

HIRE HEROES USA, INC.
INSTRUCTIONS FOR FILING
FORM 8879-TE
IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990
FOR THE YEAR ENDED DECEMBER 31, 2024

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 2100
ATLANTA GA 30363

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

AN ADDITIONAL COPY OF THE RETURN SHOULD BE FILED WITH:
GEORGIA DEPARTMENT OF REVENUE
P.O. BOX 740395
ATLANTA, GA 30374-0395

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2025. 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

Payment/Deposit Information Report

Taxpayer Name: HIRE HEROES USA, INC.

[illegible]

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or fiscal year beginning _____ and ending _____

Do not send to the IRS. Keep for your records.Go to **www.irs.gov/Form8879TE** for the latest information.**2024**

Name of filer

HIRE HEROES USA, INC.

Name and title of officer or person subject to tax

ROSS DICKMAN, CEO

EIN or SSN

43-1562688**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.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>14693356.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5).	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D).	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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 2024 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 L to enter my PIN 86213 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 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 2024 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 11/15/2025**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.

58725392074

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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 11/15/2025

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** (2024)

JSA

4X3008 3.000

8020PX 9242 06/16/2025 12:54:30 v24-5.2F 44055

PUBLIC INSPECTION COPY

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or fiscal year beginning _____ and ending _____

Do not send to the IRS. Keep for your records.Go to **www.irs.gov/Form8879TE** for the latest information.**2024**

Name of filer

HIRE HEROES USA, INC.

Name and title of officer or person subject to tax

ROSS DICKMAN, CEO

EIN or SSN

43-1562688**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.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>NONE</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

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 2024 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 L to enter my PIN 86213 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 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 2024 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 11/15/2025**Part III Certification and Authentication**

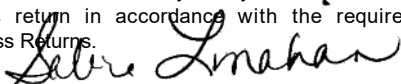
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

58725392074

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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 11/15/2025

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** (2024)

JSA

4X3008 3.000

8020PX 9242 06/16/2025 12:54:30 v24-5.2F 44055

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

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

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

A For the 2024 calendar year, or tax year beginning

and ending

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization

HIRE HEROES USA, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

13010 MORRIS ROAD, STE 175

City or town, state or province, country, and ZIP or foreign postal code

ALPHARETTA, GA 30004

F Name and address of principal officer: ROSS DICKMAN

13010 MORRIS ROAD, STE 175, ALPHARETTA, GA 30004

D Employer identification number

43-1562688

E Telephone number

(844) 634-1520

G Gross receipts \$

14,921,875.

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.HIREHEROESUSA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1990

M State of legal domicile: GA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: HIRE HEROES USA EMPOWERS U.S. MILITARY MEMBERS, VETERANS AND MILITARY SPOUSES TO SUCCEED IN THE CIVILIAN WORKFORCE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	185
	6	Total number of volunteers (estimate if necessary)	6	1,236
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	86,851.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	14,554,299.	13,914,830.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	589,825.	490,332.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	329,753.	464,107.
Expenses	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	392,189.	-175,913.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,866,066.	14,693,356.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	29,711.	40,061.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE	NONE
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	12,975,190.	14,096,339.
	b	Total fundraising expenses (Part IX, column (D), line 25)	301,756.	209,601.
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,738,608.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,266,518.	3,020,717.
	19	Revenue less expenses. Subtract line 18 from line 12	15,573,175.	17,366,718.
	20	Total assets (Part X, line 16)	292,891.	-2,673,362.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	18,132,381.	14,788,454.
		4,083,525.	3,296,498.	
		14,048,856.	11,491,956.	

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.

Sign Here	Ross Dickman	11/15/2025			
	Signature of officer	Date			
Paid Preparer Use Only	ROSS DICKMAN	CEO			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SABRE J LINAHAN	SABRE J LINAHAN	11/15/2025		P01372980
Paid Preparer Use Only	Firm's name	SMITH & HOWARD ADVISORY LLC	Firm's EIN	92-0749631	
	Firm's address	271 17TH STREET, NW SUITE 2100 ATLANTA, GA 30363	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 (2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**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? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 12,027,365. including grants of \$ 40,061.) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,070,002. including grants of \$) (Revenue \$ 416,402.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 446,963. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 13,544,330.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	185
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ X**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 10		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent.	1b 10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		X

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

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

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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
CRYSTAL PEREZ 13010 MORRIS ROAD, SUITE 175 ALPHARETTA, GA 30004

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROSS DICKMAN CHIEF EXECUTIVE OFFICER	40.00 NONE			X				336,770.	NONE	41,315.
(2) ANDREW SANDOE CEO - THROUGH 3/19/2024	40.00 NONE						X	232,483.	NONE	8,885.
(3) ALLISON HERBST SENIOR DIRECTOR, BUSINESS OPS	40.00 NONE					X		159,077.	NONE	43,544.
(4) CHERYL EWELL CHIEF OF STAFF	40.00 NONE			X				152,393.	NONE	40,886.
(5) JOHNNATHAN SEVERS DIRECTOR, CLIENT PROGRAMS	40.00 NONE					X		125,398.	NONE	36,637.
(6) MICHELE WIESNER DIRECTOR, CAPACITY BUILDING	40.00 NONE					X		128,278.	NONE	25,133.
(7) DAVID TALAMANTEZ DIRECTOR, MARKETING AND COMM	40.00 NONE					X		115,007.	NONE	34,649.
(8) NADINE BULLOCK-POTTINGA CDO - THROUGH 4/30/2024	40.00 NONE						X	132,351.	NONE	6,430.
(9) MARK EDMIASTON DIRECTOR, INDIVIDUAL GIVING	40.00 NONE					X		119,561.	NONE	18,696.
(10) CHARLOTTE CREECH CHIEF PROGRAM OFFICER	40.00 NONE			X				48,637.	NONE	8,283.
(11) JAMES GILLEN CHIEF DEVELOPMENT OFFICER	40.00 NONE			X				46,304.	NONE	7,841.
(12) JOHN BARDIS CHAIRMAN	1.00 NONE	X						NONE	NONE	NONE
(13) JODIE CLARKE BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(14) JEFF GOLDSTERN BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE

Form **990** (2024)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CHUCK MAGILL BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(16) CARL MEYER BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(17) JOSHUA WEINTRAUB BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(18) RAND BALLARD BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(19) BRIAN STANN BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(20) SHANE SMITH BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(21) SALLY ROBERTS BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								1,596,259.	NONE	272,299.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								1,596,259.	NONE	272,299.

