	***** THIS IS NOT A FILEABLE COPY *****	_	
Form 8879-TE	IRS E-file Signature Authorization for a Tax Exempt Entity		OMB No. 1545-0047
Form OO7 J-TL	For calendar year 2023, and ending For calendar year 2023, of fiscal year beginning	, 20	2023
Department of the	Do not send to the IRS. Keep for your records.		2023
Treasury Internal Revenue service Name of filer	Go to www.irs.gov/Form8879TE for the latest information.	EIN or SSN	
HERO'S BRIDGE		**-***7	604
Name and title of officer or per			
Part I Type of I	BROOKS Return and Return Rtକର୍ଗଡାଳାର୍ଥ୍ୟୀ on		
Check the box for the re Form 5330 filers may en or 10a below, and the an	turn for which you are using this Form 8879-TE and enter the applicable amour ter dollars and cents. For all other forms, enter whole dollars only. If you check th nount on that line for the return being filed with this form was blank, then leave blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on t	ne box on line line 1b, 2b, 3b	1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, , 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
1aForm 990 cl	heck here~~~ XbTotal revenue, if any (Form 990, Part VIII, colum		2)~~ <u>~~~~1b504,030</u> .
	eck here~ bTotal revenue, if any (Form 990-EZ, line 9)~~~~~~~		
	heck here bTotal tax (Form 1120-POL, line 22)~~~~~~~~~~~ ck here~ bTax based on investment income (Form 990-PF, Part V, l		4b
5aForm 8868 check	< here~~ bBalance due (Form 8868, line 3c)~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~5b	
	k here~~ bTotal tax (Form 990-T, Part III, line 4)~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~6b	
	<pre>&lt; here~~ bTotal tax (Form 4720, Part III, line 1) 7b here~~ bFMV of assets at end of tax year (Form 5227, Item D)~~~~</pre>	~~~~8h	
9aForm 5330 check	chere~~ bTax due (Form 5330, Part II, line 19)~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~9b	
10aForm 8038-CP c Part IIDeclaration and	heck here bAmount of credit payment requested (Form 8038-CP, F nd Signature Authorization of Officer or Person Subject to Tax	Part III, line	
	perjury, I declare that XI am an officer of the above entity or I am I have examined a copy of the	n a person s	subject to tax with respect
acknowledgement of re of any refund. If applicab entry to the financial ins financial institution to de later than 2 business day	ovider, transmitter, or electronic return originator (ERO) to send the return to the ceipt or reason for rejection of the transmission, (b) the reason for any delay in p ole, I authorize the U.S. Treasury and its designated Financial Agent to initiate an titution account indicated in the tax preparation software for payment of the fe ebit the entry to this account. To revoke a payment, I must contact the U.S. Treas ys prior to the payment (settlement) date. I also authorize the financial institutio eive confidential information necessary to answer inquiries and resolve issues re number (PIN) as my signature for the electronic return and, if applicable, the con	processing the electronic fu deral taxes ov sury Financia ons involved ir	e return or refund, and (c) the da nds withdrawal (direct debit) ved on this return, and the Agent at 1-888-353-4537 no the processing of the electronic
PIN: check one box only X I authorize SH	AWN G. SUMRALL	to enter my	03151
	ERO firm name	to enter my	Enter five numbers, but do not enter all zeros
with a state ag	e on the tax year 2023 electronically filed return. If I have indicated within this re ency(ies) regulating charities as part of the IRS Fed/State program, I also author disclosure consent screen.		ppy of the return is being filed
	person subject to tax with respect to the entity, I will enter my PIN as my signat		5
	indicated within this return that a copy of the return is being filed with a state a program, I will enter my PIN on the return's disclosure consent screen.	agency(ies) re	gulating charities as part of the
Signature of officer or person su		Date	
	tion and Authentication5408989977	70	
	by your five-digit self-selected PIN.	/g	
	numeric entry is my PIN, which is my signature on the 2023 electronically filed re n accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Inforr		
ERO's signature SHA	WN G. SUMRALL Date		
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	o So	
For Privacy Act and Paper	work Reduction Act Notice, see instructions.		Form 8879-TE (2023)
LHA 302521 01-05-24			

		ersection 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private	e found	ations)		12023
Don	not er	Iter social security numbers on this form as it may be made public.				Open to Public
Gea	6 WW	t of the w.ir#12600#Form990 for instructions and the latest information.Inspection				
AFc	r the	2023 calendar vear, or tax vear beginningand ending		-		
BC	lame	of drganizationDEmployer identification number				
	icable:					
Add char		HERO'S BRIDGE				
Nan	Doing	**. <sup>****</sup> 7604 bu <mark>siness as</mark>				
char Initi	jumbe	raoostriestu (tee E.De lespakiformaal is uont beskiivered to street address)				
retu Fina		98 ALEXANDRIA PIKE, SUITE 41540-341-5378				
retu	rn/	City or town, state or province, country, and ZIP or foreign postal code		G	Gross	receipts \$539,616.
te rr ated	nin-	WADDENTON VA 20186H(a)Is this a group return and address of principal officer:				, <u>, , , , , , , , , , , , , , , , </u>
retu	hame	and address of principal officer:	ועוור		ıbordi	nates?~~ Yes XNo
pend	аж-ех	n H Rempt status: X501(c)(3) 501(c) ()(insert no.) 4947(a)(1) or 527If "No." attach a list. See ins			.65 111	cidded: les No
		TSUT(c)(S) SUT(c) ((IIISETTIC) 4947(a)(1) OF SZ711–NU, attach a list. See list WWW.HEROSBRIDGE.ORGH(c)Group exemption number	SHUCH	щь		
K	orm of	forganization: XCorporation Trust Association Othe	Veer	of formention 201		to of local dominilar)/A
Pa	rt I		en vear	of formation: 20	6M2tai	te of legal domicile.va
1		Summary		·		
		Briefly describe the organization's mission or most significant a	activii	les: 10 PROVI		RECTASSISTANCE IC
2 Ŭ		VETERANS AGE 65 AND OVER.				
5 c c c dovernance		Check this box if the organization discontinued its operations	or dis	posed of mor	e <sub>l</sub> thar	n 25% of its net assets.
48		Number of voting members of the governing body (Part VI, lin	ne 1a)~	~~~~~~~		~~35
5 <b>%</b>		Number of independent voting members of the governing bo				
6.9		Total number of individuals employed in calendar year 2023 (P				
Activities &		Total number of volunteers (estimate if necessary)				
<b>Pcl</b>		Total unrelated business revenue from Part VIII, column (C), lin				
		Net unrelated business taxable income from Form 990-T, Part	I. line	-11 7b		
	8	Prior YearCurrent Year	í L			
<u>e</u>	9	Contributions and grants (Part VIII, line 1h)~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~+4	80.026.471.42	3.	
Revenue	10	Program service revenue (Part VIII, line 2g)~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~+	) <del>(</del>		
ě	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d)~~~	~~~~			
ш	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			<del>31,280</del>	
	13	Total revenue - add lines 8 through 11 (must equal Part VIII, coli	umh	(A). line 12) 50	)2.611.5	604.030.
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			,	,
	15	Benefits paid to or for members (Part IX, column (A), line 4)~~~				
16 <b>Sesued</b>		Salaries, other compensation, employee benefits (Part IX, colur			~254.1	98,421,440
p SC		Professional fundraising fees (Part IX, column (A), line 11e)~~~~~				
be	17	Total fundraising expenses (Part IX, column (D), line 25)34,837.		,		
ш	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)~~~~~	~~~~	~~~107.404.18	8.661.	
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A),				510,101
		Revenue less expenses. Subtract line 18 from line 12 118,		,		· ·
or	20	Beginning of Current YearEnd of Year		•		
ets	21	Total assets (Part X, line 16)~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5.279.1	57.689.		
Ass	22	Total liabilities (Part X, line 26)~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		,		
Net	20 21 22	Net assets or fund balances. Subtract line 21 from line 20		279.149,088.		
Pa	irt II	Signature Block				
		alties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stater	nents and to the bes	t of my kr	nowledge and belief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which p				
Sign	Signat	re of officerDate				
		OLLY BROOKS, PRESIDENT				
		t name and title				
		Print/Type preparel's namePreparer's signatureDa	atoCho			
۳ Da	ider	AWN SUMRALL, CPAself-employed	areche			274803
					-**_** <sup>,</sup>	*5202
		Firm's nameBADGER SUMRALL & COMPANYFirm's EIN				
		lyFirm's address7410 HERITAGE VILLAGE PLAZA #101			(5/0	) 364-4930
UF		SVILLE, VA 20155Phone no.			(5+0)	

332001 12-21-23

May the IRS discuss this return with the preparer shown above? See instructions

LHAFor Paperwork Reduction Act Notice, see the separate instructions.

XYes No



## Return of Organization Exempt From Income Tax

990

For	m 990 (2023)Page 2 HERO'S BRIDGE	**-***7604	
	IIIStatement of Program Service Accomplishments		
	ck if Schedule O contains a response or note to any line in this Part III	Х	
1Brie	fly describe the organization's mission: TO PROVIDE DIRECT ASSISTANCE TO VETERANS AGE 65 AND OVER.		
2	Did the organization undertake any significant program services during the year which were not prior Form 990 or 990-EZ?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		XNo
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any prog	ram services?~~~~~Yes	
C	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated revenue, if any, for each program service reported.		
4a	第55, 通2 Expenses \$including grants of \$)(Revenue \$ VILLAGE PROGRAM - THE HERO'S BRIDGE VILLAGE IS A PROGRAM T CLEAN AND AFFORDABLE HOUSING TO VETERANS AGE 65 AND OLDI		)
4b	(Code:) (Expenses \$143,680.including grants of \$)(Revenue \$		)
	BATTLE BUDDY PROGRAM - THIS PROGRAM SERVICED ELDERLY VET COMPANIONSHIP AND A DEDICATED COORDINATOR WHO PERFORM	HED A NEEDS AND	·
	QUALITY OF LIFE ASSESSMENT. THE BATTLE BUDDY COORDINATOR T MEASURABLY IMPROVE EACH VETERAN'S QUALITY OF LIFE.	THEN WORKED TO	
	(Code:) (Expenses \$61,616.including grants of \$)(Revenue \$		
4c	HONOR GUARD - THIS PROGRAM PROVIDES MANY SERVICES SUCH A LOST MEDALS, FINDING LOST COMRADES, RECORDING LIFE STORIES		)
	SESSIONS, AND HOSTING VETERAN SOCIALS.		
14	Other program services (Describe on Schedule O.)		
4u 4e	(Expenses \$96,121. including grants of \$ ) (Revenue \$	)	
-	Total program service expenses 396,949.	Form	<b>990</b> (2023)

Form 990 (2023)

