8879-TF

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

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

OMB No. 1545-0047

Department Treasurv

Internal

of

Name of fiter EIN or SSN **-***7604 HERO'S BRIDGE

Name and title of officer or person subject to tax

MOLLY **BROOKS**

Type of Return and Return Frederical Type of Return Frederic Part I

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-CF 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 1 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 compl than one line in Part I.

1aForm 990 check here~~~ XbTotal revenue, if any (Form 990, Part VIII, column (A), line 12)~~~~~1b502,611. 2aForm 990-EZ check here~ bTotal revenue, if any (Form 990-EZ, line 9)~~~~~~~~~2b 3aForm 1120-POL check here bTotal tax (Form 1120-POL, line 22)~~~~~~~~~~~~~3b 4aForm 990-PF check here~ bTax based on investment income (Form 990-PF, Part V, line 5)~~~4b 5aForm 8868 check here~ bBalance due (Form 8868, line 3c)~~~~~~~~~~~~~5b 6aForm 990-T check here~~ bTotal tax (Form 990-T, Part III, line 4)~~~~~~~~~~6b 7aForm 4720 check here~ bTotal tax (Form 4720, Part III, line 1) 8aForm 5227 check here~~ bFMV of assets at end of tax year (Form 5227, Item D)8b 9aForm 5330 check here~~ bTax due (Form 5330, Part II, line 19)9b 10aForm 8038-CP check here bAmount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Part IIDaclaration and Signature Authorization of Officer or Person Subject to Tax

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

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) to fany refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct delentry 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 later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the ele 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: ch	eck one box only				
Χ	l authorize SHAWN G. SUMRALL		to enter my PI	l V	03151
	I	ERO firm name			five numbers, bu

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 fi with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter m 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 f 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

iks rea/state program, rwin enter my Fin on the returns 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 54089899779 number (EFIN) followed by your five-digit self-selected PIN.	
certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Informa Business Returns.	

SHAWN G. SUMRALL ERO's signature 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)

Return of Organization Exempt From Income Tax FormUpde Letion 50 (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. Open to Public Department of the General Section 2015 The General Composition and the latest information. Inspection AFor the 2022 calendar year, or tax year beginning and ending BCName of organizationDEmployer identification number applicable: HERO'S BRIDGE Address change Nanteoing business as change Initigumber an **bstrest (use ETO elbex) i honai elismond elive**red to street address) 98 ALEXANDRIA PIKE, SUITE 41540-341-5378 Final return/ City or town, state or province, country, and ZIP or foreign postal code GGross receipts \$505,460. Amended MADDENTON VA 20186H(a)Is this a group return return and address of principal officer: MOLLY BROOKSfor subordinates?~~ Yes XNo Applica-<u>PARK LAKE DRIVE, MIDLAND, VA 22728H(b)Are all s</u>ubordinates included? Yes No $\times 501(c)(3) = 501(c)$ ()(insert no.) 4947(a)(1) or 527If "No." attach a list. See instructions WebsiteVWW.HEROSBRIDGE.ORGH(c)Group exemption number Κ Form of organization: XCornoration Trust Association Other Year of formation: 2016MState of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities:TO PROVIDE DIRECT ASSISTANCE TO Activities & Governance VETERANS AGE 65 AND OVER. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line la) ~~~~~~~~ Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a)~~~ Total unrelated business revenue from Part VIII, column (C), line 12~~~~ Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior YearCurrent Year 9 Contributions and grants (Part VIII, line 1h)~~~~~~~~ ~279.983.480.026 10 11 Investment income (Part VIII, column (A), lines 3, 4, and 7d)~~~ 12 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11ee) 13 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 28/1,159.502,611. 14 Grants and similar amounts paid (Part IX, column (A), lines 1-3)~ Benefits paid to or for members (Part IX, column (A), line 4)~~~~ 16a b**esesya** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)~~174,500.254,198. Professional fundraising fees (Part IX, column (A), line 11e)~~~~\dark \frac{1}{2}~\dark \dark \down \dark \ 17 Total fundraising expenses (Part IX, column (D), line 25)35,033. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)~~~~268 151.384.340 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current YearEnd of Year 21 Total assets (Part X, line 16)~~~~ 22 Total liabilities (Part X, line 26)~~~~~~~~~~~~~~~~0.0 Net assets or fund balances. Subtract line 21 from line 20 137,008.255,279. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

SignSignature of officerDate
HereMOLLY BROOKS, PRESIDENT
Type or print name and title

Print/Type preparer's namePreparer's signatureDateCheck PTIN
PaidSHAWN SUMRALL, CPAself-employed
PreparerFirm's nameBADGER SUMRALL & COMPANYFirm's EIN
Use OnlyFirm's address7410 HERITAGE VILLAGE PLAZA #101
GAINESVILLE, VA 20155Phone no.

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

XYes No

Pai	rt IV¶hecklist of Required Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1	Х	
2	required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part	4		X
5	//~~~~~~~~~~~~~~~~~~~~~~~~~ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization	_		
6	that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes,"	5		X
O	complete Schedule C, Part III~~~~~~~ Did the organization maintain any donor advised funds or	6		
7	any similar funds or accounts for which donors have the right to provide advice on the distribution or	0		X
,	investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization	7		\ \
8	receive or hold a conservation easement, including easements to preserve open space,	Ľ		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part	8		
9	//~~~~~ Did the organization maintain collections of works of art, historical treasures, or other similar			Х
	assets? If "Yes," complete Schedule D, Part III~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			X
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		^
10	debt negotiation services?			Х
	If "Yes," complete Schedule D, Part IV~~~~~~~~~~~~~~~~~~~ Did the organization,	10		
11	directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
а	organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX,			
	or X,	11a	Χ	
b	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11		X
С	Schedule D, Part VI	b		
d	report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			X
u	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII~~~~~~~~ Did the	11c		
٩				X
_	total	-1		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII~~~~~~~~ Did the	11e		Х
12a	organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported	lie		
	in	11f		Х
b	Part X, line 16? If "Yes," complete Schedule D, Part IX~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	' ' '		
	organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part	12a		Х
13	$X^{}$ Did the organization's separate or consolidated financial statements for the tax year include a			Х
14a	footnote that addresses	12		Χ
b	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D,	b		
	Part X~~~~ Did the organization obtain separate, independent audited financial statements for the tax year? If	13		
	"Yes," complete	14a		X
	Schedule D, Parts XI and XII Was the organization	14		
15	included in consolidated, independent audited financial statements for the tax year?	b		Х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional~~~~			V
16	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	15		X
	Did the organization maintain an office, employees, or agents outside of the United States?			
17	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	16		
	fundraising, business, investment, and program service activities outside the United States, or aggregate		Χ	
18	foreign investments valued at \$100,000	17		
10	or more? If "Yes," complete Schedule F, Parts I and IV~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_10	X	
19	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	-18		
20a	for any	19		Χ
20a b	foreign organization? If "Yes," complete Schedule F, Parts II and IV~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	20a		Х
21	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	20		
	assistance to			