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 ► 13

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 ► 6

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	721,992.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	690,456.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	12,502,382.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 66,677.			
	h	Total. Add lines 1a-1f		13,914,830.			
	Program Service Revenue	2a	EPO	Business Code			
				490,332.	403,481.	86,851.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		490,332.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		464,107.			464,107.
	4	Income from investment of tax-exempt bond proceeds . . .		NONE			
	5	Royalties		NONE			
	6a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	NONE	NONE		
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)		NONE			
	8a	Gross income from fundraising events (not including \$ 721,992. of contributions reported on line 1c). See Part IV, line 18	8a		32,375.		
	b	Less: direct expenses	8b		221,440.		
	c	Net income or (loss) from fundraising events		-189,065.			-189,065.
	9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE		
	b	Less: direct expenses	9b		NONE		
	c	Net income or (loss) from gaming activities		NONE			
10a	Gross sales of inventory, less returns and allowances	10a		7,310.			
b	Less: cost of goods sold	10b		7,079.			
c	Net income or (loss) from sales of inventory		231.			231.	
Miscellaneous Revenue	11a	OTHER REVENUE	Business Code				
				12,921.	12,921.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		12,921.			
12	Total revenue. See instructions		14,693,356.	416,402.	86,851.	275,273.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	40,061.	40,061.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,065,259.	841,555.	127,831.	95,873.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	10,116,098.	7,991,717.	1,213,932.	910,449.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	245,854.	194,225.	29,502.	22,127.
9 Other employee benefits	1,740,036.	1,374,629.	208,804.	156,603.
10 Payroll taxes	929,092.	733,983.	111,491.	83,618.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	46,013.		46,013.	
c Accounting	36,950.		36,950.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	209,601.			209,601.
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	624,788.	454,114.	57,104.	113,570.
12 Advertising and promotion	88,699.	64,469.	8,107.	16,123.
13 Office expenses	481,329.	414,534.	39,915.	26,880.
14 Information technology.	846,516.	634,887.	135,443.	76,186.
15 Royalties.	NONE			
16 Occupancy	243,409.	226,754.	9,020.	7,635.
17 Travel	433,067.	383,667.	40,399.	9,001.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates.	NONE			
22 Depreciation, depletion, and amortization	NONE			
23 Insurance	23,175.	19,959.	1,922.	1,294.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DEVELOPMENT	145,695.	124,630.	13,517.	7,548.
b PROFESSIONAL DEVELOPMENT	51,076.	45,146.	3,830.	2,100.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,366,718.	13,544,330.	2,083,780.	1,738,608.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☒

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	4,986,801.	1	1,964,626.
	2	Savings and temporary cash investments.	NONE	2	NONE
	3	Pledges and grants receivable, net	877,270.	3	1,049,659.
	4	Accounts receivable, net	NONE	4	73,981.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
	7	Notes and loans receivable, net	NONE	7	NONE
	8	Inventories for sale or use	19,409.	8	16,670.
	9	Prepaid expenses and deferred charges	321,720.	9	328,966.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 110,973.		
	b	Less: accumulated depreciation.	10b 110,973.	10c	
	11	Investments - publicly traded securities.	11,129,957.	11	10,580,556.
	12	Investments - other securities. See Part IV, line 11.	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	797,224.	15	773,996.
16	Total assets. Add lines 1 through 15 (must equal line 33)	18,132,381.	16	14,788,454.	
Liabilities	17	Accounts payable and accrued expenses.	1,186,852.	17	625,233.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	2,219,886.	19	2,086,778.
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	676,787.	25	584,487.
	26	Total liabilities. Add lines 17 through 25.	4,083,525.	26	3,296,498.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	12,732,214.	27	9,323,525.
	28	Net assets with donor restrictions.	1,316,642.	28	2,168,431.
		Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	14,048,856.	32	11,491,956.
	33	Total liabilities and net assets/fund balances.	18,132,381.	33	14,788,454.

Form **990** (2024)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,693,356.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,366,718.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,673,362.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,048,856.
5	Net unrealized gains (losses) on investments	5	116,462.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O).	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,491,956.

Part XII Financial Statements and ReportingCheck 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 ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2024)

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

2024

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

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

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

Schedule A (Form 990) 2024

JSA
4E1210 1.000

PUBLIC INSPECTION COPY

8020PX 9242 06/16/2025 12:54:30 V24-S.2F 44055

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,931,790.	12,859,659.	12,151,798.	14,554,299.	13,914,830.	62,412,376.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3	8,931,790.	12,859,659.	12,151,798.	14,554,299.	13,914,830.	62,412,376.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						20,890,051.
6 Public support. Subtract line 5 from line 4						41,522,325.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	8,931,790.	12,859,659.	12,151,798.	14,554,299.	13,914,830.	62,412,376.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,144.	638.	34,679.	287,717.	464,107.	791,285.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	17,430.	911.	107,262.	666,842.	12,921.	805,366.
11 Total support. Add lines 7 through 10						64,009,027.
12 Gross receipts from related activities, etc. (see instructions)					12	2,807,794.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	64.87 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	67.37 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990) 2024

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Schedule A (Form 990) 2024

**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

☒ 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

- ☒ 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

HIRE HEROES USA, INC.

Employer identification number

43-1562688

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 2,799,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 817,094.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,250,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 1,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 400,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 776,548.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HIRE HEROES USA, INC.

