

HIRE HEROES USA, INC.
INSTRUCTIONS FOR FILING
FORM 8879-TE
IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990
FOR THE YEAR ENDED DECEMBER 31, 2025

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, 2026. 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

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning _____ and ending _____

2025

Department of the Treasury
Internal Revenue Service

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

Name of filer

EIN or SSN

HIRE HEROES USA, INC.

43-1562688

Name and title of officer or person subject to tax

ROSS DICKMAN, CEO

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>31652713.</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 2025 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 2025 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 2025 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 06/12/2026

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.

69203992074

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 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 06/12/2026

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** (2025) Created 5/1/25

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2025 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: HIRE HEROES USA, INC. D Employer identification number: 43-1562688 E Telephone number: (844) 634-1520 G Gross receipts \$: 31,924,656. F Name and address of principal officer: ROSS DICKMAN 13010 MORRIS ROAD, STE 175, ALPHARETTA, GA 30004 H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.HIREHEROESUSA.ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 1990 M State of legal domicile: GA

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... 2 Check this box if the organization discontinued its operations... 3-6 Number of voting members, independent voting members, employees, and volunteers. 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8-12 Revenue (Contributions, Program service, Investment, Other, Total). 13-19 Expenses (Grants, Benefits, Salaries, Fundraising, Other, Total, Revenue less expenses). 20-22 Net Assets or Fund Balances (Total assets, Total liabilities, Net assets).

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: Signature of officer: ROSS DICKMAN, CEO, Date: 06/12/2026. Paid Preparer Use Only: Print/Type preparer's name: SABRE J LINAHAN, Preparer's signature: Sabre Linahan, Date: 06/12/2026, Check self-employed: No, PTIN: P01372980, 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. X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check 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 \$ 12,808,006. including grants of \$ 18,265.) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,139,451. including grants of \$) (Revenue \$ 546,744.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 475,973. 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 14,423,430.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 182		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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)? . .		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 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?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		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? 17 If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2-7a (Relationships and control), 7b (Governance decisions), 8 (Meeting documentation), 9 (Officer reachability).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Local chapters), 10b (Policies for chapters), 11a (Form 990 distribution), 12a-c (Conflict of interest policy), 13 (Whistleblower policy), 14 (Document retention), 15 (Compensation review), 16a (Joint venture investment), 16b (Joint venture policy).

Section C. Disclosure

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

JIM MELLOTT 13010 MORRIS ROAD, SUITE 175 ALPHARETTA, GA 30004

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

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

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				296,287.	NONE	42,155.
(2) JAMES GILLEN CHIEF DEVELOPMENT OFFICER	40.00 NONE			X				195,990.	NONE	31,615.
(3) CHARLOTTE CREECH CHIEF PROGRAM OFFICER	40.00 NONE			X				177,334.	NONE	36,658.
(4) CHERYL EWELL CHIEF OF STAFF	40.00 NONE			X				145,235.	NONE	49,393.
(5) ALLISON HERBST SENIOR DIRECTOR, BUSINESS OPS	40.00 NONE					X		149,074.	NONE	45,191.
(6) JOHNATHAN SEVERS DIRECTOR, CLIENT PROGRAMS	40.00 NONE					X		116,577.	NONE	42,582.
(7) MICHELE WIESNER DIRECTOR, CAPACITY BUILDING	40.00 NONE					X		119,207.	NONE	30,737.
(8) ELIZABETH REYES DIRECTOR, EMPLOYER PARTNERHIPS	40.00 NONE					X		114,941.	NONE	16,439.
(9) SARAH RAGONE DIRECTOR, CORPORATE PSHIPS	40.00 NONE					X		101,588.	NONE	25,449.
(10) JOHN BARDIS CHAIRMAN	1.00 NONE	X						NONE	NONE	NONE
(11) JEFF GOLDSTERN BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(12) CHUCK MAGILL BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(13) CARL MEYER BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(14) JOSHUA WEINTRAUB BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Grants, and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33). Includes sub-rows 10a and 10b for land/equipment and 10c for depreciation.

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 31,652,713. Line 2: Total expenses 18,569,163. Line 3: Revenue less expenses 13,083,550. Line 4: Net assets at beginning 11,491,956. Line 5: Net unrealized gains 16,378. Line 10: Net assets at end of year 24,591,884.

Part XII Financial Statements and Reporting

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

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

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

**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

2025

**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 must generally 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) 2025 Created 4/11/25

JSA
5E1210 1.000

PUBLIC INSPECTION COPY

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2025; 15 Public support percentage from 2024 Schedule A; 16a 33 1/3% support test - 2025; 16b 33 1/3% support test - 2024; 17a 10%-facts-and-circumstances test - 2025; 17b 10%-facts-and-circumstances test - 2024; 18 Private foundation.

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows: 15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)); 16 Public support percentage from 2024 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows: 17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)); 18 Investment income percentage from 2024 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2025. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2024. 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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 supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? <i>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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
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? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? <i>If "Yes," provide details in Part VI.</i>			
b Did the organization direct the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			

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).			

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2026. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021			
b	Excess from 2022			
c	Excess from 2023			
d	Excess from 2024			
e	Excess from 2025			

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/>	\$ 10,000,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
2	N/A <hr/> <hr/>	\$ 7,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
3	N/A <hr/> <hr/>	\$ 3,087,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
4	N/A <hr/> <hr/>	\$ 2,750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
5	N/A <hr/> <hr/>	\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
6	N/A <hr/> <hr/>	\$ 733,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	CRYPTOCURRENCY _____ _____ _____	\$ 10,000,000.	12/31/2025
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2025

Department of the Treasury Internal Revenue Service

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.

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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Rows 1-6 are empty.

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

Schedule C (Form 990) 2025 Created 7/1/25

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.)
Table with columns (a) Filing organization's totals and (b) Affiliated group totals. Rows include 1a Total lobbying expenditures to influence public opinion, 1b Total lobbying expenditures to influence a legislative body, 1c Total lobbying expenditures (add lines 1a and 1b), 1d Other exempt purpose expenditures, 1e Total exempt purpose expenditures (add lines 1c and 1d), 1f Lobbying nontaxable amount, 1g Grassroots nontaxable amount, 1h Subtract line 1g from line 1a, 1i Subtract line 1f from line 1c, and 1j 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?

