

**Hire Heroes USA,  
Inc.**

*Public Inspection Copy*  
**For the Year Ended  
December 31, 2022**

**TAX RETURNS**



**SMITH+HOWARD**  
Advisory LLC

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.

**PUBLIC INSPECTION COPY**

Form **8879-TE**

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

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

# 2022

Department of the Treasury  
Internal Revenue Service

Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

EIN or SSN

HIRE HEROES USA, INC.

43-1562688

Name 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 applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

|  |  |  |  |  |   |  |  |  |  |   |                            |
|--|--|--|--|--|---|--|--|--|--|---|----------------------------|
| <input checked="" type="checkbox"/> 1a Form 990 check here . . . . . | <input type="checkbox"/> 2a Form 990-EZ check here . . . . . | <input type="checkbox"/> 3a Form 1120-POL check here . . . . . | <input type="checkbox"/> 4a Form 990-PF check here . . . . . | <input type="checkbox"/> 5a Form 8868 check here . . . . . | <input type="checkbox"/> 6a Form 990-T check here . . . . . | <input type="checkbox"/> 7a Form 4720 check here . . . . . | <input type="checkbox"/> 8a Form 5227 check here . . . . . | <input type="checkbox"/> 9a Form 5330 check here . . . . . | <input type="checkbox"/> 10a Form 8038-CP check here . . . . . | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .    | <b>1b</b> <u>23689834.</u> |
|  |  |  |  |  |   |  |  |  |  | <b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .                         | <b>2b</b> _____            |
|  |  |  |  |  |   |  |  |  |  | <b>b Total tax</b> (Form 1120-POL, line 22) . . . . .                                   | <b>3b</b> _____            |
|  |  |  |  |  |   |  |  |  |  | <b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) . . . . .         | <b>4b</b> _____            |
|  |  |  |  |  |   |  |  |  |  | <b>b Balance due</b> (Form 8868, line 3c) . . . . .                                     | <b>5b</b> _____            |
|  |  |  |  |  |   |  |  |  |  | <b>b Total tax</b> (Form 990-T, Part III, line 4) . . . . .                             | <b>6b</b> _____            |
|  |  |  |  |  |   |  |  |  |  | <b>b Total tax</b> (Form 4720, Part III, line 1) . . . . .                              | <b>7b</b> _____            |
|  |  |  |  |  |   |  |  |  |  | <b>b FMV of assets at end of tax year</b> (Form 5227, Item D) . . . . .                 | <b>8b</b> _____            |
|  |  |  |  |  |   |  |  |  |  | <b>b Tax due</b> (Form 5330, Part II, line 19) . . . . .                                | <b>9b</b> _____            |
|  |  |  |  |  |   |  |  |  |  | <b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) . . . . . | <b>10b</b> _____           |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize SMITH & HOWARD ADVISORY, **ERO firm name** to enter my PIN 86213 **as my signature**  
Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 05/15/2023

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

67882792074

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 05/15/2023

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

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

Form **8879-TE** (2022)

JSA  
2X3008 2.000

# PUBLIC INSPECTION COPY

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2022

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

**Open to Public Inspection**

## A For the 2022 calendar year, or tax year beginning and ending

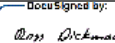
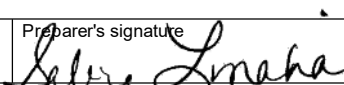
|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>B</b> Check if applicable:<br><input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>HIRE HEROES USA, INC.<br>Doing Business As  |  |   | <b>D</b> Employer identification number<br>43-1562688   |  |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>13010 MORRIS ROAD, SUITE 175    |  | <b>E</b> Telephone number<br>(844) 634-1520 |   |  |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>ALPHARETTA, GA 30004                         |  |   | <b>G</b> Gross receipts \$ 23,790,019.  |  |
|  | <b>F</b> Name and address of principal officer: ANDREW SANDOE, CEO<br>13010 MORRIS ROAD, SUITE 175, ALPHARETTA, GA 30004 |  |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |  |   |   |  |
| <b>J</b> Website: WWW.HIREHEROESUSA.ORG  |  |  |   |   |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  |  |   |   |  |
|  |  |  | <b>L</b> Year of formation: 1990            | <b>M</b> State of legal domicile: GA  |  |

