Hire Heroes USA, Inc.

Public Inspection Copy
For the Year Ended
December 31, 2022

TAX RETURNS



HIRE HEROES USA, INC. INSTRUCTIONS FOR FILING FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2022

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 MAY 15, 2023. 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.

Form **8879-TE**

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning ______and ending

EIN or SSN

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. **2022**

OMB No. 1545-0047

HIRE HEROES USA, INC.	43-1562688
lame and title of officer or person subject to tax	
ROSS DICKMAN, COO	
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applict P and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you	s only. If you check the box on line 1a, 2a, 3a, 4a, this form was blank, then leave line 1b, 2b, 3b, 4b,
applicable line below. Do not complete more than one line in Part I.	
1aForm 990 check hereXbTotal revenue, if any (Form 990, Part VIII, colur2aForm 990-EZ check herebTotal revenue, if any (Form 990-EZ, line 9)	mn (A), line 12) 1b23689834 .
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-Pi	
5a Form 8868 check here b Balance due (Form 8868, line 3c)	
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227,	
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)	
10a Form 8038-CP check here b Amount of credit payment requested (Form 80	
Part II Declaration and Signature Authorization of Officer or Person Subje	
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a officer of the ab	and that I have examined a copy of the
acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay he date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Age direct debit) entry to the financial institution account indicated in the tax preparation software for eturn, and the financial institution to debit the entry to this account. To revoke a payment, I must of 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorocessing of the electronic payment of taxes to receive confidential information necessary to answ the payment. I have selected a personal identification number (PIN) as my signature for the electronic funds withdrawal. PIN: check one box only X I authorize SMITH & HOWARD ADVISORY, to expect for the electronic funds within this return to a gency (ies) regulating charities as part of the IRS Fed/State program, I also authorize return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN a filed return. If I have indicated within this return that a copy of the return is being filed of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	ent to initiate an electronic funds withdrawal payment of the federal taxes owed on this contact the U.S. Treasury Financial Agent at prize the financial institutions involved in the over inquiries and resolve issues related to poinc return and, if applicable, the consent to the enter my PIN 8 6 2 1 3 as my signature Enter five numbers, but do not enter all zeros that a copy of the return is being filed with a state agency (ies) regulating charities as part
	Date 05/15/2023
Part III Certification and Authentication	UU/ IU/ ZUZU
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 6 7 8 8 2 7 Do not enter	
certify that the above numeric entry is my PIN, which is my signature on the 2022 electron submitting this return in accordance with the requirements of Pub. 4163 , Modernized Providers for Business Returns.	•
ERO's signature	Date 05/15/2023
ERO Must Retain This Form - See Instruc Do Not Submit This Form to the IRS Unless Requ	

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

A F	or th	e 202	2 calendar year, or tax year beginning	and ending					
_			C Name of organization		D Employer ic	lentificat	tion numb	er	
Вс	heck if ap	plicable:	HIRE HEROES USA, INC.						
X	Addre	ess	Doing Business As		4.3	-1562	2688		
	7	change	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone				
	Initial	-	13010 MORRIS ROAD, SUITE 175		(8	44)6	34-152	20	
	Termi		City or town, state or province, country, and ZIP or foreign postal code		(0	11) 0.	<u> </u>		
	Amen				G Gross recei	nte \$	23 , 790	n n1	۵
	return Applio		ALPHARETTA, GA 30004 F Name and address of principal officer: ANDREW SANDOE. CEO		H(a) Is this a gro			Yes [X No
	pendi		Internal States of Care		subordinate	s?	\vdash	ŀ	_
_			13010 MORRIS ROAD, SUITE 175, ALPHARETTA, GA		H(b) Are all subor			Yes	No
		empt st		527		,	see instructi	ons)	
			WWW.HIREHEROESUSA.ORG		H(c) Group exer				
		<u> </u>	nization: X Corporation Trust Association Other	L Year of for	mation: 1990 M	State of	legal dom	nicile:	GA
P	art I	Su	mmary						
	1	Briefly	y describe the organization's mission or most significant activities: $_$ $ HIRE$ $ HIRE$	EROES_US	A EMPOWERS	U.S.	MILIA	ARY	
e		MEM	BERS, VETERANS AND MILITARY SPOUSES TO SUCCEED	IN THE C	IVILIAN				
лап		WOR	KFORCE.						
ē	2	Check	k this box 🕨 🔙 if the organization discontinued its operations or disposed of	of more than 2	25% of its net asse	ts.			
Governance	3	Numb	per of voting members of the governing body (Part VI, line 1a)			3			12
∞	4	Numb	per of independent voting members of the governing body (Part VI, line 1b)			4			12
Activities &	5		number of individuals employed in calendar year 2022 (Part V, line 2a)			5			182
Ξ	6		number of volunteers (estimate if necessary)			6		1.	,237
Aci	_	Total	unrelated business revenue from Part VIII, column (C), line 12			7a			
			nrelated business taxable income from Form 990-T, line 34			7b			
		ivet ui	in clated business taxable income nonn onn 990-1, line 34		Prior Year	1,2	Curre	nt Ye	
		Contri	ibutions and grants (Dort VIII line 4b)		12,859,6	E O			
ne		Contri	ibutions and grants (Part VIII, line 1h)	FOR					798.
Revenue	9	Progra	am service revenue (Part VIII, line 2g) PUBLIC INSI	PECTION	429,1				297.
Be		iiivesi	tinent income (Part VIII, column (A), lines 3, 4, and 7d)	———↓		38.			, 679
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-84,2				,060
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,205,1		23,6		834.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		486,1	33.		22,	, 949.
	14		its paid to or for members (Part IX, column (A), line 4)			IONE			NONI
S	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,415,0	54.	11,2	287 ,	569.
šuš	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)	L	N	IONE		100,	500.
Expenses	b	Total [•]	fundraising expenses (Part IX, column (D), line 25) ▶784,936.						
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	L	1,641,6	78.	2,2	234,	828.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,542,8	65.	13,6	645,	846.
	1		nue less expenses. Subtract line 18 from line 12		1,662,3	27.	10,0	043,	988.
es Se				Ве	eginning of Current	Year	End o	of Year	•
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)		7,840,4	49.	18,	757,	063.
Ass I Ba	21		liabilities (Part X, line 26)		4,331,3				846.
ĕĕ	22		ssets or fund balances. Subtract line 21 from line 20		3,509,0				217.
	rt II		gnature Block		2,203,0	<u> </u>	20,	,	
			of perjury, I declare that I have examined this return, including accompanying schedules	s and statement	ts, and to the best of	of my kn	owledge a	nd bel	lief. it is
			complete. Declaration of preparer (other than officer) is based on all information of which						
			and Distances		05/	15/20	123		
Sig	n		Signature of officer		Date	13/20	723		
He		D'D C	·						
			S_DICKMAN COO Type or print name and title						
				Date		if PTI	INI		
Paic	t			l i	Check	J "			
	- parer	SABI	RE J LINAHAN Jalu Amahan	05/15/2	023 self-emplo	, , ,	013729		
	Only	Firm's	sname ▶ SMITH & HOWARD ADVISORY, LLC		Firm's EIN	92-	-07496	31	
			saddress > 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363		Phone no.	404	4-874-	-624	4
Мау	the II	RS dis	cuss this return with the preparer shown above? (see instructions)	<u> </u>		<u></u>	X Yes		No
For	Paper	rwork	Reduction Act Notice, see the separate instructions.				Form	990	(2022)