Employer identification number

43-1562688

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 400,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 534,600.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 782,164.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 512,584.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

43-1562688

Part II

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

Name of organization

HIRE HEROES USA, INC.

Employer identification number

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2024

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?	X		102,000.
j Total. Add lines 1c through 1i			102,000.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1I

FEES WERE PAID TO A LOBBYING FIRM IN 2024 TO HELP BUILD GOVERNMENT
RELATIONS.

SCHEDULE D
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Employer identification number

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1. \$

(ii) Assets included in Form 990, Part X. \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1. \$

b Assets included in Form 990, Part X. \$

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

Schedule D (Form 990) (Rev. 12-2024)

JSA
4E1268 1.000

PUBLIC INSPECTION COPY

8020PX 9242 06/16/2025 12:54:30 V24-S.2F 44055

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,316,642.	1,018,670.	2,112,233.	1,310,886.	2,497,716.
b Contributions	2,449,616.	995,000.	1,408,480.	1,169,360.	745,000.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	1,597,827.	697,028.	2,502,043.	368,013.	1,931,830.
f Administrative expenses					
g End of year balance	2,168,431.	1,316,642.	1,018,670.	2,112,233.	1,310,886.

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?

	Yes	No
3a(i)		X
3a(ii)		X
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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		72,016.	72,016.	NONE
e Other		38,957.	38,957.	NONE
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				NONE

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	45,813.
(2) ROU ASSETS	532,212.
(3) OTHER ASSETS	195,971.
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	773,996.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	584,487.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	584,487.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	17,597,395.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	116,462.		
b	Donated services and use of facilities	2b	2,559,058.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	228,519.		
e	Add lines 2a through 2d			2e	2,904,039.
3	Subtract line 2e from line 1			3	14,693,356.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,693,356.

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.

1	Total expenses and losses per audited financial statements			1	20,154,295.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	2,559,058.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	228,519.		
e	Add lines 2a through 2d			2e	2,787,577.
3	Subtract line 2e from line 1			3	17,366,718.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	17,366,718.

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

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.

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, 2024.

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, 2021.

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XI, LINE 2D

221,440	FUNDRAISING EVENT EXPENSES
+	7,079 COGS FROM INVENTORY SALES

228,519	TOTAL

SCHEDULE D, PART XII, LINE 2D

221,440	FUNDRAISING EVENT EXPENSES
+	7,079 COGS FROM INVENTORY SALES

228,519	TOTAL

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: HIRE HEROES USA, INC.
Employer identification number: 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 [X] Mail solicitations
b [X] Internet and email solicitations
c [] Phone solicitations
d [] In-person solicitations
e [X] Solicitation of nongovernment grants
f [X] Solicitation of government grants
g [X] Special fundraising events
2a Did the organization have a written or oral agreement with any individual... [X] Yes [] No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes rows for 1-10 and a Total row.

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, 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NY DINNER (event type)	GALA (event type)	NONE (total number)	
Revenue	1 Gross receipts	697,311.	57,056.		754,367.
	2 Less: Contributions	697,311.	24,681.		721,992.
	3 Gross income (line 1 minus line 2)		32,375.		32,375.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		8,348.		8,348.
	7 Food and beverages	22,353.	15,890.		38,243.
	8 Entertainment	12,500.	54,492.		66,992.
	9 Other direct expenses	19,579.	88,278.		107,857.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				221,440.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-189,065.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d).				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

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 | 13a | % |
| b An outside facility | 13b | % |
- 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).

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

NAME:

THE LUKENS COMPANY

ADDRESS:

1775 BELLINGHAM DR
TROY, MI 48083

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 25,628.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 69,525.

NAME:

MEDIA CAUSE

ADDRESS:

1436 U ST NW ST 400
WASHINGTON, DC 20009

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 139,040.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 38,076.

HIRE HEROES USA, INC.

43-1562688

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

NAME:

KELLER PARTNERS

ADDRESS:

1201 FIFTEENTH STREET NW STE 400
WASHINGTON, DC 20005

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 776,548.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 102,000.

SCHEDULE I
(Form 990)

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

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) (Rev. 12-2024)

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	122	40,061.			
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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) (Rev. 12-2024)

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				
ROSS DICKMAN 1 CHIEF EXECUTIVE OFFICER	(i)	248,340.	87,780.	650.	10,428.	31,903.	379,101.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHERYL EWELL 2 CHIEF OF STAFF	(i)	149,843.	1,900.	650.	6,070.	35,586.	194,049.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALLISON HERBST 3 SENIOR DIRECTOR, BUSINESS OPS	(i)	156,527.	1,900.	650.	6,337.	38,005.	203,419.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHELE WIESNER 4 DIRECTOR, CAPACITY BUILDING	(i)	125,728.	1,900.	650.	5,105.	20,675.	154,058.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHNATHAN SEVERS 5 DIRECTOR, CLIENT PROGRAMS	(i)	122,848.	1,900.	650.	4,990.	32,280.	162,668.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANDREW SANDOE 6 CEO - THROUGH 3/19/2024	(i)	77,308.	NONE	155,175.	3,092.	6,047.	241,622.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NADINE BULLOCK-POTTING 7 CDO - THROUGH 4/30/2024	(i)	68,226.	64,000.	125.	5,289.	1,453.	139,093.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
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 4A

ANDREW SANDOE RECEIVED A SEVERANCE PAYMENT IN 2024.

SCHEDULE J, PART I, LINE 7

PERFORMANCE BONUSES ARE ACCRUED IN 2023 FOR PAYMENT IN 2024.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

HIRE HEROES USA, INC.

Employer identification number

43-1562688

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	13,995.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	1	4,000.	FMV
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SEE SUPP PAGE)		5.	48,682.	
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

JSA

4E1298 1.000

8020PX 9242 06/16/2025 12:54:30 V24-5.2F 44055

PUBLIC INSPECTION COPY

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

SCHEDULE M, PART I, COLUMN B

THE NUMBER IN THIS COLUMN REPRESENTS THE AMOUNT OF CONTRIBUTIONS
RECEIVED.