HERO'S BRIDGE

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	
	If "Yes," complete Schedule Annonance and a second se	1	X	
	complete Schedule B, Schedule of Contributors? See instructions~~~~~~~ Did the organization engage in	2	Х	t
	direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes,"			t
	complete Schedule C, Part I~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3		
4	organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes,"			t
	complete Schedule C, Part II~~~~~~~~~~~~~~~~~ Is the organization a section 501(c)(4), 501(c)(5),	4		
5	or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc.			t
	98-19? If "Yes," complete Schedule C, Part Ill~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5		
6	funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or			┢
	investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization	6		
/	receive or hold a conservation easement, including easements to preserve open space,			┢
		7		
0	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>			┢
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		
	complete Schedule D, Part III			┝
	report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not			
	listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		╞
	directly or through a related organization, hold assets in donor-restricted endowments	10		
	or in quasi-endowments? If "Yes," complete Schedule D, Part V~~~~~~~ If the			╞
	organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			Ļ
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		V	
I-	Schedule D, Part VI~~~~~~ Did the organization report	11	Х	_
	an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	a		
с	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the			
	organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11		
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	b		
-	organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
е	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization	11c		
f	report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X~~~~~ Did the		Х	
	organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11		
2a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part	d -11		
	X~~~~ Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	e		Γ
	complete	e		
	Schedule D, Parts XI and XII	11f		Γ
13	in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional~~~~	12		Γ
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E~~~~~~ Did	a		Γ
	the organization maintain an office, employees, or agents outside of the United States?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			T
	organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	12		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at	<u></u> ፟፟፟፟፟፟፟፟		
	\$100,000	<u>1</u> 3		٢
	or more? If "Yes," complete Schedule F, Parts I and IV~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	14		
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for	<b>4</b> 5		t
	any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	16		+
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance			
	to	17		-
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV~~~~~~~~~~~~~~~~~~~~~~~~~		Х	
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-18	~	_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions			
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part	19		_
	VIII, lines	20		_
21	1c and 8a? If "Yes," complete Schedule G, Part II~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	а		_
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	20		
	complete Schedule G. Part Ill	b		
	Bladifie Organization Operate one or more hospital facilities? If "Yes," complete Schedule H~~~~~~~~~~~~~~~~~~~			

\*\*-\*\*\*7604

Page3

Form 990	
Part IVC	heckl

Forn	n 990 (2023) HERO'S BRIDGE **-***76	04	Р	age4	
	rt IVChecklist of Required Schedules (continued)	,		<u> </u>	
			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~2	2X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's o	urrent	:		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J~~~~~~~23X				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complex Schedule K. If "No," go to line 25a~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		the		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?~~~~~~				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to any tax-exempt bonds?	lefeas	0		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?~~~~~~~	~24d			
25a9	செஸ்கிகூடிகுகுர்கள்குகுற்று அனைப்புகு இரைக்குக்கிகள்க். transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part	~~~~	~~~~	~~~~	~~~25
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ye that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," com Schedule L, Part I~~~~~~25bX		1		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L,	Part	~~~	~~~~	~~~~~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key en				
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35 entity (including an employee thereof) or family member of any of these persons? If "Yes,"				dule L
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Pa instructions for applicable filing thresholds, conditions, and exceptions):	r <del>t IV,</del>			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Pau	t <u>IV~</u>	~~~~	<u>~~~~</u> ~	~~~~
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV~~~~~~28cX				
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," comple		hedı	<u>ıle M</u> ~	~~~~~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservations of art, historical treasures, or other similar assets, or qualified conservations of a statement of the statement of th				
31	contributions? If "Yes," complete Schedule Management of dissolve and ease appreciance? If "Yes," complete Schedule Management of dissolve and ease appreciance? If "Yes," complete Schedule Management of the schedule of the		abaa		Dort
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," compl Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete dule N. Part II		cnec		, Part
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			<u>zv</u>	
34 Part	Was the organization related to any tax-exempt or taxable entity? If "Ves." complete Schedule R. Part II. III. or IV.		·~~3.	<u> </u>	
35a	V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?~~~~				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled				~224^
36Se	改動物的物例(3)分費期度給存金ction 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
37	If "Yes," complete Schedule R, Part V, line 2~~~~~~36X Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
38 Note	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Sch Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	edul	e R, I	<sup>2</sup> art V	~~~~
	All Form 990 filers are required to complete Schedule O38XStatements Regarding Other IRS Filings and Tax Compliance38X				
Par	t V Check if Schedule O contains a response or note to any line in this Part V				
_	Yes No	•			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable~~~~~~a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable~~~~~~~a				
1a	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		a		
b c	(gambling) winnings to prize winners? Ic				

Form990 (2023)