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV-----

b

Χ

Form 990 (2022) HERO'S BRIDGE **-**7604 Page4

Pa	rt IVQhecklist of Required Schedules (continued)			
		لتے	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~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~	-~~	~22X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's	-		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	•		
2/12	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,00	00 as	of the	
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and comple Schedule K. If "No," go to line 25a~~~~~~24aX	ete		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		b	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?~~~~~~	~~~2	4d	
	s&ibhtimp(ge); தூiti()(#); gadesin(e)(29) (சையில் during the year? If "Yes," complete Schedule L, Part			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior y			
2	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			l
0.6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	\vdash		
26	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	, Par	t II∼∽	-~~~~
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key en	mploy	ree,	
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 3 entity (including an employee thereof) or family member of any of these persons? If "Yes,"			
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):	rt IV,		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Pa	rt IV	~~~	<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~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~ .	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," comp	1 1		<u>dule</u> M~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conserved contributions? If "Yes," complete Schedule M~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	vation 30X	1	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," comp		Sch	edule N.
32 Sche	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete edule. N. Part II			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-32 If "Ves " complete Schedule P. Dart I	~~~	~~~	-33X
34 Part	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV: V, line 1	, and		
35a		~~~~	~~~	.~~~~~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlle			
36S	exwith ชา โด (สาราย เกาะ 2			
	Did the organization make any transfers to an exempt non-charitable related organization?			
37	If "Yes," complete Schedule R, Part V, line 2~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
38	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Sc		ule R	, Part VI
Note	e:Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? All Form 990 filers are required to complete Schedule O 38X Statements Regarding Other IRS Filings and Tax Compliance			
Pa	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~~~~~~~~1	all ı		
1 -	Enter the number of Forms W-2G included on line la. Enter -0- if not applicable			
1a h	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gambling) winnings to prize winners?			000)
·	For	m9 9)0 (2	322)

Form 990 (2022) Page5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 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~~~~~~ 2a0 h If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 24 X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?~~~~ h If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O~~ 3h 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ 4a~ financial account in a foreign country (such as a bank account, securities account, or other financial account)?~ h If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?~ ъ̃a h Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?~~ 35bî C 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ any contributions that were not tax deductible as charitable contributions?~~~~~~~~~~ 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gift 6b а b Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b С Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ d required е to file Form 8282? 76 If "Yes," indicate the number of Forms 8282 filed during the year~~~~~~~7d 7f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit 7g contract?~~~~~ 7h 8Spons reing a granizations maintaining the Veary is a fundament, directly or indirectly, on a personal benefit contract? 8 9Sponsoring organizations maintaining donor advised funds. If the organization received a contribution of qualified intellectual property, did the organization file Form а 8899 as required?~ 9a b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file 9h 10Section 501(c)(7) organizations. Did a donor advised fund maintained by the b sponsoring organization have excess business holdings at any time during the year?~~ 11Section 501(c)(12) organizations. Did the sponsoring organization make any taxable distributions under section 4966?~ h Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 12aS&ctiter4947(a)(1) non-exempt charitable trusts. Initiation fees and capital contributions included on Part VIII, line 12~~~~~~~10a 12a Note: Gross income from members or shareholders ~~~~ b Gross income from other sources. (Do not net amounts due or paid to other sources against 13a С Is the organization filing Form 990 in lieu of Form 1041? 14a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b h Is the organization licensed to issue qualified health plans in more than one state?~~ X 14a See the instructions for additional information the organization must report on Schedule O. 14 Enter the amount of reserves the organization is required to maintain by the states in which the Χ 15 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule 16 17

232005 12-13-22 Form 990 (2022) and file Form 4720, Schedule N.

إج, the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration

Form 990 (2022) HERO'S BRIDGE **-**7604 Page6

Voc No

Part VIG broamanives Wespage ments and Dischool, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Costion	Check if Sched	ule O contains	a response or	note to any line ir	n this Part VI
Jection /	1. Governing i	Jouy and Mai	iagement		

