555,667.	56,331.	30,892.					
11	Fees for services (nonemployees):	,	•	,	<u> </u>					
	` ' ' /	0.								
	Management	0.								
	· ·	23,480.		23,480.						
	Accounting	0.		,						
	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17. Investment management fees	0.								
y	Other. (If line 11g amount exceeds 10% of line 25, column	390,755.	363,344.	9,387.	18,024.					
12	(A) amount, list line 11g expenses on Schedule O.). Advertising and promotion	24,520.	20,716.	1,918.	1,886.					
13	Office expenses	457,549.	409,872.	30,785.	16,892.					
14	Information technology	0.		,						
15	Royalties.	0.								
16		355,559.	330,251.	13,811.	11,497.					
17	Occupancy	308,633.	282,393.	15,673.	10,567.					
	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials	0.								
10	Conferences, conventions, and meetings	0.								
19	_	0.								
20	Interest Payments to affiliates Payments	0.								
21 22	Depreciation, depletion, and amortization	23,678.	20,254.	2,182.	1,242.					
23	Insurance	0.		_,						
24	Other expenses. Itemize expenses not covered									
24	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.)									
_	OTHER PROGRAM EXPENSES	719,685.	719,685.							
_	DEVELOPMENT	190,171.	162,321.	17,507.	10,343.					
-	PROFESSIONAL DEVELOPMENT	27,584.	24,382.	2,068.	1,134.					
-	MISCELLANEOUS	6,645.	5,685.	620.	340.					
_		3,013.	2,003.	020.						
	All other expenses Add lines 1 through 24e	10,719,481.	9,418,661.	820,564.	480,256.					
	Joint costs. Complete this line only if the organization reported in column (B) joint costs	201121101.	2,110,001.	020,001.	100,200.					
	from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.								
	J (· · · · - · /	٠٠١								

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		X				
			(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing	5,036,610.	1	4,725,509.				
	2	Savings and temporary cash investments	0.	2	0.				
	3	Pledges and grants receivable, net	2,703,457.	3	900,167.				
	4	Accounts receivable, net	100,706.	4	0.				
	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	0.	5	0.				
	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)	0.	6	0.				
ts	7	Notes and loans receivable, net	0.	7	0.				
Assets	8	Inventories for sale or use	0.	8	0.				
Ÿ	9	Prepaid expenses and deferred charges ATCH . 1	8,931.	9	65,783.				
	10 a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D 10a 110,973.							
	b	Less: accumulated depreciation	65,276.	10c	41,598.				
	11	Investments - publicly traded securities	0.	11	587.				
	12	Investments - other securities. See Part IV, line 11	0.	12	0.				
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.				
	14	Intangible assets	0.	14	0.				
	15	Other assets. See Part IV, line 11	29,193.	15	29,223.				
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,944,173.	16	5,762,867.				
	17	Accounts payable and accrued expenses	766,904.	17	655,248.				
	18	Grants payable	0.	18	0.				
	19	Deferred revenue.	1,835,037.	19	2,233,052.				
	20	Tax-exempt bond liabilities	0.	20	0.				
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.				
S	22	Loans and other payables to any current or former officer, director,	THE OF CONTOURNE BY THE T						
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%							
abil		controlled entity or family member of any of these persons	0.	22	0.				
Ï	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.				
	24	Unsecured notes and loans payable to unrelated third parties.	0.	24	0.				
	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	0.	25	0.				
	26	Total liabilities. Add lines 17 through 25	2,601,941.	26	2,888,300.				
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.							
lan	27	Net assets without donor restrictions	401,294.	27	376,851.				
Ba	28	Net assets with donor restrictions.	4,940,938.	28	2,497,716.				
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.							
ō	29	Capital stock or trust principal, or current funds		29					
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30					
Assets or	31	Retained earnings, endowment, accumulated income, or other funds		31					
et A	32	Total net assets or fund balances	5,342,232.	32	2,874,567.				
Net	33	Total liabilities and net assets/fund balances	7,944,173.	33	5,762,867.				
_			, :, - : 5 •	_ 55	Form 990 (2019)				