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
Table with columns (a) 2022, (b) 2023, (c) 2024, (d) 2025, and (e) Total. Rows include 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)), and f Grassroots lobbying expenditures.

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)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about influencing legislation, volunteers, staff, media, mailings, publications, grants, direct contact, rallies, and other activities. Total amount for other activities is 17,000.

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

Table with 3 columns: Question, Yes, No. Questions about dues, lobbying expenditures, and carryover.

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."

Table with 5 rows for reporting dues and lobbying expenditures. Includes sub-rows for current year, carryover, and total.

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.

Blank lines for providing supplemental information.

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1I

FEEs WERE PAID TO A LOBBYING FIRM IN 2025 TO HELP BUILD GOVERNMENT
RELATIONS.

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

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

HIRE HEROES USA, INC.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Revenue, Assets. Rows include: 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., 1b 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., 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.

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

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

JSA 5E1268 1.000

PUBLIC INSPECTION COPY

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Balance, Contributions, Net investment earnings, Grants, Other expenditures, Administrative expenses, End of year balance).

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

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

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

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

- (i) Unrelated organizations?
(ii) Related organizations?

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

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

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

Part VI Land, Buildings, and Equipment

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

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

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes and (2) LEASE LIABILITY with a book value of 438,985. Total is also 438,985.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	33,759,565.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	16,378.	
b	Donated services and use of facilities	2b	1,818,531.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	271,943.	
e	Add lines 2a through 2d	2e		2,106,852.
3	Subtract line 2e from line 1		3	31,652,713.
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	31,652,713.

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	20,659,637.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,818,531.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	271,943.	
e	Add lines 2a through 2d	2e		2,090,474.
3	Subtract line 2e from line 1		3	18,569,163.
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	18,569,163.

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, 2025.

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, 2022.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

257,399	FUNDRAISING EVENT EXPENSES
+ 14,544	COGS FROM INVENTORY SALES

271,943	TOTAL

SCHEDULE D, PART XII, LINE 2D

257,399	FUNDRAISING EVENT EXPENSES
+ 14,544	COGS FROM INVENTORY SALES

271,943	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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

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

**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.
- | | |
|---|---|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input checked="" type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input checked="" type="checkbox"/> Solicitation of nongovernment grants</p> <p>f <input checked="" type="checkbox"/> Solicitation of government grants</p> <p>g <input checked="" type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				233,117.	17,000.	216,117.

- 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.

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	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:

KELLER PARTNERS

ADDRESS:

1201 FIFTEENTH STREET NW STE 400
WASHINGTON, DC 20005

ACTIVITY :

CONSULTANT

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	233,117.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	17,000.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	216,117.

**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	98	18,265.			
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? **4a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- 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? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		X

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				
1 ROSS DICKMAN CHIEF EXECUTIVE OFFICER	(i)	295,637.	NONE	650.	10,615.	32,609.	339,511.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 JAMES GILLEN CHIEF DEVELOPMENT OFFICER	(i)	195,340.	NONE	650.	NONE	32,505.	228,495.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 CHARLOTTE CREECH CHIEF PROGRAM OFFICER	(i)	176,684.	NONE	650.	7,199.	29,616.	214,149.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 CHERYL EWELL CHIEF OF STAFF	(i)	144,585.	NONE	650.	6,284.	43,809.	195,328.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 ALLISON HERBST SENIOR DIRECTOR, BUSINESS OPS	(i)	148,424.	NONE	650.	6,337.	39,552.	194,963.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 MICHELE WIESNER DIRECTOR, CAPACITY BUILDING	(i)	118,557.	NONE	650.	5,035.	26,262.	150,504.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 JOHNATHAN SEVERS DIRECTOR, CLIENT PROGRAMS	(i)	115,927.	NONE	650.	4,920.	38,210.	159,707.	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)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2025

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

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	9	40,707.	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				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SEE SUPP PAGE)		6.	10,039,270.	
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) 2025 Created 12/29/25

JSA

5E1298 1.000

8020PX 9242 06/10/2026 14:07:15 V25-3.2F 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
CRYPTOCURRENCY	X	1	10,000,000.	FMV
EVENT SUPPLIES	X	4	37,445.	FMV
GIFT CARDS	X	1	1,825.	FMV
TOTALS		6.	10,039,270.	

**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

2025

**Open to Public
Inspection**

Employer identification number

43-1562688

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

THE FORM 990 IS REVIEWED FOR COMPLETENESS AND ACCURACY BY THE CHIEF EXECUTIVE OFFICER, CHIEF OF STAFF, SENIOR DIRECTOR OF BUSINESS OPERATIONS, DIRECTOR OF FINANCE AND VP OF FINANCE. FOLLOWING MANAGEMENT REVIEW, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

THE ORGANIZATION REQUIRES EACH INTERESTED PERSON TO ANNUALLY SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT AFFIRMING THAT THEY HAVE RECEIVED, READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. THE STATEMENT ALSO REQUIRES DISCLOSURE OF ANY INTERESTS THAT COULD GIVE RISE TO A CONFLICT.

TO ENSURE OPERATIONS REMAIN CONSISTENT WITH THE ORGANIZATION'S CHARITABLE PURPOSE AND DO NOT JEOPARDIZE ITS TAX-EXEMPT STATUS, THE ORGANIZATION CONDUCTS REGULAR REVIEWS, AT LEAST ANNUALLY, OF ITS POLICIES AND PRACTICES. THESE REVIEWS INCLUDE, BUT ARE NOT LIMITED TO:

- ASSESSING WHETHER COMPENSATION ARRANGEMENTS ARE REASONABLE, BASED ON APPROPRIATE COMPARABILITY DATA, AND THE RESULT OF ARM'S-LENGTH DECISION-MAKING
- EVALUATING PARTNERSHIPS, JOINT VENTURES, AND OTHER ARRANGEMENTS TO ENSURE THEY ALIGN WITH THE ORGANIZATION'S POLICIES, ARE PROPERLY DOCUMENTED, FURTHER CHARITABLE PURPOSES, AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT, OR EXCESS BENEFIT TRANSACTIONS
- CONFIRMING THAT THE BOARD OF DIRECTORS AND DELEGATED COMMITTEES ARE

**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

2025

**Open to Public
Inspection**

Employer identification number

43-1562688

EFFECTIVELY IMPLEMENTING THE CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 15A

THE ORGANIZATION UTILIZES COMPARABILITY DATA TO SUPPORT THE DETERMINATION OF CEO COMPENSATION, INCLUDING INFORMATION FROM CANDID/GUIDESTAR AND OTHER RELEVANT SOURCES REFLECTING SIMILARLY SITUATED NONPROFIT ORGANIZATIONS.