For	m 990 (2022)	Page 2
Pa	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	. X
1	Briefly describe the organization's mission:	
	HIRE HEROES USA EMPOWERS U.S. MILITARY MEMBERS, VETERANS AND MILITARY	
	SPOUSES TO SUCCEED IN THE CIVILIAN WORKFORCE. AS A 501(C)(3)	
	NONPROFIT ORGANIZATION, HIRE HEROES USA'S SERVICES ARE PROVIDED AT NO COST TO THE CLIENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3		
		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 accomplishments for each of its three largest program services, as measured accomplishments for each of its three largest program services.	
	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 \$10,439,087. including grants of \$22,949.) (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. OUR PARTNERED CAREER TRANSITION PROGRAM SERVES MORE THAN 16,000	
	CLIENTS ANNUALLY.	
	SEE SCHEDULE O FOR FURTHER DETAILS.	
	SEE SCHEDOLE O FOR FORTHER DETAILS.	
4b	(Code:) (Expenses \$928,703. including grants of \$) (Revenue \$485,297.)	
	CORPORATE PARTNERSHIPS: (FORMERLY EPO - EMPLOYMENT PARTNERSHIPS	
	AND OPPORTUNITIES) TEAM ACCOMPLISHMENTS FOR THE YEAR:	
	- OVER 328K JOBS POSTED ON THE JOB BOARD, 4,506 JOBSEEKER	
	PROFILES, 299 EMPLOYER PROFILES	
	- TALENT SOURCING RESULTED IN 756 INTERVIEW CONNECTIONS	
	SEE SCHEDULE O FOR FURTHER DETAILS.	
4-	(Code: \(\sigma_{\text{Community}}\)	
4C	(Code:) (Expenses \$387,939 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.	
4	Other program convices (Describe on Cahadula C.)	
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$\frac{1}{2}\text{ including grants of \$\frac{1}{2}\text{ (Revenue \$\frac{1}	
4e	Total program service expenses 11,755,729.	

Form 990 (2022) Page 3

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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Χ	
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	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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			
4-	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-		
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.		3.7
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		3.7	
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0	3.7	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			17
20.5	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	aomesio governineni on Fartiz, column (A), line 11 il 165, complete 30/1600/6 i, Falts Fallo II	41		Ι Δ

Part IV Checklist of Required Schedules (continued) Page 4

Part	Checklist of nequired 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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? 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			
	\$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		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		3.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		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
29	Did the organization receive more than \$25,000 in non-cash 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			
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32		20		v
22	complete Schedule N, Part II	32		X
33				3.7
0.4	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,			3.7
05 -	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA	DUDI IO INODECTION CODY	F	aan	(0000)

43-1562688

HIRE HEROES USA, INC.

Form	990 (2022)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
-	Statements, filed for the calendar year ending with or within the year covered by this return 2a 182			
b	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		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
b	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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1.1-		v
	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? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	15		X
10	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17				
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		
	If "Yes," complete Form 6069.			

Form 990 (2022) HIRE HEROES USA, INC. 43-1562688 Page **6**

Part VI

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

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

Sect	ion A. Governing Body and Management	• • •				
	g expression and the second se				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
ıu	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	hin with	1		
_	any other officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or un					
•	supervision of officers, directors, trustees, or key employees to a management company or other p			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members of stockholders, or other persons who had the power to el					
'a	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval					
b	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions und					
O		cilant	ii uuiiig			
_	the year by the following: The governing body?			8a	Х	
a	Each committee with authority to act on behalf of the governing body?			8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internation			_	.)	
					Yes	No
102	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of					
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	iiiig iii	e ioiiii .			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests					
b	rise to conflicts?		_	12b	Х	
_	Did the organization regularly and consistently monitor and enforce compliance with the p					
С	describe on Schedule O how this was done	•		12c	Х	
10	Did the organization have a written whistleblower policy?			13	X	
13 14	Did the organization have a written whistieblower policy?			14	X	
	Did the process for determining compensation of the following persons include a review ar					
15			=			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation			15a	Х	
a	The organization's CEO, Executive Director, or top management official			15b	X	
b	Other officers or key employees of the organization				23	
160	•	r orro	ngomont			
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or simila with a taxable entity during the year?	II alla	ngement	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization	to ov	aluato ito			
b	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure			100		
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),	gan	and 000-1	(sec	tion 5	(01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain on Sc	ply. hedul	<i>⊖ O)</i>	•		, ,
19	Describe on Schedule O whether (and if so, how) the organization made its governing document and financial statements available to the public during the tax year.	nents,	conflict o	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's I CRYSTAL PEREZ 13010 MORRIS ROAD, SUITE 175 ALPHARETTA, GA 30004	oooks	and record	S		

844-634-1520 Form **990** (2022)

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	box,	not ch unles er and	Pos neck s pe	rson	e than of is both cor/trust employs	an	(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
	organizations below dotted line)	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee				-
(1) ANDREW SANDOE	40.00									
CEO	NONE			Х				355,332.	NONE	8,704.
(2) ROSS DICKMAN	40.00							,	-	, , ,
COO	NONE			Х				273,731.	NONE	36,808.
(3) NADINE BULLOCK-POTTINGA	40.00							,		, ,
CHIEF DEVELOPMENT OFFICER	NONE			Х				167,548.	NONE	4,602.
(4) ALLISON HERBST	40.00							,		
DIRECTOR, ADMIN AND CULTURE	NONE					Х		120,795.	NONE	30,545.
(5) JOHNATHAN SEVERS	40.00									
DIRECTOR, CLIENT PROGRAMS	NONE					X		103,488.	NONE	31,230.
(6) CHERYL EWELL	40.00									
DIRECTOR, DEVELOPMENT	NONE					Х		102,217.	NONE	32,238.
(7) MICHELE WEISNER	40.00									
DIRECTOR, CAPACITY BUILDING	NONE					Х		112,268.	NONE	18,219.
(8) ELIZABETH REYES	40.00									
DIRECTOR, CORPORATE PSHIPS	NONE					Х		105,316.	NONE	8,971.
(9) JOHN BARDIS	1.00									
CHAIRMAN OF THE BOARD	NONE	Х						NONE	NONE	NONE
(10) BRIAN STANN	1.00									
VICE CHAIRMAN	NONE	Х						NONE	NONE	NONE
(11) LAUREN CONDOLUCI	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(12) JEFF GOLDSTEIN	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(13) CHUCK MAGILL	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(14) CARL MEYER	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE