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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			51,8	
2						81.
3	Revenue less expenses. Subtract line 2 from line 1	3	-		67,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,3	42,2	232.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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		2,8	74,5	67.
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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X					
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo	the	7		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	_		3b		

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Nam	of th	ne organization					Employer identifi	cation number
$\overline{}$		HEROES USA, INC.					43-15626	
Pa	t I	Reason for Public Cha	rity Status (All o	organizations must o	complet	e this pa	rt.) See instructions	i
The	orga	anization is not a private fou		•		•	•	
1	Щ	A church, convention of chu						
2	Щ	A school described in secti			-			
3	Щ	A hospital or a cooperative	•	-				
4		A medical research organiz	•	conjunction with a ho	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
_		hospital's name, city, and st						
5		An organization operated to		a college or universit	y owner	or ope	rated by a governme	ental unit described li
		section 170(b)(1)(A)(iv). (C		romantal unit danariba	d in ===4	: 170/	L\/4\/ A\/\	
6 7	Х	A federal, state, or local go An organization that normal	_			-		am the general nubli
′	Λ	described in section 170(b)	· ·	•	ipport in	Jili a yo	verninental unit of its	on the general publi
8		A community trust describe			Part II \			
9	Н	An agricultural research org					in conjunction with a	land-grant college
Ū		or university or a non-land-	=			-	=	
		university:	g g	······································	,			· ·····- g ·
10 11		An organization that normal receipts from activities rela support from gross investmacquired by the organization organization organization organization organization organization.	ited to its exempt f nent income and u on after June 30, 19	unctions - subject to nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	xception me (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its
12	Н	An organization organized	•	•	-			carry out the nurnoses
12		of one or more publicly su	•	-	-			
		Check the box in lines 12a t						. , , ,
а		Type I. A supporting orga	=	= -		-	•	=
-		the supported organization	•	•	•		. ,	
		_ supporting organization. \		• • • •		, ,		
b		Type II. A supporting org				with its	supported organization	on(s), by having
		control or management of	•					
	_	_ organization(s). You must	complete Part IV	, Sections A and C.				
С		$oxedsymbol{oxed}$ Type III functionally integral	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functional	lly integrated with,
		$_$ its supported organizatior	n(s) (see instruction	ns). You must comple	te Part I	V, Section	ons A, D, and E.	
d					-			
		that is not functionally inte		•	-		•	d an attentiveness
		requirement (see instruct	,	•		•		
е	L	Check this box if the orga						II, Type III
	Ent	functionally integrated, or ter the number of supported			porting o	organizat	ion.	
g		ovide the following information	•					
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(.,	amo or capported organization	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ıl							

Schedule A (Form 990 or 990-EZ) 2019 Page 2

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,159,236.	8,799,754.	8,626,906.	11,746,852.	7,970,301.	39,303,049.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	2,159,236.	8,799,754.	8,626,906.	11,746,852.	7,970,301.	39,303,049.	
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)						12,163,103.	
6	Public support. Subtract line 5 from line 4						27,139,946.	
	tion B. Total Support	(-) 2015	(b) 2016	(=) 2047	(4) 2010	(2) 2010	(f) Total	
	ndar year (or fiscal year beginning in)	(a) 2015 2,159,236.	(b) 2016 8,799,754.	(c) 2017 8,626,906.	(d) 2018 11,746,852.	(e) 2019 7,970,301.	(f) Total	
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,773.	3,477.	8,626,906.	11,740,852.	14,559.	31,695.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,091.		3,932.	12,644.	9,521.	29,188.	
11	Total support. Add lines 7 through 10						39,363,932.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	1,369,113.	
13	First five years. If the Form 990 is forganization, check this box and stop here	.		d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶	
Sec	tion C. Computation of Public Sup		_				60.05	
14	Public support percentage for 2019 (li		-			14	68.95 %	
15	Public support percentage from 2018					15	89.15 %	
16a	331/3% support test - 2019. If the org	=						
	box and stop here. The organization q							
b	331/3% support test - 2018. If the org							
170	this box and stop here. The organization			-				
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization							
	Part VI how the organization meets t							
	organization			•	•		► □	
h	10%-facts-and-circumstances test - 2						and line	
b	15 is 10% or more, and if the organic	•	•		•			
	Explain in Part VI how the organizati							
	supported organization							
18	Private foundation. If the organization							
	instructions							
							<u> </u>	