## Part I Summary

|                                    |   |   |   |   |  |   |   |  |  |
|------------------------------------|---|---|---|---|--|---|---|--|--|
| <b>Activities &amp; Governance</b> | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>HIRE HEROES USA EMPOWERS U.S. MILITARY MEMBERS, VETERANS AND MILITARY SPOUSES TO SUCCEED IN THE CIVILIAN WORKFORCE.</u> |   |   |   |  |   |   |  |  |
|                                    | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |   |   |   |  |   |   |  |  |
|                                    | <b>3</b>  | Number of voting members of the governing body (Part VI, line 1a) <b>3</b> 12             |   |   |  |   |   |  |  |
|                                    | <b>4</b>  | Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> 12 |   |   |  |   |   |  |  |
|                                    | <b>5</b>  | Total number of individuals employed in calendar year 2022 (Part V, line 2a) <b>5</b> 182 |   |   |  |   |   |  |  |
|                                    | <b>6</b>  | Total number of volunteers (estimate if necessary) <b>6</b> 1,237                         |   |   |  |   |   |  |  |
|                                    | <b>7a</b>   | Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b>            |   |   |  |   |   |  |  |
| <b>7b</b>                          | Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b>  |   |   |   |  |   |   |  |  |
| <b>Revenue</b>                     | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>9</b> Program service revenue (Part VIII, line 2g)                                     | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)             | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <b>Prior Year</b><br>12,859,659.<br>429,176.<br>638.<br>-84,281.<br>13,205,192. | <b>Current Year</b><br>23,151,798.<br>485,297.<br>34,679.<br>18,060.<br>23,689,834. |  |  |
|                                    | <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)             | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                     | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 784,936.   | 486,133.<br>NONE<br>9,415,054.<br>NONE<br>1,641,678.                                | 22,949.<br>NONE<br>11,287,569.<br>100,500.<br>2,234,828.                   |  |
|                                    |   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                    | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              |  |   | 11,542,865.<br>1,662,327.   | 13,645,846.<br>10,043,988.   |  |
|                                    |   | <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | <b>21</b> Total liabilities (Part X, line 26)   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20.                        |   |   | <b>Beginning of Current Year</b><br>7,840,449.<br>4,331,382.<br>3,509,067. | <b>End of Year</b><br>18,757,063.<br>5,148,846.<br>13,608,217. |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                  |   |   |
|------------------|---|---|
| <b>Sign Here</b> | Signature of officer<br><br>ROSS DICKMAN<br>Type or print name and title   | Date<br>05/15/2023<br>COO   |
|                  | Print/Type preparer's name<br>SABRE J LINAHAN<br>Preparer's signature<br><br>Date<br>05/15/2023<br>Firm's name ▶ SMITH & HOWARD ADVISORY, LLC<br>Firm's address ▶ 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363 | Check <input type="checkbox"/> if self-employed<br>PTIN<br>P01372980<br>Firm's EIN ▶ 92-0749631<br>Phone no. 404-874-6244 |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

Part 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? [X] Yes [ ] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 10,439,087. 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.

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.

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.