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Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employ	ees (c	ontinue	ed)	
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average hours per	(do	not ch		sition more	e than o	ne	Reportable compensation	Reportab compensatio			stimated nount of	
	week (list any	box,	unles	s pe	erson	is both	an	from	related			other	
	hours for					or/trust		the	organizati			pensation on the	on
	related organizations	ndivi	nstit	Officer	ey e	lighe mplo	Former	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)		om me anizatio	n
	below dotted	dual	Ition	Ÿ.	mplo	st co	막	(W-2/1033-WIGO)				d related	
	line)	Individual trustee or director	lal tn		Key employee	omp					orga	anizatior	าร
		tee	Institutional trustee			Highest compensated employee							
			0			ated							
15) VAL NICHOLAS	1.00												
BOARD MEMBER	NONE	Х						NONE	1	NONE			NONE
16) JODIE CLARKE	1.00												
BOARD MEMBER	NONE	X						NONE	1	NONE			NONE
17) JOSHUA WEINTRAUB	1.00												
BOARD MEMBER	NONE	X						NONE		NONE			NONE
18) SHEILA PELUSO	1.00	-											
BOARD MEMBER	NONE	X						NONE		NONE			NONE
19) DON EBERLY	1.00												
DIRECTOR	NONE	X						NONE		NONE			NONE
20) CHARLES MACINTOSH DIRECTOR	1.00							NONE	,	NIONIE			NIONIE
DIRECTOR	NONE	X						NONE	1	NONE			NONE
	-+	1											
		1											
	-†	1											
1b Sub-total							\blacktriangleright	1,340,695.		NONE		171,	317.
c Total from continuation sheets to Part VII,	Section A						\blacktriangleright	NONE	1	NONE			NONE
d Total (add lines 1b and 1c)								1,340,695.		NONE		171,	317.
2 Total number of individuals (including but no		hose	liste	d al	bove	•	re	eceived more than	\$100,000 o	f			
reportable compensation from the organizati	on 🕨					9							
												Yes	No
3 Did the organization list any former off employee on line 1a? <i>If "Yes," complete Sche</i>											2		v
, ,											3		X
4 For any individual listed on line 1a, is the													
organization and related organizations of individual							ς,	complete Scheau	ile J for s	ucn	4	X	
5 Did any person listed on line 1a receive of							un	related organizati	on or individ	lual	-	21	
for services rendered to the organization? If '											5		Х
Section B. Independent Contractors	,					-	,			• • •			
1 Complete this table for your five highest co	mpensated i	ndep	ende	ent	con	tracto	rs t	that received more	than \$100,	,000 o	f		
compensation from the organization. Report													
year.													
(A)								(B)			(C)		
SEE SCHEDULE O Name and business a	ddress							Description of se	ervices	C	ompen	sation	

(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

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 ▶ 1

Form 990 (2022) HIRE HEROES USA, INC.

Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or note to an	y 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					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
جَ ق	c	Fundraising events 1c	1,057,550.				
fts,	d	Related organizations					
ਭੁੰਭੁ	e	Government grants (contributions) 1e	76,351.				
Sir.	f	All other contributions, gifts, grants,					
흑		and similar amounts not included above . 1f	22,017,897.				
ᇐ	g	Noncash contributions included in	, , , , , ,				
E B	9	lines 1a-1f 1g	\$ 22,794.				
a G	h	Total. Add lines 1a-1f		23,151,798.			
		Total Add Into Ta Ti	Business Code				
æ		EPO		485,297.	485,297.		
ڲٙ؞	2a			100,2000	100,2000		
S Z	b						
E S	C						
ğ	d						
Program Service Revenue	e	All other program conject revenue					
	f g	All other program service revenue Total. Add lines 2a-2f		485,297.			
	3	Investment income (including dividends					
	"	other similar amounts)		34,679.			34,679
	4	Income from investment of tax-exempt bon		NONE			
	5	Royalties	•	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NON	IE NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ō	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
eĶ	С	Gain or (loss) 7c					
	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
Ö	""	events (not including \$1,057,550.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	94,363.				
	С	Net income or (loss) from fundraising events	3	-94,363.			-94,363
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	10,983.				
		Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory.		5,161.			5,161
Sn			Business Code				
eo ne	11a	KCC CLASS ACTION LAWSUIT INCOME		107,187.			107,187
llar en	b	OTHER REVENUE		75.			75
3è	С						
Miscellaneous Revenue	d	All other revenue					
	е_	Total. Add lines 11a-11d		107,262.			
	12	Total revenue. See instructions		23,689,834.	485,297.		52,739

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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 (C) Management and (A) Total expenses (B) Program service (**D**) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations NONE and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 22,949. 22,949. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, 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 850,179. 735,405. 70,565. 44,209. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8,584,944. 7,425,977. 712,550. 446,417. 11,246. 216,272. 187,075. 17,951. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 39,550. 760,579 657,901. 63,128. 875,595. 757,390. 72,674. 45,531. 11 Fees for services (nonemployees): NONE a Management 5,251. 5,251 25,800 25,800. **c** Accounting NONE **d** Lobbying 100,500 100,500. e Professional fundraising services. See Part IV, line 17, NONE f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 364,349. 326,027. 27,448. 10,874. (A), amount, list line 11g expenses on Schedule O.) Advertising and promotion 70,524. 60,770. 1,016. 8,738. 12 434,782. 368,791. 36,443. 29,548. 13 Office expenses 27,298. 501,178. 14,970. 458,910. Information technology 14 NONE 15 Royalties 12,486. Occupancy 388,060. 359,936. 15,638. 16 8,042. 223,596. 206,443. 9,111. 17 Travel Payments of travel or entertainment expenses NONE for any federal, state, or local public officials Conferences, conventions, and meetings NONE 19 Interest NONE NONE 21 Payments to affiliates Depreciation, depletion, and amortization 4,481. 3,835 417 229. 22 NONE Insurance 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a DEVELOPMENT 150,377. 125,542. 16,018. 8,817. 58,253 4,942. 2,710. PROFESSIONAL DEVELOPMENT 65,905 c OTHER PROGRAM EXPENSES 525 525. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 13,645,846. 11,755,729. 1,105,181. 784,936. 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 following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

		(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing		6,542,076.
2	Savings and temporary cash investments		2 NONE
3	Pledges and grants receivable, net		3 504,842.
4	Accounts receivable, net		4 491,887.
5	Loans and other receivables from any current or former officer, director,	333, 231	
	trustee, key employee, creator or founder, substantial contributor, or 35%		
	controlled entity or family member of any of these persons	NONE !	5 NONI
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 NONI
2 7	Notes and loans receivable, net	NONE	
7 8 8	Inventories for sale or use	NONE 8	
ر و ا	Prepaid expenses and deferred charges SEE SCHEDULE .O		9 342,391.
_	Land, buildings, and equipment: cost or other		,
	basis. Complete Part VI of Schedule D 10a 110, 973		
k	Less: accumulated depreciation		0c
11	Investments - publicly traded securities SEE SCHEDULE .O	47,971. 1	
12	Investments - other securities. See Part IV, line 11		
13	Investments - program-related. See Part IV, line 11.	NONE 1	
14	Intangible assets	NONE 1	
15	Other assets. See Part IV, line 11	28,518. 1	704,079
16	Total assets. Add lines 1 through 15 (must equal line 33)		6 18,757,063.
17	Accounts payable and accrued expenses	1,059,286. 1	7 1,656,024.
18	Grants payable	NONE 1	
19	Deferred revenue	3,272,096. 1	9 2,784,756.
20	Tax-exempt bond liabilities	NONE 2	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE 2	.1 NONI
22	Loans and other payables to any current or former officer, director,		
22	trustee, key employee, creator or founder, substantial contributor, or 35%		
2	controlled entity or family member of any of these persons	NONE 2	NON!
23	Secured mortgages and notes payable to unrelated third parties	NONE 2	NON!
24	Unsecured notes and loans payable to unrelated third parties	NONE 2	NON!
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	NONE 2	708,066.
26	Total liabilities. Add lines 17 through 25	4,331,382. 2	5,148,846.
200	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		
27	Net assets without donor restrictions	1,396,834. 2	12,589,547.
28	Net assets with donor restrictions		1, 018,670.
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.		
29	Capital stock or trust principal, or current funds	2	29
30	Paid-in or capital surplus, or land, building, or equipment fund		30
31	Retained earnings, endowment, accumulated income, or other funds		31
32	Total net assets or fund balances		32 13,608,217.
33	Total liabilities and net assets/fund balances		18,757,063.