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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.)

	tion A Podulis Commont				<u> </u>	,	
	tion A. Public Support	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2015	(1) 2010	(6) 2017	(u) 2010	(6) 2019	(I) 10tai
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ū	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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year_						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		T	1	ı	T	<u> </u>
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop here.	-			•		
Sec	tion C. Computation of Public Supp	ort Percenta	age				
15	Public support percentage for 2019 (line 8,		-			15	%
16	Public support percentage from 2018 Sche					16	%
Sec	tion D. Computation of Investment					1	
17	Investment income percentage for 2019 (lin					17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the org	-					. \square
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2018. If the orga						. 🗀
	line 18 is not more than 331/3 %, check		•				
20	Private foundation. If the organization d	iid not check a	a box on line 1	4, 19a, or 19b,	cneck this box	c and see instruc	ctions

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Schedule A (Form 990 or 990-EZ) 2019 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Schedule A (Form 990 or 990-EZ) 2019

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Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on 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		
Secti	on D. All Type III Supporting Organizations			
	Diddle and the second of the s		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test. Answer (a) and (b) 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? <i>If</i> "Yes," <i>then in</i> Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	٥.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organize			•
Section A - Adjusted Net Income	(B) Current Year (optional)		
1 Net short-term capital gain	1		(0) 11011211
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 1-1/2% 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 .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 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see
instructions).	-		- ,

Schedule A (Form 990 or 990-EZ) 2019

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish ex	kempt purposes				
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
b	From 2015					
С	From 2016					
d	From 2017					
е	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2015					
b	Excess from 2016					
С	Excess from 2017					
d	Excess from 2018					
е	Excess from 2019					

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

HIRE HEROES USA, INC. 43-1562688 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization HIRE HEROES USA, INC.

Employer identification number 43-1562688

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1 _		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
2		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization HIRE HEROES USA, INC.

Employer identification number 43-1562688

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization HIRE HEROES USA, INC.

Employer identification number

43-1562688

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	SHARES OF STARBUCKS CORP STOCK		
		\$525,890.	06/26/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. \$	

Name of organization HIRE HEROES USA, INC.

Employer identification number

Part III	Exclusively religious, charitable, etc., of (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the young duplicate copies of Part III if addition	e year from any one completing Part year. (Enter this inf	one contributor. Colli, enter the total colormation once. Se	omplete columns (a) through (e) and of exclusively religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transfe	r of gift			
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transfe ZIP + 4		ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transfe ZIP + 4		ship of transferor to transferee		

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

HII	RE HEROES USA, INC.	43-1562688
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control? .	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	ınds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?	Yes No
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of a historically important land area
	Protection of natural habitat Preservation of	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspecti	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
_	• — — — — — — — — — — — — — — — — — — —	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
_		470(E)(A)(D)(2)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
^	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and	
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financi	
	organization's accounting for conservation easements.	ai statements that describes the
Pa	art 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.	Jimmai 7 loostoi
12		e statement and halance sheet works
ıa	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	nese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st art, historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items:	. .
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	assets for financial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	▶ ♠
a b	Revenue included on Form 990, Part VIII, line 1	
IJ	/ NOOCIO INCIUUCU III I UIIII JUU, I AIL AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	D