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THIS DATA IN CONJUNCTION WITH ORGANIZATIONAL PERFORMANCE AND STRATEGIC OBJECTIVES TO DETERMINE APPROPRIATE CEO COMPENSATION. THE CEO PROVIDES INPUT ON COMPENSATION FOR OTHER EXECUTIVE ROLES USING THE SAME FRAMEWORK, AND FINAL APPROVAL IS PROVIDED BY THE EXECUTIVE COMMITTEE IN COORDINATION WITH THE CHAIR OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15B

COMPENSATION FOR KEY EMPLOYEES IS DETERMINED BASED ON A COMBINATION OF FACTORS, INCLUDING THE ORGANIZATION'S BUDGET, INTERNAL EQUITY ACROSS COMPARABLE ROLES, EXTERNAL MARKET DATA, AND THE INDIVIDUAL'S EDUCATION, EXPERIENCE, AND SKILL SET.

THIS INFORMATION IS REVIEWED BY THE DIRECTOR OF PEOPLE OPERATIONS, CHIEF OF STAFF, AND CHIEF EXECUTIVE OFFICER TO SUPPORT INFORMED AND CONSISTENT COMPENSATION DECISIONS.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND POSTS A COPY ON ITS WEBSITE AND THROUGH PUBLICLY AVAILABLE

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2025

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

DATABASES SUCH AS CANDID.

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

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 19,797 CLIENTS
- CREATED/REVISED 20,253 RESUMES
- CONFIRMED 13,116 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 THEIR QUESTIONS ANSWERED IN A SAFE, SUPPORTIVE ENVIRONMENT.

IN 2025, THERE WERE 1,299 UNIQUE VOLUNTEERS WHO SERVED 7,321 HOURS ON BEHALF OF HIRE HEROES USA. THE PROGRAM COMPLETED 5,952 REQUESTS FOR VOLUNTEER SUPPORT WITH APPROXIMATELY 98.4% OF THOSE WERE CONNECTIONS FOR MENTORSHIP OR OTHER DIRECT CAREER SUPPORT BETWEEN VOLUNTEERS AND VETERANS AND SPOUSES. THE PROGRAM ALSO ENGAGED VOLUNTEERS IN NEW SUPPORT FOR THE ORGANIZATION THROUGH THE LAUNCH OF A VOLUNTEER ADVISORY COMMITTEE, A TEAM OF EXPERIENCED VOLUNTEERS WHO CAN PROVIDE INSIGHT ON THE VOLUNTEER EXPERIENCE WHILE ALSO REMAINING OPEN FOR ADDITIONAL WAYS TO SUPPORT THE ORGANIZATION.

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

FORM 990, PART III - PROGRAM SERVICE
=====

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 2025, THERE WERE 12,670 ALUMNI ADDED TO THE ALUMNI PROGRAM FOR A YEAR-END TOTAL OF 63,159. OF THAT POPULATION, 1,785 ALUMNI RECEIVED 3,256 SERVICES AFTER SECURING THEIR INITIAL EMPLOYMENT. KEY SERVICES TO ALUMNI INCLUDED 228 CAREER EVALUATIONS, 14 ALUMNI TEACH EVENTS, AND 62 MENTOR/MENTEE PAIRS MATCHED AS PART OF THE BATTLE BUDDIES MENTORING PROGRAM. ALUMNI ENGAGEMENT ALSO CONTINUED WITH AN EMPHASIS ON VOLUNTEERING WITH THE ORGANIZATION VIA MENTORING OR SERVING ON THE ALUMNI ADVISORY TEAM.

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 2025, HIRE HEROES USA'S FEDERAL SECTOR PROGRAM PROVIDED COMPREHENSIVE SERVICES TO 3,170 JOB SEEKERS, SUPPORTING THEIR PURSUIT OF FEDERAL EMPLOYMENT OPPORTUNITIES. THE PROGRAM HOSTED 9 VIRTUAL WORKSHOPS, REACHING 666 CLIENTS, DESIGNED TO EDUCATE AND EQUIP PARTICIPANTS WITH THE KNOWLEDGE AND TOOLS NEEDED TO NAVIGATE THE COMPLEX FEDERAL HIRING PROCESS. WORKSHOP TOPICS COVERED A RANGE OF ESSENTIAL AREAS, INCLUDING AN INTRODUCTION TO FEDERAL EMPLOYMENT, GETTING STARTED WITH YOUR FEDERAL JOB SEARCH, DEVELOPING A FEDERAL-STYLE RESUME, COMMON HIRING MYTHS AND TIPS, INSIGHTS FROM A FEDERAL EMPLOYMENT PANEL, AND AN OVERVIEW OF FEDERAL HIRING PROCESSES. THESE SESSIONS, ALONG WITH SUPPLEMENTAL TOOLS AND RESOURCES, WERE REGULARLY UPDATED THROUGHOUT THE YEAR TO

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

FORM 990, PART III - PROGRAM SERVICE
=====

REFLECT CHANGES IN FEDERAL HIRING POLICIES AND PROCESSES, ENSURING CLIENTS RECEIVED TIMELY, ACCURATE INFORMATION. AS A RESULT OF THESE EFFORTS, 901 CLIENTS SECURED FEDERAL EMPLOYMENT, DEMONSTRATING THE PROGRAM'S IMPACT IN CONNECTING JOB SEEKERS TO HIGH-VALUE, SUSTAINABLE CAREER PATHWAYS IN THE FEDERAL WORKFORCE.