SCHEDULE M, PART I, LINE 32B

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

Part II

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

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
COUNTRY CLUB OF	X	1	1,825.	FMV
PRIME HYDRATION	X	1	32,255.	FMV
BRAVO SIERRA HY	X	1	14,152.	FMV
AUCTION BASKET	X	1	200.	FMV
ONE NIGHT STAY	X	1	250.	FMV
TOTALS		5.	48,682.	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

43-1562688

FORM 990, PART III, LINE 4A

PARTNERED CAREER TRANSITION (PACT) :

PACT IS OUR HALLMARK PROGRAM WHERE CLIENTS ARE PAIRED WITH TRANSITION
SPECIALISTS TO CREATE PROFESSIONAL RESUMES AND LEARN EFFECTIVE JOB SEARCH
TECHNIQUES. CLIENTS WHO REGISTER FOR OUR PACT PROGRAM ARE INDIVIDUALLY
PARTNERED WITH A TRANSITION SPECIALIST ON OUR TEAM WHO HELPS THEM
UNDERSTAND TRANSFERABLE SKILLS AND COMMUNICATE THEIR VALUE TO EMPLOYERS.

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 21,317 CLIENTS
- CREATED/REVISED 21,271 RESUMES
- TRAINED 6,149 CLIENTS AT 72 VIRTUAL EVENTS
- CONFIRMED 13,778 CLIENTS HIRED

VOLUNTEER PROGRAM:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

43-1562688

THEIR QUESTIONS ANSWERED IN A SAFE, SUPPORTIVE ENVIRONMENT.

IN 2024, THERE WERE 1,236 UNIQUE VOLUNTEERS WHO SERVED 7,216 HOURS ON
BEHALF OF HIRE HEROES USA. THE PROGRAM COMPLETED 6,107 REQUESTS FOR
VOLUNTEER SUPPORT WITH APPROXIMATELY 98.8% OF THOSE BEING DIRECT
CONNECTIONS BETWEEN VOLUNTEERS AND JOB-SEEKING VETERANS AND SPOUSES TO
ENHANCE CAREER SUCCESS. 4,700 OF THESE CONNECTIONS WERE THROUGH 1-1
MENTORING, AND 1,337 WERE FOR PERSONALIZED LINKEDIN PROFILE FEEDBACK.

ALUMNI PROGRAM:

THE ALUMNI PROGRAM'S MISSION IS TO CONTINUE EMPOWERING CLIENTS 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 MAINTAIN THIS SUPPORT, WHILE ALSO
STRENGTHENING CONNECTIONS AND ENGAGEMENT WITH OUR ALUMNI POPULATION. OUR
ALUMNI ARE IMPORTANT AMBASSADORS OF OUR MISSION AND SERVICES.

IN 2024, THERE WERE 13,428 ALUMNI ADDED TO THE ALUMNI PROGRAM FOR A
YEAR-END TOTAL OF 50,495. OF THAT POPULATION, 1,643 ALUMNI RECEIVED 2,743
SERVICES AFTER SECURING THEIR INITIAL EMPLOYMENT. KEY INITIATIVES
INCLUDED IMPROVING PROCESSES AND RESOURCES FOR ALUMNI EVALUATIONS AND
BATTLE BUDDIES, INNOVATIVE SERVICES DESIGNED TO ASSESS AND SUPPORT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

43-1562688

ALUMNI'S CAREER DEVELOPMENT, AND FACILITATING THEIR INTEGRATION INTO NEW ROLES. OUR ALUMNI VOLUNTEERS PLAY A PIVOTAL ROLE IN THE SUCCESS OF OUR ALUMNI TEACH, BATTLE BUDDIES PROGRAM, AND VOICE OF THE ADVISORY TEAM. WE ARE INCREASING ALUMNI EVALUATION FREQUENCY AND OUR OUTREACH CADENCES TO MEET ALUMNI IN THEIR CAREER NEEDS. THIS STRATEGIC APPROACH AIMS TO MAINTAIN A CLOSE CONNECTION WITH OUR ALUMNI, ENSURING THEY CONSISTENTLY REACH OUT AND FEEL SUPPORTED THROUGHOUT THEIR CAREER JOURNEY.

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 2024, OUR FEDERAL SECTOR PROGRAM PROVIDED SERVICES TO 4,252 JOB SEEKERS. THE PROGRAM INCREASED OUR MONTHLY CAPACITY, AVERAGING MORE THAN 350 COMPLETED REQUESTS PER MONTH. THE FEDERAL PROGRAM ALSO HOSTED 9 VIRTUAL WORKSHOPS TO SUPPORT FEDERAL JOB SEEKERS; MORE THAN 880 CLIENTS ATTENDED THESE SESSIONS. THIS PROGRAM POSITIVELY IMPACTED 2,409 HIRED CLIENTS, INCLUDING 558 FEDERAL HIRES.

CLIENT LEARNING PROGRAM (FORMERLY VIRTUAL PROGRAMS) :

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

43-1562688

THE HIRE HEROES USA CLIENT LEARNING 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 2024, HIRE HEROES USA'S CLIENT LEARNING PROGRAM PRODUCED, MANAGED, AND
SUPPORTED 70 VIRTUAL EVENTS (1 VIRTUAL WORKSHOP, 39 WEBINARS, AND 30
SMALL GROUP NETWORKING SESSIONS) REACHING 3,718 PARTICIPANTS.
SIMULTANEOUSLY, CLIENT LEARNING PROGRAMS MANAGED A ROBUST LEARNING
MANAGEMENT SYSTEM HOUSING 10 SELF-PACED COURSES, 62 INSTRUCTIONAL VIDEOS,
83 RESOURCE GUIDES, AND 90 WEBINAR RECORDINGS TO ASSIST CLIENTS WITH
NAVIGATING THE JOB SEARCH PROCESS ON THEIR PATH TO ATTAINING GAINFUL
EMPLOYMENT WITH OVER 19,000 VIEWS.