Page 2 Schedule D (Form 990) 2019

 Using the organization's acquisition, accession, and other records, check any of the following that make significant us collection items (check all that apply): a Public exhibition b Scholarly research d Loan or exchange program Other 	e of its
a Public exhibition d Loan or exchange program	
b Scholarly research e Other	
<u> </u>	
c Preservation for future generations	
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	n
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	
d Additions during the year	
e Distributions during the year	
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	
Ta Degining of year balance i. i.	3,321
b Contributions	
c Net investment earnings, gains,	
and losses	
d Grants or scholarships	
e Other expenditures for facilities	0 542
and programs	0,743
f Administrative expenses	10
g Lind of year balance	2,578
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 ► 100.0000 %	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	s No
organization by:	X
· · · · · · · · · · · · · · · · · · ·	X
<u> </u>	- 21
 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	
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 (b) Cost or other basis (c) Accumulated (d) Book value (investment)	•
(investment) (other) depreciation	
b Buildings	
c Leasehold improvements	
	5,133.
	,465.
	,598.

Schedule D (Form 990) 2019 Page 3

Part VII	Investments - Other Securities.		D 4 11 4 4 4 5 5 600	5 ()(!! (6
	Complete if the organization answered	l "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 valuat Cost or end-of-year mark	
(1) Financia	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
T art VIII	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuat	
			Cost or end-of-year mark	cı value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	al income taxes	•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>	
i otal. (Colulli	iii (b) iiiust equai i Oilii 990, Fait A, COI. (D) IIIle 25.)			

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

Schedule D (Form 990) 2019

Page 4 Schedule D (Form 990) 2019

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	<u> </u>	rago .
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ı.	
1	Total revenue, gains, and other support per audited financial statements	1	8,267,496.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		4 = 400
е	Add lines 2a through 2d	2e	15,680.
3	Subtract line 2e from line 1	3	8,251,816.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	investment expenses not included on Form 550, Fart Vin, line 75	-	
b C	Other (Describe in Part XIII.)	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,251,816.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	_
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	10,735,161.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C C	Other losses		
d e	Add lines 2a through 2d	2e	15,680.
3	Subtract line 2e from line 1	3	10,719,481.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	10 710 401
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,719,481.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V.	line 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUNDS OF HIRE HEROES USA ARE USED TO SUPPORT THE ANNUAL EXPENSE INCURRED TO ACHIEVE THE ORGANIZATION'S MISSION AND VISION AND TO FUND THE EXPENSES AND ACTIVITIES AS PRESCRIBED BY THE DONOR DESIGNATED RESTRICTIONS.

SCHEDULE D, PART X

FIN 48 (ASC 740) NOTE

HIRE HEROES USA, INC. IS A NOT-FOR-PROFIT ORGANIZATION WHICH IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS THE ORGANIZATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION. THE ORGANIZATION DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2019.

IN THE NORMAL COURSE OF BUSINESS, THE ORGANIZATION IS SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES. IN GENERAL, THE ORGANIZATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR TAX YEARS ENDING BEFORE DECEMBER 31, 2016.

Schedule D (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identification	on number
HIRE HEROES USA, INC.		43-1562688				
Form 990-EZ filers are not re	•			Yes" on Form 99	90, Part IV, line 1	7.
1 Indicate whether the organization rais				activities. Check a	all that apply.	
a Mail solicitations	e		_	non-government g	· · ·	
b Internet and email solicitations	f	Solicit	ation of	government grant	S	
c Phone solicitations	g	Speci	al fundrai	ising events		
d In-person solicitations						
 2a Did the organization have a written of or key employees listed in Form 990. b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the organization. 	, Part VII) or entity viduals or entities	in connect	on with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund custody or contribu	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		(-)	
1		100				
2						
3						
4						
- <u>-</u>						
5						
6						
7						
8						
9						
10						
Total 3 List all states in which the organizate registration or licensing.				contributions or	has been notified	it is exempt from
		<u></u>				