332004 12-21-23 **4** 

га	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		
			Ye
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 10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	
3a	~~~~~ Did the organization have unrelated business gross income of \$1,000 or more during the year?	b	
b	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3a	
4a	Schedule O At any time during the calendar year, did the organization have an interest in, or a	3	
	signature or other authority over, a	b	
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
_	~~~~~ If "Yes," enter the name of the foreign country	4a	
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	5a	
b	(FBAR).	5	
С	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	b	
6a		5 5c	+
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	50	
b	transaction?~~~~~~~ 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	0a	
	gradegativentication and the second state of the section of the se		
a	any contributions that were not tax deductible as charitable contributions?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6	
b	Didthe organization at which a construction of \$75 on the party as a contribution and partly hortgoods and services to construct to the payor?	b	
с	Weres/bltax bledugtiblzation-notify the donor of the value of the goods or services provided?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- <del>7a</del>	
d	required	7	
е	to file Form 8282?	-b	
f	If "Yes," indicate the number of Forms 8282 filed during the year~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_	-
g	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7c	+
h			-
8Spc	ካይለ፤የፍራርዓፙ፤ፖለቲያዊኑውጡ,ኣካኒቶ፤ዘነያቄ ብይባያራ ዓላ ሃንዬያሳ ታዞይባት፣ums, directly or indirectly, on a personal benefit contract?	7e	_
	Dia the organization, during the year, pay premiarity, directly of maneetly, on a personal benefit contract:	7f	
		_	-
	~~~~~	7g	
	onsoring organizations maintaining donor advised funds. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	_	
9Spc	as required?~	7g 7h	
9Spo a b		7g	
9Spo a b	onsoring organizations maintaining donor advised funds. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?~ If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a ection 501(c)(2) organizations. Form 1098-C?	7g 7h 8	
9Spo a b 10Se a	onsoring organizations maintaining donor advised funds. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?~ If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a ection 501(c)(7) organizations. Form 1098-C?	7g 7h 8 9a	
9Spo a b 10Se a	onsoring organizations maintaining donor advised funds. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?~ If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a ection 501(c)(7) organizations. Form 1098-C?	7g 7h 8 9a 9	
9Spo a b 10Se a	<ul> <li>Dispring organizations maintaining donor advised funds.</li> <li>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?~</li> <li>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a ection 501(c)(7) organizations.</li> <li>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</li></ul>	7g 7h 8 9a	
9Spo a b 10So a b 11So	<ul> <li>Dispring organizations maintaining donor advised funds.</li> <li>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?~</li> <li>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a ection 501(c)(7) organizations.</li> <li>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</li></ul>	7g 7h 8 9a 9	
9Spo a b 10Se a b 11Se a	<ul> <li>Dispring organizations maintaining donor advised funds.</li> <li>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?~</li> <li>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a ection 501(c)(7) organizations.</li> <li>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</li></ul>	7g 7h 8 9a 9	
9Spa b 10Sa b 11Sa a b	<ul> <li>Dispring organizations maintaining donor advised funds</li> <li>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?~</li> <li>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a ection 501(c)(7) organizations.</li> <li>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?~~~~~~~~~~</li> <li>Did the sponsoring organization make any taxable distributions under section 4966?~~~~</li> <li>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</li> </ul>	7g 7h 8 9a 9	
9Spa b 10Sa b 11Sa a b	<ul> <li>Dispring organizations maintaining donor advised funds</li> <li>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?~</li> <li>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a ection 501(c)(7) organizations.</li> <li>Did a donor advised fund maintained by the sponsoring organizations.</li> <li>Did the sponsoring organization make any taxable distributions under section 4966?~~~</li> <li>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</li> </ul>	7g 7h 8 9a 9	
9Spo a b 10So a b 11So a b 12aS b	<ul> <li>Dispring organizations maintaining donor advised funds</li> <li>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?~</li> <li>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a ection 501(c)(7) organizations.</li> <li>Did a donor advised fund maintained by the sponsoring organizations.</li> <li>Did the sponsoring organization make any taxable distributions under section 4966?~~~~</li> <li>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</li> <li>Section fees and capital contributions included on Part VIII, line 12~~~~~~</li> </ul>	7g 7h 8 9a 9 b	
9Spo a b 10Se a b 11Se a b 12as b 13Se	onsoring organizations maintaining donor advised funds         If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?~         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a contribution of cars, boats, airplanes, or other vehicles, did the organization file a contribution of cars, boats, airplanes, or other vehicles, did the organization file a contribution of cars, boats, airplanes, or other vehicles, did the organization file a contribution of cars, boats, airplanes, or other vehicles, did the organization file a contribution of cars, boats, airplanes, or other vehicles, did the organization file a control to the organization file a control to the sponsoring organization have excess business holdings at any time during the year?~~~~~         Did the sponsoring organization make any taxable distributions under section 4966?~~~~         Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?         Section fees and capital contributions included on Part VIII, line 12~~~~~~         Initiation fees and capital contributions included on Part VIII, line 12~~~~~~         Initiation fees and capital contributions included on Part VIII, line 12~~~~~~         Initiation fees and capital contributions included on Part VIII, line 12~~~~~~	7g 7h 8 9a 9	
9Spc a b 10Sc a b 11Sc a b 12as b 13Sc a	Onsoring organizations maintaining donor advised funds If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?~         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a ection 501(c)(7) organizations. Form 1098-C?         Did a donor advised fund maintained by the sponsoring organizations.         Did a donor advised fund maintained by the sponsoring organizations.         Did the sponsoring organization make any taxable distributions under section 4966?         Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?         Sections field (2)(2), qualitized comprofit hereitb, insuets, for public use of club facilities         Initiation fees and capital contributions included on Part VIII, line 12~~~~~~10a         Enter:       Initiation fees and capital contributions included on Part VIII, line 12~~~~~~10b	7g 7h 8 9a 9 b	
9Spc a b 10Sc a b 11Sc a b 12as b 13Sc a	Onsoring organizations maintaining donor advised funds     as required?~     If the organization received a contribution of qualified intellectual property, did the organization file Form 8899     as required?~     If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a     ection 501(c)(7) organizations.     Form 1098-C?     Did a donor advised fund maintained by the     sponsoring organization have excess business holdings at any time during the year?~~~~~     Did the sponsoring organization make any taxable distributions under section 4966?~~~~     Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?     Sections 4947(a)(1) non-exempt charitable trusts.     Initiation fees and capital contributions included on Part VIII, line 12~~~~~~~10a     ections 504(c)(29), qualified comprofit in 1098-0; for public use of club facilities~~~~~10b     Enter:     Cross income from members or shareholders~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7g 7h 8 9a 9 b	
95pc a b 105c a b 115c a b 12a5 b 135c a Note	Onsoring organizations maintaining donor advised funds if the organization received a contribution of dalified intellectual property, did the organization file Form 8899 as required?~         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a ection 501(c)(2) organizations. Form 1098-C?         Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?~~~~~         Did the sponsoring organization make any taxable distributions under section 4966?~~~         Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?         Section fees and capital contributions included on Part VIII, line 12~~~~~~         Initiation fees and capital contributions included on Part VIII, line 12~~~~~~         Enter:	7g 7h 8 9a 9 b	
9Sp( a b 10Se a b 11Se a b 12Se a Note b	Onsering organizations maintaining donor advised funds. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?~ If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a ertion 500 (c) (2) organizations. Form 1098-C? Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?~ Did the sponsoring organization make any taxable distributions under section 4966?~ Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c) (2) organization make a distribution to a donor, donor advisor, or related person? Sections 504(c) (2) organization make a distribution sincluded on Part VIII, line 12~~~~~~10a Enter: Cross income from members or shareholders~~~~~~11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7g 7h 8 9 b 12a	
95pd a b 105d a b 115d a b 12d b 135d a Note b c	On some from the received a contribution of qualified intellectual property, did the organization file Form 8899 as required?~ If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a ection 501(c)(7) organizations. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?~~~~~ Did the sponsoring organization make any taxable distributions under section 4966?~~~~ Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(1) non-exempt charitable trusts. Initiation fees and capital contributions included on Part VIII, line 12~~~~~~10a Enter: Circoss income from members or shareholders~~~~~~11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)~~~~~~~~11b Is the organization filing Form 990 in lieu of Form 1041?	7g 7h 8 9 b 12a	
9Sp( a b 10Se a b 11Se a b 12Se a Note b	On sorting organizations maintaining donor advised funds. On sorting organization received a contribution of Qualified intellectual property, did the organization file Form 8899 as required?~ If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a ection 501(c)(7) organizations. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?~~~~~ Did the sponsoring organization make any taxable distributions under section 4966?~~~~ Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Settion fees and capital contributions included on Part VIII, line 12~~~~~~ Total call (2009, qualified dom mobil the path or qualified intellectual property, did the organization file a ection 5904 (2009, qualified intellectual property). Setting organization makes or shareholders~~~~~ Setting form members or shareholders~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7g 7h 8 9 b 12a	
95pc a b 105c a b 115c a b 135c a Note b c 14a	Onsoring organizations maintaining donor advised funds         If the organization received a contribution of Qualified intellectual property, did the organization file Form 8899 as required?~         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a cross form 1098-C?         Did a donor advised fund maintained by the sponsoring organizations.         Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?~~~~         Did the sponsoring organization make any taxable distributions under section 4966?~~~         Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?         Section 501(a)(2)(2)(2) organization make a distribution to a donor, donor advisor, or related person?         Section 501(a)(2)(2) organization make a distribution to a donor, donor advisor, or related person?         Section 501(a)(2)(2) organization make a distribution to a donor, donor advisor, or related person?         Section 501(a)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)	7g 7h 8 9 b 12a	
9Spo a b 10Se a b 11Se a b 12as b 13Se a Note b c 14a b	Onsoring organizations maintaining donor advised funds         Onsoring organizations maintaining donor advised funds         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a errorm 1098-C?         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a errorm 1098-C?         Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?         Did the sponsoring organization make any taxable distributions under section 4966?         Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?         Settime#4947(a)(1) non-exempt charitable trusts.         Initiation fees and capital contributions included on Part VIII, line 12         Extreme         Extreme         Cross income from members or shareholders         Cross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)         Is the organization filing Form 990 in lieu of Form 1041?         If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b         Is the organization licensed to issue qualified health plans in more than one state?	7g 7h 8 9 b 12a	
95pc a b 105c a b 115c a b 12as b 135c a Note b c 14a b	Off of particular and the provided of the provi	7g 7h 8 9 b 12a 13a	
95pc a b 105c a b 115c a b 12as b 135c a Note b c 14a b	Off Print of ganization maintaining domaradvised funds         off Print of ganization matrix and the contribution of qualified intellectual property, did the organization file Form 8899         as required?~         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a error of 10(2)(7) organizations.         Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?~~~~         Did the sponsoring organization make any taxable distributions under section 4966?~~~         Did the sponsoring organization make any taxable distributions under section 4966?~~~         Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?         Section From the caritable trusts.         Initiation fees and capital contributions included on Part VIII, line 12~~~~~~         Cross income from members or shareholders~~~~~~         Cross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)~~~~~~~         If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         Is the organization licensed to issue qualified health plans in more than one state?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7g 7h 8 9 b 12a 13a 14a	
95pc a b 105c a b 115c a b 12as b 135c a Note b c 14a b	Of Prince organization factors maintaining donor advised funds intellectual property, did the organization file Form 8899 as required?~ If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a ection 501(c)(7) organizations. Form 1093-C? Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?~ Did the sponsoring organization make any taxable distributions under section 4966?~ Did the sponsoring organization make any taxable distributions under section 4966?~ Did the sponsoring organization make any taxable distributions under section 4966?~ Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 74947(a)(1) non-exempt charitable trusts. Initiation fees and capital contributions included on Part VIII, line 12~ 10a Constructions from members or shareholders~ 11a Cross income from members or shareholders~ 11a Cross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)~ 11b Is the organization licensed to issue qualified health plans in more than one state?~ 12b 15c set he instructions for additional information the organization must report on Schedule O. 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 ~	7g 7h 8 9 b 12a 13a 14a 14	
95pc a b 105c a b 115c a b 12as b 135c a Note b c 14a b	Off finds (ganization face) velocity of a contribution of qualified intellectual property, did the organization file Form 8899 as required?~         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a erion 501(c)(2) organizations.         Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?~~~~         Did the sponsoring organization make any taxable distributions under section 4966?~~~         Did the sponsoring organization make any taxable distributions under section 4966?~~~         Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?         Settion 7497(a)(1) non-exempt charitable trusts.         Initiation fees and capital contributions included on Part VIII, line 12~~~~~10a         ection 504(a)(a)(a) non-exempt charitable trusts.         Initiation fees and capital contributions included on Part VIII, line 12~~~~~10a         ections 504(a)(a)(a) non-exempt charitable trusts.         Initiation fees and capital contributions included on Part VIII, line 12~~~~~10a         ections for a divide drop robit resources. (Do not net amounts due or paid to other sources against amounts due or received from them.)~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7g 7h 9 b 12a 13a 14a 14	
9Spo a b 10Se a b 11Se a b 12aS b 13Se a Note b c 14a b 15	Off Price or ganization methods with a contribution of qualified intellectual property, did the organization file Form 8899 as required?-         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a erion 501(c)(7) organizations.         Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	7g 7h 8 9 b 12a 13a 14a 14	
95pc a b 105c a b 115c a b 12as b 135c a Note b c 14a b	Off finds (ganization face) velocity of a contribution of qualified intellectual property, did the organization file Form 8899 as required?~         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a erion 501(c)(2) organizations.         Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?~~~~         Did the sponsoring organization make any taxable distributions under section 4966?~~~         Did the sponsoring organization make any taxable distributions under section 4966?~~~         Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?         Settion 7497(a)(1) non-exempt charitable trusts.         Initiation fees and capital contributions included on Part VIII, line 12~~~~~10a         ection 504(a)(a)(a) non-exempt charitable trusts.         Initiation fees and capital contributions included on Part VIII, line 12~~~~~10a         ections 504(a)(a)(a) non-exempt charitable trusts.         Initiation fees and capital contributions included on Part VIII, line 12~~~~~10a         ections for a divide drop robit resources. (Do not net amounts due or paid to other sources against amounts due or received from them.)~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7g 7h 8 9 b 12a 13a 13a 14a 14 14 5	
9Spo a b 10Se a b 11Se a b 12as b 13Se a Note b c 14a b 15	Off Price of ganizations maintaining domor advised funds as required?	7g 7h 9 b 12a 13a 14a 14	
9Spo a b 10Se a b 11Se a b 12aS b 13Se a Note b c 14a b 15	Of Prince organization maintaining donor fidulised funds of qualified intellectual property, did the organization file Form 8899 as required?~ If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a etion 501(c)(2) organizations. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?~ Did the sponsoring organization make any taxable distributions under section 4966?~ Did the sponsoring organization make any taxable distributions under section 4966?~ Did the sponsoring organization make any taxable distributions under section 4966?~ Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Settium 7947(a)(1) non-exempt charitable trusts. Initiation fees and capital contributions included on Part VIII, line 12~ COD Enter: Coros income from members or shareholders~ Coros income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)~ Set the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Is the organization licensed to issue qualified health plans in more than one state?~ Set the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand~ 13c Did the organization receive any payments for indoor tanning services during the tax year?~ 16 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Overververve	7g 7h 8 9 b 12a 13a 13a 14a 14 14 5	
9Spo a b 10Se a b 11Se a b 12as b 13Se a Note b c 14a b 15	Off Price of ganizations maintaining domor advised funds as required?	7g 7h 8 9 b 12a 13a 13a 14a 14 14 5	

	n 990 (2023) HERO'S BRIDGE ^^-^^^/6 t VIGprocesances: Manageone at 2 amol Discloss Wigand for a "No" response		-	age6
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	· -			Х
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			<u></u>
			Yes	No
4.	Enter the number of voting members of the governing body at the end of the text $1_0$		res	INO
1a		, 		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 4			
b	Enter the number of voting members included on line 1a, above, who are independent~~~~~1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any o	ther		
	officer, director, trustee, or key employee?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct su	upervis	ion	
	of officers, directors, trustees, or key employees to a management company or other person?~~~~~~~~~	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	ed?4~~	~~	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?~~~~~	-~~5		X
6	Did the organization have members or stockholders?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of	DI		
	more members of the governing body?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	, or		V
~	persons other than the governing body?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-b		
