HIRE HEROES USA, INC. INSTRUCTIONS FOR FILING FORM 8879-TE

IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2023

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-TE TO:

SMITH & HOWARD ADVISORY, LLC 271 17TH STREET, NW SUITE 1600 ATLANTA GA 30363

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

AN ADDITIONAL COPY OF THE RETURN SHOULD BE FILED WITH:

GEORGIA DEPARTMENT OF REVENUE P.O. BOX 740395 ATLANTA, GA 30374-0395

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2024. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Electronic Return Acknowledgement

Tax Year: 2023 **Return No**: 8020PX

Taxpayer: HIRE HEROES USA, INC.

ID No : 43-1562688

Return Identification Number : 67882720241355000004

Return Type : 8868

Filing Type Description : FEDERAL EXTENSION

Tax Period End Date : 12/31/2023

Electronic Postmark : 5/14/2024 9:49:00 AM

Return Status :

Status Date : 05/14/2024

ELECTRONIC POSTMARK: IS THE DATE AND TIME (CENTRAL TIME ZONE) THE ELECTRONIC FILE IS RECEIVED AT OUR HOST COMPUTERS.

Payment/Deposit Information Report

Taxpayer Name: HIRE HEROES USA, INC.

Tax Payment Juris. Deposit		Amount	Financial Institution Name	Account Type	Routing Number	Account Number
	<u> </u>			 		
	+					

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning and ending Do not send to the IRS. Keep for your records.

Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN 43-1562688 HEROES USA, INC. Name and title of officer or person subject to tax ROSS DICKMAN, CEO Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b. 4b. 5b. 6b. 7b. 8b. 9b. or 10b. whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 15866066. Form 990-EZ check here Form 1120-POL check here . . b Tax based on investment income (Form 990-PF, Part V, line 5). . . . Form 990-PF check here Form 8868 check here. 5a Form 990-T check here 6a Form 4720 check here. Form 5227 check here. b FMV of assets at end of tax year (Form 5227, Item D). Form 5330 check here.... b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Form 8038-CP check here . . . Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or I am a person subject to tax with respect to (name Under penalties of perjury, I declare that of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize SMITH & HOWARD ADVISORY. to enter my PIN Enter five numbers, but **ERO firm name** do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Ross Dickman /15/2024 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 67882792 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Date

am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8879-TE (2023)



ERO's signature

Providers for Business Returns.

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 202	3 calendar year, or tax year beginning and e	ending					
_			C Name of organization		D Employer ide	entification nu	mber		
Bc	heck if ap	pplicable:	HIRE HEROES USA, INC.						
	Addre		Doing Business As		43-	-1562688			
	A 50 180	change	Number and street (or P.O. box if mail is not delivered to street address) Room/s	E Telephone number					
	Initial	return	13010 MORRIS ROAD, STE 175	(844) 634-1520					
	Term	inated	City or town, state or province, country, and ZIP or foreign postal code	V	,				
	Amer		ALPHARETTA, GA 30004	G Gross receip	ts \$ 16.1	99,609.			
		cation	F Name and address of principal officer: ANDREW SANDOE, CEO		H(a) Is this a grou	up return for	Yes X No		
	pendi	ing	13010 MORRIS ROAD, STE 175, ALPHARETTA, GA 3000) 4	subordinates H(b) Are all subord		Yes No		
i	Tax-ex	empt sta		527	Constitute	ch a list. (see instr			
-	All Control of		WWW.HIREHEROESUSA.ORG	1021	H(c) Group exem				
-				Year of format	ion: 1990 M	TO BE SEED OF THE PARTY OF THE			
	art I		mmary	rear or format	ion. 1330 in	Otate of regard	Joinnelle. O21		
	_		describe the organization's mission or most significant activities: HIRE HERO!	FC IICA I	EMDOMEDS I	II S MTT.	TADV		
•	-		BERS, VETERANS AND MILITARY SPOUSES TO SUCCEED IN			0.5. 1111	IAKI		
Governance	i			Ine CIV	TLIAN				
rna	2		KFORCE.	re then 2E0/	of its not spect				
ove	723		this box if the organization discontinued its operations or disposed of mo			Process I	10		
	3		er of voting members of the governing body (Part VI, line 1a)			3	12		
es	4		er of independent voting members of the governing body (Part VI, line 1b)			4	12		
Viti			number of individuals employed in calendar year 2023 (Part V, line 2a)			5	173		
Activities &	6	lotal	number of volunteers (estimate if necessary)			6	1,317		
-			unrelated business revenue from Part VIII, column (C), line 12			7a	60,840.		
<u> </u>	b	Net ur	nrelated business taxable income from Form 990-T, line 34		Control Contro	7b	NONE		
	200			10	Prior Year		rrent Year		
e	8		ibutions and grants (Part VIII, line 1h)		23, 151, 79		1,554,299.		
eni	9		am service revenue (Part VIII, line 2g)	ION	485,29		589,825.		
Revenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		34,6	79.	329,753.		
_	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,00	60.	392,189.		
_	12	Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	a. v	23,689,83	34. 15	,866,066.		
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1-3)		22,94	49.	29,711.		
	14	Benef	its paid to or for members (Part IX, column (A), line 4)	N	ONE	NONE			
S	15	Salari	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,287,56	59. 12	2,975,190.			
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		100,50	00.	301,756.		
xbe	b	Total t	fundraising expenses (Part IX, column (D), line 25) ▶ 1,777,888.						
ш			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,234,82	28. 2	2,266,518.		
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,645,84	16. 15	5,573,175.		
	19		nue less expenses. Subtract line 18 from line 12	MAR 32 0	10,043,98	38.	292,891.		
or	30			S	ning of Current \		nd of Year		
land	20	Total a	assets (Part X, line 16)		18,757,06	53. 18	3,132,381.		
Net Assets or Fund Balances	21		liabilities (Part X, line 26)		5,148,84		1,083,525.		
Net	22		ssets or fund balances. Subtract line 21 from line 20		13,608,21	\$19.5 Kg 5	,048,856.		
	rt II	Sic	gnature Block	W. Z Z D					
Une	der per	nalties o	of perjury, I declare that I have examined this return, including accompanying schedules and	statements, a	and to the best of	f my knowledg	e and belief, it is		
true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information of which prepared	arer has any kr	nowledge.	- fi - iš	2 72 		
		N 7	Ross Dickman		117	15/2024			
Sig	n		Signature of officer		Date	10,2021			
He	re	DNSS	S DICKMAN CEO						
			Type or print name and title						
90		1.500	Type preparer's name Preparer's signature Date	;	Check	if PTIN			
Paid	1		Wills: Amahar	/15/202		110	12980		
Pre	parer			/13/202	-	10137			
Use	Only		sname ▶ SMITH & HOWARD ADVISORY, LLC		Firm's EIN	92-074			
Mar	tha		saddress 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363		Phone no.	1 10	4-6244		
_		Market City	cuss this return with the preparer shown above? (see instructions)				Yes No		
For	Pape	rwork	Reduction Act Notice, see the separate instructions.			Fo	orm 990 (2023)		

Page 2 Form 990 (2023)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	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 Yes No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	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 \$10,604,007. including grants of \$29,711.) (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.
	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.
	SCHEDULE O FOR FURTHER DETAILS.
_	
4b	(Code:) (Expenses \$943,375. including grants of \$) (Revenue \$550,681.)
	CORPORATE PARTNERSHIPS: (FORMERLY EPO - EMPLOYMENT PARTNERSHIPS
	AND OPPORTUNITIES) TEAM ACCOMPLISHMENTS FOR THE YEAR: - OVER 339K
	JOBS POSTED ON THE JOB BOARD, 4,673 JOBSEEKER PROFILES, 271
	EMPLOYER PROFILES - TALENT SOURCING RESULTED IN 1,023 INTERVIEW
	CONNECTIONS SEE
	SCHEDULE O FOR FURTHER DETAILS.
4c	(Code:) (Expenses \$394,068. including grants of \$) (Revenue \$)
	SERVING SPOUSES PROGRAM SERVING SPOUSES IS HIRE HEROES USA'S
	CAREER ASSISTANCE PROGRAM FOR MILITARY SPOUSES. THE 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.
	SEE SCHEDULE O FOR FURTHER DETAILS.
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Page 3 Form 990 (2023)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
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		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Χ
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		Χ
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		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	па	Λ	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		Λ
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
	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	_		
4.0	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	4.		37
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	v	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	X	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	Λ	
	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
	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	1.2		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2023) Page **4**

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	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b</i>			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		v
				X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		
07		20		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20		29	v	Λ
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		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			
~	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		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
27		30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable NONE			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
J	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	- specialize gamming (gammaming) to pineo minioto. I I I I I I I I I I I I I I I I I I I			I

1.000 8020PX 9242 07/02/2024 09:47:38 U23-5:5F 44055 ION COPY

Page 5 Form 990 (2023)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 173			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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,			
Tu	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			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
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		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)			
40-	agamet amount a control in a mount, i.	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	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 the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Page 6 43-1562688

Part				
	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
			163	140
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	`	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	<i>.)</i> Yes	No
		100	163	
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	IIa		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	124		
b	rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>			
·	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed GA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	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. CRYSTAL PEREZ 13010 MORRIS ROAD, SUITE 175 ALPHARETTA, GA 30004