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

4e Total program service expenses 11,755,729.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows 1-21 with 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

| <b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b> |   | Yes | No |
|---|---|-----|----|
| <b>2a</b>   | 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. <span style="float:right">2a 182</span>                                  |     |    |
| <b>b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | X   |    |
| <b>3a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .   |     | X  |
| <b>b</b>  | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O . . . . .</i>  |     |    |
| <b>4a</b>   | 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)? . .          |     | X  |
| <b>b</b>  | If "Yes," enter the name of the foreign country _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |    |
| <b>5a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .   |     | X  |
| <b>b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  |     | X  |
| <b>c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .   |     |    |
| <b>6a</b>   | 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? . . . . .                                       |     | X  |
| <b>b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .   |     |    |
| <b>7</b>  | <b>Organizations that may receive deductible contributions under section 170(c).</b>  |     |    |
| <b>a</b>  | 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? . . . . .   | X   |    |
| <b>b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .   | X   |    |
| <b>c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .  |     | X  |
| <b>d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <span style="float:right">7d</span>   |     |    |
| <b>e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   |     | X  |
| <b>f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .  |     | X  |
| <b>g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  |     |    |
| <b>h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . .  |     |    |
| <b>8</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .  |     |    |
| <b>9</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b>  |     |    |
| <b>a</b>  | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .  |     |    |
| <b>b</b>  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .   |     |    |
| <b>10</b>   | <b>Section 501(c)(7) organizations.</b> Enter:  |     |    |
| <b>a</b>  | Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <span style="float:right">10a</span>   |     |    |
| <b>b</b>  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <span style="float:right">10b</span>  |     |    |
| <b>11</b>   | <b>Section 501(c)(12) organizations.</b> Enter:   |     |    |
| <b>a</b>  | Gross income from members or shareholders . . . . . <span style="float:right">11a</span>  |     |    |
| <b>b</b>  | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <span style="float:right">11b</span>  |     |    |
| <b>12a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?   |     |    |
| <b>b</b>  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <span style="float:right">12b</span>  |     |    |
| <b>13</b>   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |     |    |
| <b>a</b>  | Is the organization licensed to issue qualified health plans in more than one state? . . . . . <span style="float:right">13a</span><br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.         |     |    |
| <b>b</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 . . . . . <span style="float:right">13b</span>  |     |    |
| <b>c</b>  | Enter the amount of reserves on hand . . . . . <span style="float:right">13c</span>   |     |    |
| <b>14a</b>  | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .  |     | X  |
| <b>b</b>  | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O . . . . .</i>  |     |    |
| <b>15</b>   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .<br>If "Yes," see the instructions and file Form 4720, Schedule N.                  |     | X  |
| <b>16</b>   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.   |     | X  |
| <b>17</b>   | <b>Section 501(c)(21) organizations.</b> 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? . . . . .<br>If "Yes," complete Form 6069. |     |    |



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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

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

CRYSTAL PEREZ 13010 MORRIS ROAD, SUITE 175 ALPHARETTA, GA 30004
844-634-1520

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

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

**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)<br>Name and title                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) ANDREW SANDOE<br>CEO                                 | 40.00<br>NONE  |   |                       | X       |              |                              |        | 355,332.  | NONE   | 8,704.  |
| (2) ROSS DICKMAN<br>COO                                  | 40.00<br>NONE  |   |                       | X       |              |                              |        | 273,731.  | NONE   | 36,808.   |
| (3) NADINE BULLOCK-POTTINGA<br>CHIEF DEVELOPMENT OFFICER | 40.00<br>NONE  |   |                       | X       |              |                              |        | 167,548.  | NONE   | 4,602.  |
| (4) ALLISON HERBST<br>DIRECTOR, ADMIN AND CULTURE        | 40.00<br>NONE  |   |                       |         |              | X                            |        | 120,795.  | NONE   | 30,545.   |
| (5) JOHNATHAN SEVERS<br>DIRECTOR, CLIENT PROGRAMS        | 40.00<br>NONE  |   |                       |         |              | X                            |        | 103,488.  | NONE   | 31,230.   |
| (6) CHERYL EWELL<br>DIRECTOR, DEVELOPMENT                | 40.00<br>NONE  |   |                       |         |              | X                            |        | 102,217.  | NONE   | 32,238.   |
| (7) MICHELE WEISNER<br>DIRECTOR, CAPACITY BUILDING       | 40.00<br>NONE  |   |                       |         |              | X                            |        | 112,268.  | NONE   | 18,219.   |
| (8) ELIZABETH REYES<br>DIRECTOR, CORPORATE PSHIPS        | 40.00<br>NONE  |   |                       |         |              | X                            |        | 105,316.  | NONE   | 8,971.  |
| (9) JOHN BARDIS<br>CHAIRMAN OF THE BOARD                 | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (10) BRIAN STANN<br>VICE CHAIRMAN                        | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (11) LAUREN CONDOLUCI<br>BOARD MEMBER                    | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (12) JEFF GOLDSTEIN<br>BOARD MEMBER                      | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (13) CHUCK MAGILL<br>BOARD MEMBER                        | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (14) CARL MEYER<br>BOARD MEMBER                          | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE  | NONE   | NONE  |

