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

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2022, and ending 2022, or fiscal year beginning \_\_\_\_\_, 20\_\_\_\_

**2022**

Department of the Treasury Internal Revenue Service

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

Name of filer

**HERO'S BRIDGE**

EIN or SSN

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

Name and title of officer or person subject to tax

**MOLLY BROOKS**

## Part I Type of Return and Return Preparation

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

- 1a Form 990 check here  Total revenue, if any (Form 990, Part VIII, column (A), line 12)  **1502,611.**
- 2a Form 990-EZ check here  Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_
- 3a Form 1120-POL check here  Total tax (Form 1120-POL, line 22) \_\_\_\_\_
- 4a Form 990-PF check here  Tax based on investment income (Form 990-PF, Part V, line 5) \_\_\_\_\_
- 5a Form 8868 check here  Balance due (Form 8868, line 3c) \_\_\_\_\_
- 6a Form 990-T check here  Total tax (Form 990-T, Part III, line 4) \_\_\_\_\_
- 7a Form 4720 check here  Total tax (Form 4720, Part III, line 1) \_\_\_\_\_
- 8a Form 5227 check here  FMV of assets at end of tax year (Form 5227, Item D) \_\_\_\_\_
- 9a Form 5330 check here  Tax due (Form 5330, Part II, line 19) \_\_\_\_\_
- 10a Form 8038-CP check here  Amount of credit payment requested (Form 8038-CP, Part III, line 22) \_\_\_\_\_

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to the above entity, (EIN) and that I have examined a copy of the

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

PIN: check one box only

I authorize **SHAWN G. SUMRALL** to enter my PIN **03151**  
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax

\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*

Date

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  
Do not enter all zeros

**54089899779**

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

ERO's signature **SHAWN G. SUMRALL** Date \_\_\_\_\_

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public

Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

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

Header section containing organization name (HERO'S BRIDGE), EIN (7604), address (98 ALEXANDRIA PIKE, SUITE 41540-341-5378), principal officer (MOLLY BROOKS), and website (WWW.HEROSBRIDGE.ORG).

Part I Summary

Summary table with rows for Governance (lines 3-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing officer signature (MOLLY BROOKS, PRESIDENT) and preparer information (SHAWN SUMRALL, CPA).

May the IRS discuss this return with the preparer shown above? Yes No

Part III Statement of Program Service Accomplishments

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

X

Briefly 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 listed on the prior Form 990 or 990-EZ? ~~~~~Yes XNo XNo
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ~~~~~Yes
If "Yes," describe these changes on Schedule O.

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

4a ~~72,798~~ Expenses \$including grants of \$(Revenue \$ )
VILLAGE PROGRAM - THE HERO'S BRIDGE VILLAGE IS A PROGRAM TO PROVIDE SAFE, CLEAN AND AFFORDABLE HOUSING TO VETERANS AGE 65 AND OLDER.

4b (Code: ) (Expenses \$62,677.including grants of \$(Revenue \$ )
BATTLE BUDDY PROGRAM - THIS PROGRAM SERVICED ELDERLY VETERANS WITH COMPANIONSHIP AND A DEDICATED COORDINATOR WHO PERFORMED A NEEDS AND QUALITY OF LIFE ASSESSMENT. THE BATTLE BUDDY COORDINATOR THEN WORKED TO MEASURABLY IMPROVE EACH VETERAN'S QUALITY OF LIFE.

4c (Code: ) (Expenses \$26,854.including grants of \$(Revenue \$ )
COMMUNITY OUTREACH - THE OUTREACH PROGRAM HELPS THE COMMUNITY KNOW OF OUR SERVICES IN ORDER TO FIND AND HELP VETERANS IN NEED.

4d Other program services (Describe on Schedule O.)
(Expenses \$82,228. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 244,552.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, endowments, and fundraising services.

232003 12-12-2022 03040 HERO'S BRIDGE 1903151

13010516 781948 1903151 2022 03040 HERO'S BRIDGE 1903151

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Part IV Checklist of Required Schedules (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 22 through 38 and a note about Schedule O.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 1a, 1b, and 1c.

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

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 2a through 17 regarding employee reporting, tax returns, foreign accounts, prohibited transactions, and charitable contributions.

Part VII Governance, Management, and Disclosure

and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body... 8b Each committee with authority to act on behalf of the governing body... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address?