Sche	dule	HIRE HI	EROES USA, INC.		43-	-1562688 Page 2
Pa	rt l	Fundraising Events. Completed more than \$15,000 of fundrate events with gross receipts greaters.	aising event contribut			
			(a) Event #1 NY DINNER	(b) Event #2 100 HOLES	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue			(event type)	(event type)	(total number)	(-1)
	1	Gross receipts	498,471.	70,796.	47,073.	616,340
	2	Less: Contributions Gross income (line 1 minus	471,471.	70,796.	35,277.	577,544.
		line 2)	27,000.		11,796.	38,796
	4	Cash prizes				
nses	5	Noncash prizes				
	6	Rent/facility costs	15,361.			15,361
Direct Expenses	7	Food and beverages	28,764.		845.	29,609
Direct	8	Entertainment	50,119.			50,119
	9	Other direct expenses	10,325.	27,043.	8,627.	45,995.
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu ne 10 from line 3, colu	ımn (d) umn (d)		141,084.
Pa			anization answered "			reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	% Yes% No	Yes%No	

	7 Direct expense summary. Add lines 2 through 5 in column (d)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)
9	Enter the state(s) in which the organization conducts gaming activities:
a b	Is the organization licensed to conduct gaming activities in each of these states? Yes No If "No," explain:
10a b	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No If "Yes," explain:

Sched	lule G (Form 990 or 990-EZ) 2019	ge 3
11	Does the organization conduct gaming activities with nonmembers? Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ▶	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No
b	the same of the sa	140
	amount of gaming revenue retained by the third party ► \$	
С		
	Name ►	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	the state of the s	
		No
b		
	or spent in the organization's own exempt activities during the tax year ▶ \$	
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

HIRE HEROES USA, INC.

Inspection Employer identification number

43-1562688

Part	Questions Regarding Compensation						
			Yes	No			
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.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment						
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	4.					
•	explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all						
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	2					
	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.						
	Compensation committee Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	X Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		X			
b							
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the revenues of:						
a	The organization?	5a		X			
b	Any related organization?	5b		Х			
•	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the net earnings of:	0-		Х			
a	The organization?	6a		X			
b	If "Yes" on line 6a or 6b, describe in Part III.	6b		21			
7							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	Х				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe						
	in Part III	8		Х			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53 4958-6(c)?	a					

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

Schedule J (Form 990) 2019

HIRE HEROES USA, INC. 43-1562688

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and (D) Nontaxable		(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CHRISTOPHER PLAMP	(i)	179,577.	35,000.	0.	7,242.	2,310.	224,129.	0.
1CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_ 2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

HIRE HEROES USA, INC. 43-1562688

Schedule J (Form 990) 2019

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, LINE 7

PERFORMANCE BONUSES ARE ACCRUED IN 2018 FOR PAYMENT IN 2019.

9E1505 1.000

SCHEDULE M (Form 990)

Noncash Contributions

43-1562688

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HIRE HEROES USA, INC.

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

Attach to Form 990.

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

Employer identification number

Par	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		1.	525,890.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other	1					
18	Collectibles	1					
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28							
29	Number of Forms 8283 received				20		
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29	Yes	No
20-	During the year did the argenizat	llan raaalisa	by contribution any propo	why reported in Dort I line	a 1 through	res	No
30a	During the year, did the organizat						
	28, that it must hold for at least t to be used for exempt purposes for	-				30a	Х
h	If "Yes," describe the arrangement		olding period?			Jua	
	Does the organization have a		tance policy that require	os the review of any	nonetandard		
31	_					31 X	
222	contributions? Does the organization hire or use					31	
JZd	contributions?	•	•	•		32a X	
h	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which column (a)) is checked		
-	describe in Part II.	a.mount iii t	olalili (o) for a type of pro	porty for willour columnit (a)	, 13 011001100,		

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2**

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

SCHEDULE M, NUMBER OF CONTRIBUTIONS

THE NUMBER OF CONTRIBUTIONS IS DETERMINED BY THE NUMBER OF CONTRIBUTIONS

RECEIVED NOT THE NUMBER OF ITEMS RECEIVED.