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include VAL NICHOLAS, JODIE CLARKE, JOSHUA WEINTRAUB, SHEILA PELUSO, DON EBERLY, CHARLES MACINTOSH.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 9

Table with 3 columns: Question number, Yes, No. Rows 3, 4, 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'SEE SCHEDULE O'.

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

**Part VIII Statement of Revenue**

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

|   |  |   |   | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |          |
|---|--|---|---|----------------------|--|--------------------------------------|---|----------|
| <b>Contributions, Gifts, Grants,<br/>and Other Similar Amounts</b>            | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>   |   |                      |  |                                      |   |          |
|   | <b>b</b> Membership dues . . . . .   | <b>1b</b>   |   |                      |  |                                      |   |          |
|   | <b>c</b> Fundraising events . . . . .  | <b>1c</b>   | 1,057,550.  |                      |  |                                      |   |          |
|   | <b>d</b> Related organizations . . . . .   | <b>1d</b>   |   |                      |  |                                      |   |          |
|   | <b>e</b> Government grants (contributions) . .   | <b>1e</b>   | 76,351.   |                      |  |                                      |   |          |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above .   | <b>1f</b>   | 22,017,897.   |                      |  |                                      |   |          |
|   | <b>g</b> Noncash contributions included in<br>lines 1a-1f . . . . .  | <b>1g</b>   | \$ 22,794.  |                      |  |                                      |   |          |
|   | <b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .   |   |   | 23,151,798.          |  |                                      |   |          |
|   | <b>Program Service<br/>Revenue</b>   |   |   |                      | <b>Business Code</b>                         |                                      |   |          |
| <b>2a</b> EPO   |  |   |   | 485,297.             | 485,297.                                     |                                      |   |          |
| <b>b</b>  |  |   |   |                      |  |                                      |   |          |
| <b>c</b>  |  |   |   |                      |  |                                      |   |          |
| <b>d</b>  |  |   |   |                      |  |                                      |   |          |
| <b>e</b>  |  |   |   |                      |  |                                      |   |          |
| <b>f</b> All other program service revenue . . . . .                          |  |   |   |                      |  |                                      |   |          |
| <b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .                              |  |   | 485,297.  |                      |  |                                      |   |          |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . .   |   |   | 34,679.              |  |                                      | 34,679.   |          |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .  |   |   | NONE                 |  |                                      |   |          |
|   | <b>5</b> Royalties . . . . .   |   |   | NONE                 |  |                                      |   |          |
|   | <b>6a</b> Gross rents . . . . .  | <b>6a</b>   | (i) Real  | (ii) Personal        |  |                                      |   |          |
|   |  |   | <b>b</b> Less: rental expenses                                  | <b>6b</b>            |  |                                      |   |          |