Enter the number of voting members of the governing body at the end of the tax year 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 0. b Enter the number of voting members included on line la, above, who are independent— Did any officer, director, trustee, or key employee?— officer, director, trustee, or key employee?— 3 Did the organization delegate control over management duties customarily performed by or under of officers, directors, trustees, or key employees to a management company or other person?— Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members or stockholders?— Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?— Are any governance decisions of the organization reserved to (or subject to approval by) members, persons other than the governing body?— Each committee with authority to act on behalf of the governing body?— Each committee with authority to act on behalf of the governing body?— Each committee with authority to act on behalf of the governing body?— Each committee with authority to act on behalf of the governing body?— Each committee with authority to act on behalf of the governing body?— Each committee with authority to act on behalf of the governing body?— Each committee with authority to act on behalf of the governing body?— Each committee with authority to act on behalf of the governing body?— Each committee with authority to act on behalf of the governing body?— Each committee with authority to act on behalf of the governing body?— Each committee with authority to act on behalf of the governing body?— Each committee with authority to act on behalf of the governing body?— Each committee with authority to act on behalf of the governing body?— Each	the direct supe	rvisio	X
body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line la, above, who are independent—b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustees, or key employees have a family relationship or a business relationsh officer, director, trustees, or key employees to a management company or other person?— 3 Did the organization delegate control over management duties customarily performed by or under of officers, directors, trustees, or key employees to a management company or other person?— 4 Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, persons other than the governing body? B Each committee with authority to act on behalf of the governing body?— Each committee with authority to act on behalf of the governing body?— Each committee with authority to act on behalf of the governing body?— Each committee with authority to act on behalf of the governing body?— Each committee with authority to act on behalf of the governing body?— 5 Each committee with authority to act on behalf of the governing body?— 6 If "Yes," did the organization be ready of the names and addresses on Schedule O 8 Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Cod and branches to ensure their operations are consistent with the organization's exempt purposes? 10 Did the organization have a written conflict of interest policy? If "No," go to line 13— B Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	p with any other the direct super 3 990 was filed? ssets?~~~~ 6 ppoint one or 7a tockholders, or	rvisio	x X
b Enter the number of voting members included on line 1a, above, who are independent by the Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Forn Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, persons other than the governing body? Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Did the organization have local chapters, branches, or affiliates? Did	p with any other the direct super 3 990 was filed? ssets?~~~~ 6 ppoint one or 7a tockholders, or	rvisio	x X
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If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	val by independ	1	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang taxable entity during the year?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	val by independ		
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	val by independ		
	val by independence of the control o	tion	1
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	ement with a care its participa	tion	+
exempt status with respect to such arrangements? 16b	ement with a care its participa	tion	

Sections to the filed GA, DC, VA, CA, MD, FL, NC, NY, MO, OH, TX

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 XUpon 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 financi

19 statements available to the public during the tax year.

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 VIICompensation 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

la Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization \(\pm \) 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 titleAverage PositionReportable hours perbox, unless person is both ancom	ReportableE	stim	nate	d hock	more	than o	no.			
hours perbox, unless person is both ancom	pensationco	mpe	ens	atio	nan	nou	nţ d	f		
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(list anytheorganizations compensation										
hours fororganization (W-2/1099-MISC/from	the	recto								
related (W-2/1099-MISC/1099-NEC) organ	ization	or di	es.			ated				
organizations1099-NEC)and related		stee	ruste		_ a	sens				
below organizations		al tru	nalt		loye	com e				
line)		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
·		pul	Inst	Offii	Ke	E E	For			
(1) MOLLY BROOKS	40.00									
PRESIDENT		Х		Χ				98,000.	0.	0.
(2) RICK HEPPARD	2.00									
SECRETARY		Х		Х				0.	0.	0.
(3) ERIC MAYBACH	2.00				_			<u> </u>	Ŭ.	<u> </u>
TREASURER		x		Х				_		
(4) PHIL KASKY VICE	2.00	^		Χ				0.	0.	0.
PRESIDENT	2.00	Х								
	0.00			Χ				0.	0.	0.
(5) JOHN LESINSKI	2.00									
DIRECTOR		Х						0.	0.	0.
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Form 990 (2022) HERO'S BRIDGE **-***7604 Page8

(A) (D) (C) (D)	istees, Key Empl	oyee	<u>s, a</u>	nd H	ighe	st Cor	npensated Employees	(continued)	<u> </u>	
(A) (B) (C) (D) Name and title	Average hours per week	(do box, offic	not cl unles	Posi neck m s pers ladirec	ore th	nan one both an	Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizatio below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	nignest compensated employee Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation	
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line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a and related organizations greater Did any person listed on line 1a re rendered to the organization? If "	such individual~ , is the sum of than \$150,000 ceive or accrue	rep)? If e co	orta "Ye mp	able s," c ens	con omp ation	mpen plete n fror	sation and other col Schedule J for such n any unrelated org	individual~~~~~	ne organization	
line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a and related organizations greater Did any person listed on line 1a rerendered to the organization? If "	such individual~ , is the sum of than \$150,000 ceive or accrue Yes," complete	rep)? If e co e Scl	orta "Ye mp hed ted	able s," c ensi ule :	con omp ation I for eper	mpen plete n fror such	sation and other cor Schedule J for such In any unrelated org In person It contractors that re	individual~~~~~ anization or individ 5 ceived more than	ne organization	
line 1a? If "Yes," complete Schedule J for For any individual listed on line la and related organizations greater Did any person listed on line la rerendered to the organization? If "ection B. Independent Contractors Complete this table for your five had the organization. Report compens (B) (C)	such individual~- , is the sum of than \$150,000 ceive or accrue Yes," complete highest compe sation for the c	rep)? If e co e Scl ensa	orta "Ye mp hed ted nda	ensi ensi ule i indi	con omp ation I for eper ar e	npen plete n fror such nden nding	sation and other cor Schedule J for such In any unrelated org In person It contractors that re	individual~~~~~ anization or individual 5 ceived more than sorganization's tax y	tual for services \$100,000 of compared.	
line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a and related organizations greater Did any person listed on line 1a rerendered to the organization? If "Section B. Independent Contractors Complete this table for your five he the organization. Report compens (B) (C)	such individual~- , is the sum of than \$150,000 ceive or accrue Yes," complete highest compe sation for the c	rep)? If e co e Scl ensa	orta "Ye mp hed ted nda	ensi ensi ule i inder ye	con omp ation I for eper ar e	npen plete n fror such nden nding	sation and other con Schedule J for such m any unrelated org n person t contractors that re g with or within the	individual~~~~~ anization or individual 5 ceived more than sorganization's tax y	tual for services \$100,000 of compared.	
line 1a? If "Yes," complete Schedule J for For any individual listed on line la and related organizations greater Did any person listed on line la re rendered to the organization? If " ection B. Independent Contractors Complete this table for your five h the organization. Report compens (B) (C)	such individual~- , is the sum of than \$150,000 ceive or accrue Yes," complete highest compe sation for the c	rep)? If e co e Scl ensa	orta "Ye mp hed ted nda	ensi ensi ule i inder ye	con omp ation I for eper ar e	npen plete n fror such nden nding	sation and other con Schedule J for such m any unrelated org n person t contractors that re g with or within the	individual~~~~~ anization or individual 5 ceived more than sorganization's tax y	tual for services \$100,000 of compared.	
line 1a? If "Yes," complete Schedule J for For any individual listed on line la and related organizations greater Did any person listed on line la re rendered to the organization? If " section B. Independent Contractors Complete this table for your five h the organization. Report compens (B) (C)	such individual~- , is the sum of than \$150,000 ceive or accrue Yes," complete highest compe sation for the c	rep)? If e co e Scl ensa	orta "Ye mp hed ted nda	ensi ensi ule i inder ye	con omp ation I for eper ar e	npen plete n fror such nden nding	sation and other con Schedule J for such m any unrelated org n person t contractors that re g with or within the	individual ~~~~~~ anization or individual 5 ceived more than sorganization's tax y	tual for services \$100,000 of compared.	
For any individual listed on line la and related organizations greater Did any person listed on line la rerendered to the organization? If "Section B. Independent Contractors Complete this table for your five he organization. Report compens (B) (C)	such individual~- , is the sum of than \$150,000 ceive or accrue Yes," complete highest compe sation for the c	rep)? If e co e Scl ensa	orta "Ye mp hed ted nda	ensi ensi ule i inder ye	con omp ation I for eper ar e	npen plete n fror such nden nding	sation and other con Schedule J for such m any unrelated org n person t contractors that re g with or within the	individual ~~~~~~ anization or individual 5 ceived more than sorganization's tax y	tual for services \$100,000 of compared.	