20

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	Position not check more than one unless person is both an er and a director/trustee) Former Highest compensate employee Institutional trustee		sition k more than one erson is both an director/trustee)			Position eck more than one s person is both an a director/trustee)			Position ot check more tha unless person is b r and a director/tr			(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
						ed										
(1) ANDREW SANDOE	40.00															
CHIEF EXECTUIVE OFFICER	NONE			Х				407,176.	NONE	19,667.						
(2) ROSS DICKMAN	40.00															
CHIEF OPERATING OFFICER	NONE			Χ				298,245.	NONE	42,574.						
(3) NADINE BULLOCK-POTTINGA	40.00							,		, ,						
CHIEF DEVELOPMENT OFFICER	NONE			Х				250,360.	NONE	10,072.						
(4) ALLISON HERBST	40.00															
DIRECTOR, ADMINSTRATION AND CU	NONE					X		144,601.	NONE	40,956.						
(5) CHERYL EWELL	40.00															
DIRECTOR, DEVELOPMENT	NONE					X		114,199.	NONE	38,096.						
(6) JOHNATHAN SEVERS	40.00															
DIRECTOR, CLIENT PROGRAMS	NONE					Х		118,640.	NONE	33,303.						
(7) MICHELE WIESNER	40.00															
DIRECTOR, CAPACITY BUILDING	NONE					Х		124,263.	NONE	24,086.						
(8) ELIZABETH REYES	40.00															
DIRECTOR, CORPORATE PARTNERSHI	NONE					Х		115,802.	NONE	14,959.						
(9) JOHN BARDIS	1.00															
CHAIRMAN	NONE	Х						NONE	NONE	NONE						
(10) BRIAN STANN	1.00															
VICE CHAIRMAN	NONE	Х						NONE	NONE	NONE						
(11) JODIE CLARKE	1.00															
BOARD MEMBER	NONE	Х						NONE	NONE	NONE						
(12) LAUREN CONDOLUCI	1.00															
BOARD MEMBER	NONE	Х						NONE	NONE	NONE						
(13) JEFF GOLDSTERN	1.00															
BOARD MEMBER	NONE	Х						NONE	NONE	NONE						
(14) CHUCK MAGILL	1.00															
BOARD MEMBER	NONE	X						NONE	NONE	NONE						

Form **990** (2023)

Page 8

Part VII Section A. Officers, Directors, True	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employee	S (cor	ntinue	d)	
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average				sition			Reportable	Reportable		Est	timated	
	hours per					e than o is both		compensation	compensation f	rom		ount of	f
	week (list any hours for					or/truste		from the	related organization			other oensatio	on
	related	or Or	Ins	Qf	6	em⊟ic	Fo	organization	(W-2/1099-MI	- 1		m the	
	organizations	livid	titut	Officer	/ em	hes	Former	(W-2/1099-MISC)		´	_	nizatio	
	below dotted line)	ual t	iona		Key employee	/ee						related nization	
	"""	Individual trustee or director	Institutional trustee		yee	Highest compensated employee					orgu	mzatioi	10
		ee	Iste			nsa							
						ted							
15) CARL MEYER	1.00												
BOARD MEMBER	NONE	X						NONE	N	ONE			NONE
16) VAL NICHOLAS	1.00												
BOARD MEMBER	NONE	Х						NONE	N	ONE			NONE
17) JOSHUA WEINTRAUB	1.00												
BOARD MEMBER	NONE	X						NONE	N	ONE			NONE
18) SHEILA PELUSO	1.00												
BOARD MEMBER	NONE	Х						NONE	N	ONE			NONE
19) DON EBERLY	1.00	<u> </u>						1,01,2					
BOARD MEMBER	NONE	X						NONE	N	ONE			NONE
20) CHARLES MACINTOSH	1.00	11						None		-			110111
BOARD MEMBER	NONE	X						NONE	N	ONE			NONE
21) RAND BALLARD	1.00	- 21						IVOIVE	144				110111
BOARD MEMBER	NONE	X						NONE	N	ONE			NONE
DOARD PHINDLER	NONL	- 1						NONE	144	JIVII			110111
	 	1											
										+			
	 	1											
										+			
	 	1											
										+			
	 	1											
1h Sub-total								1,573,286.	N	ONE		223,	713
1b Sub-total c Total from continuation sheets to Part VII, S	oction A			• •	• •		•	NONE		ONE			NONE
d Total (add lines 1b and 1c)								1 ==0 000	<u> </u>	ONE		223,	
2 Total number of individuals (including but not								•		<u> </u>		1201	710.
reportable compensation from the organizatio		11000	11010	u u,	5011	3	, , ,	octived more than	φ100,000 σι				
	<u> </u>											Yes	No
3 Did the organization list any former offic	or directo	or or	· tru	ıcto	•	kov o	mn	alovoo or highos	t componento	٦.			110
3 Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i>											3		Х
, ,										l l			Λ
4 For any individual listed on line 1a, is the	sum of rep	oortab	ole c	om	pen	sation	າ a	nd other compens	sation from th	e			
organization and related organizations gr individual								complete Scriedu	ne J for suc	;11	4	Х	
								related armonizati		.			
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5		Х
Section B. Independent Contractors	es, comple	ie ou	ieuu	ie o	101	Sucri	ρei	3011		•	<u> </u>		Λ
Complete this table for your five highest com	nensated i	nden	anda	nt i	con	tracto	re t	that received more	than \$100 00	00 of			
compensation from the organization. Report of											s tax		
year.						,			9				
								/D\			(0)		
(A) SEE SCHEDULE O Name and business add	dress							(B) Description of se	ervices	Cor	(C) mpens	ation	
SHE COMMON COMPRISACION COMPROTA COMPRISACION COMPRISACION COMPRISACION COMPRISACION COMPRISA													
							+						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 3

Part VIII Statement of Revenue

		Check if Schedule O contain	ns a respor	nse or note to ar	ny line in this Part V	/		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns	1a					
E a	b	Membership dues						
کے ق	c	Fundraising events		908,595.				
Contributions, Gifts, Grants, and Other Similar Amounts	d	Related organizations						
	e	Government grants (contributions		519,612.				
Si'r	f	All other contributions, gifts, grant		· · · · · · · · · · · · · · · · · · ·				
흑	•	and similar amounts not included abo		13,126,092.				
ᅙᇵ	g	Noncash contributions included in		., .,				
10 E	y	lines 1a-1f		\$ 178,018.				
اعَ	h	Total. Add lines 1a-1f			14,554,299.			
		Total / (dd iii) o id ii i i i i i i i i i		Business Code	23,003,200			
يو ا	0-	EPO			589,825.	528,985.	60,840.	
ا∡ِ≚َ	2a				003,020.	020,3001	00,0101	
န္တဋ	b							
E &	C							
200	d							
Program Service Revenue	e f	All other program service revenue						
	g	Total. Add lines 2a-2f			589,825.			
	3	Investment income (including						
	ŭ	other similar amounts)			287,717.			287,717.
	4	Income from investment of tax-e			NONE			
	5	Royalties	•	•	NONE			
		,	(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c	NONE	NONE				
	d	Net rental income or (loss)			NONE			
	7a	,	Securities	(ii) Other				
		sales of assets						
		other than inventory 7a	60,841.					
<u>o</u>	b	Less: cost or other basis						
Revenue		and sales expenses 7b	18,805.					
ě	С	Gain or (loss) 7c	42,036.					
_	d	Net gain or (loss)			42,036.			42,036
Other	8a	Gross income from fundra						
0			,595.					
		of contributions reported on	line					
		1c). See Part IV, line 18	_	36,225.				
	b	Less: direct expenses	8b	313,244.				
	C	Net income or (loss) from fundrai			-277,019.			-277,019
	9a	Gross income from ga	ıming					
		activities. See Part IV, line 19	9a	NONE				
	b	Less: direct expenses	9b	NONE				
	С	Net income or (loss) from gamin	g activities		NONE			
	10a	Gross sales of inventory,	less					
		returns and allowances	10a	3,860.				
	b	Less: cost of goods sold		1,494.				
	С	Net income or (loss) from sales of	inventory.		2,366.			2,366.
sn				Business Code				
e eo	11a	KCC CLASS ACTION LAWSUIT INCOM	IE		645,146.			645,146.
en e	b	OTHER REVENUE			21,696.	21,696.		
scellaneous Revenue	С							
≅ E	d	All other revenue						
	е	Total. Add lines 11a-11d			666,842.			
	12	Total revenue. See instructions			15,866,066.	550,681.	60,840.	700,246.