REFERRAL & TRAINING PARTNERS PROGRAM:

THE REFERRAL & TRAINING PARTNERS PROGRAM'S MISSION IS TO ENHANCE THE
CLIENT EXPERIENCE THROUGH RELATIONSHIPS WITH EXTERNAL ORGANIZATIONS THAT
HAVE TRAINING OPPORTUNITIES OR ADDITIONAL RESOURCES FOR CLIENTS. MANY
JOB-SEEKERS ENCOUNTER BARRIERS TO CAREER SUCCESS AND NEED TO BE CONNECTED
TO PROVIDERS THAT CAN ADDRESS THESE BARRIERS. MOST JOB-SEEKERS REQUEST
CONNECTIONS TO TRAINING PARTNERS FOR ADDITIONAL SKILLS BUILDING AND
CREDENTIALING. OTHER JOB-SEEKERS NEED BROADER ASSISTANCE THAT STILL
IMPACTS THEIR EMPLOYABILITY AND CAREER READINESS, LIKE TRANSPORTATION AND

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

43-1562688

SAFE HOUSING. THIS PROGRAM ALSO OFFERS IN-HOUSE RESOURCE PROVISION TO
HELP ADDRESS ACUTE FINANCIAL HARDSHIPS THAT DIRECTLY AFFECT THE CLIENT'S
ABILITY TO SECURE OR KEEP A JOB.

IN 2024, THE REFERRAL & TRAINING PARTNERS NETWORK GREW TO 186 VETTED
ORGANIZATIONS. THE PROGRAM SERVED 6,448 UNIQUE VETERAN OR MILITARY SPOUSE
CLIENTS AND COMPLETED 8,098 REQUESTS FOR INFORMATION AND/OR CONNECTION TO
ONE OR MORE PARTNERS. ADDITIONALLY, 129 CLIENTS RECEIVED IN-HOUSE
RESOURCES. APPROXIMATELY 78% OF THE REFERRALS MADE TO EXTERNAL PARTNERS
WERE FOR TRAINING NEEDS.

JUNIOR ENLISTED PROGRAM:

THE JUNIOR ENLISTED PROGRAM IS A CAREER COACHING PROGRAM TAILORED
SPECIFICALLY TO JUNIOR ENLISTED SERVICE MEMBERS AND VETERANS. THE PROGRAM
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 2024, OUR JUNIOR ENLISTED PROGRAM HELPED 5,207 JUNIOR ENLISTED
MILITARY MEMBERS AND CONFIRMED 3,104 HIRED JUNIOR ENLISTED VETERANS. 697
JUNIOR ENLISTED VETERANS AND SERVICE MEMBERS RECEIVED REFERRALS TO
PARTNER ORGANIZATIONS AND 2,031 WERE CONNECTED WITH TRAINING RESOURCES.
JUNIOR ENLISTED SERVICE MEMBERS AND VETERANS THAT GO THROUGH THE HIRE
HEROES USA JUNIOR ENLISTED PROGRAM ARE HIRED WITH AN AVERAGE STARTING

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

43-1562688

SALARY OF \$58,112. IN 2024, HIRE HEROES USA HOSTED 10 BUILDING CAREER CONNECTION EVENTS CONNECTING JUNIOR ENLISTED VETERANS AND SERVICE MEMBERS WITH EMPLOYERS IN A SMALL GROUP SETTING. FOCUSED ON JUNIOR ENLISTED SERVICE MEMBERS AND VETERANS. 885 JUNIOR ENLISTED SERVICE MEMBERS AND VETERANS ATTENDED OUR EVENTS IN 2024. A TOTAL OF 2,527 INDIVIDUALS ENGAGED WITH LEARNING CONTENT COVERING ESSENTIAL CAREER TOPICS, INCLUDING RESUME REVISIONS, COVER LETTERS, INTERVIEW PREPARATION, LINKEDIN SETUP, AND MORE. ADDITIONALLY, THE JUNIOR ENLISTED PROGRAM HAS INCREASED PARTICIPANT ENGAGEMENT THROUGH BOTH LINKEDIN AND FACEBOOK COMMUNITY GROUPS. LINKEDIN GROUP MEMBERSHIP INCLUDES 6,210 MEMBERS.

WOMEN VETERANS PROGRAM:

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

IN 2024, HIRE HEROES USA HELPED 4,223 WOMEN SERVICE MEMBERS AND VETERANS, RESULTING IN 2,363 TOTAL HIRES. THE AVERAGE SALARY OF CLIENTS THAT FOUND FULL-TIME EMPLOYMENT IN 2023 WAS \$65,182. IN 2024, HIRE HEROES USA HOSTED 10 BUILDING CAREER CONNECTION EVENTS CONNECTING WOMEN SERVICE MEMBERS AND VETERANS WITH EMPLOYERS IN A SMALL GROUP SETTING AND HOSTED THE FIRST

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

43-1562688

WOMEN VETERAN VIRTUAL CAREER FAIR EVENT WHICH WAS ATTENDED BY 274 WOMEN
SERVICE MEMBERS AND VETERANS. 972 WOMEN SERVICE MEMBERS AND VETERANS
ATTENDED OUR EVENTS IN 2024. ADDITIONALLY, THE WOMEN VETERAN PROGRAM
LINKEDIN GROUP WHICH LAUNCHED IN JUNE OF 2023 HAS GROWN TO OVER 2,000
MEMBERS.