CLIENT LEARNING PROGRAM (FORMERLY VIRTUAL PROGRAMS):
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 2025, HIRE HEROES USA'S CLIENT LEARNING PROGRAM PRODUCED, MANAGED, AND SUPPORTED 59 VIRTUAL EVENTS (14 VIRTUAL WORKSHOP, 22 WEBINARS, AND 23 SMALL GROUP NETWORKING SESSIONS) REACHING 3,036 PARTICIPANTS. SIMULTANEOUSLY, CLIENT LEARNING PROGRAMS MANAGED A ROBUST LEARNING MANAGEMENT SYSTEM HOUSING 11 SELF-PACED COURSES, 67 INSTRUCTIONAL VIDEOS, 96 RESOURCE GUIDES, AND 77 WEBINAR RECORDINGS TO ASSIST CLIENTS WITH NAVIGATING THE JOB SEARCH PROCESS ON THEIR PATH TO ATTAINING GAINFUL EMPLOYMENT WITH OVER 15,400 VIEWS. NEW THIS YEAR, 23,000 MILITARY SERVICE DIGITAL CREDENTIALS WERE ISSUED.

REFERRAL & TRAINING PARTNERS PROGRAM:
THE REFERRAL & TRAINING PARTNERS PROGRAM'S MISSION IS TO ENHANCE THE CLIENT EXPERIENCE THROUGH RELATIONSHIPS WITH EXTERNAL ORGANIZATIONS THAT HAVE TRAINING OPPORTUNITIES OR ADDITIONAL RESOURCES FOR CLIENTS. MANY JOB-SEEKERS ENCOUNTER BARRIERS TO CAREER SUCCESS AND NEED TO BE CONNECTED TO PROVIDERS THAT CAN ADDRESS THESE BARRIERS. MOST JOB-SEEKERS REQUEST CONNECTIONS TO TRAINING PARTNERS FOR ADDITIONAL SKILLS BUILDING AND CREDENTIALING. OTHER JOB-SEEKERS NEED BROADER ASSISTANCE THAT STILL IMPACTS THEIR EMPLOYABILITY AND CAREER READINESS, LIKE TRANSPORTATION AND SAFE HOUSING. THIS PROGRAM ALSO OFFERS IN-HOUSE RESOURCE PROVISION TO HELP ADDRESS ACUTE FINANCIAL HARDSHIPS THAT DIRECTLY AFFECT THE CLIENT'S ABILITY TO SECURE OR KEEP A JOB.

IN 2025, THE REFERRAL & TRAINING PARTNERS NETWORK GREW TO 193 VETTED ORGANIZATIONS. THE PROGRAM SERVED 7,201 UNIQUE VETERAN OR MILITARY SPOUSE CLIENTS AND COMPLETED 9,221 REQUESTS FOR INFORMATION AND/OR CONNECTION TO ONE OR MORE PARTNERS.

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

FORM 990, PART III - PROGRAM SERVICE
=====

APPROXIMATELY 86% OF THE REFERRALS MADE TO EXTERNAL PARTNERS AND RESOURCES WERE FOR TRAINING NEEDS. ADDITIONALLY, 87 CLIENTS RECEIVED IN-HOUSE RESOURCES TO REMOVE BARRIERS TO EMPLOYMENT.

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 (DEFINED RANKS E1 THROUGH E4) ACTIVE DUTY, TRANSITIONING, AND RECENTLY TRANSITIONED SERVICE MEMBERS FROM ALL BRANCHES OF MILITARY SERVICE IN THEIR CAREER SEARCH.

IN 2025, OUR JUNIOR ENLISTED PROGRAM HELPED 5,296 JUNIOR ENLISTED MILITARY MEMBERS AND CONFIRMED 3,119 HIRED JUNIOR ENLISTED VETERANS. JUNIOR ENLISTED SERVICE MEMBERS AND VETERANS WHO GO THROUGH THE HIRE HEROES USA JUNIOR ENLISTED PROGRAM ARE HIRED WITH AN AVERAGE STARTING SALARY OF \$58,415. DURING 2025, THE JUNIOR ENLISTED PROGRAM ADVOCATED TO INCREASE SKILL DEVELOPMENT, AND 2,913 WERE CONNECTED WITH TRAINING RESOURCES. ADDITIONALLY, 657 JUNIOR ENLISTED VETERANS AND SERVICE MEMBERS RECEIVED REFERRALS TO PARTNER ORGANIZATIONS. HIRE HEROES USA HOSTED 10 BUILDING CAREER CONNECTION EVENTS FOCUSED ON JUNIOR ENLISTED SERVICE MEMBERS AND VETERANS, CONNECTING PARTICIPANTS WITH EMPLOYERS IN A SMALL-GROUP SETTING AND FACILITATING NETWORKING BEST PRACTICES. A TOTAL OF 188 JUNIOR ENLISTED SERVICE MEMBERS AND VETERANS ATTENDED THESE EVENTS IN 2025. A TOTAL OF 5,141 INDIVIDUALS WERE ASSESSED TO RECEIVE ASSISTANCE TO ENGAGE WITH LEARNING CONTENT COVERING ESSENTIAL CAREER TOPICS, INCLUDING RESUME TAILORING REVISIONS, COVER LETTERS, INTERVIEW PREPARATION, LINKEDIN SETUP, AND MORE. ADDITIONALLY, THE JUNIOR ENLISTED PROGRAM INCREASED PARTICIPANT ENGAGEMENT THROUGH INTENTIONAL MESSAGING AND COMMUNICATION METHODS (I.E., TEXT MESSAGING) THAT ARE MORE PREFERRED AND BETTER SUITED TO THE JUNIOR ENLISTED POPULATION.

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

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

FORM 990, PART III - PROGRAM SERVICE

OVERCOMING INDIVIDUAL BARRIERS.