43-1562688

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										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	NONE								
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	29,711.	29,711.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16	NONE								
4	Benefits paid to or for members	NONE								
5	Compensation of current officers, directors,									
	trustees, and key employees	1,042,966.	813,513.	125,156.	104,297.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	NONE								
	Other salaries and wages	9,501,147.	7,410,894.	1,140,138.	950,115.					
8	Pension plan accruals and contributions (include	216,616.	168,960.	25,994.	21,662					
	section 401(k) and 403(b) employer contributions)	1 11 1 11 0	1 100 010	1.60 500						
9	Other employee benefits	1,414,412.	1,103,242.	169,729.	141,441.					
10	Payroll taxes	800,049.	624,038.	96,006.	80,005.					
	Fees for services (nonemployees):									
	Management	NONE		2 000						
	Legal	3,029.		3,029.						
	Accounting	30,925.		30,925.						
	Lobbying	NONE			201 756					
	Professional fundraising services. See Part IV, line 17.	301,756.			301,756.					
	Investment management fees	NONE								
g	Other. (If line 11g amount exceeds 10% of line 25, column	119,483.	50,422.	35,021.	34,040.					
10	(A), amount, list line 11g expenses on Schedule O.)	60,075.	51,293.	4,243.	4,539					
	Advertising and promotion	401,636.	332,443.	31,668.	37,525.					
13 14	Office expenses	827,334.	620,501.	132,373.	74,460					
15		NONE	020,301.	132,373.	74,400					
16	Royalties	214,131.	199,286.	8,097.	6,748					
		383,144.	339,439.	35,742.	7,963					
	Payments of travel or entertainment expenses	303/111.	333, 133.	33,712.	1,7303					
	for any federal, state, or local public officials	NONE								
19	Conferences, conventions, and meetings	NONE								
20	Interest	NONE								
21		NONE								
22	Depreciation, depletion, and amortization	NONE								
23	Insurance	13,774.	11,401.	1,086.	1,287.					
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.)									
а	DEVELOPMENT	108,163.	92,570.	10,052.	5,541.					
b	PROFESSIONAL DEVELOPMENT	61,053.	53,966.	4,578.	2,509.					
	OTHER PROGRAM EXPENSES	43,771.	39,771.		4,000					
d										
е	All other expenses									
	Total functional expenses. Add lines 1 through 24e	15,573,175.	11,941,450.	1,853,837.	1,777,888.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here									
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)									

Form **990** (2023)

Form 990 (2023) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		х
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,542,076.	1	4,986,801.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	504 , 842.	3	877,270.
	4	Accounts receivable, net	491 , 887.	4	NONE
	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	NONE	5	NONE
	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)	NONE	6	NONE
ß	7	Notes and loans receivable, net	NONE		NONE
Assets	8	Inventories for sale or use	3,324.	8	19,409.
As	9	Prepaid expenses and deferred charges SEE SCHEDULE .Q	342,391.	9	321,720.
	-	Land, buildings, and equipment: cost or other	312,331.		32177201
		basis. Complete Part VI of Schedule D 10a 110, 973.			
	h	Less: accumulated depreciation 10b 110,973.		10c	
	11	Investments - publicly traded securities SEE SCHEDULE .Q	10,168,464.	11	11,129,957.
	12	Investments - other securities. See Part IV, line 11.	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	· =	NONE		NONE
	15	Intangible assets			797,224.
		Other assets. See Part IV, line 11	704,079.		
	16	Total assets. Add lines 1 through 15 (must equal line 33)	18,757,063.	16	18,132,381.
	17	Accounts payable and accrued expenses	1,656,024.	17	1,186,852.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	2,784,756.	19	2,219,886.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
iak		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	708,066.	25	676 , 787.
	26	Total liabilities. Add lines 17 through 25	5,148,846.	26	4,083,525.
Seor		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
alai	27	Net assets without donor restrictions	12,589,547.	27	12,732,214.
Ä	28	Net assets with donor restrictions	1,018,670.	28	1,316,642.
Net Assets or 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	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥ /	32	Total net assets or fund balances	13,608,217.	32	14,048,856.
ž	33	Total liabilities and net assets/fund balances	18,757,063.	33	18,132,381.
			10, 101,000.		Form 990 (2023)

Form 990 (2023) Page **12**

01111 00	0 (2020)				ı aç	JC
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	5,8	66,	<u>066</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	5,5	73,	<u> 175</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		2	92,	<u>891</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1			<u>217</u> .
5	Net unrealized gains (losses) on investments	5		2	08,	<u>573</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		_	60,	<u>825</u> .
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	4,0	48,	<u>856</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
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," exchedule O.	φlain	on		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were conreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis			2b	X	
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 accounta	_		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	-				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such as	lergo	the	3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

HII	RE .	HEROES USA, INC.							562688
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) Se	ee instruction	ıs.
The	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative	•	•		٠,		•	
4		A medical research organiz	zation operated in	conjunction with a ho	spital de	scribed ir	n sectio i	n 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st							
5		An organization operated t		a college or universit	y owner	d or ope	erated by	y a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go	•						
7	X	, ,			ipport fro	om a go	vernmei	ntal unit or fro	om the general public
_		described in section 170(b)			5 (11)				
8	_	A community trust describe							
9		An agricultural research org	•			•	-		•
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, ci	ty, and state of	r the college or
10		university: An organization that norma	lly receives (1) me	oro than 221/2 % of its	cupport	from cor	ntributio	ns momborsh	in food, and gross
10		receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt f nent income and u	unctions, subject to c nrelated business tax	ertain ex able inco	ceptions me (less	s; and (2 s sectior	!) no more thar n 511 tax) from	n 331/3 % of its
11		An organization organized	•	•	-				
12		An organization organized a	•	•				•	
		one or more publicly suppo	_						
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	n and co	mplete lines 1	2e, 12f, and 12g.
а		Type I. A supporting orga	•	•	-			•	
		the supported organization				ajority of	f the dire	ectors or truste	es of the
		supporting organization.	=						
b		Type II. A supporting org	•					_	
		control or management of			the sam	e persor	ns that c	ontrol or man	age the supported
	Г	organization(s). You must	-		A district				United and a state
С	L	Type III functionally integ							lly integrated with,
لہ	Г	its supported organization		· ·					tad arganization(a)
d		Type III non-functionally that is not functionally interest.			-				
		requirement (see instruct	•	•	-			•	an allenliveness
е		Check this box if the orga	•	•		-			I Tyne III
C		functionally integrated, or						Type i, Type i	i, Type iii
f	En	iter the number of supported			porting	n garnzai			
g		ovide the following information							
		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amo	unt of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?		pport (see structions)	other support (see instructions)
				above (see instructions))	Yes	No	""	structions)	matruotiona)
(A)									
(A) ——									
(B)									
(C)									
(D)									
(D)									
(E)									
Tota	al								

Page 2 Schedule A (Form 990) 2023

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,970,301.	8,931,790.	12,859,659.	12,151,798.	14,554,299.	56,467,847.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	7,970,301.	8,931,790.	12,859,659.	12,151,798.	14,554,299.	56,467,847.
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)						17,656,187.
6	Public support. Subtract line 5 from line 4						38,811,660.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	7,970,301.	8,931,790.	12,859,659.	12,151,798.	14,554,299.	56,467,847.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,559.	4,144.	638.	34,679.	287,717.	341,737.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,521.	17,430.	911.	107,262.	666,842.	801,966.
11	Total support. Add lines 7 through 10						57,611,550.
12	Gross receipts from related activities, etc. (s	see instructions)				12	3,387,380.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup						
14	Public support percentage for 2023 (li		-			14	67.37 %
15	Public support percentage from 2022	•	•			15	71.87 %
16a	33 1/3 % support test - 2023. If the org	•					
	box and stop here. The organization q						
b	33 1/3 % support test - 2022. If the org						
	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			•	•	, ,	• •
	organization						
b	10%-facts-and-circumstances test - 2	_					
	15 is 10% or more, and if the organize					-	•
	in Part VI how the organization meets			•	•	• •	• • • • • • • • • • • • • • • • • • • •
	organization						
18	Private foundation. If the organization						
	instructions						<u> L</u>

Schedule A (Form 990) 2023 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. Public Support	(-) 2010	(h) 2020	(2) 2024	(4) 2022	(-) 2022	(f) Total
_	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	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						
	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						
7 a	Amounts included on lines 1, 2, and 3						
L	received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disgualified						
	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	() 2010	42000	() 0004	(N 0000	4) 0000	(0 T + 1
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 10 a	Amounts from line 6						
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
10							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first, secon	d. third. fourth.	or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and stop here	· ·			•		` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2023 (line 8,			mn (f))		15	%
16	Public support percentage from 2022 Sche		-			16	%
	tion D. Computation of Investment					- 1	
17	Investment income percentage for 2023 (lin			13, column (f))		17	%
18	Investment income percentage from 2022 S					18	%
	331/3% support tests - 2023. If the org						
. J u	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2022. If the orga		_				
~	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•	. ,		

Schedule A (Form 990) 2023 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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Page 5 Schedule A (Form 990) 2023

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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	110		
	on an appearance of the second		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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			
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	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	2		
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see			_
2	Activities Test. <i>Answer lines 2a and 2b below.</i>			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
b	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
~	of its supported organizations? If "Vas " describe in Part VI the role played by the organization in this regard	26		

Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	izations r	nust complete Sectio	ns A through E.
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ated Type III supporting	g organization
	(and instructions)			

Schedule A (Form 990) 2023

Page 7

Schedu	le A (Form 990) 2023				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Secti	on D - Distributions				Current Year
1_	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
<u>C</u>	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
_ <u>i</u>	Carryover from 2018 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
<u>J</u>	Distributions for 2023 from				
4	Section D, line 7:				
	Applied to underdistributions of prior years				
a b	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
J	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
·	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization	Employer identification number						
HIRE HEROES USA, I		43-1562688					
Organization type (check of	one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not tre	eated as a private fou	ındation				
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated	d as a private founda	tion				
	501(c)(3) taxable private foundation						
-	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the	General Rule and a 🤄	Special Rule. See				
General Rule							
=	ion filing Form 990, 990-EZ, or 990-PF that received, duri ey or property) from any one contributor. Complete Parts I Il contributions.		_				
Special Rules							
regulations unde 16b, and that red	ion described in section 501(c)(3) filing Form 990 or 990- r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked So seived from any one contributor, during the year, total con rount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-Ez	chedule A (Form 990) ntributions of the grea), Part II, line 13, 16a, or ter of (1) \$5,000; or				
contributor, durii literary, or educa	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year							
	nat isn't covered by the General Rule and/or the Special F IV, line 2, of its Form 990; or check the box on line H of it						

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Name of organization
HIRE HEROES USA, INC.