Page **11**

| X | Separate basis

Schedule O.

Form 990 (2022) Page **12** Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI 23,689,834. 1 2 13,645,846. 3 <u>10,043,988</u>. 3 3,509,067. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5 70,162. 5 6 6 7 7 -15,0008 8 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 13,608,217. 10 Part XII Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Χ 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b Χ **b** Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Both consolidated and separate basis

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on

Form **990** (2022)

Χ

Χ

2c

3a

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
2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

HI.	RE HEROES USA, INC.						562688
Pa	rt I Reason for Public Cha	arity Status. (All	organizations must	comple	ete this _l	part.) See instructior	ıs.
The	organization is not a private four	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1	A church, convention of chu	ırches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2	A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3	A hospital or a cooperative	hospital service o	rganization described	in sectic	n 170(b)	(1)(A)(iii).	
4	A medical research organiz	•					(iii). Enter the
	hospital's name, city, and st		•	•		(// // /	` ,
5	An organization operated f		a college or universit	v owne	d or ope	erated by a governme	ntal unit described in
_	section 170(b)(1)(A)(iv). (C		g	,		, g	
6	A federal, state, or local go		rnmental unit describe	d in sect	tion 170	'b)(1)(Δ)(ν).	
7	X An organization that norma	_					om the general nublic
•	described in section 170(b)	•	•	pport ii	om a go	vorminorital and or in	om the general public
8	A community trust describe		·	Part II)	1		
9	An agricultural research org	-		-		l in conjunction with a	land-grant college
Ŭ	or university or a non-land-				-	-	
	university:	grant conogo or ag	grioditaro (oco motrao	.iono). L	11101 1110	namo, oky, ana otato o	Title college of
10	An organization that normal	lly receives (1) mo	ore than 331/3 % of its	sunnort	from co	ntributions membersh	in fees, and aross
	receipts from activities related	ted to its exempt f	unctions, subject to c	ertain e	xceptions	s: and (2) no more than	331/3 % of its
	support from gross investm						businesses
11	acquired by the organization An organization organized a						
12	An organization organized a	•	•	-			ry out the nurnoses of
12	one or more publicly suppor	•	•				
	the box on lines 12a throug	-			-		
_						•	=
а		•	•	•		• ,,,	,, , , , ,
	the supported organizatio	. ,	• • • •		ajority o	r the directors or truste	es of the
	supporting organization. Y	=					and A. A. Itana Isan dan m
b		•					
	control or management o		=	tne sam	ie persor	ns that control or man	age the supported
	organization(s). You must	=					
С	— / ,						ly integrated with,
	its supported organization		· ·				
d				-			
	that is not functionally inte	-		-		•	an attentiveness
	requirement (see instructi	•	•		-		
е						,, ,,,,	I, Type III
	functionally integrated, or			-	-		
I	Enter the number of supported						
<u>g</u>	Provide the following information						(-1) A
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization our governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))		ment?	instructions)	instructions)
_				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
(E)							
Tot	al						
						1	İ

Schedule A (Form 990) 2022 Page 2

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.)

<u></u>	tion A Dublic Support	io to qualify ar	1401 1110 10010 1	iotou boiow, p	iodoo oompio	10 T GIT III.)	
	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(4) 2021	(a) 2022	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(C) 2020	(d) 2021	(e) 2022	(1) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,746,852.	7,970,301.	8,931,790.	12,859,659.	12,151,798.	53,660,400.
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	11,746,852.	7,970,301.	8,931,790.	12,859,659.	12,151,798.	53,660,400.
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)						14,948,165.
6	Public support. Subtract line 5 from line 4						38,712,235.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,746,852.	7,970,301.	8,931,790. 4,144.	12,859,659.	12,151,798. 34,679.	53,660,400.
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.)	12,644.	9,521.	17,430.	911.	107,262.	147,768.
11	Total support. Add lines 7 through 10						53,862,189.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	2,265,771.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup		•				71 07 0/
14	Public support percentage for 2022 (li		•			14	71.87 %
15	Public support percentage from 2021					15	72.23 %
16a	331/3% support test - 2022. If the org	-					
	box and stop here. The organization q	•	•	•			
D	331/3% support test - 2021. If the org						
170	this box and stop here. The organization	-		-			
ı/a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	-
	Part VI how the organization meets organization			=			upported
h	10%-facts-and-circumstances test - 2						and line
b	15 is 10% or more, and if the organization	_					
	in Part VI how the organization meets					-	
	organization			•	•		
18	Private foundation. If the organization						
. •	instructions						
		_ · · · · · · ·		_ · · · · · · ·	<u> </u>	· · ·	

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HIRE HEROES USA, INC.

Schedule A (Form 990) 2022 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.)

0	the A Post is Oscar and	any ander the	, tests listed be	now, picase of	Jinpicto i ait i	1.,	
	tion A. Public Support	(-) 0040	(h) 0040	(-) 0000	(-1) 0004	(-) 0000	(A) T-4-1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
7a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
202	tion B. Total Support						
		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(i) Total
9 10 a	Amounts from line 6						
	payments received on securities loans,						
	rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	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.						
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 organizati	on's first secon	l third fourth	or fifth tax ve	ar 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 2022 (line 8,		•	mn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investment						70
17	Investment income percentage for 2022 (lin			13 column (f))		17	%
18	Investment income percentage for 2022 (iii	•	•			18	//
	331/3% support tests - 2022. If the or						
. J a	17 is not more than 331/3 %, check this	-					
h	331/3% support tests - 2021. If the orga	-	•	•			•
D	line 18 is not more than 331/3%, check						
20			•	•		•	

Schedule A (Form 990) 2022 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

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of stat under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how t organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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 discreti despite being controlled or supervised by or in connection with its supported organizations.
- 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 us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Year answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and E numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such actic (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the acti 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 alrea designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribut (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled ent with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on lin 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons, as defined in section 4946 (other than foundation managers and organizatio described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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 bene from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate 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, determine whether the organization had excess business holdings.)