	Check if Schedule O conta B) (C) (D)	ns a respons	se or note to a	ny line in this	Part VIII	
Tota	al revenueRelated or exemptUnrelated ction revenuebusiness revenue					Revenue ex from tax sections 51
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)le f All other contributions, gifts, grants, and similar amounts not included above~1f g Noncash contributions included in lines hTotal. Add times la	230,026.	480,026.			
) (O	2 a	Business Code	·			
Program Service Revenue						
Progr	fgAbltalther program service revenue~~~					
_	3 Add lines 2a-					
	Investment income (including divider 4 other similar amounts)~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~ pt bond procee	24.			
	b Gross rents~~~6a c Less: rental expenses 6b d Rental income or (loss)6c 7 a Net rental income or (loss)	il(ii) Personal				
nue	Gross amount from sales of(i) Securities(ii) Other assets other than inventory7a Less: cost or other basis c and sales expenses~~~7b Gain or (loss)~~~~~7c					
Revenue	8 a Net gain or (loss)					
Other R	Gross income from fundraising events (not including \$of contributions reported on line 1c). See Part IV, line 18~~~~~~8a Less: direct expenses~~~~8b Net income or (loss) from fundraising	25,410.				
	Gross income from gaming activities.	See	22,561.			22,5
	9 a Part IV, line 19~~~~~9a Less: direct expenses~~~~9b					
	b Net income or (loss) from gaming act	ivities				
	Gross sales of inventory, less returns and allowances~~~~~10a					
	b Less: cost of goods sold~~~~~10b Net income or (loss) from sales of inve	entory				
		Business Code				
Miscellaneous Revenue	11a h	245535 6646				
anec	č					
Seve	d					
Mis	e和bltadther revenue~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	12 Add lines 11a-	·IIU	502,611.	0.	0.	22,5

Form 990 (2022) HERO'S BRIDGE **-***7604 Page10

Part IXStatement 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 ambounts reported on lines 6b,(A)(B)(C) Total expensesProgram serviceManagement andFundraising 7b, 8b, 9b, and 10b of Part VIII expensesgeneral expensesexpenses 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~~~~~ Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16~ Benefits paid to or for members~~~~~ Compensation of current officers, directors, trustees, and key employees~~~~~ 12,250. 98,000 73,500. 12,250. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 156,198. 130,698. 25,500. persons described in section 4958(c)(3)(B) Other salaries and wages~~~~~~ 7 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~~~~~~ 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. 2,304. 13 29,776 Office expenses~~~~~~~~~ 21,951. 7,825. 14 Information technology~~~~~~~~ 5.3641,663. 3,701. 15 24 325 16 Occupancy ~~~~~~~~~~~ 24,325. Travel ~~~~~~~~~~ 17 1.608 1,608 18 Payments of travel or entertainment expenses for any federal, state, or local public officials~ 3,257 19 Conferences, conventions, and meetings ~~ 708 2,549. 20 Interest ~~~~~~~~~~~~~~~~ 21 Payments to affiliates~~~~~~~ 22 7,069. Depreciation, depletion, and amortization~~ 7 069 6,774. 23 Insurance ~~~~~~~~~~~ 24 6,774. 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.) 4,301. 3,049. 45. MISCELLANEOUS 1,207. REPAIRS & MAINTENANCE 3,062. 2,002. 1,060. PRINTING & PUBLICATIONS 2,982. 2,982. c 1,584. 1,584. TAXES & LICENSES d All other expenses 104,755. 384,340. 25 244,552. 35,033. Total functional expenses. Add lines 1 through 24e 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)