SCHEDULE M, PART I, QUESTION 32B

ALL STOCK CONTRIBUTIONS ARE SOLD IMMEDIATELY UPON RECEIPT THROUGH

MERRILL LYNCH WHERE STOCK GIFTS ARE RECEIVED.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 43-1562688

HIRE HEROES USA, INC.

PART III, LINE 4A

PACT

CLIENTS WHO REGISTER FOR OUR PACT PROGRAM ARE INDIVIDUALLY-PARTNERED WITH A TRANSITION SPECIALIST ON OUR TEAM WHO HELPS THEM UNDERSTAND TRANSFERABLE SKILLS AND COMMUNICATE THEIR VALUE TO EMPLOYERS. FROM RESUME WRITING, COVER LETTERS, NETWORKING TO INTERVIEWING, OUR TRANSITION SPECIALISTS STICK WITH CLIENTS UNTIL THEY NO LONGER NEED OUR SERVICES.

PROVIDED INITIAL ASSESSMENTS AND CAREER COUNSELING TO 15,994 CLIENTS

- -REVISED 15,168 RESUMES
- -TRAINED 80 VETERANS, SERVICE MEMBERS AND SPOUSES AT 9 IN-PERSON

WORKSHOPS

- -TRAINED 2,202 CLIENTS AT 30 VIRTUAL EVENTS
- -CONFIRMED 10,607 CLIENTS HIRED

CAPACITY BUILDING

IN 2019, 743 UNIQUE VOLUNTEERS COMPLETED 3,542 REQUESTS (3,401 OF THOSE WERE MENTORING SESSIONS WITH CLIENTS).

FEDERAL SECTOR PROGRAM

OUR FEDERAL SECTOR TEAM WORKS WITH MORE THAN A HUNDRED NEW CLIENTS EACH MONTH TO ENSURE THEIR RESUMES MEET RIGOROUS FEDERAL HIRING STANDARDS. IN 2019 OUR FEDERAL SECTOR TEAM EXPANDED CAPACITIES TO ASSIST 183 CLIENTS MONTHLY WITH 2,198 FEDERAL RESUME REVIEWS AND CAREER COUNSELING

Name of the organization Employer identification number HIRE HEROES USA, INC. 43-1562688

SESSIONS.

THE WARRIOR ALLIANCE

THROUGH OUR SERVICE REFERRAL PARTNERSHIP WITH THE ATLANTA GEORGIA BASED WARRIOR ALLIANCE, HIRE HEROES USA HELPED 76 CLIENTS RESULTING IN 34 CONFIRMED HIRED IN MEANINGFUL EMPLOYMENT. ADDITIONALLY, 10 CO-SPONSORED IN PERSON CAREER EVENTS WERE CONDUCTED AT CAMP SOUTHERN GROUND IN SUPPORT OF WARRIOR WEEK EVENTS, GWINNETT TECH. 11 HIRE HEROES USA CLIENTS WERE SOURCED TO WARRIOR ALLIANCE RESOURCES.

VIRTUAL PROGRAMS

THE HIRE HEROES USA VIRTUAL SERVICES PROGRAM WAS DEVELOPED TO SERVICE CLIENT FACING VIRTUAL EVENT AND SELF PACED CLIENT NEEDS USING THE HIRE HEROES USA E-LEARNING PLATFORM OR HHELP. THE HHELP PLATFORM INCORPORATED AN CURRICULUM CAREER TRANSITION AND EMPLOYMENT FOCUSED LEARNING PLANS INCORPORATING INTERACTIVE AND CHECK ON LEARNING FEEDBACK SESSIONS.

LAUNCHED IN 2018, THE VIRTUAL SERVICES PROGRAM COMPLETED A 13 MONTH PILOT IN DECEMBER OF 2019 TO DETERMINE SERVICE NEEDS FOR CLIENTS THROUGH A COMPLETELY SELF-PACED ONLINE LEARNING PLATFORM CATERED TO ACTIVIE DUTY TRANSITIONING SERVICE MEMBERS, VETERANS AND MILITARY SPOUSES. THE PILOT CULMINATED IN 418 HELPED CLIENTS AND 171 CONFIRMED HIRES.