		Yes	No
ng <i>by</i>			
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	4b		
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tor ity			
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ns	9a		
o b	Ju		
ch	9b		
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on			
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to	·vu		
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lubar	e Δ (Fo	rm 990	1) 2022

Page 5 Schedule A (Form 990) 2022

Part	Supporting Organizations (continued)			Ü
			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,	110		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
3001	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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).			
Socti	on D. All Type III Supporting Organizations	1		
Jecti	on b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		100	110
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	etructi	one)	
a	The organization satisfied the Activities Test. Complete line 2 below.	ni doin	0110).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	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 trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3a 3h		

Page 6 Schedule A (Form 990) 2022

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi			
Se	ection 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		
	ection 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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting	g organization
	(see instructions).			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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Type III Non Europianally Integrated 500(s)(2) Supporting Organizations (continued)

Part	Type III Non-Functionally integrated 509(a)(3)	Supporting Organizat	ions (continuea)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions				

Schedule A (Form 990) 2022

6

Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

Excess from 2022 . . .

and 4c.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

901

Attach to Form 990 or Form 990-PF.

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	•	<u> </u>		
Name of the organization		Employe	r identification number		
HIRE HEROES USA,	INC.	43-1	562688		
Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a p	orivate foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a priva	te foundation			
	501(c)(3) taxable private foundation				
_	tion filing Form 990, 990-EZ, or 990-PF that received, during the year ey or property) from any one contributor. Complete Parts I and II. See al contributions.		-		
Special Rules					
Example 2 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization 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 fro 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 during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., con totaling \$5,000 or more during the year		e received			

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

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						
1_	N/A	\$\$	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						
2	N/A	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
3	N/A	\$\$.	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						
4	N/A	\$\$814,702.	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						
5	N/A	\$\$\$	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						
6_	N/A	\$\$663,179.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						

Schedule B (Form 990) (2022) Page 2

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

	ributors (see instructions). Use duplicate cop	-	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 N/A		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

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

Part Nonca	ash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		<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
		 \$	

2E1254 1.000

Page 4 Schedule B (Form 990) (2022)

Name of or	rganization			Employer identification number
	HIRE HEROES USA, INC.			43-1562688
Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicat	the year from any o ons completing Part I e year. (Enter this info	ne contributor. Co III, enter the total of ormation once. See	mplete columns (a) through (e) and exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer and ZIP + 4	_	ip of transferor to transferee
(a) No.		() !!		
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer and ZIP + 4	_	ip of transferor to transferee
(a) No.	(b) Purpose of gift (c) Use		e of gift (d) Description of how gift	
Part I				(a) girl o noid
	Transferee's name, address, a	(e) Transfer and ZIP + 4		ip of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number HIRE HEROES USA, INC. 43-1562688 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X......\$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 HIR	E HEROES USA	, INC.			43-1562688	
Pa	rt Organizations Maintaini	ng Collections of	of Art, Historic	al Treasures, o	r Other Similar A	Assets (continue	d)
3	Using the organization's acquisition	n, accession, and	other records,	check any of the	e following that n	nake significant u	se of its
	collection items (check all that app	ly):					
а	Public exhibition		d	Loan or exchange	e program		
b	Scholarly research		е	Other			
С	Preservation for future gener	rations					
4	Provide a description of the organ	nization's collectio	ns and explain	how they further	the organization'	s exempt purpos	e in Part
	XIII.						
5	During the year, did the organization	n solicit or receive	e donations of a	rt, historical treası	ures, or other simil	ar	
	assets to be sold to raise funds rath	er than to be mai	ntained as part o	of the organization	n's collection?	Yes	No
Pa	rt IV Escrow and Custodial A	rrangements.					
	Complete if the organiza	tion answered "	Yes" on Form 9	990, Part IV, line	9, or reported a	n amount on Fo	rm
	990, Part X, line 21.						
1 a	Is the organization an agent, trus	tee, custodian or	other intermed	liary for contribut	ions or other ass	ets not	
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in						
	•					Amount	
С	Beginning balance			1c			
d	Additions during the year						
е	Distributions during the year						
f	Ending balance						
2a	Did the organization include an am				ustodial account lia	bility? Yes	No
	If "Yes," explain the arrangement in						=
	rt V Endowment Funds.		· · ·	<u>'</u>			
	Complete if the organiza	ition answered "	Yes" on Form 9	990, Part IV, line	e 10.		
		(a) Current year	(b) Prior yea			ears back (e) Four	ears back
1.0	Beginning of year balance	2,112,233.	1,310,8	886. 2,497,	716. 4,94	10,938. 1,8	71,003.
b	Contributions	1,408,480.	1,169,3				69,935.
		, , , , , , , , , , , , , , , , , , , ,	, , , ,	.,		.,	,
C	Net investment earnings, gains, and losses						
	Grants or scholarships						
е	Other expenditures for facilities	1,197,212.	368,0	013. 1,931,	830 2 98	33,222.	
	and programs	1,13,,212.	330,	1,301,	2,30	0,222.	
f	Administrative expenses	2,323,501.	2,112,2	233. 1,310,	886 2.49	97,716. 4,9	40,938.
g	End of year balance			<u> </u>		1/3	10,330.
2	Provide the estimated percentage Board designated or quasi-endown		r end balance (II %	ine 1g, column (a)	neid as:		
h	Permanent endowment	%	- 70				
	Term endowment 100.0000 %	′′					
·	The percentages on lines 2a, 2b, a	and 2c should equa	u 100%				
22	Are there endowment funds not in	·		n that are held an	nd administered for	the	
Ja	organization by:	tile possession of	the organizatio	ii tilat ale lielu ali	iu auministereu ioi		res No
	= -					3a(i)	
	(i) Unrelated organizations					3a(ii)	X
L	(ii) Related organizations						X
	If "Yes" on line 3a(ii), are the related	_	•				
4	Describe in Part XIII the intended u		zation's endowm	ient tunas.			
Pa	rt VI Land, Buildings, and Equ Complete if the organize	ation answered "	Yes" on Form	990, Part IV, line	e 11a. See Form	990, Part X, line	e 10.
	Description of property	(a) Cost	or other basis (b) Cost or other basis	(c) Accumulated	(d) Book valu	
	Land	,	restment)	(other)	depreciation		
1a	Land						
b	Buildings						
C	Leasehold improvements						
d	Equipment		NONE	72,016.	72,016.		NONE
	Other		NONE	38,957.	38,957.		NONE
rota	I. Add lines 1a through 1e. (Column	(d) must equal Fo	orm 990, Part X,	column (B), line 10)C.)		NONE

Schedule D (Form 990) 2022

Part VII	Complete if the organization answered	"Yes" on Form 99	00. Part IV. line 11b. See Form 990.	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financi	ial derivatives			
(2) Closely	/ held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
T GIT VIII	Complete if the organization answered	"Yes" on Form 99	00, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat	
	`,	. ,	Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Ves" on Form 00	00 Part IV line 11d See Form 000	Part V line 15
		cription	o, Fait IV, lille TTu. See Form 990,	(b) Book value
(1)	(a) Des	СПриоп		(b) Dook value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) lii	ne 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 99	00, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descript	ion of liability		(b) Book value
(1) Fede	ral income taxes			
(2)LEASE	LIABILITY			708,066.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 25.)			708,066.