a	The governing body?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Х	
b	Each committee with authority to act on behalf of the governing body?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	83	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	b		х
	If "Yes," provide the names and addresses on Schedule O			Λ
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9	1	No
			Yes	X
	Did the organization have local chapters, branches, or affiliates?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affili			
	and branches to ensure their operations are consistent with the organization's exempt purposes?~~~~~~~~~~			Х
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	ng1tihæ	form	?
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
		122	x	
12a		12a		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?~~~~~	12t	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ	12t	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ on Schedule O how this was done	12t	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ on Schedule O how this was done	12b e12c 	x	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ on Schedule O how this was done	12t e 12c 13 14	x x X	
b c 13	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ on Schedule O how this was done	12t e 12c 13 14	x x X	
b c 13 14	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ on Schedule O how this was done	12b 12c 13 14	× × ×	
b c 13 14 15 a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12b • 12c ~ 13 ~ 14 ~ 14 • iden	X X X	
b c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12b • 12c ~ 13 ~ 14 ~ 14 • iden	X X X	
b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	-12tc = 12c _ 13 _ 14 = nden = nden = ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	X X X	
b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ on Schedule O how this was done	-12tc = 12c _ 13 _ 14 = nden = nden = ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	X X X	
b c 13 14 15 a b 16a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12b 12c 13 14 14 14 14 14 14 14 14 14 14 14 14 14	X X 	
b c 13 14 15 a b 16a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12b 12c 13 14 14 14 14 14 14 14 14 14 14 14 14 14	X X 	
b c 13 14 15 a b 16a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12b 12c 13 14 14 14 14 14 14 14 14 14 14 14 14 14	X X 	
b c 13 14 15 a b 16a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12b 12c 13 14 14 14 14 14 14 14 14 14 14 14 14 14	X X 	
b c 13 14 15 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ on Schedule O how this was done	12t + 12c 13 14 - 14 	× × ~~~~~	~15a
b c 13 14 15 16a b 5 <u>Sect</u>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ on Schedule O how this was done	12b 12c 13 14 14 14 14 14 14 14 14 14 14	X X 	~15a
b c 13 14 15 16a b 5 <u>66</u> 1	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ on Schedule O how this was done	12b 12c 13 14 14 14 14 14 14 14 14 14 14	X X 	~15a
b c 13 14 15 16a b 5 <u>Sec</u> 1 7	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12b 12c 13 14 14 14 14 14 14 14 14 14 14	X X 	~15a
b c 13 14 15 16a b 5 <u>ect</u> 1 7 1	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12t 12t 12c 13 14 14 14 14 14 14 14 14 14 14	X X X X X X NY,N (c)(3)s	~15a
b c 13 14 15 16a b 5 <u>Sec</u> 1 7	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12t 12t 12c 13 14 14 14 14 14 14 14 14 14 14	X X X X X X NY,N (c)(3)s	~15a
b c 13 14 15 16a b 5 <u>ect</u> 1 7 1	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ on Schedule O how this was done	= 12t = 12t = 12c = 13 = 14 = nden =	X X X X X X NY,N (c)(3)s	~15a
b c 13 14 15 16a b 16a b <u>Sect</u> 1 7 1 8 19	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	= 12t = 12t = 12c = 13 = 14 = nden =	X X X X X X NY,N (c)(3)s	~15a
b c 13 14 15 16a b 16a b <u>Sect</u> 1 7 1 8	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ on Schedule O how this was done	= 12t = 12t = 12c = 13 = 14 = nden =	X X X X X X NY,N (c)(3)s	~15a
b c 13 14 15 16a b 16a b <u>Sect</u> 1 7 1 8 19	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ on Schedule O how this was done	= 12t = 12t = 12c = 13 = 14 = nden =	X X X X X X NY,N (c)(3)s	~15a

11450312 781948 1903151 2023.03000 HERO'S BRIDGE 19031511

## Form 990 (2023) Page 7HERO'S BRIDGE

# Part VIIQompensation 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

a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's t ¥ 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, o

(A) (B) (C) (D) (E) (F) Name and titleAverage PositionReportableF	Reportable Es	tim	ateo	ł						
Name and titleAverage PositionReportable hours perbox, unless person is both ancomp	ensationcon	do n	ot ch nsai	ieck r tion	more am	than	one t of			
week from from relatedother		office	er and	d a di	recto	or/trus	stee)			
(list anytheorganizationscompensation		r								
hours fororganization(W-2/1099-MISC/from		irecto								
related (W-2/1099-MISC/1099-NEC) organi	zation	or d	ee			sated				
organizations1099-NEC)and related		ustee	trust		98	suedu				
below organizations		ual tr	ional		ploy	t corr /ee				
line)		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOLLY BROOKS	40.00	Ē	-	i0	ž	Ξъ	F			
PRESIDENT	40.00	х		Х				00 026	0.	0
(2) RICK HEPPARD	2.00	^		^				98,836.	0.	0.
VICE PRESIDENT	2.00	х		v					0	0
		^		Х				0.	0.	0.
(3) ERIC MAYBACH	2.00	v								_
TREASURER	4 0 0	Х		Х				0.	0.	0.
(4) JOHN LESINSKI	4.00	v								
DIRECTOR		Х						0.	0.	0.
(5) STANLEY PARKES	2.00									
SECRETARY		Х						0.	0.	0.

332007 12-21-23Form990(2023) 7

art VII Sec	D23) HERO'S BR										)4 Page8	
( ^ )	ction A. Officers, Directors, Tru	stees, Key Em	ploy	yees	s, an	d H	igh	est (	Compensated Emplo	yeecontinued)		
(A)	(B) (C) (D) Name and title	Average hours per week	(do		Pos beck r	itio	one	Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
		(list any hours for related organizatio below line)	r director		Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation	
				$\vdash$								
				$\vdash$								
o Subtotal~		~~~				l	L	L	98,836.	0.	0.	
:Total-from-	continuation sheets to Part VI ines ᠡb and lc)								0. 98,836.	0. 0.	0.	
	umber of individuals (includi asation from the organizatio	-	mit	ed f	to t	hos	e lis	stec	d above) who receiv	ed more than \$100	0	
	organization list any officer f "Yes," complete Schedule J for su		~~~~	~~~~	~~~~		~~~	~~~	.~~~~3		No X	
line 1a? If For any and rela Did any rendere	individual listed on line 1a, i ated organizations greater th person listed on line 1a rece ed to the organization? If "Ye	s the sum of han \$150,000 eive or accrue	)? If e co	<sup>:</sup> "Ye omp	s," ( ens	con satio	nple on f	ete s ron	Schedule J for such n any unrelated org	individual~~~~~~	X	
line 1a? If For any and rela Did any rendere ection B Inc Comple	individual listed on line 1a, i ated organizations greater t person listed on line 1a rece	s the sum of han \$150,000 eive or accrue es," complete ghest compe	)? If e co e Scl	"Ye omp hed <del>ited</del>	es," o ens ule ind	con atio J fo	nple on f or su <del>end</del>	ete S From uch <del>ent</del>	Schedule J for such n any unrelated org person contractors that re	individual~~~~~~ anization or individ 5 ceived more than S	ual for services X \$100,000 of comp	
line 1a? If For any and rela Did any rendere ection B Inc Comple	individual listed on line 1a, i ated organizations greater th person listed on line 1a rece dot the organization? If "Ye dependent Contractors te this table for your five hig anization. Report compensa (A)	s the sum of han \$150,000 eive or accrue es," complete <del>ghest compe</del> tion for the c	)? If e co e Scl <del>msa</del> cale	<sup>=</sup> "Ye omp hed <del>ited</del>	es," o ens ule ind ir ye	con J fo lepo ear	nple on f or su <del>end</del> end	ete S From uch ent ling	Schedule J for such n any unrelated org person contractors that re	individual~~~~~~ anization or individ 5 ceived more than s organization's tax y	and for services and for services \$100,000 of comp year.	
line 1a? If For any and rela Did any rendere ection B Ino Comple the orga	individual listed on line 1a, i ated organizations greater th person listed on line 1a rece dot the organization? If "Ye dependent Contractors te this table for your five hig anization. Report compensa (A)	s the sum of han \$150,000 eive or accrue es," complete <del>ghest compe</del> tion for the c	)? If e co e Scl <del>msa</del> cale	<sup>=</sup> "Ye omp hed <del>ited</del>	es," o ens ule ind ir ye	con J fo lepo ear	nple on f or su <del>end</del> end	ete S From uch ent ling	Schedule J for such n any unrelated org person contractors that re with or within the	individual~~~~~~ anization or individ 5 ceived more than s organization's tax y	and for services and for services \$100,000 of comp year.	
line 1a? If For any and rela Did any rendere ection B Ino Comple the orga	individual listed on line 1a, i ated organizations greater th person listed on line 1a rece dot the organization? If "Ye dependent Contractors te this table for your five hig anization. Report compensa (A)	s the sum of han \$150,000 eive or accrue es," complete <del>ghest compe</del> tion for the c	)? If e co e Scl <del>msa</del> cale	<sup>=</sup> "Ye omp hed <del>ited</del>	es," o ens ule ind ir ye	con J fo lepo ear	nple on f or su <del>end</del> end	ete S From uch ent ling	Schedule J for such n any unrelated org person contractors that re with or within the	individual~~~~~~ anization or individ 5 ceived more than s organization's tax y	and for services and for services \$100,000 of comp year.	
line 1a? If For any and rela Did any rendere ection B Ino Comple the orga	individual listed on line 1a, i ated organizations greater th person listed on line 1a rece dot the organization? If "Ye dependent Contractors te this table for your five hig anization. Report compensa (A)	s the sum of han \$150,000 eive or accrue es," complete <del>ghest compe</del> tion for the c	)? If e co e Scl <del>msa</del> cale	<sup>=</sup> "Ye omp hed <del>ited</del>	es," o ens ule ind ir ye	con J fo lepo ear	nple on f or su <del>end</del> end	ete S From uch ent ling	Schedule J for such n any unrelated org person contractors that re with or within the	individual~~~~~~ anization or individ 5 ceived more than s organization's tax y	and for services and for services \$100,000 of comp year.	
line 1a? If For any and rela Did any rendere ection B Ino Comple the orga	individual listed on line 1a, i ated organizations greater th person listed on line 1a rece dot the organization? If "Ye dependent Contractors te this table for your five hig anization. Report compensa (A)	s the sum of han \$150,000 eive or accrue es," complete <del>ghest compe</del> tion for the c	)? If e co e Scl <del>msa</del> cale	<sup>=</sup> "Ye omp hed <del>ited</del>	es," o ens ule ind ir ye	con J fo lepo ear	nple on f or su <del>end</del> end	ete S From uch ent ling	Schedule J for such n any unrelated org person contractors that re with or within the	individual~~~~~~ anization or individ 5 ceived more than s organization's tax y	and for services and for services \$100,000 of comp year.	
line 1a? If For any and rela Did any rendere <u>Comple</u> the orga (B) (C)	individual listed on line 1a, i ated organizations greater th person listed on line 1a rece dot the organization? If "Ye dependent Contractors te this table for your five hig anization. Report compensa (A)	s the sum of han \$150,000 eive or accrue es," complete ghest compe tion for the c e and busin	0? If e co e Scl nes	g bu	as," ( pens ule ind ar ye dd	com satio J fo lepo sar res	imi	ete Strom ent ling	Schedule J for such n any unrelated org person contractors that re with or within the NEDescription o	individual anization or individ 5 ceived more than S organization's tax y f servicesComp	\$100,000 of complete year.	

# Form 990 (2023)Page**!9**ERO'S BRIDGE Part VIIISt<mark>a</mark>tement of Revenue

	Check if Schedule O conta (B) (C) (D)	ains a respons	se or note to any	ine in this Part	
Tota	tal revenueRelated or exemptUnrelated nction revenuebusiness revenue				Revenue from ta: sections 5
Contributions, Gifts, Grants and Other Similar Amounts	1 a       Federated campaigns~~~~la         b       Membership dues~~~~~lb         c       Fundraising events~~~~~lc         d       Related organizations~~~~ld         e       Government grants (contributions)]         f       All other contributions, gifts, grants, and similar amounts not included above~lf         g       Noncash contributions included in lines 1a-11	471,423.			
Coni	hTotal. Add times	la-1f	471,423.		
Program Service Revenue	2 a b c d e f gAdtøtter program service revenue~~	Business Code			
	3 Add lines 2	a-2f			
	<ul> <li>Investment income (including divide</li> <li>other similar amounts)~~~~~~</li> <li>Income from investment of tax-exer</li> <li>Royalties</li> </ul>	~~~~~	1,327.		1,
nue	b Gross rents~~~~6a c Less: rental expenses~6b d Rental income or (loss) 7 a Net rental income or (loss) Gross amount from sales of(i) Securities(ii) Other assets other than inventory7a Less: cost or other basis c and sales expenses~~~7b	eal(ii) Personal			
Other Revenue	including \$of contributions reported on line 1c). Se Part IV, line 18~~~~~~8a Less: direct expenses~~~~~8b Net income or (loss) from fundraisin	66,866. g events586.	31,280.		31,2
	9 a Part IV, line 19~~~~~~9a Less: direct expenses~~~~~9b	s. See	01,200,		
	<ul> <li>b Net income or (loss) from gaming ac</li> <li>c Gross sales of inventory, less returns</li> <li>10a and allowances~~~~~~10a</li> </ul>				
	Less: cost of goods sold~~~~~~10b b Net income or (loss) from sales of in c	ventory			
ŝ	11a	Business Code			
laneou enue	ange	-			
Miscellaneous Revenue	deAdtøtther revenue~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
	Total revenue. See instructions		504,030.	0.	0. 32,6

HERO'S BRIDGE

	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All other or	ganizations must complete	e column (A)	
0000	Check if Schedule O contains a r				
	ot include an Ounts reported on lines 6b,(A)(B)(C)	_			
7b, 8	b, 9b, and 10b of Part VIII expensesgeneral expensescepe	nses	bensesProgram servic	eManagement and F	undraising
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21 $~\sim$				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22~~~~~				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and	-			
	individuals. See Part IV, lines 15 and 16~~	~			
4	Benefits paid to or for members~~~~~				
5	Compensation of current officers, direct	ors,			
	trustees, and key employees~~~~~~	98,836.	79,068.	9,884.	9,884.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) ~~~~	22,500.	22,500.		
7	Other salaries and wages~~~~~~~~	300,104.	226,000.	51,066.	23,038.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits~~~~~~~				
10	Payroll taxes~~~~~~~~~~~~				
11	Fees for services (nonemployees):				
а	Management ~~~~~~~~~~~~~				
b					
С	Accounting ~~~~~~~~~~~~	6,900.		6,900.	
d	Lobbying ~~~~~~~~~~~~~	-,			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees~~~~~~				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	26,317.	20,483.	5,834.	
12	Advertising and promotion~~~~~~~	4,191.	705.	3,486.	
13	Office expenses~~~~~~~~~~~	26,798.	8,210.	18,588.	
14	Information technology~~~~~~~~	4,864.	2,432.	2,432.	
15	Royalties ~~~~~~~~~~~~~~~	.,	_,	_,	
16	Occupancy ~~~~~~~~~~~~	29,640.	2,854.	26,786.	
17	Travel ~~~~~~	19.537.	17,856.	1,681.	
18	Payments of travel or entertainment exp	enses			
	for any federal, state, or local public offic				
19	Conferences, conventions, and meetings	<u>4,273.</u>		4,273.	
20	Interest ~~~~~~~~~~~				
21	Payments to affiliates~~~~~~~~				
22	Depreciation, depletion, and amortizatio	7.007.			
23	Insurance ~~~~~~~~~~~~~~	4,313.	7,069.		
24				4,313.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount list line 24e expenses on Schedule Q.				
	amount, list line 24e expenses on Schedule O.) TAXES & LICENSES	35,318.	3,570.	31,748.	
a	MEALS AND ENTERTAINMENT	6,160.	4,883.	1,277.	
b	PRINTING & PUBLICATIONS	5,834.	4,005.	5,834.	
c d	GIFTS AND CONTRIBUTIONS	5,114.	1,319.	3,795.	
d		2,333.	±,•±/.	418.	1 015
е 25	All other expenses	<u> </u>	396,949.	<del>178,315.</del>	1,915. 34,837.
25 26	Total functional expenses. Add lines 1 through 24e			-,	54,057.
20	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	59.720)			
_	Check here if following SOP 98-2 (ASC 9	50-720)			

332010 12-21-23Form990(2023) 10 11450312 781948 1903151 2023.03000 HERO'S BRIDGE 19031511

		(2023)Page HERO'S BRIDGE		**_*	**7604 1
art	: хВа	lance Sheet Check if Schedule O contains a response or note to a	any line in this D	ort V	
) (E	3)				
gi	nnin	g of yearEnd of year			
	1	Cash - non-interest-bearing	224,933.	1	94,446.
	2	Savings and temporary cash investments~~~~~~~~~~~~~~~~~		2	39,966.
	3	Pledges and grants receivable, net~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		3	
	4	Accounts receivable, net~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		4	
	5	Loans and other receivables from any current or former officer, dire	ctor,		
		trustee, key employee, creator or founder, substantial contributor, o	r 35%		
		controlled entity or family member of any of these persons~~~~~~	~	5	
	6	Loans and other receivables from other disqualified persons (as def	ned	5	
	0	under section 4958(f)(1)), and persons described in section 4958(c)(3	)(B)~~	6	
	7	Notes and loans receivable, net~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		7	
CIDCCH	8	Inventories for sale or use~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		8	
60	9	Prepaid expenses and deferred charges		9	
`	10a	Land, buildings, and equipment: cost or other			
	iou	basis. Complete Part VI of Schedule D~~~10a49,485.			
	b	Less: accumulated depreciation <u>~~~</u> ~10b26,208.	30,346.		23,277
	11	Investments - publicly traded securities	30,346.	10c	23,277
	12	Investments - other securities. See Part IV, line 11~~~~~~~~~		11	
	13	Investments - program-related. See Part IV, line 11~~~~~~~~		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 1]~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		14	
	16Tc	Add lines 1 through 15 (must equal line 33)		15	
	18	Accounts payable and accrued expenses~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	255,279.	16	157,689
	19	Grants payable		17 18	
	20	Deferred revenue		10 19	
	21	Tax-exempt bond liabilities		20	
	22	Escrow or custodial account liability. Complete Part IV of Schedule	)~~~~	20	
		Loans and other payables to any current or former officer, director,	750/	21	
。		trustee, key employee, creator or founder, substantial contributor, or			
		controlled entity or family member of any of these persons~~~~~ Secured mortgages and notes payable to unrelated third parties~~~	~		
		Unsecured notes and loans payable to unrelated third parties		22	
č	23	Other liabilities (including federal income tax, payables to related the		23	
	2	parties, and other liabilities not included on lines 17-24). Complete P		2	
	4	of Schedule Danage and a second s		4	
	25	Add lines 17 through 25			
		X	0.	25	8,60
	26	Total liabilities.	0.	2	8,60
		Organizations that follow FASB ASC 958, check		6	
ß		here and complete lines 27, 28, 32, and 33.			
וו	2	Net assets without donor restrictions~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	238,504.	2	144,17
	7	assets with donor restrictions	16,775.	7	4,91
2	2	Organizations that do not follow FASB ASC 958, check		2	
	8	here and complete lines 29 through 33.		8	
5	2	Capital stock or trust principal, or current funds~~~~~~~~~~~		2	
Net Assets of Fully Datalices	2 9	Paid-in or capital surplus, or land, building, or equipment		2	
	3	fund~~~~~~ Retained earnings, endowment, accumulated		3	
	0	income, or other funds~~~~ Total net assets or fund	255,279.	0	149,088
ž	31	balances~~~~~~~~ Total liabilities and net	255,279.	31	157,689
	32	assets/fund balances	200,217.	32	
	22			33	Form <b>990</b> (20

## Form 990 (2023) HERO'S BRIDGE\*\*-\*\*\*7604 Page 12

## Part XIReconciliation of Net Assets

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

1Total revenue (must equal Part VIII, column (A), line 12)~~~~~~~~~~~	.~~~~~~~	~~~~1504	4,030.	
2Total expenses (must equal Part IX, column (A), line 25)~~~~~~~~~~~	·~~~~~~~	~~~~26	<del>10,101</del> .	
3Revenue less expenses. Subtract line 2 from line 1~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			<del>6,071.</del>	
4Net assets or fund balances at beginning of year (must equal Part X, line 32, colu 5Net unrealized gains (losses) on investments~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			<del>~4255</del> ,25 <del>5-120.</del>	79.
6Donated services and use of facilities				
7Investment expenses~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
8Prior period adjustments~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
90ther changes in net assets or fund balances (explain on Schedule O)			<del>90.</del>	
10Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))		10149	9,088.	
Part XIIFinancial Statements and Reporting			,	
Check if Schedule O contains a response or note to any line in this	Part XII			
Yes No			1	
1Accounting method used to prepare the Form 990: XCash Accrual Other If the organization changed its method of accounting from a prior year or checked "Oth <del>or," explain o</del> 2aWere the organization's financial statements compiled or reviewed by an indep	pendent a	c <mark>counta</mark>	nt?~~~~~	~~~~
If "Yes," check a box below to indicate whether the financial statements for the year were compiled o separate basis, consolidated basis, or both: XSeparate basis Consolidated basis Both consolidated and separate basis bWere the organization's financial statements audited by an independent account	ntant?~~~	~~~~~~	~~~~~~~	~~2k
If "Yes," check a box below to indicate whether the financial statements for the year were audited on consolidated basis, or both:	a separate b	)a <u>sis</u> ,		
Separate basis Consolidated basis Both consolidated and separate basis				
clf "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
review, or compilation of its financial statements and selection of an independent	t accounta	ant?~~~~	~~~~~~	~~~~