HOMELESS VETERANS REINTEGRATION PROGRAM (HVRP):

THE HOMELESS VETERANS REINTEGRATION PROGRAM (HVRP) IS AN
EMPLOYMENT-FOCUSED COMPETITIVE GRANT PROGRAM OF THE DEPARTMENT OF LABOR,
VETERANS' EMPLOYMENT, AND TRAINING SERVICE. IT IS THE ONLY FEDERAL GRANT
TO FOCUS EXCLUSIVELY ON COMPETITIVE EMPLOYMENT FOR HOMELESS VETERANS. THE
HVRP TEAM ASSISTS CLIENTS WHO ARE HOMELESS, ON THE VERGE OF HOMELESSNESS,
IN TRANSITIONAL HOUSING, OR EXPERIENCING EPISODIC HOMELESSNESS. THE TEAM
CONDUCTS AN INITIAL ASSESSMENT AND PROVIDES RESUME SERVICES, JOB
SOURCING, CAREER COACHING, AND ANY OTHER SERVICE HHUSA PROVIDES THAT WILL
LEAD TO CLIENT EMPLOYMENT. HVRP CURRENTLY OPERATES IN COLORADO (EL PASO
AND TELLER COUNTIES), WHERE SERVICES BEGAN IN JULY 2022, AND IN NORTH
CAROLINA (WAKE, ORANGE, AND DURHAM COUNTIES), WHERE SERVICES BEGAN IN
JULY 2024.

IN 2024, THE HOMELESS VETERANS REINTEGRATION PROGRAM WITNESSED
SIGNIFICANT GROWTH AND IMPACT. A TOTAL OF 94 PARTICIPANTS ENGAGED WITH
THE PROGRAM, RESULTING IN 66 HIRES-WITH AN AVERAGE STARTING SALARY OF
\$21.43 PER HOUR IN COLORADO AND \$26.00 PER HOUR IN NORTH CAROLINA.
THROUGHOUT ITS LIFECYCLE, HVRP HAS SUPPORTED 212 PARTICIPANTS, WITH 64%

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

43-1562688

SECURING MEANINGFUL EMPLOYMENT AND A 100% SUSTAINABLE RATE. THE COLORADO
HVRP EFFORT CO-SPONSORED ITS SECOND STAND-DOWN EVENT, DRAWING
PARTICIPATION FROM 110 HOMELESS VETERANS AND OVER 20 COMMUNITY
STAKEHOLDERS. THE EVENT FOCUSED ON PROVIDING COMPREHENSIVE SUPPORT,
INCLUDING JOB READINESS TRAINING, HOUSING ASSISTANCE, AND MEDICAL AID,
SHOWCASING THE PROGRAM'S COMMITMENT TO HOLISTIC REINTEGRATION EFFORTS.

STATE FOCUSED PROGRAMS - GA AND ID:

THE HIRE HEROES USA GEORGIA PROGRAM WAS ESTABLISHED ON DECEMBER 1, 2021.
THE PURPOSE WAS TO INCREASE ENROLLMENT AND AWARENESS OF THE HIRE HEROES
USA PROGRAM. THE GOAL OF THE PROGRAM IS TO BUILD COMMUNITY RELATIONS WITH
THE VETERAN COMMUNITY AND PROFESSIONAL WORKFORCE THROUGHOUT THE STATE OF
GEORGIA. OUR GEORGIA PROGRAM WORKS IN COLLABORATION WITH OTHER STATE
ENTITIES, MOST NOTABLY THE WARRIOR ALLIANCE.

OUR IDAHO PROGRAM WORKS IN COLLABORATION WITH MISSION 43, A PARTNERSHIP
THAT BEGAN IN 2016, TO IMPROVE THE OVERALL HEALTH, EMPLOYMENT, AND
EDUCATION OPPORTUNITIES FOR VETERANS AND MILITARY FAMILIES IN IDAHO.

IN GEORGIA, OUR STATEWIDE OUTREACH EFFORTS ENGAGED 2,665 PROGRAM
REGISTRANTS AND HOSTED 53 IN-PERSON EVENTS. OF THE 1,945 CLIENTS WHO
RECEIVED EMPLOYMENT ASSISTANCE, 1,071 SUCCESSFULLY SECURED JOBS,
DEMONSTRATING THE IMPACT OF OUR TARGETED SUPPORT IN CONNECTING VETERANS
AND MILITARY SPOUSES TO MEANINGFUL CAREER OPPORTUNITIES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Employer identification number

43-1562688

IN IDAHO, OUR PROGRAM TEAM PROVIDED DEDICATED EMPLOYMENT SUPPORT TO 413
VETERANS AND MILITARY SPOUSES THROUGH PERSONALIZED SERVICES AND 14
IN-PERSON EVENTS. THESE EFFORTS RESULTED IN 276 INDIVIDUALS GAINING
EMPLOYMENT, WITH OVER 92% WORKING FULL-TIME. ADDITIONALLY, OUR
INITIATIVES CONTRIBUTED TO RAISING THE AVERAGE ANNUAL SALARY FOR IDAHO
VETERANS AND MILITARY SPOUSES TO OVER \$66,014, FURTHER STRENGTHENING
ECONOMIC STABILITY WITHIN THE COMMUNITY.

OPERATIONS (CLIENT EXPERIENCE):

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

IN 2024 THE TEAM BUILT AND BEGAN USING A DATA LAKE, DEVELOPING MORE
COMPLEX VISUALIZATIONS AND MORE ACCESSIBLE DATA FOR INTERNAL AND EXTERNAL
STAKEHOLDERS. COST SAVINGS WERE ACHIEVED THROUGH THE REDUCTION OF DATA
STORAGE, THE REDUCTION OF SOME LICENSES, AND THE INTERNAL SETUP OF
SYSTEMS AND CAPABILITIES THAT LED TO MORE THAN ONE ADD-ON COST BEING
REMOVED. THIS TEAM ALSO SUPPORTED THE REGISTRATION PROCESS FOR MORE THAN
38,000 JOB SEEKERS, CONNECTING 24,563 TO STAFF FOR SUPPORT. THEY ALSO
AUDITED MORE THAN 13,000 HIRE RECORDS, CONTRIBUTING TO THE OFFICIAL

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

43-1562688

CONFIRMATION OF 100,000 ORGANIZATIONAL LIFETIME HIRES.