|   |  |   | <b>c</b> Rental income or (loss)                                | <b>6c</b>            | NONE   | NONE                                 |   |          |
|   | <b>d</b> Net rental income or (loss) . . . . .   |   |   |                      | NONE   |                                      |   |          |
|   | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory   | <b>7a</b>   | (i) Securities  | (ii) Other           |  |                                      |   |          |
|   |  |   | <b>b</b> Less: cost or other basis<br>and sales expenses . .    | <b>7b</b>            |  |                                      |   |          |
|   |  |   | <b>c</b> Gain or (loss) . . . . .                               | <b>7c</b>            |  |                                      |   |          |
|   | <b>d</b> Net gain or (loss) . . . . .  |   |   |                      | NONE   |                                      |   |          |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$ 1,057,550.<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | <b>8a</b>   |   |                      |  |                                      |   |          |
|   |  |   | <b>b</b> Less: direct expenses . . . . .                        | <b>8b</b>            | 94,363.                                      |                                      |   |          |
|   |  |   | <b>c</b> Net income or (loss) from fundraising events . . . . . |                      |  | -94,363.                             |   | -94,363. |
|   | <b>9a</b> Gross income from gaming<br>activities. See Part IV, line 19 . . . . .   | <b>9a</b>   |   |                      |  |                                      |   |          |
| <b>b</b> Less: direct expenses . . . . .                                      |  |   | <b>9b</b>   |                      |  |                                      |   |          |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                |  |   |   |                      | NONE   |                                      |   |          |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . | <b>10a</b>   |   |   |                      |  |                                      |   |          |
|   |  | <b>b</b> Less: cost of goods sold . . . . .                     | <b>10b</b>  | 10,983.              | 5,822.                                       |                                      |   |          |
|   |  | <b>c</b> Net income or (loss) from sales of inventory . . . . . |   |                      | 5,161.                                       |                                      | 5,161.  |          |
| <b>Miscellaneous<br/>Revenue</b>  |  |   |   | <b>Business Code</b> |  |                                      |   |          |
|   | <b>11a</b> KCC CLASS ACTION LAWSUIT INCOME   |   |   | 107,187.             |  |                                      | 107,187.  |          |
|   | <b>b</b> OTHER REVENUE   |   |   | 75.                  |  |                                      | 75.   |          |
|   | <b>c</b>   |   |   |                      |  |                                      |   |          |
|   | <b>d</b> All other revenue . . . . .   |   |   |                      |  |                                      |   |          |
| <b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .                            |  |   |   | 107,262.             |  |                                      |   |          |
| <b>12</b> <b>Total revenue.</b> See instructions . . . . .                    |  |   |   | 23,689,834.          | 485,297.                                     |                                      | 52,739.   |          |