If the organization changed either its oversight process or selection process during the tax year, expl	ain on Schec	dule O.		
3aAs a result of a federal award, was the organization required to undergo an audit or audits as set for Uniform Guidance, 2 C.F.R. Part 200, Subpart F?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		iax —		
blf "Yes," did the organization undergo the required audit or audits? If the organization did not under or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3		ired audit		
	For	rm 990 (	(2023)	

SCHEDULE A (Form 990)			rity Status an					OMB No. 1545-0047	,
Department of the Treasury Internal Revenue Service	At	tach to Form 990 or	947(a)(1) nonexempt cha Form 990-EZ. /Form990 for instruction			mation.	Open to P Inspectior		
Name of the organization		)'S BRIDGE	,				Employer	identification numb * - * * * 7 6 0 4	ber
Part IReason for			All organizations	must c	omplet	e this pa			
The organization is n			-		-	-			
1 A church, conve 2 A school descri 3 A hospital or a 6 4 A medical rese city, and state:	ention of c bed in sec cooperation	churches, or as ction 170(b)(1)( ve hospital ser	ssociation of chu A)(ii). (Attach Sch vice organization	rches d nedule n descr	escribe E (Forn ibed in	ed in sect n 990).) section 1	ion 170( 70(b)(1)(	(A)(iii).	5)(1)(A)(iii).
5 An organization	n operate	d for the bene	fit of a college or	univer	sitv ow	ned or or	perated	by a governr	nental unit
section 170(b)(1)(A)(iv). 6 A federal, state 7 XAn organizatio	(Complete Pai , or local g	rt II.) government ol	r governmental u	unit des	cribed	in sectio	n 170(b)	(1)(A)(∨).	
section 170(b)(1)(A)(vi).									
8 A community t 9 An agricultural or university or a non	research	organization	described in sect	ion 170	(b)(1)(A	)(ix) oper			with a land
university: 10 An organizat <del>ic</del>	<del>n that no</del>	mally receive	es (1) more than 3	<del>3 1/3% (</del>	of its su	pport fro	<del>m conti</del>	ributions, me	mbership
activities related to it income and unrelate See section 509(a)(2). 11 An organizatio	s exempt fu d business t . (Complete	nctions, subject t axable income (le Part III.)	o certain exceptions; ess section 511 tax) fro	and (2) r m busine	io more t esses acq	han 33 1/39 Juired by th	6 of its sup 1e organiza	port from gross ation after June	investment 30, 1975.
12 An organizatio									
more publicly suppor lines 12a through 12d a Type I. A suppo	rted organiz that descrik	ations described bes the type of su	in section 509(a)(1) or pporting organization	section n and cor	509(a)(2). mplete lii	See sectio nes 12e, 12f,	n 509(a)(3 and 12g.	). Check the box	on
			larly appoint or elect						
organization. You must c b Type II. A suppo	omplete Part I	IV, Sections A and B.		-	-				-
control or manageme									12011(3), 1
organization(s). You mus c Type III function	t complete Pa	rt IV, Sections A and	С.						onally inte
its supported organiz									
d Type III non-fui	nctionally	integrated. A	supporting orga	nizatio	n opera	ted in co	nnectio	n with its sup	oported org
that is not functional	ly integrated	d. The organizatio	on generally must sat	isfy a dist	ribution	requireme	nt and an	attentiveness	
requirement (see instruc e Check this box					ation fr	rom the I	RS that	it is a Type I,	Туре II, Тур
functionally integrate	ed, or Type I	II non-functionally	y integrated supporti	ing orgar	nization.				
fEnter the number of					~~~~~~				
gProvide the followin	ng informati	on about the sup	ported organization(s	5).					
(i) Name of suppo organization	orted	(ii) EIN	(iii)Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v)Amount or support (see i		(vi)Amount of oth support (see instruct	
			above (see instructions))	Yes	No				
		1	1	1					

## Schedule A (Form 990) 2023Page 2HERO'S BRIDGE

## Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)(a) 2	019(b) 2020(c) 2021	(d) 2022(e) 2023(f	Total			
1	Gifts, grants, contributions, and						
	membership fees received. (Do						
	include any "unusual grants.")~~		220,550.2	79,983.48	0,026.471	,423.1567	133.
2	Tax revenues levied for the orga						
	ization's benefit and either paid	to					
	or expended on its behalf~~~~						
3	The value of services or facilities						
	furnished by a governmental ur						
	the organization without charge						
4	Add lines 1 through 3~~~ Total. The portion of total contribution	115,151.	220,550.2	79,983.48	0,026.471	,423.1567	133.
5	by each person (other than a	5					
	governmental unit or publicly						
	supported organization) include	d					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)~~~~~~~~						
							1567133.
	tion B. Total Support. Subtract line 5 from line 4.						100/100.
					010(b) 2020(a) 5		007(f) Tatal
	ndar year (or fiscal year beginning in) Amounts from line 4~~~~~~	115,151.	<u>220,550.2</u>	<u>79,983.(4)</u> 8	1919002 602 4(9) <u>1</u>	0 <u>2</u> 16032022(9)3	
7	Gross income from interest.						
ð	dividends, payments received o						
	securities loans, rents, royalties,						
	and income from similar		.1,327.				1,367.
9	Net income from unrelated bus	ness					1,307.
9	activities, whether or not the						
	business is regularly carried on-						
	Other income. Do not include g						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	~~~~9,154.9,8	32.5,960.22,5	61.		31 28	0.78,787.
447	Add lines 7 through 10 otal support, 12					51,20	1647287.
120	Gross receipts from related activity of the second	v <del>ities, etc. (see ir</del>	structions)~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~12		10172071
тэг	If the Form 990 is for the organi	zation's first, sec	cond, third, four	th, or fifth tax ye	ear as a section	501(c)(3)	
	organization, check this box and	b					
	here	Sunnort Par		1. 22 1	(0)	2.4	
<u>3ec</u> 14	<mark>ம்லுடு திரைமுர்கர்கொகி உருந்</mark> Public support percentage from					~14	95.13 <sub>%</sub>
15	If the organization did not chec					y and	95.86 %
	33 1/3% support test - 2023 The organization qualifies as a p						X
stop	here fi the organization did not chec	k a box on line 1	a or 16a and line	15 is 33 1/3% or	more check thi	is hox	X
b33	and The organization qualifies a	s a publicly sup	ported organiza	tion~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~	
stop	here.	k a box on line 1	3, 16a, or 16b, an	d line 14 is 10% o	or more.		
17a	) here If the organization did not chec 10% -facts-and-circumstances test - 7 and if the organization meets th	2023. The facts-and-circ	cumstances test	, check this box	and stop here.	Explain in Part V	/I how the organizatio
	meets the facts-and-circumstar	nces test. The or	ganization qual	ifies as a publicl	y supported ord	anization~~~~~	
	If the organization did not chec	k a box on line 13	3, 16a, 16b, or 17a	a, and line 15 is 1	0% or		
b	୲୦୦%୮4a୧t9ରାର୍ମିଧ <sup>t</sup> ଚାନ୍ଦେଶନଙ୍କରା ୧୧୫ ଜେ୨						
	organization meets the facts-an		-				
	If the organizatio	n did not check	a box on line 13	, 16a, 16b, 17a, or	17b, check this	box and see inst	ructions
4 0 5	winete formalation						

18Private foundation

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023Page 3HERO'S BRIDGE
---

## Part IIISupport 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)(a) 2	019(b) 2020(c) 2021	(d) 2022(e) 2023(f	Total			
1	Gifts, grants, contributions, and						
	membership fees received. (Do	not					
	include any "unusual grants.")~~						
2	Gross receipts from admissions,						
2	merchandise sold or services pe						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purp						
3	Gross receipts from activities the						
5	are not an unrelated trade or bu						
	iness under section 513~~~~						
	Tax revenues levied for the orga	n-			-		
4	ization's benefit and either paid						
	or expended on its behalf~~~~						
	The value of services or facilities						
5	furnished by a governmental ur						
	the organization without charge						
	Add lines 1 through 5~~~						
6	Total. Amounts included on lines 1, 2, a	nd					
7a	3 received from disqualified per	sons					
	s received normalsquarmed per						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year ~~~~~						
с	Add lines 7a and 7b~~~~~~						
8P	ublic support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6~~~~~				(0)		
	Gross income from interest,						
	dividends, payments received on securities loans, rents,						
					-		
b	royalties, Intelated husiness taxable income and income from similar SREHS Section 511 taxes) from businesses						
a	cquired after June 30, 1975						
	Add lines 10a and 10b~~~~~						
-	Net income from unrelated bus	iness			1		<b></b>
	activities not included on line 10						
	whether or not the business is regularly carried on~~~~~~						
10	Other income. Do not include g	ain					
12	or loss from the sale of capital						
13T	assets (Explain in Part VI.)~~~~						
	ist for the organi	zation's first ser	cond third four	th or fifth tay w	ear as a section	501(c)(3) organiz	ation
	check this box and	241011311131, 360					acion,
		a Cummant Di					
<u>&gt;ec</u>	tion C. Computation of Publi Public support percentage for 2	C Support Pero	centage mn (f), divided b	ov line 13 colum	n (f))~~~~~~~~	~15	
	Public support percentage for 2						%
16 <del>560</del>	tion D. Computation of Invest	tment Income	Percentage	5 10			%
17	Investment income percentage			vided by line 13	, column (f))~~~~	~~~~17	<b>^</b> /
10	Investment income percentage	from 2022 Sche	dule A, Part III, I	line 17~~~~~~	~~~~~18		%
10~	If the organization did not check 33 1/3% support tests - 2023.	k the box on line	e 14, and line 15 i	is more than 33	1/3%, and line 17	is not	%
тая	more than 33 1/3%, check this bo	ox and stop here	e. The organizati	on qualifies as	a publicly suppo	rted organizatio	)n~~~~~~~~
	If the organization did not check b33 1/3% support tests - 2022.	k a box on line 14	4 or line 19a, and	d line 16 is more	e than 33 1/3%, ar	nd	
200	line 18 is not more than 33 1/3%, rivate foundation.	check this box a zation did not ch					
201							

332023 12-21-23Schedule A (Form 990) 2023 15 11450312 781948 1903151 2023.03000 HERO'S BRIDGE 19031511

## Part IVSupporting 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 Are all of the organization's supported organizations listed by name in the organization's governing 1 фማለውን የውስት የመስለ የመስለ የመስለ የሚያስት የ በ Part VI how the supported organizations are designated. If designated by 1 class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain inPart VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer Зa Ra lines 3b and 3c below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and h setistic decoubling support tests under over tion 509(a)(2)? organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) с Bull Yesses plain in Part VI what controls the organization put in place to ensure such use. Зc ₩as any supported organization not organized in the United States ("foreign supported organization")? 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supposted and discretion had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under 4b JECHORS 500(a)(3) Hadt 509(a)(1) cont(2) to the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 4c answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN 5a 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). 5a bTwee any attree bost bost but supported organization part of a class already 5 designated in the organization's organizing document? b cSwbstitutionStruction the result of an event beyond the organization's control? 5c 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 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 7 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? 8 If "Yes," complete Part I of Schedule L (Form 990). <sup>9a</sup> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b 9b the supporting organization had an interest? If "Yes," provide detail in Part VI. <sup>c</sup> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit 97 from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer line 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.)

10b

332024 12-21-23

Sche	dule A (Form 990) 2023 HERO'S BRIDGE	**-***7604	Pa	age 5
	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a	1	
b	A family member of a person described on line 11a above?	11		
	A 250 controlled entity of a person described on line 11a or 11b above?	b		
	detail in Part VI.			
Sect	ion B. Type I Supporting Organizations	11c		
<u> </u>			Yes	No
4			Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership o more supported organizations have the power to regularly appoint or elect at least a majority of the organization's	f one or		
	tinde supported organizations have the power to regularly appoint or elect at least a majority of the organization's	Jincers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup	ported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations	ı		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe inPart VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Cost		I		
Seci	ion 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	increase at puting the treation's			
	supported organizations played in this regard.3			
Sect	ion E. Type III Functionally Integrated Supporting Organizations	I	1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions)		
•	FRENgenigen in the Activities Test.			
a h	FRE organization satisfied the Activities rest.			
b		ntity (see instructior	າຣ).	
C	The organization supported a governmental entity. Describe in Part VI now you supported a governmental entity.	, , , , , , , , , , , , , , , , , , , ,		·
			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive?			
tho	sacwanosted លោនesidationsfandcreaterier exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Paerreasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	1	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details inPart VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	50		
	of its supported organizations? If "Yes," describe inPart VI the role played by the organization in this regard.	3b		
_		Schedule A (Forr	n 990)	2023
12-21-23			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2023

HERO'S BRIDGE

\*\*-\*\*\*7604

<sup>332025</sub> 17</sup> 11450312 781948 1903151 2023.03000 HERO'S BRIDGE 19031511

	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	Part VI <sup>).</sup> See instruction
1)_P:	해 X <sup>e</sup> ¾djusted Net Income			(B) Current Year
ectr	off A * Adjusted Net Income			(optional)
	Net short-term capital gain	1		
)	Recoveries of prior-year distributions	2		
8	Other gross income (see instructions)	3		
	Add lines 1 through 3.	4		
)	Depreciation and depletion	5		
)	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		
,	Other expenses (see instructions)	7		
Adiu	<del>(subtract lines 5, 6, and 7 from line 4)</del> usted Net Income	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
			(A) FIIOI Teal	(optional)
I	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
3	Average monthly value of securities	1a		
)	Average monthly cash balances	1		
	Fair market value of other non-exempt-use assets	b		
	add lines 1a, 1b, and 1c)	1c		
e Dis	Celanned for blockage or other factors	1		
	(explain in detail inPart VI	d		
<u></u>	Acquisition indebtedness applicable to non-exempt-use assets	2		
}	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
/ 	Recoveries of prior-year distributions	7		
		8		
ecti	on C - Distributable Amount			
				Current Year
2	Adjusted net income for prior year (from Section A, line 8, column A)1			
3	Enter 0.85 of line 1.2			
ļ	Minimum asset amount for prior year (from Section B, line 8, column A)3			
)	Enter greater of line 2 or line 3.4			
Dist	Tibutable Amount. Income tax imposed in prior year5			
	Subtract line 5 from line 4, unless subject to			
7	emergency temporary reduction (see instructions).6			
	Check here if the current year is the organization's first as a non-functionally integ	irated Type	III supporting organizatio	

HERO'S BRIDGE

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

\*\*-\*\*\*7604

Page 6

Pai	rt v   Type III Non-Functionally Integrated 509(	a)(3) Supporting Organ	lizations (continu	ied)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose		3		
4	Amounts paid to acquire exempt-use assets			4	
5		vide detaile in Part VI)		5	
	Gdescribe inPart VI	ovide details inPart VI)		6	
<del>7Tot</del>	Qualified set-aside amounts (prior IRS approval required - pro odescribe inPart VI Other distributions (), See instructions.			7	
8	Add lines 1 through 6.			-	
provi 9	Distributions to attentive supported organizations to which t de details inPart VI (). See instructions.	he organization is responsive		8 9	
10	Distributable amount for 2023 from Section C, line 6			10	
	Line 8 amount divided by line 9 amount		(ii)		
Secti	om E - Distribution Allocations		Underdistributio	าร	(iii)
5000	(see instructions)Excess Distributions		Pre-2023		Distributable
1					Amount for 2023
2	Distributable amount for 2023 from Section C, line 6				
	Underdistributions, if any fairy and the section C, the s			_	-
3					
a	able cause required - ). See instructions.				
a b	Excess distributions carryover, if any, to 2023	-			
	From 2018				
c d	From 2019				
	From 2020				
e fTati	From 2021				
<del>110ta</del>	al From 2022				
g	of lines 3a through 3e				
h :	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
4	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2023 from Section D,				
a	line 7:\$				
b	Applied to underdistributions of prior years				
<u>с</u>	Applied to 2023 distributable amount				
5	Remainder. Subtract lines 4a and 4b from line 4.				
•					
6	any. Subtract lines 3g and 4a from line 2. For result greater than zero, See instructions.				
	Remaining underdistributions for 2023. Subtract lines 3h				
	-				
	and 4b from line 1. For result greater than zero, explain in				
Pai	. See instructions.				
75	rt Add lines 3j kcess distributions carryover to 2024.				
/ []					
8	Breakdown of line 7:				
	Excess from 2019				
a	Excess from 2020				
b	Excess from 2021				
C	Excess from 2022				
a	Excess from 2023				
e					

Schedule A (Form 990) 2023

Part VIS pplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

(Form 990)

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

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

Inspectio Employer identification number \*\*-\*\*\*7604

Open to Fublic

OMB No. 1545-0047 3

Department of the Treasury						
Internal Revenue Service						

Name of the organization	Employer identificat
HERO'S BRIDGE	**-***76
Part IOrganizations Maintaining Donor Advised Funds or Other Similar Funds or Account	s. Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.	

(a) Donor advised funds(b) Funds and other accounts		
1Total number at end of year~~~~~~~~~~		
2Aggregate value of contributions to (during year)~~~~		
3Aggregate value of grants from (during year)~~~~~		
4Aggregate value at end of year~~~~~~~		
5Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised fund	s
are the organization's property, subject to the organiza		
6Did the organization inform all grantees, donors, and donor advisors		
for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose conferrin	g
impermissible private benefit?	fes	No
Part IIConservation Easements. Complete if the organi	zation answered "Yes" on Form 99	90, Part IV, line 7.
1Purpose(s) of conservation easements held by the organization (che	eck all that apply).	
Preservation of land for public use (for example, recrea	ation or education) Preservation of	f a historically important land area
Protection of natural habitat Preservation of a certified	historic structure	
Preservation of open space		
2Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
day of the tax year.		
aTotal number of conservation easements~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Held at the End of the Tax Year
bTotal acreage restricted by conservation easements~~~~~~~~	~~~~2b	
cNumber of conservation easements on a certified historic structure	included on line 2a~~~~~~2c	
dNumber of conservation easements included on line 2c acquired af	ter July 25, 2006, and not	
on a historic structure listed in the National Register~~~~~~~	~~~~2d	
3Number of conservation easements modified, transferred, released	d, extinguished, or terminated by the organ	ization during the tax
year		
4Number of states where property subject to conservation easement	t is located	
5Does the organization have a written policy regarding the periodic n		
violations, and enforcement of the conserv	vation easements it holds?~~~~~	Yes
6Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conser	vation easements during the year No
7Amount of expenses incurred in monitoring, inspecting, handling of	f violations, and enforcing conservation eas	sements during the year
		(1)
8Does each conservation easement reported on line 2d above satisfy		
	~~~~~~	
9In Part XIII, describe how the organization reports conservation ea		
balance sheet, and include, if applicable, the text of the footnote to t	he organization's financial statements that	describes the
organization's accounting for conservation easements.		
Part IIIOrganizations Maintaining Collections of Art,		milar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, li		
1aIf the organization elected, as permitted under FASB ASC 958, not		
of art, historical treasures, or other similar assets held for public exhi		ce of public
service, provide in Part XIII the text of the footnote to its financial sta		
bIf the organization elected, as permitted under FASB ASC 958, to re	•	
art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtherance	of public service,
provide the following amounts relating to these items.	-	
(i)Revenue included on Form 990, Part VIII, line 1~~~~~~		
(ii)Assets included in Form 990, Part X~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
2If the organization received or held works of art, historical treasures	_	proviae
the following amounts required to be reported under FASB ASC 958	-	
aRevenue included on Form 990, Part VIII, line 1~~~~~~	~~~~~\$	
bAssets included in Form 990, Part X \$ LHAFor Paperwork Reduction Act Notice, see the Instructions for	Form 990	
EITALOT ADELWOLK REQUCTION ACTIVOTE, SEE THE INSTRUCTIONS TO	10111 330.	