DIRECT PLACEMENT PROGRAM:

THE DIRECT PLACEMENT PROGRAM OFFERED BY HIRE HEROES USA PROVIDES EMPLOYERS THE OPPORTUNITY TO OUTSOURCE THEIR RECRUITMENT EFFORTS. THIS PROGRAM DELIVERS PERSONALIZED RECRUITMENT SERVICES TAILORED TO EACH COMPANY'S NEEDS, ENSURING A SEAMLESS END-TO-END PROCESS. OUR RECRUITER COLLABORATIVELY SOURCE, SCREEN, AND DELIVER VETERAN AND MILITARY SPOUSE CANDIDATES TO OUR PARTNERS. THE PROGRAM OPERATES ON A RETAINER MODEL BASIS AND PROVIDES EMPLOYERS WITH A 60-DAY RETENTION GUARANTEE BEFORE FINAL PAYMENT IS DUE. ALTHOUGH CATEGORIZED AS UNRELATED BUSINESS INCOME, ALL REVENUE GENERATED SUPPORTS HIRE HEROES USA'S PROGRAMS AND JOB SEEKERS.

IN 2024, WE TRANSITIONED FROM A SUCCESS-FEE-ONLY MODEL TO A RETAINER MODEL, ENSURING PARTNERS RECEIVE TANGIBLE OUTPUTS AND CLEAR MILESTONES THAT HOLD BOTH THE DIRECT PLACEMENT TEAM AND EMPLOYMENT PARTNERS ACCOUNTABLE. THIS STRATEGIC SHIFT IN OUR PAYMENT STRUCTURE CONTRIBUTED TO A TOTAL REVENUE OF \$86K BY YEAR-END, REFLECTING A 30% INCREASE OVER THE PREVIOUS YEAR.

FORM 990, PART III, LINE 4B

CORPORATE PARTNERSHIPS: THE CORPORATE PARTNERSHIPS DEPARTMENT IS DEDICATED TO FOSTERING COMPREHENSIVE RELATIONSHIPS WITH CORPORATIONS, EMPHASIZING BRAND AMPLIFICATION, EMPLOYEE ENGAGEMENT, AND INITIATIVES FOR HIRING VETERANS AND MILITARY SPOUSES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

43-1562688

OUR APPROACH ENCOMPASSES DIVERSE CORPORATE GIVING OPPORTUNITIES SUCH AS
FUNDRAISING EVENTS, MATCHING GIFTS, AND POINT-OF-SALE CAMPAIGNS,
EMPOWERING COMPANIES TO ENGAGE THEIR EMPLOYEES AND CUSTOMERS IN MAKING A
MEANINGFUL IMPACT ON THE LIVES OF THE VETERANS AND MILITARY SPOUSES WE
SERVE.

MOREOVER, COMPANIES GAIN ACCESS TO A POOL OF HIGHLY SKILLED AND QUALIFIED
MILITARY TALENT THROUGH OUR ARRAY OF RECRUITING PROGRAMS. PROSPECTIVE
PARTNERS COLLABORATE CLOSELY WITH OUR BUSINESS DEVELOPMENT MANAGERS,
WHILE OFFICIALLY PARTNERED COMPANIES BENEFIT FROM DEDICATED CORPORATE
ACCOUNT MANAGERS WHO SERVE AS THEIR PRIMARY POINTS OF CONTACT.

FOR CORPORATIONS OPTING TO UTILIZE OUR RECRUITING PRODUCTS AND SERVICES,
THE ADMINISTRATION AND MANAGEMENT OF THESE OFFERINGS ARE EXPERTLY HANDLED
BY OUR CORPORATE PARTNER SUCCESS TEAM.

IN 2024, CORPORATE PARTNERSHIPS GENERATED \$2.7M IN REVENUE, MARKING A 29%
DECREASE FROM THE PREVIOUS YEAR. CORPORATE GIVING ACCOUNTED FOR 80% OF
OUR REVENUE, WHILE EARNED REVENUE COMPRISED APPROXIMATELY 17%, AND DIRECT
PLACEMENT CONTRIBUTED TO APPROXIMATELY 3% TO OUR TOTAL REVENUE.

CORPORATE PARTNER SUCCESS:

CORPORATE PARTNER SUCCESS OVERSEES THE ADMINISTRATION AND MANAGEMENT OF
CORPORATE PARTNER CONTRACTUAL RECRUITING PRODUCTS AND SERVICES, INCLUDING

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

43-1562688

THE JOB BOARD, EMPLOYER TRAINING, TARGETED EMAIL CAMPAIGNS, VIRTUAL CAREER FAIRS, AND EMPLOYER SPOTLIGHTS. ADDITIONALLY, IT SUPPORTS THE CORPORATE PARTNERSHIP TEAM WITH PARTNER OBLIGATIONS SUCH AS IMPACT REPORTS AND QUARTERLY BUSINESS REVIEWS.

IN 2024, OUR JOB BOARD SUPPORTED THE PUBLICATION OF OVER 301,000 NEW JOBS, ATTRACTED 4,542 NEW JOB SEEKER PROFILES, AND ADDED 170 NEW EMPLOYER ACCOUNTS. OUR VIRTUAL CAREER FAIRS DREW AN AVERAGE OF 1,070 JOB SEEKER REGISTRANTS PER EVENT, WITH A STRONG ATTENDANCE RATE OF 63%-EXCEEDING THE INDUSTRY STANDARD OF 51%. ADDITIONALLY, OUR CANDIDATE QUALITY RATING REACHED 82%, SIGNIFICANTLY OUTPERFORMING BRAZEN'S BENCHMARK OF 63%.

OUR VIRTUAL CAREER FAIR EVENTS GENERATED \$63K IN NET REVENUE, REPRESENTING A 17% INCREASE FROM THE PREVIOUS YEAR. HOWEVER, REVENUE FROM TARGETED EMAIL CAMPAIGNS DECLINED SHARPLY TO \$18K FROM 54 EMAILS SENT, A 54% DECREASE FROM THE PREVIOUS YEAR.