Employer identification number 43-1562688

Part I	Contributors	(see instructions).	Use duplicate cop	pies of Part I if additiona	al space is needed.
--------	--------------	---------------------	-------------------	-----------------------------	---------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$2,297,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$1,834,868.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3	N/A	\$1,736,477.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$664,607.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
--------	--------------	---------------------	----------------------	-------------------------	------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 378,743.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$519,612.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$ 750,363.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$576,116.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	" ,	(c)	(d)
	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution

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.

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

Name of organization Employer identification number 43-1562688 HIRE HEROES USA, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/l

Employer identification number

	o or the organization	
HIE	RE HEROES USA, INC.	43-1562688
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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	n 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 fun	nds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	y other purpose
	conferring impermissible private benefit?	Yes No_
Pa	rt 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).	
	Preservation of land for public use (for example, recreation or education)	f a historically important land area
	Protection of natural habitat Preservation of	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	
	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	•••	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and	
	• • • • • • • • • • • • • • • • • • • •	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	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, inspection	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing c	conservation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
_		470 (1) (4) (7) (1)
8	Does each conservation easement reported on line 2d above satisfy the requirements of section	` ` ` ` ` `
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	•
	sheet, and include, if applicable, the text of the footnote to the organization's financial statemed organization's accounting for conservation easements.	ents that describes the
Ps	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Olimiai Assets
1.		atatament and halance about works
1a	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	or research in furtherance of public
	service, provide in Part XIII the text of the foothote to its financial statements that describes the	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	atement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research provide the following amounts relating to those items:	arch in furtherance of public service,
	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	
•	If the organization received or held works of art, historical treasures, or other similar as	
2		ssets for illiancial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	¢
a	Revenue included on Form 990, Part VIII, line 1	Φ

Schedule D (Form 990) 2023

NONE

NONE

NONE

b Buildings

Leasehold improvements **d** Equipment.......

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

72,016.

72,016

38,957

Schedule D (F	Form 990) 2023 HIRE HEROES US.	A, INC.	43	3-1562688	Page
Part VII	Investments - Other Securities Complete if the organization answered	"Ves" on Form 99	∩ Part IV line 11h 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	ion:	12.
(1) Financia	al derivatives		,		
	held equity interests				
. ,	,				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII	Investments - Program Related Complete if the organization answered	"Yes" on Form 99	0 Part IV line 11c See Form 990	Part X line	13
	(a) Description of investment	(b) Book value	(c) Method of valuat		10.
			Cost or end-of-year mark	et value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8) (9)					
	n (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX	Other Assets				
	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11d. See Form 990,	, Part X, line	15.
	(a) Des	scription		(b) Book va	/alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	was the second forms 2000 Bort V line 15	/ (D))			
Part X	umn (b) must equal Form 990, Part X, line 15, c Other Liabilities	col. (B))			
Parl X	Complete if the organization answered line 25.	"Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part 2	Χ,
1.		tion of liability		(b) Book v	/alue
(1) Feder	ral income taxes				
(2)LEASE	LIABILITY			676	, 787.
(3)					
(4)					
(5)					
(6)					
(7)					

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 676,787. 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 .

(8) (9)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements	1	16,646,577.			
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					
c	Recoveries of prior year grants					
d	Other (Describe in Part XIII.) 2d 314,738.					
e	Add lines 2a through 2d	2e	780,511.			
3	Subtract line 2e from line 1	3	15,866,066.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)					
C	Add lines 4a and 4b	4c				
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	15,866,066.			
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	irn				
1	Total expenses and losses per audited financial statements	1	16,205,938.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities 257, 200.					
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.) 2d 314,738.					
е	Add lines 2a through 2d	2e	632,763.			
3	Subtract line 2e from line 1	3	15,573,175.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
b	Other (Describe in Part XIII.) 4b					
С	Add lines 4a and 4b	4c				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,573,175.			
	XIII Supplemental Information					
	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 t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform					
SEE	SUPPLEMENTAL PAGE					

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, LINE 2

FIN 48 (ASC 740)

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 740") OF THE FASB'S ACCOUNTING STANDARDS CODIFICATION. THE ORGANIZATION DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2023.

NOTE THE ORGANIZATION 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.

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, 2020.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

- 313,244 FUNDRAISING EVENT EXPENSES
- 1,494 COGS FROM INVENTORY SALES

- 314,738 TOTAL

SCHEDULE D, PART XII, LINE 2D

- 313,244 FUNDRAISING EVENT EXPENSES
- 1,494 COGS FROM INVENTORY SALES

- 314,738 TOTAL

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number HIRE HEROES USA, INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations X Solicitation of non-government grants а Χ Internet and email solicitations Solicitation of government grants Χ Phone solicitations X Special fundraising events C X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(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
SEE SUPPLEMENT INFORMATION 1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				486,855.	301,756.	
3 List all states in which the organiza registration or licensing.	tion is registered o	or licensed	d to solicit	t contributions or	has been notified	it is exempt from
AL, AK, AR, CA, CO, CT, FL, GA, HI, IL	,					
KS, KY, MD, MA, MI, MN, MS, MO, NV, NH	,NJ,NM,NY,NC,	ND,OH,				
OK, OR, PA, RI, SC, TN, TX, UT, VA, WA	,WV,WI,					

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,000	0.						
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			NY DINNER	GALA	1	(add col. (a) through col. (c))			
<u>e</u>			(event type)	(event type)	(total number)	(-//			
Revenue	1	Gross receipts	753,660.	174,836.	16,325.	944,821.			
8		Less: Contributions	753,660.	138,611.	16,325.	908,596.			
	3	Gross income (line 1 minus line 2)		36,225.		36,225			
	4	Cash prizes							
	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs		4,000.	38,164.	42,164			
t Exp	7	Food and beverages	20,784.	24,131.	32,269.	77,184			
Direc	8	Entertainment	43,768.	29,325.		73,093			
	9	Other direct expenses	23,232.	70,684.	26,887.	120,803.			
	10	Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d)				313,244. -277,019.			
Pa	rt II	Gaming. Complete if the org	anization answered "	Yes" on Form 990 F	Part IV line 19 or	reported more than			
		\$15,000 on Form 990-EZ, lin		100 011 1 01111 000, 1	art 17, mio 10, or	Toponou moro anan			
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	4	Rent/facility costs							
_	5	Other direct expenses	Voc 9/	Van 9/	Voc 0/				
	6 Volunteer labor Yes% Yes% Yes% No No								
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)					
9 a	. I	Enter the state(s) in which the organization licensed to con	anization conducts ga	ming activities: _ in each of these state		Yes No			
	-								
10a b		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No If "Yes," explain:							

Sched	ule G (Form 990 or 990-EZ) 2023 HIRE HEROES USA, INC.	43-1562688 Page 3
11	Does the organization conduct gaming activities with nonmembers?	
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?	Yes No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	
b	An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	s and
	Name ►	
	Address ►	
	Does the organization have a contract with a third party from whom the organization receives grevenue?	Yes No
b		and the
С	If "Yes," enter name and address of the third party:	
	Name ►	
	Address ►	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	nizations
Do.	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 Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additior (see instructions).	

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

PURSUANT

ADDRESS:

15660 DALLAS PKWY STE 1000 DALLAS, TX 75248

ACTIVITY: VARIOUS

CUSTODY OR CONTROL OF CONTRIBUTION? NO

GROSS RECEIPTS FROM ACTIVITY: 19,244.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 108,500.

NAME:

MEDIA CAUSE

ADDRESS:

1436 U ST NW ST 400 WASHINGTON, DC 20009

ACTIVITY: VARIOUS

CUSTODY OR CONTROL OF CONTRIBUTION? NO

GROSS RECEIPTS FROM ACTIVITY: 139,040.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 125,256.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

KELLER PARTNERS

ADDRESS:

1201 FIFTEENTH STREET NW STE 400 WASHINGTON, DC 20005

CUSTODY OR CONTROL OF CONTRIBUTION? NO

GROSS RECEIPTS FROM ACTIVITY: 328,571.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 68,000.