Forr	n 990	(2022)Page HERO'S BRIDGE		~ ~ _ ~	f**7604 11
		lance Sheet			
	-	Check if Schedule O contains a response or note to	any line in this Da	art X	
(4) (5	``	Check if Schedule O contains a response of flote to	any mie m tms Pt	T	1
(A) (E) nnin	g of yearEnd of year			
Беу	ПППП	g of year End of year			
	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	
			-4		
	5	Loans and other receivables from any current or former officer, dire			
		trustee, key employee, creator or founder, substantial contributor, o			
		controlled entity or family member of any of these persons~~~~~		5	
	6	Loans and other receivables from other disqualified persons (as def			
	•	under section 4958(f)(1)), and persons described in section 4958(c)(i)(B)~~	6	
	7	Notes and loans receivable, net~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		7	
ţ	7	Inventories for sale or use~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Assets	8	Prepaid expenses and deferred charges~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		8	
Ÿ	9	Land, buildings, and equipment: cost or other		9	
	10a	basis. Complete Part VI of Schedule D~~~10a49,485.			
		Less: accumulated depreciation ~~~ ~~10b19,139.			
	b	·	37,415.	100	30,346.
	11	Investments - publicly traded securities \	37,413.	10c	30,340.
	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	
	10	taldslines) through 15 (must equal line 33)		15	
		Accounts payable and accrued expenses	137,008.	16	255,279.
	18	Grants payable and decided expenses	137,000.	17	233,277.
	19	Deferred revenue		18	
	20			19	
	21	Tax-exempt bond liabilities~~~~~~~~~~~~~~~~~		20	
	22	Escrow or custodial account liability. Complete Part IV of Schedule)~~~	21	
		Loans and other payables to any current or former officer, director,		 	
		trustee, key employee, creator or founder, substantial contributor, o	r 35%		
es		controlled entity or family member of any of these persons~~~~~	~~		
≣		Secured mortgages and notes payable to unrelated third parties~~~	~~~		
Liabilities		Unsecured notes and loans payable to unrelated third parties~~~~~		2	
Ξ	2	Other liabilities (including federal income tax, payables to related the		2	
	3	parties, and other liabilities not included on lines 17-24). Complete		2	
	2	of Schedule Dananananananananananananananananananan	dit /	3	
	4			2	
	2	Add lines 17 through 25		4	
		X		_	
	2 6	Total liabilities.	0.	5	0.
		Organizations that follow FASB ASC 958, check here		2	
ş		and complete lines 27, 28, 32, and 33.		6	
Ĕ	2	Net assets without donor restrictions~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	78,186.	2	238,504.
Balances	7	assets with donor restrictions~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	58,822.	7	16,775.
g E	2	Organizations that do not follow FASB ASC 958, check here		2	
Fund	8	-		8	
Ē		and complete lines 29 through 33.			
s or	2	Capital stock or trust principal, or current funds		2	
Net Assets	9	Paid-in or capital surplus, or land, building, or equipment		9	
As	3	fund~~~~~ Retained earnings, endowment, accumulated		3	
e	0	income, or other funds~~~~ Total net assets or fund	137,008.	0	255,279.
Z	3	balances~~~~~~~~~~~~~~~~~ Total liabilities and net	137,008.	3	255,279.
	1	assets/fund balances	- · , - ·	1	
	3	,		3	Form 990 (2022)
	2			2	

3

3

Form 990 (2022) HERO'S BRIDGE**-***7604Page 12 Part XIReconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI ~~~1502.611. 3Revenue less expenses. Subtract line 2 from line 1~~~~~~~~~~~~ 4Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4137.008. 5Net unrealized gains (losses) on investments~~~~~~~~~5 6Donated services and use of facilities -----6 7Investment expenses~~~~~~~~~~~~~ 8Prior period adjustments~~~~~8 90ther changes in net assets or fund balances (explain on Schedule O 10Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10255,279. column (B)) Part XIIFinancial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 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 "Other," explain on Schedule O. 2aWere the organization's financial statements compiled or reviewed by an independent accountant?~~ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: XSeparate basis Consolidated basis Both consolidated and separate basis bWere the organization's financial statements audited by an independent accountant?~~~~~~~ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis cIf "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?~~ -2cX If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

Form 990 (2022)

3aAs a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection
Employer identification number

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Name of the organization

HERO'S BRIDGE

Part IReason 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 XAn organization that normally receives a substantial part of its support from a governmental unit or from the general public description 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 recactivities 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 o 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.

(i) Name of supported	(ii) EIN	(iii)Type of organization (described on lines 1-10	(iv) Is the orgain your governi	inization listed ng document?	(v)Amount of monetary	
organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Total						

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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.) Section A. Public Support Calendar year (or fiscal year beginning in) a) 2018(b) 2019(c) 2020(d) 2021(e) 2022(f) Total Gifts, grants, contributions, and membership fees received. (Do not 104,443. 15,151. 22p,550. 279,983. 480,046. 1200153 include any "unusual grants.")~~ 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf~~~~ The value of services or facilities furnished by a governmental unit to the organization without charge~ Add lines 1 through 3~ 104.443. 15,151. 220,550. 279,983. 480,026. 1200153 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)~~~~~~~ 1200153. 6Public support. Subtract line 5 from line 4 Section B. Total Support 270(b) 2018(b) 2019(c) 2020(d) 2021(e) 2022(f) Total 550 Calendar year (or fiscal year beginning in) 7 Amounts from line 4~~~~~ 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources~16.24. 40. Net income from unrelated business activities, whether or not the business is regularly carried on~ Other income. Do not include gain 10 or loss from the sale of capital assets (Explain in Part VI.)~~~ 4,221.9,154.9,832.5,960. 22,561. 51,728. Add lines 7 through 10 11Total support. 12 1251921. 13First 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: Csufompertation of Public Support Percentage line 11, column (f))-----14 95.86 Public support percentage from 2021 Schedule A, Part II, line 14~~~~~~~15 96.14 If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and 16a33.1/3% support test 1:2022. The organization qualifies as a publicly supported organization stop here. 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 stop here. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, 17a10% -facts-and-circumstances test - 2022. 10% - facts-and-circumstances test - 2022.

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~~~~~~~~~~~~~~ If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or b10%erapd if the erganizatingeneets the force 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~~~~~~

If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

18Private foundation.

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022Page 3 HERO'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) 2018(b) 2019(2) 2020(d) 2021(e) 2022(f) Total			
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")~~						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513~~~~						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf~~~~						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge~						
6	Add lines 1 through 5~~~						
7a	Total. Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year ~~~~~						
С	Add lines 7a and 7b~~~~~						
8P	ublic support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			_			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6~~~~~						_
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources~						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
a	equired after June 30, 1975						
_	Add lines 10a and 10b~~~~						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on~~~~~~						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)~~~~						
13T	(Add III P) (10c, 11, and 12.)						
14F	ifst 5. Pars 990 is for the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sectio	on 501(c)(3) organi	zation,	
stor	check this box and						
Sec	tion C. Computation of Public	Support Pero	entage				
15	Public support percentage for 2022 (l	ine 8, column (f), d	ivided by line 13, (column (f))~~~~~	~~~~15		%
16 Sec	Public support percentage from 2021 tion D. Computation of Inves	tment Income	Percentage -	16			%
17	Investment income percentage for 20						%
18	Investment income percentage from 2	2021 Schedule A, F	art III, line 17~~-		~~18	 	%
19a	If the organization did not check the b 33 1/3% support tests - 2022, more than 33 1/3%, check this box ar	nd stop here. The o	rganization qualifi	es as a publicly sup	pported organizatio)n~~~~~	
	If the organization did not check a box line 18 is not more than 33 1/3%, che	ck this box and sto	p here. The organ	ization qualifies as	a publicly support	_	
20P	rivate foundation.	If the organization	n did not check a l	oox on line 14, 19a	, or 19b, check this	s box and see instru	uctions