IN 2025, HIRE HEROES USA PLAYED A SIGNIFICANT ROLE IN ADVANCING EMPLOYMENT OPPORTUNITIES FOR WOMEN SERVICE MEMBERS AND VETERANS ACROSS THE COUNTRY. THE ORGANIZATION SUPPORTED 3,679 WOMEN SERVICE MEMBERS AND VETERANS, RESULTING IN 2,186 CONFIRMED HIRES. WOMEN CLIENTS WHO SECURED FULL-TIME EMPLOYMENT EARNED AN AVERAGE STARTING SALARY OF \$65,505, REFLECTING STRONG, SUSTAINABLE CAREER OUTCOMES. COMMUNITY ENGAGEMENT AND EMPLOYER CONNECTION WERE CENTRAL TO THE PROGRAM'S IMPACT IN 2025. HIRE HEROES USA HOSTED 6 BUILDING CAREER CONNECTION EVENTS, CONNECTING 176 WOMEN SERVICE MEMBERS AND VETERANS WITH EMPLOYERS IN INTENTIONAL, SMALL-GROUP SETTINGS DESIGNED TO FOSTER MEANINGFUL NETWORKING AND DIRECT CAREER CONVERSATIONS. VIRTUAL ENGAGEMENT CONTINUED TO EXPAND WITH THE INTRODUCTION OF CONNECT AND CONQUER, A SERIES OF QUARTERLY, WOMEN-LED VIRTUAL EVENTS DESIGNED TO CREATE SPACE FOR OPEN DISCUSSION AROUND SHARED CHALLENGES, CAREER OPPORTUNITIES, AND PEER-TO-PEER LEARNING. THESE EVENTS REACHED 169 ATTENDEES IN THEIR INAUGURAL YEAR, FURTHER STRENGTHENING COMMUNITY, VISIBILITY, AND SUPPORT FOR WOMEN SERVICE MEMBERS AND VETERANS.

HOMELESS VETERANS REINTEGRATION PROGRAM (HVRP): THE HOMELESS VETERANS REINTEGRATION PROGRAM (HVRP) IS AN EMPLOYMENT-FOCUSED COMPETITIVE GRANT PROGRAM OF THE U.S. DEPARTMENT OF LABOR'S VETERANS' EMPLOYMENT AND TRAINING SERVICE AND IS THE ONLY FEDERAL PROGRAM DEDICATED EXCLUSIVELY TO COMPETITIVE EMPLOYMENT FOR HOMELESS VETERANS. THE HVRP TEAM ASSISTS VETERANS WHO ARE EXPERIENCING HOMELESSNESS, AT RISK OF HOMELESSNESS, IN TRANSITIONAL HOUSING, OR FACING EPISODIC HOUSING INSTABILITY. SERVICES INCLUDE AN INITIAL ASSESSMENT, RESUME DEVELOPMENT, JOB SOURCING, CAREER COACHING, AND ACCESS TO ANY ADDITIONAL HIRE HEROES USA SERVICES THAT SUPPORT SUCCESSFUL EMPLOYMENT OUTCOMES. HVRP CURRENTLY OPERATES IN COLORADO (EL PASO AND TELLER COUNTIES) AND NORTH CAROLINA (WAKE, ORANGE, AND DURHAM COUNTIES). SERVICES IN COLORADO BEGAN IN JULY 2022 AND, FOLLOWING A TRANSITION TO PRIVATE FUNDING IN JULY 2025, THE PROGRAM SUSTAINED ITS MISSION AND SERVICE DELIVERY WITHOUT INTERRUPTION WHILE EXPANDING ITS REACH THROUGHOUT COLORADO. SERVICES IN NORTH CAROLINA BEGAN IN JULY 2024.

IN 2025, THE HOMELESS VETERANS REINTEGRATION PROGRAM (HVRP) DEMONSTRATED STRONG GROWTH AND MEASURABLE IMPACT ACROSS MULTIPLE STATES. THROUGH A COMPREHENSIVE SERVICE MODEL THAT INCLUDED BOTH

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

FORM 990, PART III - PROGRAM SERVICE

PRE- AND POST-EMPLOYMENT SUPPORT, HVRP SERVED VETERANS EXPERIENCING HOMELESSNESS WITH A FOCUS ON LONG-TERM STABILITY AND MEANINGFUL EMPLOYMENT OUTCOMES. IN COLORADO, 243 PARTICIPANTS RECEIVED INTENSIVE PRE- AND POST-EMPLOYMENT SUPPORT, RESULTING IN 160 VETERANS SECURING EMPLOYMENT WITH AN AVERAGE STARTING WAGE OF \$21.97 PER HOUR. IN NORTH CAROLINA, 49 PARTICIPANTS ENGAGED IN THE PROGRAM, WITH 24 VETERANS OBTAINING EMPLOYMENT AT AN AVERAGE STARTING WAGE OF \$29.27 PER HOUR. SINCE ITS INCEPTION, HVRP HAS SERVED 309 PARTICIPANTS, WITH 168 VETERANS SECURING MEANINGFUL EMPLOYMENT AND ACHIEVING A 100 PERCENT EMPLOYMENT SUSTAINABILITY RATE, UNDERSCORING THE PROGRAM'S EFFECTIVENESS IN SUPPORTING LONG-TERM WORKFORCE REINTEGRATION. BEYOND EMPLOYMENT OUTCOMES, THE COLORADO HVRP TEAM CO-SPONSORED ITS THIRD ANNUAL HOMELESS VETERAN STAND DOWN, SERVING 120 HOMELESS VETERANS AND ENGAGING MORE THAN 20 COMMUNITY STAKEHOLDERS. THE EVENT DELIVERED CRITICAL WRAPAROUND SERVICES, INCLUDING JOB READINESS TRAINING, HOUSING ASSISTANCE, AND MEDICAL SUPPORT-REINFORCING HVRP'S COMMITMENT TO A HOLISTIC, COMMUNITY-DRIVEN APPROACH TO VETERAN REINTEGRATION.