SCHEDULE I (Form 990)

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

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization	Employer identificati	Employer identification number					
HIRE HEROES USA, INC.						43-1562688	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	æ?					X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		•					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and Enter total number of other organizations list 	-	-					

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

Schedule I (Form 990) (2023) HIRE HEROES USA, INC. 43-1562688 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CAREER FUND READINESS RECIPIENTS	100	29,711.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART III

THE CAREER READINESS FUND IS A DESIGNATED FUND AIMED AT HELPING CLIENTS

OVERCOME SOME OF THE FOLLOWING ACUTE NEEDS:

- -BEING UNABLE TO PAY FOR TRANSPORTATION TO A JOB INTERVIEW
- -BEING UNABLE TO AFFORD REQUIRED WORK TOOLS FOR TRAINING PROGRAMS OR

APPRENTICESHIPS

-BEING UNABLE TO BUY THE CORRECT PROFESSIONAL CLOTHING FOR AN INTERVIEW

OR TO START WORK

-A LACK OF TECHNICAL EQUIPMENT NEEDED TO EFFECTIVELY SEARCH FOR

Schedule I (Form 990) (2023)

Schedule | (Form 990) (2023) HIRE HEROES USA, INC. 43-1562688 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
_4					
_ 5					
_ 6					
7					

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

EMPLOYMENT OR START A CAREER

- -BEING UNABLE TO AFFORD THE COST OF TESTING FOR A NEEDED CERTIFICATION
- -CHILDCARE DURING THE JOB SEARCH, OR TO BE ABLE TO GO TO AN INTERVIEW

OR DURING A NEW HIRE OR ONBOARDING PROCESS

-THE NEED FOR TEMPORARY UTILITY/SHELTER PAYMENT TO PREVENT SIGNIFICANT

HARDSHIP

REQUESTS FOR FUNDS ARE EVALUATED ON A CASE BY CASE BASIS TO DETERMINE

THE APPROPRIATE AMOUNT OF FUNDS REQUIRED TO HELP THE CLIENT OVERCOME EACH

INDIVIDUAL BARRIER TO EMPLOYMENT OR THE AMOUNT OF FUNDS THE PROGRAM WILL

Schedule I (Form 990) (2023)

Schedule I (Form 990) (2023) HIRE HEROES USA, INC. 43-1562688 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
_3					
4					
5					
6					
7					

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

CONTRIBUTE. SOME NEEDS (I.E., COST FOR PROFESSIONAL CLOTHING AND

TECHNICAL EQUIPMENT) ARE ESTABLISHED RATES BASED ON THE HISTORICAL USAGE OF THE PROGRAM. FOR APPROVAL OF FUNDS, THE CLIENT MUST DEMONSTRATE, THROUGH A PREPONDERANCE OF THE EVIDENCE, OR TO A REASONABLE DEGREE, THAT THE FUNDS DISTRIBUTED WILL HAVE A SIGNIFICANT IMPACT ON THE CLIENT'S SUCCESS IN FINDING EMPLOYMENT.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

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

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

Attach to Form 990.

2023
Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

HIRE HEROES USA, INC. 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	1b		
2	explain	10		
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	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		Χ
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		Λ
	The to any of miles at 8, not the persons and provide the applicable amounts for each item in rait in.			
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 HIRE HEROES USA, INC. 43-1562688 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 a	and/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(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
ANDREW SANDOE	(i)	286,526.	120,000.	650.	6,646.	14,228.	428,050.	NONE
1 CHIEF EXECTUIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROSS DICKMAN	(i)	213,595.	84,000.	650.	10,040.	33,740.	342,025.	NONE
2 CHIEF OPERATING OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NADINE BULLOCK-POTTING	(i)	179,710.	70,000.	650.	10,054.	1,116.	261,530.	NONE
3 CHIEF DEVELOPMENT OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALLISON HERBST	(i)	139,701.	4,250.	650.	6,040.	35,805.	186,446.	NONE
4 DIRECTOR, ADMINSTRATION AND CU	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHNATHAN SEVERS	(i)	113,740.	4,250.	650.	4,909.	29,115.	152,664.	NONE
5 DIRECTOR, CLIENT PROGRAMS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHERYL EWELL	(i)	109,299.	4,250.	650.	5,023.	33,808.	153,030.	NONE
6 DIRECTOR, DEVELOPMENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
_16	(ii)							

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 HIRE HEROES USA, INC. 43-1562688 Page **3**

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, PART I, LINE 7

PERFORMANCE BONUSES ARE ACCRUED IN 2022 FOR PAYMENT IN 2023.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

HIRE HEROES USA, INC. 43-1562688 **Types of Property** (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 4 5 Clothing and household 6 Cars and other vehicles Boats and planes 7 8 Intellectual property Securities - Publicly traded 7 15,090. FMV 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 162,928. Other (SEE SUPP PAGE 2,364. 25 26 Other (Other (_ 27 Other (28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be 30a Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Χ **b** If "Yes," describe in Part II.

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

Schedule M (Form 990) 2023

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Part II Supple

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, PART I, COLUMN B

COLUMN B DETERMINED BY THE NUMBER OF CONTRIBUTIONS RECEIVED NOT THE NUMBER OF ITEMS RECEIVED.

SCHEDULE M, PART I, LINE 32B

ALL STOCK CONTRIBUTIONS ARE HELD UPON RECEIPT AND EVALUATED FOR SALE OR TRANSFER QUARTERLY.

Part II

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, PART I	- OTHER NON	ICASH CONTRIBUTIONS	3	
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
COLLARS & CO SH ATLANTA BOTANCI	X X	2,360 4	162,840. 88.	FMV FMV
TOTALS		2,364.	162,928.	

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

2023

Open to Public Inspection

Employer identification number

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.

43-1562688

HIRE HEROES USA, INC.

FORM 990, PART III, LINE 2

THE ORGANIZATION HAS LAUNCHED A NEW SUPPORTING PROGRAM TO THE PACT PROGRAM IN 2023. THE NEW SUPPORTING PROGRAM IS AS FOLLOWS:

DIRECT PLACEMENT PROGRAM

THE DIRECT PLACEMENT PROGRAM OFFERED BY HIRE HEROES USA PROVIDES

EMPLOYERS THE OPPORTUNITY TO OUTSOURCE THEIR RECRUITMENT EFFORTS. THIS

PROGRAM DELIVERS PERSONALIZED RECRUITMENT SERVICES TAILORED TO EACH

COMPANY'S NEEDS, ENSURING A SEAMLESS END-TO-END PROCESS. OUR TEAM OF

RECRUITERS COLLABORATIVELY SOURCE, SCREEN, AND DELIVER VETERAN AND

MILITARY SPOUSE CANDIDATES. THE PROGRAM OPERATES ON A SUCCESS FEE BASIS,

PROVIDING EMPLOYERS WITH A 60-DAY RETENTION GUARANTEE BEFORE ANY FEE

ASSESSMENT. ALTHOUGH CATEGORIZED AS UNRELATED BUSINESS INCOME, ALL

REVENUE GENERATED SUPPORTS HIRE HEROES USA'S PROGRAMS AND JOB SEEKERS.

IN 2023, WE INTRODUCED OUR DIRECT PLACEMENT OFFERING, PARTNERING WITH 8 ORGANIZATIONS, RESULTING IN \$60K IN REVENUE.

FORM 990, 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 20,989 CLIENTS

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

2023

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43-1562688

HIRE HEROES USA, INC.

- REVISED 20,561 RESUMES
- TRAINED 4,361 CLIENTS AT 68 VIRTUAL EVENTS
- CONFIRMED 13,909 CLIENTS HIRED

CAPACITY BUILDING

THE VOLUNTEER PROGRAM'S MISSION IS TO SUCCESSFULLY INTEGRATE THE TIME AND TALENT OF EXTERNAL STAKEHOLDERS INTO HIRE HEROES USA PROGRAMS AND SERVICES, THEREBY ADVANCING AND ENHANCING THE ORGANIZATION'S MISSION.

MOST VOLUNTEERS CONTRIBUTE BY PARTICIPATING IN ONE-ON-ONE MENTORING SESSIONS WITH A MILITARY VETERAN OR SPOUSE TO PRACTICE A JOB SEARCH SKILL, LIKE INTERVIEWING OR SALARY NEGOTIATION, OR TO HELP THE JOB-SEEKER BETTER UNDERSTAND A SPECIFIC INDUSTRY, ROLE, OR ORGANIZATION. THESE ONE-TIME DISCUSSIONS ARE HIGH-IMPACT AND ALLOW THE JOB-SEEKER TO GET THEIR QUESTIONS ANSWERED IN A SAFE, SUPPORTIVE ENVIRONMENT.

IN 2023, THERE WERE 1,317 UNIQUE VOLUNTEERS WHO SERVED 6,921 HOURS ON BEHALF OF HIRE HEROES USA. THE PROGRAM COMPLETED 5,403 REQUESTS FOR VOLUNTEER SUPPORT WITH APPROXIMATELY 97% OF THOSE BEING DIRECT CONNECTIONS BETWEEN VOLUNTEERS AND JOB-SEEKING VETERANS AND SPOUSES TO ENHANCE CAREER SUCCESS.

ALUMNI PROGRAM

THE ALUMNI PROGRAM'S MISSION IS TO CONTINUE EMPOWERING PAST CLIENTS OF
HIRE HEROES USA THROUGH CAREER DEVELOPMENT AND PROFESSIONAL GROWTH. THE
PROGRAM OFFERS REGULAR COMMUNICATIONS, EVENTS, AND ACTIVITIES FOCUSED ON

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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

43-1562688

HIRE HEROES USA, INC.

GENERAL CAREER GROWTH, DEVELOPING SKILLS, AND FINDING THE RIGHT

ORGANIZATION AND ROLE FOR LONG-TERM SUCCESS. MILITARY VETERANS AND

SPOUSES WHO HAVE PARTICIPATED IN HIRE HEROES PROGRAMS ARE ELIGIBLE TO

CONTINUE RECEIVING SERVICES AT ANY TIME. THE ALUMNI PROGRAM HELPS

MAINTAIN THIS SUPPORT, WHILE ALSO STRENGTHENING CONNECTIONS WITH OUR

ALUMNI POPULATION. OUR ALUMNI ARE IMPORTANT AMBASSADORS OF OUR MISSION

AND SERVICES.