-*7604 HERO'S BRIDGE Schedule A (Form 990) 2022 Page 4

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

	11 0 0			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing				
	দুত্মাত্ৰ্ণভাৰ্ট্ড ribe in Part VI how the supported organizations are designated. If designated by				
	class or purpose, describe the designation. If historic and continuing relationship, explain.		1		
2	Did the organization have any supported organization that does not have an IRS determination of status				
	under section 509(a)(1) or (2)? If "Yes," explain inPart VI how the organization determined that the supported				
	organization was described in section 509(a)(1) or (2).		2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer				
	lines 3b and 3c below.		3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and setting dies and bin swap or tracks under section 509(a)(2)?				
	কুলকেন্ত্ৰ, describe in স্থানাথ I পদক্ষ প্ৰাপ্তনা কৰ্ম বাগৰ। ১০ প্ৰে/(২) : organization made the determination.				
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		3b		
С					
, .	Was any supported organization not organized in the United States ("foreign supported organization")?		3c		
4a	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		(2		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		4a		
D	ছুণ সুমুক্ত, tedes প্রেক্ট ক্রান্ট প্রা how the organization 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		
С	séc'tiens' 50p(a)(3)) 和知识如此的人。 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,"				
	answer lines 5h and 5c below (if applicable). Also, provide detail in Part VI including (i) the names and EIN		4c		
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		
	b Was dry added brands stituted supported organization part of a class already		5		
	designated in the organization's organizing document?		b		
6	CSWastfield 1985 (1011) on the result of an event beyond the organization's control?		5c		
Ŭ	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		3		
,	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with				
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?				
-	If "Yes," complete Part I of Schedule L (Form 990).		8		
9a					
	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		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which				
	the supporting organization had an interest? If "Yes," provide detail in Part VI.		9b		
С	,,,,				
10 -	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		9c		
10a	5				
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated				
	supporting organizations)? If Yes, answer line 10b below.	10a			
b					
	determine whether the organization had excess business holdings.)	10b			

-*7604 HERO'S BRIDGE Schedule A (Form 990) 2022 Page 5 Supporting Organizations (continued) Part IV Yes Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? lla b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide 11c detail in Part VI Section B. Type I Supporting Organizations Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, thirector elegations and himperhalisment and property and the second of effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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. Section C. Type II Supporting Organizations 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). Section D. All Type III Supporting Organizations Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 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 imenes: 'Chasses at altive the the tax and the income supported organizations played in this regard.3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). а FREWISTANISHED THE Activities Test. b FAR of stational stations. Describe in Part VI how you supported a governmental entity (see instructions). The organization supported a governmental entity. 2Answerting Test and 2b below. No Yes 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? thosas were delivingentation further explain 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 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 բեթլություրու for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. 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. 3a Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Part VType III Non-Functionally Integrated 509(a)(3) Supporting Organizations Theck here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Vi). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (optional) Net short-term capital gain Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions)

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		
<u>/</u>	(subtract lines 5, 6, and 7 from line 4) sjusted Net Income	8		
				(=)
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	la		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
dTo	ta(add lines 1a, 1b, and 1c)	1d		
e D	iscelamhed for blockage or other factors			
	(explain in detail inPart VI			
2	Acquisition indebtedness applicable to non-exempt-use assets	_		
3	Subtract line 2 from line 1d.	2		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	3		
	see instructions).			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	4		
6	Multiply line 5 by 0.035	5		
7	Recoveries of prior-year distributions	6		
914	ini(add Line-Zzb Line 6) unt	7		
• • • • • • • • • • • • • • • • • • • •	tion C - Distributable Amount	8		
1				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			
4	Minimum asset amount for prior year (from Section B. line 8, column 4)3			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Enter greater of line 2 or line 3.4
6Distributable Amount
Income tax imposed in prior year5

Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).6

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	dule A (Form 990) 2022 HERU S BRIDGE			7604	Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Organizations (cont	inued)		
Sect	ion D - Distributions			Current Y	'ear
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	es of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	oo o. oapportoa o.ga <u>z</u> ationo	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details inPart VI)	5		
	Other distributions () See instructions	Svide details in die vij	6		
7Tot	Qualified set-aside amounts (prior IRS approval required - pro 6describe inPart VI Other distributions (). See Instructions. al annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which t	the organization is responsive			
prov	Distributions to attentive supported organizations to which to the details in Part VI (). See instructions.	the organization is responsive	8 9		
10	Distributable amount for 2022 from Section C, line 6		10		
	Line 8 amount divided by line 9 amount	(ii)			
Sect	idi) E - Distribution Allocations	Underdistribu	tions	(iii)	
	(see instructions)Excess Distributions	Pre-2022		Distributa	
1				Amount for	2022
2	Distributable amount for 2022 from Section C, line 6				
	Underdistributions, if a explairy expansion to 2022 (reason-				
3	able cause required -). See instructions.				
a	Excess distributions carryover, if any, to 2022				
b	From 2017				
С	From 2018				
đ	From 2019				
е	From 2020				
fTot:	al From 2021				
g	of lines 3a through 3e				
h	Applied to underdistributions of prior years				
<u> </u>	Applied to 2022 distributable amount				
<u>j</u>	Carryover from 2017 not applied (see instructions)				
4	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2022 from Section D,				
а	line 7:\$				
<u>b</u>	Applied to underdistributions of prior years				
<u>C</u>	Applied to 2022 distributable amount				
5	Remainder. Subtract lines 4a and 4b from line 4.				
	in The pairing underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
6	than zero, See instructions.				
	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	. See instructions.				
Pa	rtAdd lines 3i				
7E	xcass distributions carryover to 2023.				
	Breakdown of line 7:				
8	Excess from 2018				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022Page 8 HERO'S BRIDGE	**-***7604
Part VIS upplemental Information. Provide the explanations required by Part II, line 10 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 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 E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a, 2b, 3a, 2b, 3a): Part II. line 17a or 17b: Part III. line
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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	on B, line 1e; Part V, information.