STATE FOCUSED PROGRAMS - GA AND ID:

THE HIRE HEROES USA GEORGIA PROGRAM WAS ESTABLISHED ON DECEMBER 1, 2021, TO INCREASE PROGRAM ENROLLMENT AND RAISE AWARENESS OF HIRE HEROES USA SERVICES. THE PROGRAM'S MISSION IS TO STRENGTHEN COMMUNITY RELATIONSHIPS WITH VETERANS AND THE PROFESSIONAL WORKFORCE ACROSS THE STATE OF GEORGIA, PROVIDING ACCESS TO EMPLOYMENT AND CAREER RESOURCES FOR VETERANS. THE HIRE HEROES USA IDAHO PROGRAM PARTNERS WITH MISSION43, A COLLABORATION MADE POSSIBLE BY THE J.A. & KATHRYN ALBERTSON FOUNDATION IN 2016, TO POSITION IDAHO AS A PREMIER DESTINATION FOR MILITARY FAMILIES. MISSION43 FOCUSES ON KEY ASPECTS OF MILITARY LIFE, INCLUDING EMPLOYMENT, EDUCATION, COMMUNITY ENGAGEMENT, AND MENTAL HEALTH. BASED ON A 5-ACRE CAMPUS AT THE IDAHO OUTDOOR FIELDHOUSE, MISSION43 HAS BECOME A RECOGNIZED LEADER IN STATE-SPECIFIC MILITARY INITIATIVES AND PROGRAMMING, PROVIDING COMPREHENSIVE SUPPORT TO MILITARY FAMILIES THROUGHOUT IDAHO.

IN GEORGIA, OUR STATEWIDE OUTREACH EFFORTS ENGAGED 2,179 PROGRAM REGISTRANTS. OF THE 1,519 CLIENTS WHO RECEIVED EMPLOYMENT ASSISTANCE, 1,079 SUCCESSFULLY SECURED JOBS, DEMONSTRATING THE IMPACT OF OUR TARGETED SUPPORT IN CONNECTING VETERANS AND MILITARY SPOUSES TO MEANINGFUL CAREER OPPORTUNITIES. THE PROGRAM ALSO SUPPORTED 44 IN-PERSON EVENTS, REACHING MORE THAN 11,000 ATTENDEES. HIGH VISIBILITY ACROSS GEORGIA INSTALLATIONS, COMMUNITY

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

FORM 990, PART III - PROGRAM SERVICE
=====

PARTNERS, AND MAJOR JOB FAIRS CONSISTENTLY GENERATED MEASURABLE IMPACT. 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 JOB SEEKER REGISTRATION TO MANAGEMENT OF JOB SEEKER, PARTNER, VOLUNTEERS, AND STAFF RECORDS. THIS TEAM ALSO OVERSEES SYSTEMS AND INTEGRATIONS THAT SUPPORT THE WORK OF THE ORGANIZATION, INCLUDING SALESFORCE, RINGDNA, SURVEY VISTA, AND MORE. THE PURPOSE OF THIS TEAM IS TO CONTINUE PROVIDING INTERNAL AND EXTERNAL SUPPORT TO ENHANCE THE ORGANIZATION'S EFFICIENCY AND EFFECTIVENESS, AS WELL AS TO IMPROVE THE CLIENT EXPERIENCE.

IN 2025 THE OPERATIONS TEAM EXPANDED USE OF OUR DATA LAKE AND IMPLEMENTED ADDITIONAL ANALYSIS TOOLS. COST SAVINGS WERE ACHIEVED AS MORE EFFICIENT PROCESSES WERE SET UP AND OUTSIDE VENDOR CONTRACTS COULD BE ALLOWED TO LAPSE. THE TEAM ALSO LED THE ASSESSMENT OF SALESFORCE PLATFORM MIGRATION PARTNERS AND LAUNCHED THE MIGRATION PROCESS. MORE THAN 13,000 RECORDS WERE AUDITED IN CONTRIBUTION TO LIFETIME HIRE DATA. THE TEAM SUPPORTED THE REGISTRATION PROCESS FOR MORE THAN 30,000 JOB SEEKERS, CONNECTING 24,000+ TO STAFF IN SUPPORT OF MORE THAN 70,000 SERVICES TO SUPPORT EMPLOYMENT GOALS AND NEEDS.

DIRECT PLACEMENT PROGRAM:

THE DIRECT PLACEMENT PROGRAM OFFERED BY HIRE HEROES USA PROVIDES EMPLOYERS WITH THE OPPORTUNITY TO OUTSOURCE THEIR RECRUITMENT EFFORTS. THIS PROGRAM DELIVERS PERSONALIZED RECRUITMENT SERVICES TAILORED TO EACH COMPANY'S HIRING NEEDS, ENSURING A SEAMLESS END-TO-END PROCESS.

A HIRE HEROES USA RECRUITER COLLABORATES WITH EMPLOYER PARTNERS TO SOURCE, SCREEN, AND PRESENT QUALIFIED VETERAN AND MILITARY SPOUSE CANDIDATES. THE PROGRAM OPERATES ON A RETAINER-BASED MODEL AND INCLUDES A 60-DAY RETENTION GUARANTEE BEFORE FINAL PAYMENT IS DUE.

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

FORM 990, PART III - PROGRAM SERVICE

ALTHOUGH THIS PROGRAM IS CATEGORIZED AS UNRELATED BUSINESS INCOME, ALL REVENUE GENERATED DIRECTLY SUPPORTS HIRE HEROES USA'S PROGRAMS AND SERVICES FOR VETERANS AND MILITARY SPOUSES.

IN 2025, WE PARTNERED WITH EMPLOYERS THROUGH BOTH SUCCESS-FEE AND CONTINGENT DIRECT PLACEMENT OFFERINGS. TOTAL REVENUE GENERATED THROUGH THESE SERVICES WAS \$81K, REPRESENTING A 6% DECREASE FROM THE PREVIOUS YEAR.

NEW PROGRAM : NORTHWEST FIELD TEAM
THE HIRE HEROES USA NORTHWEST FIELD TEAM WAS ESTABLISHED ON JANUARY 1, 2025, TO INCREASE ENROLLMENT, AWARENESS, AND ACCESS TO HHUSA SERVICES ACROSS OREGON AND WASHINGTON. SERVING AS A REGIONAL HUB, THE TEAM CONNECTS VETERANS AND MILITARY SPOUSES TO MEANINGFUL EMPLOYMENT OPPORTUNITIES WHILE STRENGTHENING LOCAL EMPLOYMENT PIPELINES AND PARTNERSHIPS. THROUGH AN ON-THE-GROUND PRESENCE, THE NORTHWEST FIELD TEAM BUILDS TRUSTED RELATIONSHIPS WITH THE VETERAN COMMUNITY, EMPLOYERS, WORKFORCE AGENCIES, AND STATE PARTNERS THROUGHOUT THE PACIFIC NORTHWEST. BY COLLABORATING WITH REGIONAL STAKEHOLDERS, THE TEAM EXPANDS OUTREACH, DRIVES COORDINATED REFERRALS, AND DELIVERS HIGH-TOUCH, COMMUNITY-BASED SUPPORT-ADVANCING SUSTAINABLE EMPLOYMENT OUTCOMES AND REINFORCING HIRE HEROES USA'S MISSION AT THE LOCAL LEVEL.