IN 2023, THERE WERE 13,585 ALUMNI ADDED TO THE ALUMNI PROGRAM FOR A
YEAR-END TOTAL OF 37,064. OF THAT POPULATION, 1,187 ALUMNI RECEIVED 1,880
SERVICES AFTER SECURING THEIR INITIAL EMPLOYMENT. THE PROGRAM OFFERED
QUARTERLY WEBINARS AND SMALL-GROUP MENTORING EVENTS, PLUS MONTHLY
NEWSLETTERS WITH RELEVANT CAREER DEVELOPMENT RESOURCES. THE ALUMNI
ADVISORY TEAM CONTINUED ITS REGULAR MEETINGS TO HELP INFORM PROGRAM
ACTIVITIES AND OFFER INSIGHT ON WHAT NEEDS EXIST AFTER GAINING
EMPLOYMENT. WE CONTINUED OFFERING CAREER EVALUATIONS FOR ALUMNI 9 MONTHS
AFTER THEIR EMPLOYMENT DATE. AS A NEW OFFERING, WE LAUNCHED A 3-MONTH
MENTORING SERVICE FOR RECENT ALUMNI TO ASSIST WITH THE TRANSITION PERIOD
AFTER SECURING EMPLOYMENT.

FEDERAL SECTOR PROGRAM

THE FEDERAL SECTOR PROGRAM IS A UNIQUE PROGRAM THAT SUPPORTS CLIENTS

INTERESTED IN PURSUING FEDERAL EMPLOYMENT. OFFERING SERVICES ALONGSIDE

THE TRANSITION SPECIALIST, THE FEDERAL SECTOR PROGRAM PROVIDES

COMPREHENSIVE FEDERAL RESUME REVIEWS, FEEDBACK, AND SUPPORT TO CLIENTS

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HIRE HEROES USA

INC.

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

43-1562688

NAVIGATING THE FEDERAL HIRING PROCESS. THE PROGRAM FOCUSES ON VIRTUAL WEBINARS AND ONE-ON-ONE SUPPORT TO CLARIFY FEDERAL HIRING PRACTICES AND DEVELOP STRATEGIES TO ACHIEVE JOB SEEKERS' FEDERAL HIRING GOALS.

IN 2023, OUR FEDERAL SECTOR PROGRAM COMPLETED FEDERAL RESUME REVIEWS FOR 3,073 JOB SEEKERS. THE PROGRAM INCREASED OUR MONTHLY CAPACITY, AVERAGING MORE THAN 288 COMPLETED REQUESTS PER MONTH. THE FEDERAL PROGRAM ALSO HOSTED 7 VIRTUAL WORKSHOPS TO SUPPORT FEDERAL JOB SEEKERS; MORE THAN 1300 ATTENDED THESE SESSIONS. THIS PROGRAM POSITIVELY IMPACTED 1,961 HIRED CLIENTS, INCLUDING 489 FEDERAL HIRES.

VIRTUAL PROGRAMS

THE HIRE HEROES USA VIRTUAL SERVICES PROGRAM DELIVERS LIVE AND ON-DEMAND WEB-BASED LEARNING OPPORTUNITIES AS A SUPPLEMENT TO THE RELATIONSHIP BETWEEN A JOB SEEKER AND THEIR ASSIGNED TRANSITION SPECIALIST. THE OFFERINGS ARE AIMED AT ADDRESSING BARRIERS TO EMPLOYMENT AND PROVIDING OPPORTUNITIES FOR JOB SEEKERS TO NETWORK WITH EMPLOYERS INTERESTED IN HIRING THEM.

IN 2023 HIRE HEROES USA'S VIRTUAL ENGAGEMENTS PRODUCED, MANAGED, AND SUPPORTED 74 INSTRUCTOR-LED WEBINARS, VIRTUAL WORKSHOPS, AND SMALL GROUP NETWORKING SESSIONS REACHING 8,261 PARTICIPANTS. ADDITIONALLY, 7 VIRTUAL CAREER FAIRS WERE CONDUCTED WITH 3,436 JOB SEEKERS PARTICIPATING. THE VIRTUAL SERVICES PROGRAM SIMULTANEOUSLY MANAGED A ROBUST RESOURCE LIBRARY OF OVER 62 ON-DEMAND TRAINING VIDEOS TO ASSIST CLIENTS WITH NAVIGATING

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

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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HIRE HEROES USA, INC. 43-1562688

THE JOB SEARCH PROCESS ON THEIR PATH TO ATTAINING GAINFUL EMPLOYMENT WITH OVER 13,459 VIEWS.

REFERRAL & TRAINING PARTNERS PROGRAM

THE REFERRAL & TRAINING PARTNERS PROGRAM'S MISSION IS TO ENHANCE THE
CLIENT EXPERIENCE THROUGH RELATIONSHIPS WITH EXTERNAL ORGANIZATIONS THAT
HAVE TRAINING OPPORTUNITIES OR ADDITIONAL RESOURCES FOR CLIENTS. MANY

JOB-SEEKERS ENCOUNTER BARRIERS TO CAREER SUCCESS AND NEED TO BE CONNECTED

TO PROVIDERS THAT CAN ADDRESS THESE BARRIERS. MOST JOB-SEEKERS REQUEST

CONNECTIONS TO TRAINING PARTNERS FOR ADDITIONAL SKILLS BUILDING AND

CREDENTIALING. OTHER JOB-SEEKERS NEED BROADER ASSISTANCE THAT STILL

IMPACTS THEIR EMPLOYABILITY AND CAREER READINESS, LIKE TRANSPORTATION AND
SAFE HOUSING. THIS PROGRAM ALSO OFFERS IN-HOUSE RESOURCE PROVISION TO

HELP ADDRESS ACUTE FINANCIAL HARDSHIPS THAT DIRECTLY AFFECT THE CLIENT'S
ABILITY TO SECURE OR KEEP A JOB.

IN 2023, THE REFERRAL & TRAINING PARTNERS PROGRAM GREW OUR NETWORK OF AVAILABLE PARTNERS TO 155. THE PROGRAM ALSO COMPLETED 4,133 REQUESTS FOR CONNECTIONS TO OUR PARTNERS, PLUS ANOTHER 177 REQUESTS FOR IN-HOUSE RESOURCE CONNECTION. APPROXIMATELY 84% OF THE REFERRALS MADE TO EXTERNAL PARTNERS WERE FOR TRAINING NEEDS.

JUNIOR ENLISTED PROGRAM

THE JUNIOR ENLISTED PROGRAM IS A CAREER COACHING PROGRAM TAILORED

SPECIFICALLY TO JUNIOR ENLISTED SERVICE MEMBERS AND VETERANS. THE PROGRAM

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2023

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. Inspection is at www.irs.gov/form990.

43-1562688

HIRE HEROES USA, INC.

IDENTIFIES UNIQUE TRANSITION AND EMPLOYMENT BARRIERS TO PROVIDE FOCUSED SOLUTIONS AND EMPLOYMENT OPTIONS TO EMPOWER JUNIOR ENLISTED (RANKS E1 THROUGH E4) ACTIVE DUTY, TRANSITIONING, AND RECENTLY TRANSITIONED SERVICE MEMBERS FROM ALL BRANCHES OF MILITARY SERVICE IN THEIR CAREER SEARCH.

IN 2023, OUR JUNIOR ENLISTED PROGRAM HELPED 5,088 JUNIOR ENLISTED

MILITARY MEMBERS AND CONFIRMED 2,990 HIRED JUNIOR ENLISTED VETERANS. 935

JUNIOR ENLISTED VETERANS AND SERVICE MEMBERS WERE MENTORED IN 2023.

JUNIOR ENLISTED SERVICE MEMBERS AND VETERANS MADE UP 24.73% OF OUR

REGISTRANTS IN 2023. JUNIOR ENLISTED SERVICE MEMBERS AND VETERANS THAT GO

THROUGH THE HIRE HEROES USA JUNIOR ENLISTED PROGRAM ARE HIRED WITH AN

AVERAGE STARTING SALARY OF \$56,037. IN 2023, HIRE HEROES USA HOSTED 11

VIRTUAL EVENTS FOCUSED ON JUNIOR ENLISTED SERVICE MEMBERS AND VETERANS.

655 JUNIOR ENLISTED SERVICE MEMBERS AND VETERANS ATTENDED OUR EVENTS IN

2023. ADDITIONALLY, THE JUNIOR ENLISTED PROGRAM HAS INCREASED PARTICPANT

ENGAGEMENTS THROUGH LINKEDIN COMMUNITY GROUPS WITH OVER 3,500 MEMBERS.

WOMENS VETERANS PROGRAM

THE WOMEN VETERANS PROGRAM WAS ESTABLISHED TO EMPOWER TRANSITIONING WOMEN SERVICE MEMBERS AND WOMEN VETERANS, ENABLING THEM TO OVERCOME UNIQUE CHALLENGES AND ATTAIN MEANINGFUL EMPLOYMENT. THE PROGRAM ENVISIONS ESTABLISHING A NATIONAL PRESENCE AND BECOMING THE PRIMARY RESOURCE FOR CAREER COACHING TAILORED SPECIFICALLY TO WOMEN VETERANS. IT IS DESIGNED TO BE UNDERSTANDING, INFORMATIVE, AND SENSITIVE IN ADDRESSING AND OVERCOMING INDIVIDUAL BARRIERS.