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

Open to Public Inspection

Name of the organization HERO'S BRIDGE		**-***7604
	ands or Other Similar Funds or Assoc	
Part IOrganizations Maintaining Donor Advised Fuorganization answered "Yes" on Form 990, Part IV, line 6.	ands of Other Similar Funds of Accou	ints. Complete II the
(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 advi	ised funds
are the organization's property, subject to the o	rganization's exclusive legal contro	, ?~~~~~~~~~~Yes
6Did the organization inform all grantees, donors, and dono	or advisors in writing that grant funds can be	e used only
for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose c	onferring
impermissible private benefit?	Yes	No
Part IIConservation Easements. Complete if the	-organization answered "Yes" on Fc	o rm 990, Part IV, line 7.
Purpose(s) of conservation easements held by the organiza		
Preservation of land for public use (for example		tion of a historically important land
Protection of natural habitat Preservation of a	certified historic structure	
Preservation of open space		
2Complete lines 2a through 2d if the organization held a qu	ialified conservation contribution in the form	n of a conservation easement on the last
day of the tax year.		Held at the End of the Tax Year
aTotal number of conservation easements~~~~~~~~~		Tieta at the Liid of the Tax Tear
bTotal acreage restricted by conservation easements~~~~		<u> </u>
cNumber of conservation easements on a certified historic		<u> </u>
dNumber of conservation easements included in (c) acquir		<u> </u>
historic structure listed in the National Register		
3Number of conservation easements modified, transferred	released, extinguished, or terminated by th	e okganization during the tax
year		
4Number of states where property subject to conservation		
5Does the organization have a written policy regarding the		
violations, and enforcement of the conse		
6Staff and volunteer hours devoted to monitoring, inspecti	ng, handling of violations, and enforcing con	nservation easements during the Ne ar
7Amount of expenses incurred in monitoring, inspecting, h	andling of violations, and enforcing conserv	vation easements during the year
7Amount of expenses meaned in monitoring, inspecting, in	arialing of violations, and emoreing conserve	ation easements during the year
8Does each conservation easement reported on line 2(d) al	nove satisfy the requirements of section 1700	(h)(4)(B)(i)
	(ii)?~~~~~~~~~~~~~	
9In Part XIII, describe how the organization reports conserv		
balance sheet, and include, if applicable, the text of the foot	•	
organization's accounting for conservation easements.	mote to the organizations infancial stateme	This that acsorbes the
Part IIIOrganizations Maintaining Collections of A	et Historical Transuras or Other Simi	ilar Assats
Complete if the organization answered "Yes" on Form 990,		liai Assets.
lalf the organization elected, as permitted under FASB ASC		and halance shoot works
of art, historical treasures, or other similar assets held for pu		
service, provide in Part XIII the text of the footnote to its fina		·
blf the organization elected, as permitted under FASB ASC		
	•	
art, historical treasures, or other similar assets held for publi provide the following amounts relating to these items:	c exhibition, education, or research in furthe	statice of public service,
·	r.	
(i)Revenue included on Form 990, Part VIII, line 1~~~~~~~ (ii)Assets included in Form 990, Part X~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		l gain provide
2If the organization received or held works of art, historical the following amounts required to be reported under FASE		ı gairi, provide
aRevenue included on Form 990, Part VIII, line 1~~~~~~~	<u> </u>	
bAssets included in Form 990, Part X \$	φ	
	or Form 990	
LHAFor Paperwork Reduction Act Notice, see the Instructions f	JI I UIIII 77U.	

Schedule D (Form 990) 2022 PR 96 2 B	RIDGE			**_	***7604
Part IIIO ganizations Maintaining Collection	tions of Art, His	storical Treasur	es. or Other S		
3Using the organization's acquisition, accession					
collection items (check all that apply):	i, and other record	as, check any or the	s ronowing that	make significant	ase of its
a Public exhibitiond Loan or exchang	nrogram				
b Scholarly researche Other	o program				
c Preservation for future generations					
4Provide a description of the organization's col	lections and expla	in how they furthe	er the organization	on's exempt pur	nose in Part XIII
5During the year, did the organization solicit or					703C IIII GIE XIII.
to be sold to raise funds rather tha					ion? Yes
Part IVEscrow and Custodial Arrange					
reported an amount on Form 990, Part X, line 2		3			, , ,
Tals the organization an agent, trustee, custodi	an or other interm	ediary for contribu	itions or other as	ssets not included	d
on Form 990, Part X?~					
blf "Yes," explain the arrangement in Part XIII a					No
Amount		g			
cBeginning balance	~~~~~~~	-~~~]C			
dAdditions during the year~~~~~~~~~					
eDistributions during the year~~~~~~~~~					
fEnding balance					
2aDid the organization include an am			e 21. for escro	w or custodia	l account liability?~~~~
blf "Yes," explain the arrangement in					
Part VEndowment Funds. Complete	f the organizat	ion answered	"Yes" on Forr	n 990. Part IV.	line 10.
(a) Current year(b) Prior year(c) Two years back(d) Three y					
laBeginning 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 curr	ent year end balar	ce (line 1g, columr	(a)) held as:		
aBoard designated or quasi-endowment%	<u> </u>			•	
bPermanent endowment%					
cTerm endowment%					
The percentages on lines 2a, 2b, and 2c should	equal 100%.				
3aAre there endowment funds not in the posse		nization that are he	eld and administ	tered for the	
	orgai	nization by:Yes			
(i)Unrelated organizations~~~~~~~~~~~	~~~~~~~~	.~~~~~~~~~3	a(i)		No
(ii)Related organizations~~~~~~~~~~~~	.~~~~~~~	3a	(ii)		
blf "Yes" on line 3a(ii), are the related organizati	ons listed as requi	red on Schedule R	?~~~~~~	~~~~~3b	
4Describe in Part XIII the intended uses of the	organization's end	owment funds.			
Part VILand, Buildings, and Equipment.					<u> </u>
complete if the organization answered "Yes" of	1 Form 990, Part i	7, line 11a. See Forn	n 990, Part X, iine	e 10.	
Description of property(a) Cost or other(b) Cost	or other(c) Accum	nulated(d) Book va	lue		
basis (investment)basis (other)depreciation	,,	1	ı		
la Land ~~~~~~~~			1		
b Buildings ~~~~~~~~					-
cLeasehold improvements					

Schedule D (Form 990) 2022

30,346.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Total.
(Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part Xer 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 Iial	bility(b) Book value
(1)Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(Column (b) must equal Form 990, Part X, col. (B) line 25.)		