REFERRAL & TRAINING PARTNERS PROGRAM

THE REFERRAL & TRAINING PARTNERS PROGRAM SUPPORTS THE ORGANIZATION BY

IDENTIFYING, RECRUITING, VETTING, AND SECURING REFERRAL PARTNERS AND TRAINING PROGRAMS TO PROVIDE ADDITIONAL RESOURCES TO CLIENTS. REFERRAL PARTNERS TYPICALLY PROVIDE A SERVICE THAT GOES OUTSIDE THE BOUNDS OF THE HIRE HEROES MISSION. TRAINING PARTNERS PROVIDE SPECIFIC TRAINING THAT ENHANCES A CLIENT'S COMPETITIVENESS IN THE JOB MARKET.

AT THE CLOSE OF 2019, THERE WERE 26 TRAINING PARTNERS LISTED ON THE HIRE HEROES WEBSITE. THERE WERE ALSO 66 REQUESTS SUBMITTED FOR REFERRAL SERVICES IN CY 2019 WITH 79% BEING ACTIONABLE.

PART III, LINE 4B

EPO

EMPLOYER TRAINING

HIRE HEROES USA PROVIDES EMPLOYER TRAINING FOCUSING ON FOUR DIFFERENT LEARNING PATHWAYS (UNDERSTANDING MILITARY CULTURE, CREATING A VETERAN HIRING PROGRAM, RECRUITING VETERAN TALENT, AND/OR ONBOARDING AND RETENTION), THESE PATHWAYS ASSIST EMPLOYERS IN EDUCATING THEIR STAFF (HIRING MANAGERS, RECRUITERS, ETC) ABOUT THE VALUE THAT VETERANS BRING TO THEIR BUSINESS AND ASSISTS ORGANIZATION IN UNDERSTANDING THE MILITARY CULTURE AND THE CHALLENGES VETERANS AND MILITARY SPOUSES FACE DURING TRANSITIONING OUT OF THE SERVICE. IN 2019, HIRE HEROES USA LAUNCHED ANOTHER DELIVERY METHOD OF TRAINING (LIVE WEBINAR) AND CONDUCTED 7 EMPLOYER TRAINING EVENTS , THE MORE COST EFFICIENT DELIVERY METHODS RESULTED IN \$5,466 IN EARNED REVENUE.

Name of the organization HIRE HEROES USA, INC. Employer identification number

43-1562688

TARGETED EMAIL CAMPAIGNS

TARGET EMAIL CAMPAIGNS PROVIDES EMPLOYERS AN OPPORTUNITY TO ENGAGE SPECIFIC JOBSEEKERS ABOUT THEIR ORGANIZATION; WHETHER ITS INFORMING JOBSEEKERS ABOUT HIRING EVENTS OR NOTIFYING THEM ABOUT UPCOMING OPENINGS. TARGET EMAILS ALLOW FOR EMPLOYERS TO TARGET THE JOBSEEKER AUDIENCE BASED ON GEOGRAPHICAL LOCATIONS, JOB FIELD, OR DEGREE LEVEL. IN 2019, HIRE HEROES USA EARNED \$8,178 IN TARGET EMAIL REVENUE.

PART III, LINE 4C

SERVING SPOUSES PROGRAM

IN 2019, OUR SERVING SPOUSES PROGRAM HELPED 1,740 MILITARY SPOUSES AND CONFIRMED 955 HIRED MILITARY SPOUSES

MILITARY SPOUSES MADE UP 13.37% OF OUR REGISTRANTS IN 2019.

HIRE HEROES USA SERVING SPOUSES PROGRAM HOSTED 6 VIRTUAL EVENTS, 1 PARTNER VIRTUAL PANEL EVENT, AND 3 IN PERSON CAREER WORKSHOP EVENTS COVERING THE TOPIC OF MILITARY SPOUSE EMPLOYMENT.