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OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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HIRE HEROES USA, INC. 43-1562688

IN 2023, HIRE HEROES USA HELPED 4,316 WOMEN SERVICE MEMBERS AND VETERANS, RESULTING IN 2,478 TOTAL HIRES. THE MAJORITY OF THOSE CLIENTS HIRED HAD EITHER A HIGH SCHOOL DIPLOMA OR A 4-YEAR DEGREE. THE AVERAGE SALARY OF CLIENTS THAT FOUND FULL-TIME EMPLOYMENT IN 2023 WAS \$64,755. THERE WAS ROUGHLY A 20% INCREASE INCLUDING VOLUNTEER, FEDERAL, AND REFERRAL/TRAINING SUPPORT. IN 2023, HIRE HEROES USA REACHED AN ALL-TIME MILESTONE OF ASSISTING OVER 14,000 WOMEN VETERANS WITH EMPLOYMENT SUPPORT RESOURCES. ADDITIONALLY, THE WOMEN VETERAN PROGRAM LAUNCHED A LINKEDIN GROUP ON JUNE 1, 2023 THAT HAS GROWN TO OVER 1,000 MEMBERS.

HOMELESS VETERANS REINTEGRATION PROGRAM (HVRP)

THE HOMELESS VETERANS REINTEGRATION PROGRAM (HVRP) IS AN

EMPLOYMENT-FOCUSED COMPETITIVE GRANT PROGRAM OF THE DEPARTMENT OF LABOR,

VETERANS' EMPLOYMENT, AND TRAINING SERVICE. IT IS THE ONLY FEDERAL GRANT

TO FOCUS EXCLUSIVELY ON COMPETITIVE EMPLOYMENT FOR HOMELESS VETERANS. THE

HVRP TEAM ASSISTS CLIENTS WHO ARE HOMELESS, ON THE VERGE OF HOMELESSNESS,

IN TRANSITIONAL HOUSING OR EXPERIENCING EPISODIC HOMELESSNESS. THE TEAM

CONDUCTS AN INITIAL ASSESSMENT AND PROVIDES RESUME SERVICES, JOB

SOURCING, CAREER COACHING, AND ANY OTHER SERVICE HHUSA PROVIDES THAT WILL

LEAD TO CLIENT EMPLOYMENT.

IN 2023, THE HOMELESS VETERAN REINTEGRATION PROGRAM WITNESSED A NOTABLE SURGE, WITH 82 NEW PARTICIPANTS JOINING-A 203% INCREASE COMPARED TO THE PREVIOUS YEAR. IN ITS INAUGURAL FULL YEAR, THE PROGRAM SUCCESSFULLY

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OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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Employer identification number

43-1562688

HIRE HEROES USA, INC.

FACILITATED THE TRANSITION OF 59 HOMELESS VETERANS INTO FULL-TIME

EMPLOYMENT. NOTABLY, 81% OF THE NEW PARTICIPANTS ENGAGED IN COLLABORATIVE

EFFORTS WITH OTHER AGENCIES TO ENHANCE HOUSING AND ACCESS ADDITIONAL

BENEFITS. FIRST-TIME HIRES THROUGH THE PROGRAM ENJOYED AN AVERAGE

STARTING HOURLY WAGE OF \$21.66, REFLECTING A 22% BOOST BEYOND THE LOCAL

LIVING WAGE. TO EXTEND ITS REACH AND IMPACT, THE HVRP PROGRAM ESTABLISHED

WEEKLY AND MONTHLY CLIENT MEET-UP POINTS, FOSTERING A STRONGER CONNECTION

WITH THE LOCAL VETERANS' TRAUMA COURT FOR EFFECTIVE SERVICE DELIVERY AND

MENTORSHIP. A MILESTONE FOR THE PROGRAM WAS THE INITIATION OF ITS

INAUGURAL STAND-DOWN EVENT, DRAWING PARTICIPATION FROM 126 HOMELESS

VETERANS AND OVER 20 COMMUNITY STAKEHOLDERS. THE EVENT FOCUSED ON

PROVIDING COMPREHENSIVE SUPPORT, INCLUDING JOB READINESS TRAINING,

HOUSING ASSISTANCE, AND MEDICAL AID, SHOWCASING THE PROGRAM'S COMMITMENT

TO HOLISTIC REINTEGRATION EFFORTS.

STATE FOCUSED PROGRAMS - GA AND ID

THE HIRE HEROES USA GEORGIA PROGRAM WAS ESTABLISHED ON DECEMBER 1, 2021.

THE PURPOSE WAS TO INCREASE ENROLLMENT AND AWARENESS OF THE HIRE HEROES

USA PROGRAM. THE GOAL OF THE PROGRAM IS TO BUILD COMMUNITY RELATIONS WITH

THE VETERAN COMMUNITY AND PROFESSIONAL WORKFORCE THROUGHOUT THE STATE OF

GEORGIA. OUR GEORGIA PROGRAM WORKS IN COLLABORATION WITH OTHER STATE

ENTITIES, MOST NOTABLY THE WARRIOR ALLIANCE. OUR IDAHO PROGRAM WORKS IN

COLLABORATION WITH MISSION 43 TO IMPROVE THE OVERALL HEALTH, EMPLOYMENT,

AND EDUCATION OPPORTUNITIES FOR VETERANS AND MILITARY FAMILIES IN IDAHO.

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OMB No. 1545-0047

2023

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Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

43-1562688

HIRE HEROES USA, INC.

IN GEORGIA, OUR STATE OUTREACH GENERATED 2,467 PROGRAM REGISTRANTS AND CONDUCTED 28 IN-PERSON EVENTS. OUT OF THE 1,537 CLIENTS THAT RECEIVED ASSISTANCE WITH THEIR EMPLOYMENT SEARCH, 861 STATED THAT HIRE HEROES USA WAS A GREAT CONTRIBUTOR IN LANDING EMPLOYMENT. IN IDAHO, OUR PROGRAM TEAM SERVED 288 VETERANS AND CONDUCTED 13 IN-PERSON EVENTS, RESULTING IN 228 EMPLOYED VETERANS WITH OVER 92% WORKING FULL-TIME. OUR IDAHO PROGRAM EFFORTS INCREASED THE AVERAGE ANNUAL SALARY FOR IDAHO VETERANS TO OVER \$69,000.

OPERATIONS (CLIENT EXPERIENCE)

THE OPERATIONS TEAM COORDINATES PROCESS, POLICY, AND DATA FROM JOBSEEKER REGISTRATION TO MANAGEMENT OF JOBSEEKER, PARTNER, VOLUNTEER, AND STAFF RECORDS. THIS TEAM ALSO OVERSEES SYSTEMS THAT SUPPORT THE WORK OF THE ORGANIZATION INCLUDING SALESFORCE AND RINGDNA. THE PURPOSE OF THIS TEAM IS TO CONTINUE TO PROVIDE INTERNAL AND EXTERNAL SUPPORT TO IMPROVE EFFICIENCY AND EFFECTIVENESS OF THE ORGANIZATION AND CLIENT EXPERIENCE.

IN 2023 THE TEAM RESEARCHED AND IMPLEMENTED A DATA LAKE TO ALLOW FOR A BETTER LOOK ACROSS ALL DATA POINTS AND FOR MORE ROBUST REPORTING. THIS WILL ALLOW FOR CLEANER DATA, BETTER IMPACT UNDERSTANDING, AND POTENTIALLY FOR A NEW SOURCE OF REVENUE IN THE FUTURE. IT ALSO ALLOWS FOR THE POSSIBILITY OF COST SAVINGS ON DATA STORAGE. THE TEAM ALSO IMPLEMENTED A NEW SURVEY TOOL WHICH ALLOWS FOR GREATER FLEXIBILITY, A BETTER USER EXPERIENCE, AND MORE DATA INFORMATION AT A LOWER COST THAN OUR PREVIOUS TOOL. OPERATIONS ALSO SUPPORTED THE IMPLEMENTATION OF SOFTWARE AND THE

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OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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43-1562688

HIRE HEROES USA, INC.

> MANAGEMENT OF PROCESSES FOR OTHER TEAMS. THIS INCLUDED FACILITATING THE ASSIGNMENT OF MORE THAN 20,000 JOBSEEKERS TO STAFF FOR SUPPORT AND REVIEWING / PROCESSING MORE THAN 13,000 CONFIRMED HIRE RECORDS.

FORM 990, PART III, LINE 4B

CORPORATE PARTNERSHIPS

THE CORPORATE PARTNERSHIPS DEPARTMENT IS DEDICATED TO FOSTERING COMPREHENSIVE RELATIONSHIPS WITH CORPORATIONS, EMPHASIZING BRAND AMPLIFICATION, EMPLOYEE ENGAGEMENT, AND INITIATIVES FOR HIRING VETERANS AND MILITARY SPOUSES. OUR APPROACH ENCOMPASSES DIVERSE CORPORATE GIVING OPPORTUNITIES SUCH AS FUNDRAISING EVENTS, MATCHING GIFTS, AND POINT-OF-SALE CAMPAIGNS, EMPOWERING COMPANIES TO ENGAGE THEIR EMPLOYEES AND CUSTOMERS IN MAKING A MEANINGFUL IMPACT ON THE LIVES OF THE VETERANS AND MILITARY SPOUSES WE SERVE.