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year. Rows include Assets (1-16) and Liabilities (17-26). Total assets: 18,757,063. Total liabilities: 5,148,846. Net assets: 13,608,217.

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 23,689,834. Line 2: Total expenses 13,645,846. Line 3: Revenue less expenses 10,043,988. Line 4: Net assets at beginning 3,509,067. Line 5: Net unrealized gains 70,162. Line 6: Donated services. Line 7: Investment expenses. Line 8: Prior period adjustments -15,000. Line 9: Other changes. Line 10: Net assets at end of year 13,608,217.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
2b Were the organization's financial statements audited by an independent accountant?
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Table with 3 columns: Question, Yes, No. Row 2a: Yes, X. Row 2b: Yes, X. Row 2c: Yes, X. Row 3a: Yes, X.

Form 990 (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

HIRE HEROES USA, INC.

Employer identification number

43-1562688

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

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

Schedule A (Form 990) 2022

JSA 2E1210 1.000

PUBLIC INSPECTION COPY



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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) - 71.87%; 15 Public support percentage from 2021 Schedule A, Part II, line 14 - 72.23%; 16a 33 1/3% support test - 2022 (checked); 16b 33 1/3% support test - 2021; 17a 10%-facts-and-circumstances test - 2022; 17b 10%-facts-and-circumstances test - 2021; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                                | Add lines 1 through 3.   | <b>4</b>       |                             |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                                | 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) | <b>6</b>       |                             |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | <b>8</b>       |                             |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |                |                             |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |                |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt-use assets   | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d.  | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by 0.035.  | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, column A)  | <b>1</b>       |                             |
| <b>2</b>                                | Enter 0.85 of line 1.  | <b>2</b>       |                             |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, column A)   | <b>3</b>       |                             |
| <b>4</b>                                | Enter greater of line 2 or line 3.   | <b>4</b>       |                             |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | <b>6</b>       |                             |
| <b>7</b>                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                             |

Schedule A (Form 990) 2022

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

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2022 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) |   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>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   |                             |  |   |
| a   | From 2017 . . . . .   |                             |  |   |
| b   | From 2018 . . . . .   |                             |  |   |
| c   | From 2019 . . . . .   |                             |  |   |
| d   | From 2020 . . . . .   |                             |  |   |
| e   | From 2021 . . . . .   |                             |  |   |
| f   | <b>Total</b> 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: \$   |                             |  |   |
| a   | 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. |                             |  |   |
| 6   | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7   | <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.   |                             |  |   |
| 8   | Breakdown of line 7:  |                             |  |   |
| a   | Excess from 2018 . . . .  |                             |  |   |
| b   | Excess from 2019 . . . .  |                             |  |   |
| c   | Excess from 2020 . . . .  |                             |  |   |
| d   | Excess from 2021 . . . .  |                             |  |   |
| e   | Excess from 2022 . . . .  |                             |  |   |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

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 private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

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).

|  |   |
|--|---|
| Name of organization<br><b>HIRE HEROES USA, INC.</b> | Employer identification number<br><b>43-1562688</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | N/A<br><hr/> <hr/>                | \$ 11,000,000.             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | N/A<br><hr/> <hr/>                | \$ 2,179,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | N/A<br><hr/> <hr/>                | \$ 1,567,369.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | N/A<br><hr/> <hr/>                | \$ 814,702.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | N/A<br><hr/> <hr/>                | \$ 769,340.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | N/A<br><hr/> <hr/>                | \$ 663,179.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|  |   |
|--|---|
| Name of organization<br><p style="text-align: center;">HIRE HEROES USA, INC.</p> | Employer identification number<br><p style="text-align: center;">43-1562688</p> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | N/A                               | \$ 605,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| _____      | _____                             | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____                             | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____                             | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____                             | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____                             | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____                             | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization

HIRE HEROES USA, INC.

Employer identification number

43-1562688

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

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

|   |  |
|---|--|
| Name of organization<br>HIRE HEROES USA, INC. | Employer identification number<br>43-1562688 |
|---|--|

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| _____               | _____               | _____           | _____                               |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____                                   | _____                                    |
| _____                                   | _____                                    |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| _____               | _____               | _____           | _____                               |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____                                   | _____                                    |
| _____                                   | _____                                    |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| _____               | _____               | _____           | _____                               |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____                                   | _____                                    |
| _____                                   | _____                                    |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| _____               | _____               | _____           | _____                               |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____                                   | _____                                    |
| _____                                   | _____                                    |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor informed consent.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting on collections of art, historical treasures, or other similar assets, with sub-rows for revenue and assets.

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

Schedule D (Form 990) 2022

JSA 2E1268 1.000

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment 100.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and LEASE LIABILITY (708,066). Total row shows 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 [X]

**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.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 24,243,381. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | 70,162.     |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> | 383,200.    |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> | 100,185.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 553,547.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 23,689,834. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> |             |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . | <b>5</b>  | 23,689,834. |

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

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

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 14,144,231. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |             |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> | 383,200.    |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> | 15,000.     |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> | 100,185.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 498,385.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 13,645,846. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> |             |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . | <b>5</b>  | 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.

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)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| SEE SUPPLEMENT INFORMATION<br>1                           |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   | 100,500.  |   |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL,  
KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI,

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

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain:

- 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:
 

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c 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:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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HIRE HEROES USA, INC.