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

Schedule D (Form 990) 2022 43-1562688 Page 4 HIRE HEROES USA, INC. 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. 24,243,381. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 70,162. Net unrealized gains (losses) on investments 383,200. Donated services and use of facilities c Recoveries of prior year grants 100,185. d Other (Describe in Part XIII.) 553,547. Add lines 2a through 2d 3 23,689,834. 3 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 Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 23,689,834. 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 14,144,231. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2 2a 383,200. Donated services and use of facilities 15,000. 2c 100,185. Other (Describe in Part XIII.) 2e 498,385. 13,645,846. 3 Amounts included on Form 990, Part IX, line 25, 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 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 13,645,846. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

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.

INC.

HIRE HEROES USA,

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, 2022.

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, 2019.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

- 94,363 FUNDRAISING EVENT EXPENSES
- 5,822 COGS FROM INVENTORY SALES

- 100,185 TOTAL

SCHEDULE D, PART XII, LINE 2D

- 94,363 FUNDRAISING EVENT EXPENSES
- 5,822 COGS FROM INVENTORY SALES

- 100,185 TOTAL

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Internal Revenue Service Go to www.irs.gov/Form990 for in

OMB No. 1545-0047

2022

Open to Public

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

Inspection

Employer identification number

HIRE HEROES USA, INC.					43-156268			
Part I Fundraising Activities. Comp	•			Yes" on Form 99	90, Part IV, line 1	7.		
Form 990-EZ filers are not re	·							
1 Indicate whether the organization rais	_		_					
b X Internet and email solicitations	f			government grant	S			
c X Phone solicitations	g	Spe	cial fundra	ising events				
d X In-person solicitations								
2a Did the organization have a written or or key employees listed in Form 990.						X Yes No		
b If "Yes," list the 10 highest paid indiv								
compensated at least \$5,000 by the		(Tarraraioc	no, paroaa	int to agreement	didoi willon the			
•	•							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	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		Yes	No					
1								
2								
3								
4								
5								
6								
-								
7								
8								
9								
10								
10								
Total					100,500.			
3 List all states in which the organizate registration or licensing.	tion is registered o	or licensed	d to solicit	contributions or		it is exempt from		
AL, AK, AR, CA, CO, CT, FL, GA, HI, IL	_							
KS, KY, LA, ME, MD, MA, MI, MN, MS, NV		NC, ND,	OH,					
OK, OR, PA, RI, SC, TN, TX, UT, VA, WA			- ,					

			EROES USA, INC.			13-1562688 Page 2		
Pa	rt II	Fundraising Events. Complete than \$15,000 of fundraising even gross receipts greater than \$5,000	ent contributions and g					
			(a) Event #1 (b) Event #2 NY DINNER (event type) (event type)		(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))		
Revenue	1	Gross receipts	1,057,550.			1,057,550.		
<u>~</u>		Less: Contributions	1,057,550.			1,057,550.		
	4	Cash prizes						
	5	Noncash prizes						
sesu	6	Rent/facility costs						
Expe	7	Food and beverages	51,010.			51,010.		
Direct Expenses	8	Entertainment	13,500.			13,500.		
	9	Other direct expenses	29,853.			29,853.		
Pa	10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or report							
Revenue		\$15,000 on Form 990-EZ, lin	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
-Re	1	Gross revenue						
nses	2	Cash prizes						
Expe	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
_	5	Other direct expenses	N	N	W 0/			
	6	Volunteer labor	Yes % No	S% No	Yes% No			
	7	Direct expense summary. Add lin						
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)				
9 a b	ı l	Enter the state(s) in which the orgsthe state(s) in which the orgsthe state organization licensed to conful "No," explain:	anization conducts ga duct gaming activities	in each of these state	es?	Yes No		

Schedule G (Form 990) 2022

No

10a

If "Yes," explain:

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Sched	lule G (Form 990 or 990-EZ) 2022 HIRE HEROES USA, INC.	43-15626	688	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	а		%
b	An outside facility13	b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records:	ind		
	Name ▶			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives gar			_
_	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	d the		
_	amount of gaming revenue retained by the third party ▶ \$			
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 proce	eds to	_	_
	retain the state gaming license?	🔲	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organize			
	or spent in the organization's own exempt activities during the tax year ▶ \$			
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona (see instructions).			

HIRE HEROES USA, INC.

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

NAME:

KELLER PARTNERS & COMPANY

ADDRESS:

3700 MASSACHUSETTS AVE, STE L10 WASHINGTON, DC 20016

ACTIVITY:

GOV GRANT WRITING

CUSTODY OR CONTROL OF CONTRIBUTION? NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 100,500.

SCHEDULE I (Form 990)

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

2022

OMB No. 1545-0047

Department of the Treasury

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

Open to Public Inspection

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

Name of the organization	Employer identification number						
HIRE HEROES USA, INC.	43-1562688						
Part I General Information on Grants an	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	s or assistan	ce?					X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient t		•					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)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	-	•					

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

Schedule | (Form 990) (2022) 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	79	22,949.			
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) (2022)

Schedule I (Form 990) (2022) 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
2					
3					
l .					
;					
;					

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) (2022)

Schedule I (Form 990) (2022) 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 **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. 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, 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	16					
2	explain	1b					
2	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 Vinitial employment contract 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: Receive a severance payment or change-of-control payment?	4a		Х			
a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan?							
c Participate in or receive payment from an equity-based compensation arrangement?							
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		X			
	The to any of lines 4a-6, list the persons and provide the applicable amounts for each item in fait 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		Х			
	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	Χ				
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) 2022

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	nd/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)	232,182.	122,500.	650.	6 , 554.	3,420.	365 , 306.	NONE
1 CEO	(ii)							
ROSS DICKMAN	(i)	198,331.	74,750.	650.	9,267.	28,795.	311,793.	NONE
2 COO	(ii)							
NADINE BULLOCK-POTTING	(i)	166,923.	NONE	625.	4,602.	929.	173,079.	NONE
3 CHIEF DEVELOPMENT OFFICER	(ii)							
ALLISON HERBST	(i)	116,895.	3,250.	650.	5 , 173.	26,174.	152,142.	NONE
4 DIRECTOR, ADMIN AND CULTURE	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022 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 2021 FOR PAYMENT IN 2022.

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

2022

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.

FORM 990, PART III, LINE 2

THE ORGANIZATION HAS LAUNCHED THREE NEW SUPPORTING PROGRAMS TO THE PACT PROGRAM IN 2022. THE NEW SUPPORTING PROGRAMS ARE AS FOLLOWS:

WOMENS VETERANS PROGRAM

THE WOMEN VETERANS PROGRAM IS BEING DEVELOPED TO EMPOWER OUR NATION'S

TRANSITIONING WOMEN SERVICE MEMBERS AND WOMEN VETERANS TO OVERCOME UNIQUE

BARRIERS AND ACHIEVE MEANINGFUL EMPLOYMENT. THE PROGRAM'S VISION IS TO

CREATE A NATIONAL PRESENCE AND BECOME THE GO-TO RESOURCE IN CAREER

COACHING SPECIFICALLY TAILORED TOWARD WOMEN VETERANS AND CREATE A PROGRAM

THAT IS UNDERSTANDING, INFORMATIVE, AND SENSITIVE WHEN IT COMES TO

ADDRESSING AND OVERCOMING INDIVIDUAL BARRIERS. THE WOMEN VETERANS PROGRAM

IS EXPECTED TO LAUNCH ON JUNE 12TH, 2023.