IN 2023, CORPORATE PARTNERSHIPS GENERATED \$3M IN REVENUE, MARKING A 34% INCREASE FROM THE PREVIOUS YEAR. CORPORATE GIVING ACCOUNTED FOR 82% OF OUR REVENUE, WHILE EARNED REVENUE COMPRISED APPROXIMATELY 16%, AND DIRECT PLACEMENT CONTRIBUTED TO APPROXIMATELY 2% TO OUR TOTAL REVENUE.

CORPORATE PARTNER SUCCESS

CORPORATE PARTNER SUCCESS OVERSEES THE ADMINISTRATION AND MANAGEMENT OF CORPORATE PARTNER CONTRACTUAL RECRUITING PRODUCTS AND SERVICES, INCLUDING THE JOB BOARD, EMPLOYER TRAINING, TARGETED EMAIL CAMPAIGNS, VIRTUAL CAREER FAIRS, AND EMPLOYER SPOTLIGHTS. ADDITIONALLY, IT SUPPORTS THE

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OMB No. 1545-0047

2023

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

HIRE HEROES USA, INC.

43-1562688

CORPORATE PARTNERSHIP TEAM WITH PARTNER OBLIGATIONS SUCH AS IMPACT REPORTS AND QUARTERLY BUSINESS REVIEWS.

IN 2023, OUR JOB BOARD FACILITATED THE PUBLICATION OF 339K NEW JOBS,
ATTRACTED 4,673 NEW JOB SEEKER PROFILES, AND WELCOMED 271 NEW EMPLOYER
ACCOUNTS. OUR VIRTUAL CAREER FAIRS BOASTED AN AVERAGE OF 1,023 JOB SEEKER
REGISTRANTS, WITH AN ATTENDANCE RATE AVERAGING 61%, SURPASSING THE
INDUSTRY STANDARD OF 51%. NOTABLY, OUR CANDIDATE QUALITY RATING STOOD AT
82%, NOTABLY HIGHER THAN BRAZEN'S BENCHMARK OF 63%.

THE VIRTUAL CAREER FAIR EVENTS ACHIEVED A NET REVENUE OF \$52K, MARKING A SIGNIFICANT 13% INCREASE FROM THE PREVIOUS YEAR. TARGET EMAIL CAMPAIGNS YIELDED PROMISING RESULTS, GENERATING \$41K IN REVENUE FROM 162 EMAILS SENT, REFLECTING A NOTABLE 31% INCREASE FROM THE PREVIOUS YEAR.

THROUGHOUT 2023, WE HOSTED 23 EMPLOYER SPOTLIGHT EVENTS, GARNERING AN AVERAGE REGISTRATION OF 147 JOB SEEKERS PER EVENT AND MAINTAINING AN AVERAGE ATTENDANCE RATE OF 47%. DESPITE A SLIGHT DECREASE FROM THE PREVIOUS YEAR, THESE EVENTS GENERATED \$31k IN REVENUE.

THE CPS TEAM CONDUCTED 5 EMPLOYER TRAINING EVENTS IN 2023, RESULTING IN A SUBSTANTIAL REVENUE OF \$23K, MARKING AN IMPRESSIVE 362% INCREASE FROM THE PREVIOUS YEAR.

FORM 990, PART III, LINE 4C

SERVING SPOUSES

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2023

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Department of the Treasury Internal Revenue Service

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Name of the organization
HIRE HEROES USA

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43-1562688

SERVING SPOUSES IS HIRE HEROES USA'S CAREER ASSISTANCE PROGRAM FOR MILITARY SPOUSES. THE 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. EACH SPOUSE CLIENT IS PAIRED WITH A TRANSITION SPECIALIST WHO GUIDES THEM THROUGH THEIR JOB SEARCH FROM START TO FINISH, STAYING IN TOUCH ALONG THE WAY TO COACH, LISTEN AND ENCOURAGE. EACH SERVING SPOUSES TRANSITION SPECIALIST IS A MILITARY SPOUSE AND THEY UNDERSTAND THE UNIQUE CHALLENGES MILITARY SPOUSES FACE WHILE SEARCHING FOR EMPLOYMENT. SINCE THE INCEPTION OF THE PROGRAM, MORE THAN 7,000 MILITARY SPOUSES HAVE FOUND JOBS UTILIZING THE RESOURCES THE PROGRAM OFFERS. THE SERVING SPOUSES PROGRAM SERVES ALL MILITARY SPOUSES INCLUDING ACTIVE-DUTY SPOUSES, RESERVE SPOUSES, GOLD STAR SPOUSES, AND THOSE SPOUSES WHOSE PARTNER HAVE RETIRED OR SEPARATED FROM THE MILITARY.

IN 2023, OUR SERVING SPOUSES PROGRAM HELPED 1,530 MILITARY SPOUSES AND CONFIRMED 1,032 HIRES. HIRE HEROES USA'S SERVING SPOUSES PROGRAM HOSTED 15 VIRTUAL EVENTS INCLUDING NETWORKING EVENTS AND WEBINARS ON THE TOPIC OF MILITARY SPOUSE EMPLOYMENT. 860 MILITARY SPOUSES ATTENDED OUR SPOUSE EVENTS. MILITARY SPOUSES MADE UP 7.44% OF REGISTRATION IN 2023. MILITARY SPOUSES THAT GO THROUGH THE HIRE HEROES USA'S SERVING SPOUSES PROGRAM ARE HIRED WITH AN AVERAGE STARTING SALARY OF \$54,932. ADDITIONALLY, THE SERVING SPOUSES PROGRAM HAS INCREASED PARTICIPANT ENGAGEMENT THROUGH BOTH LINKEDIN AND FACEBOOK COMMUNITY GROUPS. LINKEDIN GROUP MEMBERSHIP INCLUDES 4,428 MEMBERS, AND FACEBOOK GROUP MEMBERSHIP IS 3,273.

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OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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43-1562688

HIRE HEROES USA, INC.

GROUP MEMBERSHIP IS 2,774.

FORM 990, PART VI, LINE 11B

THE CEO, COO AND DIRECTOR OF FINANCE 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.

FORM 990, PART VI, LINE 12C

EACH INTERESTED PERSON SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT 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:

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Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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HIRE HEROES USA, INC. 43-1562688

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 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.

FORM 990, PART VI, LINE 15A

ANNUALLY, THE ORGANIZATION RESEARCHES AND PROVIDES COMPARABILITY DATA ON NONPROFIT EXECUTIVE COMPENSATION, USING DATA COLLECTED FROM CANDID/GUIDESTAR AND OTHER AVAILABLE SOURCES ON NEAR-PEER ORGANIZATIONS AND SALARY LEVELS.

THIS DATA, COUPLED WITH THE ESTABLISHED PERFORMANCE TARGETS AND ORGANIZATIONAL GROWTH STRATEGIES, HELP THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS DETERMINE THE APPROPRIATE CEO COMPENSATION LEVELS. THE CEO CONFERS WITH THE EXECUTIVE COMPENSATION COMMITTEE FOR THE APPROPRIATE SALARY LEVELS FOR THE OTHER EXECUTIVE ROLES, APPLYING THE SAME MARKET ANALYSIS FRAMEWORK AND PERFORMANCE TARGETS, AND THE BOARD COMMITTEE ALONG WITH THE CHAIRMAN OF THE BOARD APPROVES THE FINAL DETERMINATION.

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OMB No. 1545-0047

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Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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HIRE HEROES USA, INC. 43-1562688

FORM 990, PART VI, LINE 15B

KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE FOLLOWING COMPARABILITY

DATA POINTS: HIRE HEROES USA'S BUDGET; INTERNAL EQUITY (AGAINST EMPLOYEES

WORKING IN THE COMPANY AT THE SAME JOB); EXTERNAL EQUITY (AGAINST THE

MARKETPLACE); AND RELEVANT EDUCATION, EXPERIENCE, AND SKILLS. THIS

INFORMATION IS THEN THOROUGHLY REVIEWED BY HUMAN RESOURCES AND THE CEO

AND COO FOR SUBSTANTIATION AND THEN DECIDED UPON FOR IMPLEMENTATION OF

KEY EMPLOYEE COMPENSATION.

FORM 990, 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.

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

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS							
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION					
KELLER PARTNERS & COMPANY 3700 MASSACHUSETTS AVE NW, STE L18 WASHINGTON, DC 20016	GRANT WRITING & EDUC	170,000.					
MEDIA CAUSE INC 1436 U ST NW STE 400 WASHINGTON, DC 20009	MAKETING	119,256.					
PURSUANT PO BOX 120519 DEPT 0519 DALLAS, TX 75312	CONSULTATION	108,500.					

321,720.

Name of the organization	Employer identification number
HIRE HEROES USA, INC.	43-1562688
ORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS	
ESCRIPTION	ENDING BOOK VALUE
REPAID INSURANCE REPAID EXPENSES	14,981. 300,259.
REPAID RENT	6,480.

TOTALS

GOLDMAN SACHS ENDOWMENT

Name of the organization

HIRE HEROES USA, INC.

Employer identification number

43-1562688

10,606,127.

COST

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION BOOK VALUE OR FMV
-----MERRILL LYNCH INVESTMENTS 523,830. COST

TOTALS 11,129,957.