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates and branches... 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form... 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990... 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts... 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention and destruction policy... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... 15a X b Other officers or key employees of the organization... 15b X 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year... 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements... 16b

Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed GA, DC, VA, CA, MD, FL, NC, NY, MO, OH, TX

Table with 3 columns: Question, Yes, No. Rows include: 1 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 1 Own website Another's website X Upon request Other (explain on Schedule O) 8 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 19 State the name, address, and telephone number of the person who possesses the organization's books and records 20

HERO'S BRIDGE - 540-341-5378 98 ALEXANDRIA PIKE, SUITE 41, WARRENTON, VA 20186

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization.  
 ¥ 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

(A) (B) (C) (D) (E) (F)	Name and title	Average hours per week from related organizations (list any other organizations from which compensation was received)	Reportable compensation from the organization and related organizations	Estimated compensation (do not check more than one box)	Estimated compensation amount of						Total estimated compensation	Total reportable compensation	Total estimated compensation of all current officers, directors, trustees, key employees, and highest compensated employees
					Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)	MOLLY BROOKS PRESIDENT	40.00		X	X						98,000.	0.	0.
(2)	RICK HEPPARD SECRETARY	2.00		X	X						0.	0.	0.
(3)	ERIC MAYBACH TREASURER	2.00		X	X						0.	0.	0.
(4)	PHIL KASKY VICE PRESIDENT	2.00		X	X						0.	0.	0.
(5)	JOHN LESINSKI DIRECTOR	2.00		X							0.	0.	0.



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

(A) (B) (C) (D) Name and title	Average hours per week (list any hours for related organization below line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b>							98,000.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							98,000.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

(A)	(B)	(C)	(D)				
Total revenue function revenue			Related or exempt business revenue	Unrelated revenue			Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	250,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	230,026.				
	g	Noncash contributions included in lines 1a-1f					
	h	Total. Add lines 1a-1f		480,026.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f						
	g	Total other program service revenue					
3		Add lines 2a-2f					
Other Revenue	4	Investment income (including dividends, interest, and other similar amounts)		24.			24.
	5	Income from investment of tax-exempt bond proceeds					
	6 a	Royalties					
	b	Gross rents	(i) Real (ii) Personal				
	c	Less: rental expenses					
	d	Rental income or (loss)					
	7 a	Net rental income or (loss)					
	b	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	c	Less: cost or other basis and sales expenses					
	d	Gain or (loss)					
	8 a	Net gain or (loss)					
	b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		25,410.			
	c	Less: direct expenses		2,849.			
	d	Net income or (loss) from fundraising events		22,561.			22,561.
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d						
	e	Total other revenue					
12		Add lines 11a-11d					
Total revenue. See instructions				502,611.	0.	0.	22,585.

**Part IX** Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, (A)(B)(C) 7b, 8b, 9b, and 10b of Part VIII		Total	Program	Management	Fundraising
expenses		expenses	service	and	
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ~				
2	Grants and other assistance to domestic individuals. See Part IV, line 22 ~~~~~				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ~~~				
4	Benefits paid to or for members ~~~~~				
5	Compensation of current officers, directors, trustees, and key employees ~~~~~	98,000.	73,500.	12,250.	12,250.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) ~~~	156,198.	130,698.	25,500.	
7	Other salaries and wages ~~~~~				
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):				
a	Management ~~~~~				
b	Legal ~~~~~				
c	Accounting ~~~~~	3,953.		3,953.	
d	Lobbying ~~~~~				
e	Professional fundraising services. See Part IV, line 17	22,738.			22,738.
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.)	7,025.		7,025.	
12	Advertising and promotion ~~~~~	6,324.		4,020.	
13	Office expenses ~~~~~	29,776.	2,304.	7,825.	
14	Information technology ~~~~~	5,364.	21,951.	3,701.	
15	Royalties ~~~~~		1,663.		
16	Occupancy ~~~~~	24,325.		24,325.	
17	Travel ~~~~~	1,608.	1,608.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials ~				
19	Conferences, conventions, and meetings ~~~	3,257.	708.		
20	Interest ~~~~~			2,549.	
21	Payments to affiliates ~~~~~				
22	Depreciation, depletion, and amortization ~~~	7,069.	7,069.		
23	Insurance ~~~~~	6,774.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)			6,774.	
a	MISCELLANEOUS	4,301.	3,049.	1,207.	45.
b	REPAIRS & MAINTENANCE	3,062.	2,002.	1,060.	
c	PRINTING & PUBLICATIONS	2,982.		2,982.	
d	TAXES & LICENSES	1,584.		1,584.	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	384,340.	244,552.	104,755.	35,033.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