Schedule D (Form 990) 2023	DGE		**_*	**7604
Part IIIO ganizations Maintaining Collection		l Treasures, or Oth	ner Similar Assets (c	ontinued)
3Using the organization's acquisition, accession, and ot collection items (check all that apply).	her records, check any of	the following that make	e significant use of its	
a Public exhibitiond Loan or exchange progra	am			
b Scholarly researche Other				
c Preservation for future generations				
4Provide a description of the organization's collections	and explain how they fur	ther the organization's e	xempt purpose in Part XII	I.
5During the year, did the organization solicit or receive		-		
to be sold to raise funds rather tha				Yes
Part IVEscrow and Custodial Arrangements reported an amount on Form 990, Part X, line 21.				INO
Ials the organization an agent, trustee, custodian, or ot	ther intermediary for cont	ributions or other assets	s not included	
on Form 990, Part X?~~~~				
bIf "Yes," explain the arrangement in Part XIII and com				No No
Amount	ipiere ine lollowing lable.		· · · · · ·	
cBeginning balance	10			
dAdditions during the year~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
eDistributions during the year~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
fEnding balance		TĈ		
2aDid the organization include an amount or		ing 21 for ascrowic	or custodial account l	iability2 Vac No
bIf "Yes," explain the arrangement in Part XI				
Part VEndowment Funds Complete if the org				(111
(a) Current year(b) Prior year(c) Two years back(d) Three years			, ,	
1aBeginning of year balance~~~~~	,,,,,,			
b Contributions ~~~~~~~~~~				
cNet investment earnings, gains, and losses				
dGrants or scholarships~~~~~~				
eOther expenditures for facilities				
and programs~~~~~~~				
fAdministrative expenses~~~~~				
gEnd of year balance~~~~~~				
2Provide the estimated percentage of the current year	and balance (line 1 d. colu	(a)) hold act		
aBoard designated or quasi-endowment%	enu balance (line 12, colu	(d)) Heluas.		
bPermanent endowment%				
cTerm endowment%				
The percentages on lines 2a, 2b, and 2c should equal 1	00%			
3aAre there endowment funds not in the possession of		held and administered f	or the	
Sacre mere endowment funds not in the possession of	organization		or the	
(i)Unrelated organizations?~~~~~~~~~~	-			No
(ii)Related organizations?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
bIf "Yes" on line 3a(ii), are the related organizations list			3h	
4Describe in Part XIII the intended uses of the organization			0.0	
Part VILand, Buildings, and Equipment				
Complete if the organization answered "Yes" on Form 9	90. Part IV. line 11a. See	Form 990. Part X. line 1	0.	
Description of property(a) Cost or other(b) Cost or other				
basis (investment)basis (other)depreciation		value		
1a Land ~~~~~~~~~~~~~~~~~				
b Buildings ~~~~~~~~~~~				
0				
cLeasehold improvements~~~~~~~	d Fau	ipment	49 48	<del>5. 26,208. 23,277.</del>
e Other			-,+0	0,200. 20,277.
Total. Add lines 1a through 1e. (Column (d) m	ust equal Form 990	Part X line 10c col	umn (B)) 23,2	77
			23,2	