43-1562688

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**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Employer identification number

43-1562688

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1)  |         |                                 |                          |                                  |   |                                       |                                    |
| (2)  |         |                                 |                          |                                  |   |                                       |                                    |
| (3)  |         |                                 |                          |                                  |   |                                       |                                    |
| (4)  |         |                                 |                          |                                  |   |                                       |                                    |
| (5)  |         |                                 |                          |                                  |   |                                       |                                    |
| (6)  |         |                                 |                          |                                  |   |                                       |                                    |
| (7)  |         |                                 |                          |                                  |   |                                       |                                    |
| (8)  |         |                                 |                          |                                  |   |                                       |                                    |
| (9)  |         |                                 |                          |                                  |   |                                       |                                    |
| (10)   |         |                                 |                          |                                  |   |                                       |                                    |
| (11)   |         |                                 |                          |                                  |   |                                       |                                    |
| (12)   |         |                                 |                          |                                  |   |                                       |                                    |

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

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

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

Schedule I (Form 990) 2022

**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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

EMPLOYMENT OR START A CAREER

-BEING UNABLE TO AFFORD THE COST OF TESTING FOR A NEEDED CERTIFICATION

-CHILDCARE DURING THE JOB SEARCH, OR TO BE ABLE TO GO TO AN INTERVIEW

OR DURING A NEW HIRE OR ONBOARDING PROCESS

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

HARDSHIP

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

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

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



**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 Information

OMB No. 1545-0047

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Employer identification number

43-1562688

Part I Questions Regarding Compensation

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

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

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

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

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

- Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
Approval by the board or compensation committee

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

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

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

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

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

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

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

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

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

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

Table with 3 columns: Question ID, Yes, No. Rows include 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.

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

Schedule J (Form 990) 2022

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

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

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

| (A) Name and Title                                    |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 ANDREW SANDOE<br>CEO                                | (i)  | 232,182.   | 122,500.                            | 650.                                | 6,554.   | 3,420.                  | 365,306.                        | NONE  |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 2 ROSS DICKMAN<br>COO                                 | (i)  | 198,331.   | 74,750.                             | 650.                                | 9,267.   | 28,795.                 | 311,793.                        | NONE  |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 3 NADINE BULLOCK-POTTING<br>CHIEF DEVELOPMENT OFFICER | (i)  | 166,923.   | NONE                                | 625.                                | 4,602.   | 929.                    | 173,079.                        | NONE  |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 4 ALLISON HERBST<br>DIRECTOR, ADMIN AND CULTURE       | (i)  | 116,895.   | 3,250.                              | 650.                                | 5,173.   | 26,174.                 | 152,142.                        | NONE  |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 5   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 6   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 7   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 8   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III 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.

**SCHEDULE O  
(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

**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

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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

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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

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## 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



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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

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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

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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

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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 PARTICIPANT 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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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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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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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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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.



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FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

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NAME AND ADDRESS

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DESCRIPTION OF SERVICES

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COMPENSATION

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KELLER PARTNERS & COMPANY  
3700 MASSACHUSETTS AVE NW, STE L18  
WASHINGTON, DC 20016

GRANT WRITING & EDUC

160,000.

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| DESCRIPTION       | ENDING BOOK VALUE |
|-------------------|-------------------|
| PREPAID INSURANCE | 10,591.           |
| PREPAID EXPENSES  | 318,507.          |
| PREPAID RENT      | 13,293.           |
| TOTALS            | 342,391.          |

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| DESCRIPTION               | ENDING<br>BOOK VALUE | COST<br>OR FMV |
|---------------------------|----------------------|----------------|
| MERRILL LYNCH INVESTMENTS | 59,800.              | COST           |
| GOLDMAN SACHS ENDOWMENT   | 10,108,664.          | COST           |
| TOTALS                    | 10,168,464.          |                |