IN 2022, HIRE HEROES USA HELPED 3,970 WOMEN SERVICE MEMBERS AND VETERANS, RESULTING IN 2,357 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 2022 WAS \$62,614. THERE WAS ROUGHLY A 19% INCREASE IN VOLUNTEER REQUESTS FOR ADDITIONAL EMPLOYMENT SUPPORT INCLUDING MOCK INTERVIEWS, LINKEDIN REVIEWS, CAREER COACHING, AND SALARY NEGOTIATION TRAINING. THERE WAS AN INCREASE OF 68% IN REQUESTS FOR REFERRAL AND TRAINING OPPORTUNITIES WITH EXTERNAL ORGANIZATIONS.

HOMELESS VETERANS REINTEGRATION PROGRAM

THE HOMELESS VETERANS REINTEGRATION PROGRAM (HVRP) IS AN

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

2022

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Department of the Treasury Internal Revenue Service

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Employer identification number

HIRE HEROES USA, INC

43-1562688

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.

THE HOMELESS VETERANS REINTEGRATION PROGRAM OFFICIALLY LAUNCHED IN AUGUST 2022 WITH THE GOAL OF HELPING AT-RISK AND HOMELESS VETERANS IN EL PASO AND TELLER COUNTIES COLORADO. THE PROGRAM BEGAN ESTABLISHING A PIPELINE OF LOCAL, STATE, AND FEDERAL RESOURCES AND CREATED PARTNERSHIPS WITH FELLOW VETERAN SERVICE ORGANIZATIONS AND GOVERNMENT ENTITIES TO SUCCESSFULLY CREATE A CO-ENROLLMENT REFERRAL NETWORK THAT COULD PROVIDE HELP TO THE HOMELESS BEYOND EMPLOYMENT. BY THE END OF 2022, THE HVRP PROGRAM HAS SUCCESSFULLY ENROLLED HALF OF THE REQUIRED PARTICIPANTS AND SUCCESSFULLY TRANSITIONED THEIR FIRST PARTICIPANT INTO FULL-TIME EMPLOYMENT.

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

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

2022

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Department of the Treasury Internal Revenue Service

Name of the organization

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Employer identification number

HIRE HEROES USA, INC.

43-1562688

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.

IN GEORGIA, OUR STATE OUTREACH INCREASED PROGRAM REGISTRATION BY 31.5% AND CONDUCTED 42 IN-PERSON EVENTS. OUT OF THE 1,232 CLIENTS THAT RECEIVED ASSISTANCE WITH THEIR EMPLOYMENT SEARCH, 764 STATED THAT HIRE HEROES USA WAS A GREAT CONTRIBUTOR IN LANDING EMPLOYMENT. IN IDAHO, OUR PROGRAM TEAM SERVED 288 VETERANS AND CONDUCTED 4 IN-PERSON EVENTS, RESULTING IN 181 EMPLOYED VETERANS WITH OVER 83% WORKING FULL TIME. OUR IDAHO PROGRAM EFFORTS INCREASED THE AVERAGE ANNUAL SALARY FOR IDAHO VETERANS TO OVER \$58,000.

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 18,753 CLIENTS
- REVISED 18,691 RESUMES
- TRAINED 8,631 CLIENTS AT 68 VIRTUAL EVENTS
- CONFIRMED 12,427 CLIENTS HIRED

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

2022

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43-1562688

HIRE HEROES USA, INC.

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 2022, THERE WERE 1,237 UNIQUE VOLUNTEERS WHO SERVED 6,988 HOURS ON BEHALF OF HIRE HEROES USA. THE PROGRAM COMPLETED 4,912 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 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

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

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Employer identification number 43-1562688

HIRE HEROES USA, INC

MAINTAIN THIS SUPPORT, WHILE ALSO STRENGTHENING CONNECTIONS WITH OUR ALUMNI POPULATION. OUR ALUMNI ARE IMPORTANT AMBASSADORS OF OUR MISSION AND SERVICES.

IN 2022, THERE WERE 12,432 ALUMNI ADDED INTO THE ALUMNI PROGRAM FOR A YEAR-END TOTAL OF 23,483. THE PROGRAM OFFERED QUARTERLY WEBINARS AND SMALL-GROUP TRAINING SERIES, PLUS MONTHLY NEWSLETTERS WITH RELEVANT CAREER DEVELOPMENT RESOURCES. THE ALUMNI ADVISORY TEAM CONTINUED ITS MONTHLY MEETINGS TO HELP INFORM PROGRAM ACTIVITIES AND OFFER INSIGHT INTO THE NEEDS AND EXPERIENCES ALUMNI ENCOUNTER POST-HIRE HEROES SERVICES.

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

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 2022, OUR FEDERAL SECTOR PROGRAM COMPLETED FEDERAL RESUME REVIEWS FOR 2,821 JOB SEEKERS. THE PROGRAM INCREASED OUR MONTHLY CAPACITY, AVERAGING MORE THAN 250 COMPLETED REQUESTS PER MONTH. THE FEDERAL PROGRAM ALSO HOSTED 10 VIRTUAL WORKSHOPS TO SUPPORT FEDERAL JOB SEEKERS; MORE THAN 1500 ATTENDED THESE SESSIONS. THIS PROGRAM POSITIVELY IMPACTED 1,706

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

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2022

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43-1562688

HIRE HEROES USA, INC

HIRED CLIENTS, INCLUDING 369 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 2022 HIRE HEROES USA'S VIRTUAL ENGAGEMENTS PRODUCED, MANAGED, AND SUPPORTED 79 INSTRUCTOR-LED WEBINARS, VIRTUAL WORKSHOPS, AND SMALL GROUP NETWORKING SESSIONS REACHING 5,479 PARTICIPANTS. ADDITIONALLY, 4 VIRTUAL CAREER FAIRS WERE CONDUCTED WITH 3,582 JOB SEEKERS PARTICIPATING. THE VIRTUAL SERVICES PROGRAM SIMULTANEOUSLY MANAGED A ROBUST RESOURCE LIBRARY OF OVER 50 ON-DEMAND TRAINING VIDEOS TO ASSIST CLIENTS WITH NAVIGATING THE JOB SEARCH PROCESS ON THEIR PATH TO ATTAINING GAINFUL EMPLOYMENT WITH OVER 3,870 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

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

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2022

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43-1562688

HIRE HEROES USA, INC.

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.

IN 2022, THE REFERRAL & TRAINING PARTNERS PROGRAM GREW OUR NETWORK OF

AVAILABLE PARTNERS TO 141. THE PROGRAM ALSO COMPLETED 2,680 REQUESTS FOR

CONNECTIONS TO OUR PARTNERS, PLUS ANOTHER 80 REQUESTS FOR IN-HOUSE

RESOURCE CONNECTION. APPROXIMATELY 83% OF THE 2,680 REQUESTS WERE FOR

TRAINING PARTNER CONNECTIONS.