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 바ャ 문양'S BRID	GE		**-***7604
Part VIIInvestments - Other Securities			
Complete if the organization answered "Yes" on Form 99	0, Part IV, line 11b. See F	orm 990, Part X, line 12.	
(a) Description of security or category (including name of securi			et value
(1)Financial derivatives~~~~~~~~~~~			
(2)Closely held equity interests~~~~~~~~			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIIIInvestments - Program Related.			
Complete if the organization answered "Yes" on Form 99	0. Part IV. line 11c. See F	orm 990. Part X. line 13.	
(a) Description of investment(b) Book value(c) Method of			
(1			
)			
(2			
)			
(3			
(4			
Totak (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IXQ ther Assets			
Complete if the organization answered "Yes	s" on Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 1	.5.
(a) Description			(b) Book value
(&)			
)(2)			
(G)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
<del>(9)</del>			
Total.			
(Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Paottxer Liabilities	000 D. I. D. I. S. 44	446 C E 000 B	
Complete if the organization answered "Yes" on Form	1990, Part IV, line 11e or		
1.		(a) Desci	ription of liability(b) Book value
(1)Federal income taxes			
(2)PAYROLL LIABILITIES			8,601.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(Column (b) must equal Form 990, Part X, line 25, col. Total.	(B))		8,601.
2. Liability for uncertain tax positions. In Part XIII, provi	<del>de the text of the footnot</del>	e to the organization's financial state	ements that reports the
organization's liability for uncertain tax positions under	er FASB ASC 740. Check	here if the text of the footnote has be	een provided in Part XIII