IN 2025, THE HIRE HEROES USA NORTHWEST FIELD TEAM DELIVERED MEASURABLE IMPACT ACROSS WASHINGTON AND OREGON THROUGH CONSISTENT SERVICE DELIVERY, EXPANDED COMMUNITY ENGAGEMENT, AND STRENGTHENED REGIONAL PARTNERSHIPS. THE PROGRAM SERVED 628 CLIENTS, WITH 400 VETERANS AND MILITARY SPOUSES SECURING MEANINGFUL EMPLOYMENT. COMMUNITY ENGAGEMENT PLAYED A CRITICAL ROLE IN EXPANDING ACCESS AND AWARENESS OF SERVICES THROUGHOUT THE PACIFIC NORTHWEST. THE NORTHWEST FIELD TEAM SUPPORTED 127 OUTREACH EVENTS DURING THE PROGRAM YEAR, INCLUDING JOB FAIRS, WORKSHOPS, MILITARY INSTALLATION EVENTS, NETWORKING OPPORTUNITIES, AND COMMUNITY-BASED ENGAGEMENTS. THESE EFFORTS ENSURED BOTH PROSPECTIVE AND ENROLLED CLIENTS WERE EQUIPPED EARLY IN THEIR TRANSITION OR JOB SEARCH, WHILE STRENGTHENING HIRE HEROES USA'S VISIBILITY AND CREDIBILITY ACROSS DIVERSE LOCAL ECOSYSTEMS.

THE TEAM ALSO DEEPENED ITS REGIONAL PRESENCE THROUGH CONSISTENT ENGAGEMENT AT KEY MILITARY INSTALLATIONS, INCLUDING WEEKLY JOB AND RESOURCE FAIRS AT JOINT BASE LEWIS-MCCHORD AND RECURRING RETIREMENT AND SEPARATION BRIEFINGS AT NAVAL STATION EVERETT AND

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

FORM 990, PART III - PROGRAM SERVICE
=====

SMOKEY POINT. STRATEGIC PARTICIPATION IN REGIONAL VETERAN COALITIONS AND PARTNERSHIPS WITH LOCAL GOVERNMENT LEADERS FURTHER POSITIONED HIRE HEROES USA AS A TRUSTED WORKFORCE PARTNER. TOGETHER, THESE EFFORTS LAID THE GROUNDWORK FOR SUSTAINABLE COLLABORATION, INFORMED THE DEVELOPMENT OF A NORTHWEST REGIONAL CONSORTIUM LAUNCHING IN 2026, AND REINFORCED THE VALUE OF EARLY INTERVENTION, COMMUNITY-BASED SERVICE DELIVERY, AND RELATIONSHIP-DRIVEN IMPACT ACROSS WASHINGTON AND OREGON.

LINE 4B, PROGRAM SERVICE

CORPORATE PARTNERSHIPS:

THE CORPORATE PARTNERSHIPS DEPARTMENT IS DEDICATED TO BUILDING AND STEWARDING MEANINGFUL PHILANTHROPIC RELATIONSHIPS WITH CORPORATE PARTNERS THAT SUPPORT THE MISSION OF HIRE HEROES USA. THIS WORK FOCUSES ON ALIGNING CORPORATE SOCIAL IMPACT GOALS WITH OPPORTUNITIES THAT ADVANCE CAREER OUTCOMES FOR VETERANS AND MILITARY SPOUSES, WHILE ALSO AMPLIFYING A COMPANY'S COMMITMENT TO THE MILITARY COMMUNITY.

THROUGH PHILANTHROPIC INVESTMENTS, PARTNERS ENGAGE WITH OUR MISSION IN A VARIETY OF WAYS, INCLUDING SPONSORSHIPS, CAUSE MARKETING INITIATIVES, EMPLOYEE GIVING AND VOLUNTEER OPPORTUNITIES, AND FUNDRAISING CAMPAIGNS THAT MOBILIZE BOTH EMPLOYEES AND CUSTOMERS. THESE COLLABORATIONS ALLOW COMPANIES TO MAKE A TANGIBLE AND LASTING IMPACT WHILE SUPPORTING THE VETERANS AND MILITARY SPOUSES WE SERVE.

PROSPECTIVE PARTNERS WORK CLOSELY WITH OUR BUSINESS DEVELOPMENT MANAGERS TO IDENTIFY AREAS OF ALIGNMENT AND DESIGN IMPACTFUL PARTNERSHIP OPPORTUNITIES. ONCE A PARTNERSHIP IS ESTABLISHED, DEDICATED CORPORATE ACCOUNT MANAGERS STEWARD THE RELATIONSHIP, ENSURING PARTNERS ARE MEANINGFULLY ENGAGED AND THAT THEIR SUPPORT CONTINUES TO DRIVE MEASURABLE IMPACT FOR OUR CLIENTS AND MISSION.

IN 2025, THE CORPORATE PARTNERSHIPS DEPARTMENT HELPED ADVANCE THE MISSION OF HIRE HEROES USA BY GENERATING \$4,046,825 IN PHILANTHROPIC SUPPORT THROUGH CORPORATE PARTNERSHIPS-REPRESENTING APPROXIMATELY 100% GROWTH OVER THE PREVIOUS YEAR. THIS MILESTONE REFLECTS THE TEAM'S COMMITMENT TO BUILDING MEANINGFUL RELATIONSHIPS WITH COMPANIES THAT ALIGN THEIR SOCIAL IMPACT GOALS WITH OPPORTUNITIES TO SUPPORT VETERANS AND MILITARY SPOUSES AS

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

FORM 990, PART III - PROGRAM SERVICE

THEY TRANSITION INTO MEANINGFUL CIVILIAN CAREERS.