THROUGHOUT 2024, WE HOSTED 17 EMPLOYER SPOTLIGHT EVENTS, AVERAGING 135 JOB SEEKER REGISTRANTS PER EVENT WITH A 50% ATTENDANCE RATE-A 3% INCREASE FROM THE PREVIOUS YEAR. THESE EVENTS GENERATED \$17K IN REVENUE, A DECREASE FROM THE PREVIOUS YEAR.

THE CPS TEAM FACILITATED SEVEN EMPLOYER TRAINING EVENTS, RESULTING IN \$17K IN REVENUE, ALSO REFLECTING A DECLINE COMPARED TO THE PREVIOUS YEAR. THE PREVIOUS YEAR.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

43-1562688

FORM 990, PART III, LINE 4C

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.

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

IN 2024, OUR SERVING SPOUSES PROGRAM HELPED 1,338 MILITARY SPOUSES AND
CONFIRMED 889 HIRES. HIRE HEROES USA'S SERVING SPOUSES PROGRAM HOSTED 11
VIRTUAL EVENTS INCLUDING NETWORKING EVENTS AND WEBINARS ON THE TOPIC OF
MILITARY SPOUSE EMPLOYMENT. 816 MILITARY SPOUSES ATTENDED OUR SPOUSE
EVENTS. MILITARY SPOUSES MADE UP 9.7% OF CLIENTS ASSESSED IN 2024.
MILITARY SPOUSES THAT GO THROUGH THE HIRE HEROES USA'S SERVING SPOUSES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

43-1562688

PROGRAM ARE HIRED WITH AN AVERAGE STARTING SALARY OF \$57,407.

ADDITIONALLY, THE SERVING SPOUSES PROGRAM HAS INCREASED PARTICIPANT
ENGAGEMENT THROUGH BOTH LINKEDIN AND FACEBOOK COMMUNITY GROUPS. LINKEDIN
GROUP MEMBERSHIP INCLUDES 7,162 MEMBERS, AND FACEBOOK GROUP MEMBERSHIP IS
3,800.

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

THE CEO, COS, SR DIRECTOR OF BUSINESS OPERATIONS, 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, SECTION B, LINE 12C

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

HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND
UNDERSTANDS THE CONFLICT OF INTEREST POLICY, HAS AGREED TO COMPLY WITH
THE CONFLICT OF INTEREST POLICY, AND UNDERSTANDS THE CORPORATION IS
CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST
ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS
TAX-EXEMPT PURPOSES.

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

TO ENSURE THE CORPORATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

43-1562688

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, SECTION B, LINE 15A

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

THIS DATA, COUPLED WITH THE ESTABLISHED PERFORMANCE TARGETS AND
ORGANIZATIONAL GROWTH STRATEGIES, HELP THE EXECUTIVE COMPENSATION
COMMITTEE OF THE BOARD OF DIRECTORS DETERMINE THE APPROPRIATE CEO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIRE HEROES USA, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

43-1562688

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, SECTION B, 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, SECTION C, LINE 19

THE ORGANIZATION'S ACCOUNTANT PROVIDES A COPY OF FORM 990 SPECIFICALLY
FOR PUBLIC INSPECTION. THE ORGANIZATION POSTS A COPY OF THIS FORM 990 ON
ITS WEBSITE AND IT IS ALSO AVAILABLE UPON REQUEST.

Name of the organization

HIRE HEROES USA, INC.

Employer identification number

43-1562688

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

SEE SCHEDULE O

LINE 4B, PROGRAM SERVICE

SEE SCHEDULE O

LINE 4C, PROGRAM SERVICE

SEE SCHEDULE O

Name of the organization

HIRE HEROES USA, INC.

Employer identification number

43-1562688

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SOULENS FILMS LLC 1170 CUSHING CIRCLE, #333 SAINT PAUL, MN 55108	CREATIVE SERVICES	166,000.
DIVYAPPAUL KAKI 780 PHIL HAVEN LANE KENNESAW, GA 30152	DATA CONTRACTOR	162,949.
GOOD SCOUT GROUP 4447 CENTRAL EXPY, STE 110, #456 DALLAS, TX 75205	DEVELOPMENT SUPPORT	147,206.
COOKERLY PR 3424 PEACHTREE ROAD MONARCH TOWER ATLANTA, GA 30326	PUBLIC RELATIONS	128,700.
ARROW MEDIA 3305 STECK AVENUE SUITE 200 AUSTIN, TX 78757	MARKETING	116,250.

Name of the organization

HIRE HEROES USA, INC.

Employer identification number

43-1562688

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
MERRILL LYNCH INVESTMENTS	34,495.	COST
GOLDMAN SACHS ENDOWMENT	10,546,061.	COST

TOTALS	10,580,556.	
	=====	

Default

Final Audit Report

June 23, 2025

Created:

June 23, 2025

By:

Smith + Howard(adruzhinina@smith-howard.com)

Status:

ESigned


Transaction ID:

QDY4MJZR8H44G5VLJL85AYURM8


Documents:

HIRE HEROES USA, INC._2024_TAX RETURN_PUBLIC INSPECTION COPY.pdf


"Default" History

- 


Document emailed to Ross Dickman(rdickman@hireheroesusa.org) for signature

6/23/2025 09:38:19 AM Eastern Daylight Time
- 

Document viewed by Ross Dickman(rdickman@hireheroesusa.org)

6/23/2025 09:38:43 AM Eastern Daylight Time - IP address: 172.59.208.195
- 

Document e-signed by Ross Dickman(rdickman@hireheroesusa.org)

Signature Date: 6/23/2025 09:39:28 AM Eastern Daylight Time - IP address: 172.59.208.195
- 

Document Signed

6/23/2025 09:39:28 AM Eastern Daylight Time