Schedule D (Form 990) 2ዕጀምወሬ ዓቆዋIDGE	**-***7604
Part XIReconciliation of Revenue per Audited Financial Statements With Revenue per Retur	n
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1Total revenue, gains, and other support per audited financial statements~~~~~~~~~~~~1	
2Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
aNet unrealized gains (losses) on investments~~~~~~~~~~2a	
bDonated services and use of facilities~~~~~~2b	
cRecoveries of prior year grants~~~~~~~~2c	
dOther (Describe in Part XIII.)~~~~~~~2d	
eAdd lines 2a through 2d~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
3Subtract line 2e from line 1~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
4Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
alnvestment expenses not included on Form 990, Part VIII, line 7b~~~~~~4a	
bOther (Describe in Part XIII.)~~~~~~~4b	4
cAdd lines 4a and 4b	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Part XIIReconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn I
<del>Complete l</del> if the organization answered "Yes" on Form 990, Part IV, line 12a.	
ITotal expenses and losses per audited financial statements	
2Amounts included on line 1 but not on Form 990, Part IX, line 25:	
aDonated services and use of facilities~~~~~~~~~~~~~~~~~~2a	
bPrior year adjustments~~~~~~~~~~2b	-
cOther losses~~~~~~2c	-
dOther (Describe in Part XIII.)~~~~~~~2d	-
eAdd lines 2a through 2d~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
3Subtract line 2e from line 1~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
4Amounts included on Form 990, Part IX, line 25, but not on line 1:	
alnvestment expenses not included on Form 990, Part VIII, line 7b~~~~~~4a	
bOther (Describe in Part XIII.)~~~~~~~~4b	-
cAdd lines 4a and 4b~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
5Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIIISupplemental 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; Par lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Suppleme	ntal Information Regardir	ng Fun	drais	ing or Gaming A	ctivities	OMB No. 1545-0047	
(Form 990)	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.							
Department of the Treasury Internal Revenue Service		Attach to Form 990 or Form 990-EZ.Open to Public Go towww.irs.gov/Form990 for instructions and the latest information.Inspection						
Name of the organiz							er identification number	
	HERO'S B		·			**-**5		
required to com		implete if the organizat	lon ar	ารพั	ered "Yes" on F	orm 990, F	Part IV, line 17. Form 990	
1 Indicate whether aMail solicitation bInternet and cPhone solicitid dIn-person solicitid 2aDid the organization key employed bIf "Yes," list the 1 compensated at	r the organizati ionse Solicita email solicita ationsg Spec ation have a writes listed in F 0 highest paid i least \$5,000 by nt paid	ndividuals or entities (fundra / the organization.	nt gra overn any ind itity ir isers) p	nts men ividua i con oursua	It grants al (including office nection with p ant to agreements	ers, directors, professiona	trustees, or al fundraising services?	
(in a me and addre (i)) Activityto (or or entity (fundra contributions?lis	retained by An Iser)or control o sted in col. orga	fundraiser(iv) Gross receipts ount baidhave custody f activityfundraiserto (or ret nization(i)	aired b	y)fror	n			
			Yes	No				
			_					
			_					
Total								
3 List all states in a or licensing.	which the orgar	nization is registered or licen	sed to s	solicit	contributions or	nas been not	ified it is exempt from registr	

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

Revenue:	ent type)(event type)(total number)		eipts~~~~~~
2Le	ss: Contributions~~~~~~~~	3Gross income	e (line 1 minus
4Ca	ash prizes~~~~~~~		
5N0	ncash prizes~~~~~~~		
ses Ses	nt/facility costs		

Schedule G (Form 990) 2023Page HERO'S BRIDGE

UR A PINTTURKEY TROT8(add col.	(a) through			
(c)) ent type)(event type)(total number)				
	1Gross rec	eipts~~~~~~~~	~~~16,438.15,36	5.35
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Part IIF undraising Events.Complete i	f the organizatio	n answered "Yes	" on Form 990, P	art IV, line 18, or report
of fundraising event contributions and gross i	ncome on Form 990-	EZ, lines 1 and 6b. Lis	t events with gross r	eceipts greater than \$5,000
(a) Event #1(b) Event #2(c) Other events (d) Total events				

ΡO	UR A PINTTURKEY TROT8(add col.	(a) through			
col (ew	. (c)) ent type)(event type)(total number)				
Revenue			eipts~~~~~~~~	~~~16,438.15,36	5.35,063.66,866.
2Le	ss: Contributions~~~~~~~~				
		3Gross incom	e (line 1 minus lir	e 2) 16,438.15,3	5.35,063.66,866.
4Ca	sh prizes~~~~~~~				
5N	ncash prizes~~~~~~				
endes endes	nt/facility costs~~~~~~~~				
7 代	od and beverages~~~~~~~				
e Pi 8	ntertainment ~~~~~~~~~~			C Q ( F 1 F Q	(0.1,(.007.75.50.6
	10Direct expense summary. Add lin 11Net income sum rt IIIGaming.Complete if the organ	<del>ies 4 through 9 i</del> marv. Subtract li	h column (d) ne 10 from line 3	i. column (d)	<del>48.14,293.35,586.</del> 
	<del>,000 o</del> h Form 990-EZ, line 6a.			550, i are i , inie	
<del>(b) [</del> (a)	<del>ull tabs/instant(d) Total gaming (add</del> Bingo(c) Other gaming			bingo/progressive b	ingocol. (a) through col. (c))
an 101 101	oss revenue				
2Ca	sh prizes~~~~~~~				
2 Specifices	ncash prizes~~~~~~				
	ent/facility costs~~~~~~~~				
	ther direct expenses				
	<del>es % Yes % Yes %</del> plunteer labor~~~~~~~~~ No N	o No			
7Di	rect expense summary. Add lines 2 through	1 5 in column (d)~~~	•	~~~~	
8N	et gaming income summary. Subtract line 7	7 from line 1, column	(d)		
	the state(s) in which the organization c			h	<u> </u>

als the organization licensed to conduct gaming act<del>ivities in</del> ≚~~ Yes blf "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax Yes No b year?~~~~~~ If "Yes," explain:

332082 09-13-23

Schedule G (Form 990) 2023

\*\*-\*\*\*7604

Schedule G (Form 990) 2023 HEF	O'S BRIDGE	**-***7604	Page3
11Does the organization conduct gami	ng activities with nonmembers?~~~	~~~~~ Yes	
		er of a partnership or other entity formed	
o administer charitable gaming?~~~~		Yes	s No
3Indicate the percentage of gaming a aThe organization's facil	ity~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~   13a	%
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		%
4Enter the name and address of the p	erson who prepares the organizatio	n's gaming/special events books and record	ds:
Name			
Address			
5aDoes the organization have a contra	act with a third party from whom the	e organization receives gaming revenue?~~ Yes N	0
blf "Yes," enter the amount of gaming	revenue received by the organizatio		
of gaming revenue retained by the thi			
lf "Yes," enter name and address of th			
Name			
Address			
6Gaming manager information:			
Name			
Gaming manager compensation\$			
Description of services provided			
Director/officer Employee I	ndependent contractor		
17 Mandatory distributions:			
	state law to make charitable distrib	outions from the gaming proceeds to	
<sup>a</sup> retain the state gaming lice	nse?~~~~~~~~~~~~~~~~~	Yes No	D
		ibuted to other exempt organizations or spe	ent in the
organization's own exempt activiti	es during the tax year\$ <del>Provide the explanations rea</del> r	uired by Part I, line 2b, columns (iii	<del>) and (v)-</del> and
Part IV 15c, 16, and 17b, as applicable.	Also provide any additional informat	ion. See instructions.	
	<u> </u>		

332083 09-13-23Schedule G (Form 990) 2023 27 11450312 781948 1903151 2023.03000 HERO'S BRIDGE 19031511

Schedule G	(Form 990)	HERO'S BRIDGE
Part IV	Supplemental	Information <sub>(continued)</sub>

Department of the Treasury

Name of the organization

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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



Employer identification number HERO'S BRIDGE\*\*-\*\*\*7604

Inspectio

Open to Fublic

## FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES IN SUPPORT OF HERO'S BRIDGE'S MISSION.

EXPENSES \$ 96,121. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

A DRAFT OF THE FEDERAL FORM 990 IS PROVIDED TO THE ORGANIZATION'S EXECUTIVE

DIRECTOR. UPON APPROVAL BY THE BOARD OF DIRECTORS, FORM 990 AND/OR FORM

8879-EO IS SIGNED BY THE CURRENT PRESIDENT OR VICE PRESIDENT OF THE BOARD

OF DIRECTORS AND FILED WITH THE IRS.

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

POTENTIAL CONFLICTS ARE DISCUSSED AND REVIEWED AT EACH BOARD MEETING

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

COMPENSATION IS DETERMINED BY THE BOARD INCLUDING COMPARISONS TO PEER

NON-PROFIT ENTITIES.

FORM 990, PART VI, SECTION C, LINE 19:

A COPY OF THE FEDERAL FORM 990 IS MADE AVAILABLE TO THE PUBLIC UPON WRITTEN

REQUEST.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA332211 11-14-23 29