(A)	(B)				
	Beginning of year	End of year			
<b>Assets</b>	1	Cash - non-interest-bearing	99,593.	1	224,933.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(5)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 49,485.		
	b	Less: accumulated depreciation	10b 19,139.		
	11	Investments - publicly traded securities	37,415.	10c	30,346.
	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 11		14	
	16	Total assets (sum of lines 1 through 15 (must equal line 33))		15	
	17	Accounts payable and accrued expenses	137,008.	16	255,279.
<b>Liabilities</b>	19	Grants payable		17	
	20	Deferred revenue		18	
	21	Tax-exempt bond liabilities		19	
	22	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
		Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
		Secured mortgages and notes payable to unrelated third parties		2	
	2	Unsecured notes and loans payable to unrelated third parties		2	
	3	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		2	
	2	Add lines 17 through 25		3	
	2	X		4	
5	Total liabilities.	0.	5	0.	
<b>Net Assets or Fund Balances</b>		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		2	
	2	Net assets without donor restrictions	78,186.	6	238,504.
	7	assets with donor restrictions	58,822.	7	16,775.
	2	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.		2	
	8	Capital stock or trust principal, or current funds		8	
	2	Paid-in or capital surplus, or land, building, or equipment fund		2	
	9	Retained earnings, endowment, accumulated income, or other funds		9	
3	Total net assets or fund balances	137,008.	3	255,279.	
0	Total liabilities and net assets/fund balances	137,008.	0	255,279.	

**Part XI** Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)		1502,611.
2	Total expenses (must equal Part IX, column (A), line 25)		2384,340.
3	Revenue less expenses. Subtract line 2 from line 1		3118,271.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4137,008.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)		90.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))		10255,279.

**Part XII** Financial Statements and Reporting

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

Yes No

1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:				
X	Separate basis			
	Consolidated basis			
	Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?			X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
	Separate basis			
	Consolidated basis			
	Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?			X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
	3b			

Form 990 (2022)

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

HERO'S BRIDGE

Employer identification number

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

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

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

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's city, and state:

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.

See section 509(a)(2). (Complete Part III.)

11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations ~~~~~

g Provide the following information about the supported organization(s).

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")~~	104,443.	115,151.	220,550.	279,983.	480,026.	1,200,153.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf~~~~						
3 The value of services or facilities furnished by a governmental unit to the organization without charge~						
4 Total. Add lines 1 through 3~~~	104,443.	115,151.	220,550.	279,983.	480,026.	1,200,153.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)~~~~~						
6 Public support. Subtract line 5 from line 4.						1,200,153.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	2018	2019	2020	2021	2022	Total
7 Amounts from line 4~~~~~	104,443.	115,151.	220,550.	279,983.	480,026.	1,200,153.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources~16.24.						40.
9 Net income from unrelated business activities, whether or not the business is regularly carried on~						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)~~~	4,221.	9,154.	9,832.	5,960.		22,561.
11 Total support. 12 Add lines 7 through 10						1,251,921.
13 First 5 years. Gross receipts from related activities, etc. (see Instructions)~~~~~						
13a If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))~~~~~	14	95.86	%
15 Public support percentage from 2021 Schedule A, Part II, line 14~~~~~	15	96.14	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and the organization qualifies as a publicly supported organization~~~~~	16a		X
stop here.			
b33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and the organization qualifies as a publicly supported organization~~~~~	b33		
stop here.			
17a 10% - facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization~~~~~	17a		
stop here.			
b10% facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization~~~~~	b10%		
stop here.			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18		

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

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

Section A. Public Support

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

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) ~~~~~ 15 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) ~~~~~ 17 %

18 Investment income percentage from 2021 Schedule A, Part III, line 17 ~~~~~ 18 %

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

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

20 Private foundation.

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



Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with columns for question numbers (1-10a, 10b) and Yes/No columns. Contains detailed questions about supported organizations, including their designation, IRS status, foreign support, and control.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year... Row 2: Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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? Row 3: Parent of Supported Organizations. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

(A) Prior Year		(B) Current Year (optional)
<b>Section A - Adjusted Net Income</b>		
1	Net short-term capital gain	1
2	Recoveries of prior-year distributions	2
3	Other gross income (see instructions)	3
4	Add lines 1 through 3.	4
5	Depreciation and depletion	5
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6
7	Other expenses (see instructions)	7
8	(subtract lines 5, 6, and 7 from line 4) Adjusted Net Income	8
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year (B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	
a	Average monthly value of securities	1a
b	Average monthly cash balances	1b
c	Fair market value of other non-exempt-use assets	1c
d	Total (add lines 1a, 1b, and 1c)	1d
e	Disallowed for blockage or other factors (explain in detail in Part VI)	
2	Acquisition indebtedness applicable to non-exempt-use assets	2
3	Subtract line 2 from line 1d.	3
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5
6	Multiply line 5 by 0.035.	6
7	Recoveries of prior-year distributions	7
8	(add line 7 to line 6) Minimum Asset Amount	8
<b>Section C - Distributable Amount</b>		Current Year
1		
2	Adjusted net income for prior year (from Section A, line 8, column A)1	
3	Enter 0.85 of line 1.2	
4	Minimum asset amount for prior year (from Section B, line 8, column A)3	
5	Enter greater of line 2 or line 3.4	
6	Distributable Amount Income tax imposed in prior year5	
7	Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).6	
Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