EMPLOYER PARTNERSHIPS:

THE EMPLOYER PARTNERSHIPS DEPARTMENT CONNECTS VETERAN AND MILITARY SPOUSE JOBSEEKERS WITH MEANINGFUL EMPLOYMENT OPPORTUNITIES BY ENGAGING EMPLOYERS COMMITTED TO HIRING FROM THE MILITARY COMMUNITY. THE PARTNERSHIP MANAGEMENT TEAM BUILDS RELATIONSHIPS WITH EMPLOYERS BY UNDERSTANDING THEIR HIRING OBJECTIVES AND PROVIDING TAILORED SOLUTIONS FROM OUR EXISTING SERVICE OFFERINGS TO HELP EMPLOYERS MEET THEIR TALENT ACQUISITION GOALS.

THROUGH THESE PARTNERSHIPS AND SERVICE OFFERINGS, EMPLOYERS GAIN ACCESS TO QUALIFIED CANDIDATES SUPPORTED BY HIRE HEROES USA'S CLIENT SERVICES TEAM, WHILE JOBSEEKERS BENEFIT FROM INCREASED VISIBILITY TO EMPLOYERS ACTIVELY SEEKING MILITARY TALENT.

THE EMPLOYER PARTNERSHIPS DEPARTMENT SUPPORTS EMPLOYER ENGAGEMENT THROUGH JOB POSTINGS, VIRTUAL CAREER FAIRS, TARGETED EMAIL CAMPAIGNS, EMPLOYER SPOTLIGHTS, EMPLOYER TRAINING, AND ADVISORY ASSISTANCE THAT HELPS EMPLOYERS STRENGTHEN THEIR VETERAN HIRING STRATEGIES.

IN 2025, EMPLOYER PARTNERSHIPS GENERATED MORE THAN \$475K IN REVENUE, REPRESENTING A 17% INCREASE COMPARED TO THE PREVIOUS YEAR.

EMPLOYER SUCCESS:

EMPLOYER SUCCESS OVERSEES THE ADMINISTRATION AND DELIVERY OF EMPLOYER PARTNER CONTRACTUAL RECRUITING PRODUCTS AND SERVICES, INCLUDING THE JOB BOARD, EMPLOYER TRAINING, TARGETED EMAIL CAMPAIGNS, VIRTUAL CAREER FAIRS, AND EMPLOYER SPOTLIGHTS. IN ADDITION, THE TEAM SUPPORTS THE EMPLOYER PARTNERSHIPS DEPARTMENT BY MANAGING PARTNER OBLIGATIONS, PREPARING ANNUAL REPORTS, AND GATHERING DATA TO INFORM PROPOSAL DEVELOPMENT.

IN 2025, OUR JOB BOARD SUPPORTED THE PUBLICATION OF OVER 461,164 NEW JOBS, ATTRACTED 5,162 NEW JOB SEEKER PROFILES, AND ADDED 311 NEW EMPLOYER ACCOUNTS. OUR VIRTUAL CAREER FAIRS DREW AN AVERAGE OF 1,295 JOB SEEKER REGISTRANTS PER EVENT, WITH A STRONG ATTENDANCE RATE OF 61%, EXCEEDING THE INDUSTRY STANDARD OF 51%. ADDITIONALLY, OUR CANDIDATE QUALITY RATING REACHED 80%, SURPASSING RADANCY'S BENCHMARK OF 70%.

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

FORM 990, PART III - PROGRAM SERVICE

LINE 4C, PROGRAM SERVICE

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 2025, HIRE HEROES USA'S SERVING SPOUSES PROGRAM PLAYED A PIVOTAL ROLE IN ADVANCING MILITARY SPOUSE EMPLOYMENT ACROSS THE ORGANIZATION.

THE PROGRAM SUPPORTED 1,155 MILITARY SPOUSES THROUGH INDIVIDUALIZED COACHING, MENTORING, REFERRALS, AND TARGETED TRAINING RESOURCES-CONNECTING PARTICIPANTS TO MEANINGFUL CAREER PATHWAYS AND SUSTAINABLE EMPLOYMENT OPPORTUNITIES. THESE EFFORTS RESULTED IN THE CONFIRMATION OF 774 HIRES, WITH PARTICIPATING MILITARY SPOUSES SECURING ROLES AT AN AVERAGE STARTING SALARY OF \$57,791.

BEYOND DIRECT CLIENT SUPPORT, THE SERVING SPOUSES PROGRAM STRENGTHENED ORGANIZATIONAL CAPACITY BY PROCESSING 607 SERVICE REQUESTS ACROSS ALL CLIENT TYPES AND DELIVERING A TOTAL OF 6,417 SERVICES THROUGHOUT THE YEAR.

COMMUNITY ENGAGEMENT REMAINED A CORNERSTONE OF THE PROGRAM'S SUCCESS. THE TEAM HOSTED NINE VIRTUAL EVENTS, INCLUDING NETWORKING OPPORTUNITIES AND EMPLOYMENT-FOCUSED WEBINARS, REACHING 581 UNIQUE ATTENDEES. OF THESE, 181 PARTICIPANTS ENGAGED IN SPECIALIZED

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

FORM 990, PART III - PROGRAM SERVICE

=====

SERVING SPOUSES PROGRAMMING, AND 387 MILITARY SPOUSES ATTENDED SPOUSE-SPECIFIC BUILDING CAREER CONNECTIONS EVENTS. ONGOING PEER SUPPORT AND ENGAGEMENT WERE FURTHER AMPLIFIED THROUGH THE PROGRAM'S FACEBOOK COMMUNITY, WHICH SURPASSED 4,000 MEMBERS IN 2025, REINFORCING A STRONG, CONNECTED NETWORK OF MILITARY SPOUSES NATIONWIDE.

Name of the organization

Employer identification number

HIRE HEROES USA, INC.

43-1562688

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
MERRILL LYNCH INVESTMENTS	96,581.	COST
GOLDMAN SACHS ENDOWMENT	7,316,651.	COST
TOTALS	7,413,232.	