JUNIOR ENLISTED PROGRAM

THE JUNIOR ENLISTED PROGRAM IS A CAREER COACHING PROGRAM TAILORED SPECIFICALLY TO JUNIOR ENLISTED SERVICE MEMBERS AND VETERANS. THE PROGRAM 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 2022, OUR JUNIOR ENLISTED PROGRAM HELPED 4,502 JUNIOR ENLISTED

MILITARY MEMBERS AND CONFIRMED 2,703 HIRED JUNIOR ENLISTED VETERANS.

1,000 JUNIOR ENLISTED VETERANS AND SERVICE MEMBERS WERE MENTORED IN 2022.

JUNIOR ENLISTED SERVICE MEMBERS AND VETERANS MADE UP 23.27% OF OUR

REGISTRANTS IN 2022. JUNIOR ENLISTED SERVICE MEMBERS AND VETERANS THAT GO

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

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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43-1562688

HIRE HEROES USA, INC.

AVERAGE STARTING SALARY OF \$54,421.01. IN 2022, HIRE HEROES USA HOSTED 8 VIRTUAL EVENTS FOCUSED ON JUNIOR ENLISTED SERVICE MEMBERS AND VETERANS.

989 JUNIOR ENLISTED SERVICE MEMBERS AND VETERANS ATTENDED OUR EVENTS IN 2022. ADDITIONALLY, THE JUNIOR ENLISTED PROGRAM HAS INCREASED PARTICPANT ENGAGEMENTS THROUGH LINKEDIN COMMUNITY GROUPS WITH OVER 1,400 MEMBERS.

FORM 990, PART III, LINE 4B

CORPORATE PARTNERSHIPS

IN 2022, CORPORATE PARTNERSHIPS MERGED WITH EMPLOYMENT PARTNERSHIPS AND OPPORTUNITIES. THAT SAID, CORPORATE PARTNERSHIP NOW ENCOMPASSES BOTH EARNED REVENUE GENERATED FROM HIRE HEROES USA'S RECRUITING PRODUCTS/SERVICES AS WELL AS CORPORATE GIVING. THE CORPORATE PARTNERSHIPS DEPARTMENT FOCUSES ON BUILDING HOLISTIC RELATIONSHIPS WITH CORPORATIONS THROUGH BRAND AMPLIFICATION, EMPLOYEE ENGAGEMENT, AND VETERANS AND MILITARY SPOUSES HIRING EFFORTS.

EMPLOYER TRAINING

HIRE HEROES USA PROVIDES EMPLOYER TRAINING FOCUSING ON FOUR DIFFERENT
LEARNING PATHWAYS (UNDERSTANDING MILITARY CULTURE, CREATING A VETERAN
HIRING PROGRAM, RECRUITING VETERAN TALENT, AND/OR ONBOARDING AND
RETENTION). THESE PATHWAYS ASSIST EMPLOYERS IN EDUCATING THEIR STAFF
(HIRING MANAGERS, RECRUITERS, ETC) ABOUT THE VALUE THAT VETERANS BRING TO
THEIR BUSINESS AND ASSISTS ORGANIZATIONS IN UNDERSTANDING THE MILITARY
CULTURE AND THE CHALLENGES VETERANS AND MILITARY SPOUSES FACE DURING
THEIR TRANSITION OUT OF THE SERVICE.

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HIRE HEROES USA, INC.

IN 2022, EMPLOYER TRAINING WAS SEPARATED OUT FROM OTHER EPO/CORP

PARTNERSHIP SERVICES (WEBINARS EVENTS, WORKSHOPS, ETC). THERE WERE 9

EMPLOYER TRAINING EVENTS.

TARGETED EMAIL CAMPAIGNS

TARGETED EMAIL CAMPAIGNS PROVIDE EMPLOYERS AN OPPORTUNITY TO ENGAGE SPECIFIC JOBSEEKERS ON BEHALF OF THEIR ORGANIZATION; WHETHER IT'S INFORMING JOBSEEKERS ABOUT HIRING EVENTS OR NOTIFYING THEM ABOUT UPCOMING OPENINGS. TARGETED EMAILS ALLOW FOR EMPLOYERS TO TARGET THE JOBSEEKER AUDIENCE BASED ON GEOGRAPHICAL LOCATIONS, JOB FIELD, OR DEGREE LEVEL.

IN 2022, TARGET EMAIL REVENUE GREW BY 56.64% OVER THE PREVIOUS YEAR.

FORM 990, PART III, LINE 4C

SERVING SPOUSES

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 6,000 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 HAS RETIRED OR SEPARATED FROM THE MILITARY.

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Employer identification number 43-1562688

HIRE HEROES USA, INC.

IN 2022, OUR SERVING SPOUSES PROGRAM HELPED 1,367 MILITARY SPOUSES AND CONFIRMED 998 HIRES. HIRE HEROES USA'S SERVING SPOUSES PROGRAM HOSTED 9 VIRTUAL EVENTS INCLUDING WORKSHOPS AND WEBINARS ON THE TOPIC OF MILITARY SPOUSE EMPLOYMENT. 1,348 MILITARY SPOUSES ATTENDED OUR SPOUSE EVENTS.

MILITARY SPOUSES MADE UP 8.03% OF REGISTRATION IN 2022. MILITARY SPOUSES THAT GO THROUGH THE HIRE HEROES USA'S SERVING SPOUSES PROGRAM ARE HIRED WITH AN AVERAGE STARTING SALARY OF \$53,877. ADDITIONALLY, THE SERVING SPOUSES PROGRAM HAS INCREASED PARTICIPANT ENGAGEMENT THROUGH BOTH LINKEDIN AND FACEBOOK COMMUNITY GROUPS. LINKEDIN GROUP MEMBERSHIP INCLUDES 2,936 MEMBERS, AND FACEBOOK 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.

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HIRE HEROES USA, INC

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

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

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

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

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Employer identification number 43-1562688

HIRE HEROES USA, INC

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.

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.

Schedule O (Form 990 or 990-EZ) 2022 Page 2

Name of the organization

HIRE HEROES USA, INC.

Employer identification number
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

WASHINGTON, DC 20016 GRANT WRITING & EDUC

160,000.

Schedule O (Form 990 or 990-EZ) 2022	Page 2				
Name of the organization	Employer identification number				
HIRE HEROES USA, INC.	43-1562688				
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS					
DESCRIPTION	ENDING BOOK VALUE				
PREPAID INSURANCE	10,591.				
PREPAID EXPENSES	318,507.				
PREPAID RENT	13,293.				
TOTALS	342,391.				

Schedule O (Form 990 or 990-EZ) 2022 Page **2**

Name of the organization

HIRE HEROES USA, INC.

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FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION BOOK VALUE OR FMV

MERRILL LYNCH INVESTMENTS 59,800. COST GOLDMAN SACHS ENDOWMENT 10,108,664. COST

TOTALS 10,168,464.