PART VI, LINE 11B

THE CEO AND FINANCE AND ACCOUNTING MANAGER REVIEW THE 990 FOR COMPLETENESS AND ACCURACY OF INFORMATION. ONCE THEIR REVIEW IS COMPLETE, IT IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL.

PART VI, LINE 12C

EACH INTERESTED PERSON SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT

Name of the organization

HIRE HEROES USA, INC.

Employer identification number

43-1562688

SUCH PERSON:

HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY,

HAS READ AND UNDERSTANDS THE CONFLICT OF INTEREST POLICY,

HAS AGREED TO COMPLY WITH THE CONFLICT OF INTEREST POLICY, AND

UNDERSTANDS THE CORPORATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS

FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH

ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

IN ADDITION, ON SUCH STATEMENT, EACH INTERESTED PERSON SHALL DISCLOSE OR UPDATE HIS OR HER INTERESTS THAT COULD GIVE RISE TO CONFLICT OF INTEREST.

TO ENSURE THE CORPORATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, REGULAR AND CONSISTENT REVIEWS (AT LEAST ANNUALLY) SHALL BE CONDUCTED. THE REVIEWS SHALL AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS:

WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S-LENGTH BARGAINING.

WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE CORPORATION'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENTS FOR PAYMENTS FOR GOODS AND

Schedule O (Form 990 or 990-EZ) 2019 Page 2

Name of the organization Employer identification number HIRE HEROES USA, INC. 43-1562688

SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT,

IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.

WHETHER THE GOVERNING BOARD AND ALL COMMITTEES WITH BOARD DELEGATED

POWERS ARE PROPERLY IMPLEMENTING THIS CONFLICT OF INTEREST POLICY.

PART VI, LINE 19

THE ORGANIZATION'S ACCOUNTANT PROVIDES A COPY OF FORM 990 SPECIFICALLY

FOR PUBLIC INSPECTION. THE ORGANIZATION POSTS A COPY OF THIS FORM 990 ON

ITS WEBSITE AND IT IS ALSO AVAILABLE UPON REQUEST.

ATTACHMENT 1

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

ENDING DESCRIPTION BOOK VALUE

PREPAID INSURANCE 11,588.

PREPAID EXPENSES 54,195.

> TOTALS 65,783.

> > ATTACHMENT 2

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING DESCRIPTION BOOK VALUE

MERRILL LYNCH INVESTMENTS 587. COST

TOTALS 587. COST

OR FMV

As a reminder, key filing deadlines include:

Estimated tax payments for the 2020 Tax Year (IRS Form 1040-ES and Form 1041 ES):

July 15, 2020 July 15, 2020 Sept. 15, 2020 Jan. 15, 2021

For Calendar Year Corporations (Form 1120-W) the estimate due dates are:

July 15, 2020 July 15, 2020 Sept. 15, 2020 Dec. 15, 2020

Partnership returns (IRS Form 1065): March 16, 2020; extended deadline is Sept. 15, 2020.

Estates and Trusts income tax returns (IRS Form 1041): July 15, 2020; extended deadline is Sept. 30, 2020.

C-corporation income tax returns (IRS Form 1120): July 15, 2020 for C corporations that operate on a calendar year; extended deadline is Oct. 15, 2020. The deadline for C-corp returns is the 15th day of the fourth month following the end of the corporation's fiscal year if the corporation is on a fiscal rather than a calendar year.

S-corporation returns (IRS Form 1120-S): March 16, 2020 for corporations on a calendar year' extended deadline is Sept. 15, 2020. The deadline for S-corp and partnership returns is the 15th day of the third month following the end of the fiscal year if they are on a fiscal year rather than a calendar year.

Foreign bank account reports (IRS FinCen Form 114): July 15, 2020; extended deadline with Form 1040 is Oct. 15, 2020.

Thank you for trusting us with your tax preparation. If you have any questions, please don't hesitate to call us at 404-874-6244.



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