Section E - Distribution Allocations (see instructions)		Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Excess Distributions		
2	Distributable amount for 2022 from Section C, line 6		
3	Underdistributions, if any, explained in Part IV or to 2022 (reasonable cause required -). See instructions.		
a	Excess distributions carryover, if any, to 2022		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	From 2021		
g	Total of lines 3a through 3e		
h	Applied to underdistributions of prior years		
i	Applied to 2022 distributable amount		
j	Carryover from 2017 not applied (see instructions)		
4	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
a	Distributions for 2022 from Section D, line 7:\$		
b	Applied to underdistributions of prior years		
c	Applied to 2022 distributable amount		
5	Remainder. Subtract lines 4a and 4b from line 4.		
6	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, See instructions.		
	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part IV.		
7	Excess distributions carryover to 2023. Breakdown of line 7:		
8	Excess from 2018		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e			



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

HERO'S BRIDGE

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

(a) Donor advised funds (b) Funds and other accounts
1 Total number at end of year
2 Aggregate value of contributions to (during year)
3 Aggregate value of grants from (during year)
4 Aggregate value at end of year
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
Preservation of land for public use (for example, recreation or education)
Protection of natural habitat
Preservation of a certified historic structure
Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back

	(a)	(b)	(c)	(d)	(e)
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes  No

(i) Unrelated organizations 3a(i)

(ii) Related organizations 3a(ii)

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value

	(a)	(b)	(c)	(d)
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				49,435.19,139.30,346.
e Other				
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (D), line 10c.)</b>				<b>30,346.</b>

**Part VIII Investments - Other Securities.**

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

(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value

(1) Financial derivatives~~~~~		
(2) Closely held equity interests~~~~~		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value

(1)		
(2)		
(3)		
(4)		
(5)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

(7) (a) Description	(b) Book value
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	
(16)	
(17)	
(18)	
(19)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

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

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



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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for descriptions, amounts, and a shaded total column.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for descriptions, amounts, and a shaded total column.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal lines provided for entering supplemental information.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Open to Public

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

Name of the organization

HERO'S BRIDGE

Employer identification number

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. For more information, see the instructions for this part.

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

- a X Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with columns: (iii) Did (v) Amount paid, (i) Activity have custody of entity (fundraiser) or control of activity (fundraiser) contributions? listed in col. organization (i), Name and address of individual fundraiser (iv) Gross receipts to (or retained by) from, (vi) Amount paid. Row 1: FUNDRAISING STRATEGIES, INC. - 1420 SPRING HILL ROAD, SUITE, Yes: X, No: , 22,739., 22,739., 0.

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

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

(a) Event #1 EMBRACEWARRENTON FUNDRAISERCHRISTMAS PA4	(b) Event #2	(c) Other events	(d) Total events 4	col. (a) through col. (c)			
(event type)	(event type)	(total number)					
1				Gross receipts	10,685.7	000.7	25,410.
2				Less: Contributions			
3				Gross income (line 1 minus line 2)	10,685.7	000.7	25,410.
4				Cash prizes			
5				Noncash prizes			
6				Rent/facility costs			
7				Food and beverages			
8				Entertainment			
9				Other direct expenses			194.194.
10				Direct expense summary. Add lines 4 through 9 in column (d)			194.
11				Net income summary. Subtract line 10 from line 3, column (d)			25,216.

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

(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add bingo/progressive bingo col. (a) through col. (c))	
1				Gross revenue
2				Cash prizes
3				Noncash prizes
4				Rent/facility costs
5				Other direct expenses
6				Volunteer labor
7				Direct expense summary. Add lines 2 through 5 in column (d)
8				Net gaming income summary. Subtract line 7 from line 1, column (d)

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

11 Does the organization conduct gaming activities with nonmembers? ~~~~~ Yes No  
 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ~~~~~ Yes No

13 Indicate the percentage of gaming activity conducted in:  
 a The organization's facility ~~~~~ 13a %  
 b An outside facility ~~~~~ 13b %

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

Name \_\_\_\_\_  
 Address \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ~~~~~ Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party: \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ~~~~~ Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV** Supplemental information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: FUNDRAISING STRATEGIES, INC. (I)

ADDRESS OF FUNDRAISER:

1420 SPRING HILL ROAD, SUITE 490, MCLEAN, VA 22102



# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

HERO'S BRIDGE

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

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

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

EXPENSES \$ 82,228. 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.