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

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

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 organi	zation	Enploye	er identification numbe
	HERO'S BRIDGE	**_*	**7604

Partundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. For required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - aXMail solicitationse Solicitation of non-government grants
- binternet and email solicitationsf Solicitation of government grants
- cPhone solicitationsg Special fundraising events
- dIn-person solicitations

(iii) Did(v) Amount paid

2aDid 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 ser bif "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to l compensated at least \$5,000 by the organization.

(iii) Activityhave custod Name an Or entity (fundraiser) or contro contributions? listed in col. org	d address of individualfundra l of activityfundraiserto (or re anization(i)	iser(taine	iv) G ed by	oss receiptsto ()from	or retained by)(\	/i) Amount paid	
FUNDRAISING STRTEGIES, INC 1420 SPRING HILL ROAD, SUITE		Yes	No	22,739.	22,739.	0.	
					·		
				22,739.	22,739.		
Total 3 List all states in which the org or licensing.	ganization is registered or lice	nsed	to s	· · · · · · · · · · · · · · · · · · ·		I notified it is exem	pt fron
-							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

*	*	_	*	*	*	7	6	n	4
---	---	---	---	---	---	---	---	---	---

Part II Fundraising Events. Complet	_			
of fundraising event contributions and gros	ss income on Form 9	990-EZ, lines 1 and 6	5b. List events with	gross receipts greater than
(a) Event #1(b) Event #2(c) Other events EMBRACEWARRENTON(d) Total eve FUNDRAISERCHRISTMAS PA4(add				
col. (c)) (event type)(event type)(total number)	our (a) imough			-
(event type)(event type)(total number)				
ven	1Gross re	 reints~~~~~~	~~~~10 685 7 0	00.7,725.25,410.
8	10103310	101010	10,000.7,0	00.7,723.23,110.
2Less: Contributions~~~~~~~				
	3Gross income	(line 1 minus lin	e 2) 10,685.7,0	00.7,725.25,410.
4Cash prizes~~~~~~~				
5Noncash prizes~~~~~~~				
6 mt/facility costs~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
7台od and beverages~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
8 tertainment ~~~~~~~		90ther dire	ect expenses~~~	~~~~~194.194.
10 pirect expense summary. Add lir	es 4 through 9	n column (d)~~	~~~~~~~~	~~~~~~194.
11Net income summar	y. Subtract line ⁻	10 from line 3, co	olumn (d)	25.216.
Part IIIGaming.Complete if the org	anization answe	ered "Yes" on Fo	orm 990, Part IV	<u>, line 19, or repor</u> ted m
\$15,000 dn Form 990-EZ, line 6a.				
(b) Pull tabs/instant(d) Total gaming (add (a) Bingo(c) Other gaming	1	I		T
		bir	go/progressive bingo	col. (a) through col. (c))
10 pss revenue				
2Cash prizes~~~~~~~~				
3) Poncash prizes~~~~~~~				
4 tent/facility costs~~~~~~~				
5 her direct expenses				
<u>Yes% Yes% Yes%</u>				
6Volunteer labor~~~~~~ No	No No			
7Direct expense summary. Add lines 2 thro	ugh 5 in column (d)	~~~~~~~~~	~~~~~	
8Net gaming income summary. Subtract lir				
9Enter the state(s) in which the organization				_
als the organization licensed to co blf "No," explain:	nduct gaming <u>a</u>	ctivities in each	of these states	<u>;?~~~~~~~~</u> ~~~~
10a Word any of the organizations are	a liconece reveles-	cusponded as to	minated during the	Yes No
10a Were any of the organization's gaming b tax year?~~~~ <u>~~~~~ If "Yes," explain:</u>	y ilcenses revoked,	suspended, or terr	imated during the	TES INU
-				

232082 10-27-22

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 HERO'S BRIDGE	**-***7604	Page3
11Does the organization conduct gaming activities with nonmembers?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Yes	No
12Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership of	or other entity forr	ned
to administer charitable gaming?	Yes	No
13Indicate the percentage of gaming activity conducted in: aThe organization's facility~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	13a	0.4
bAn outside facility	13b	<u>%</u> %
14Enter the name and address of the person who prepares the organization's gaming/special e	events books and r	
Name		
Address		
15aDoes the organization have a contract with a third party from whom the organization receive	ves gaming revent Yes No	Je?~~~~
blf "Yes," enter the amount of gaming revenue received by the organization\$and the amount		
of gaming revenue retained by the third party\$		
clf "Yes," enter name and address of the third -party:		
Nama		
Name		
Address		
16Gaming manager information:		
Name		
Caming manager compansations		
Gaming manager compensation\$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
17 Mandatory distributions: a ls the organization required under state law to make charitable distributions from the gan	ning proceeds to	
retain the state gaming license?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~ Ye	
b Enter the amount of distributions required under state law to be distributed to other exem	npt organizations (or spent in th
organization's own exempt activities during the tax year\$ Part I, li Part I, li		- (iii) nd (v
Part Wipplemental information. Provide the explanations required by Part 1, 11 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	s.	s (III) alla (
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I) NAME OF FUNDRATORD FUNDRATORNO OTRIFOTED INC. (I)		
(I) NAME OF FUNDRAISER: FUNDRAISING STRTEGIES, INC. (I)		
ADDRESS OF FUNDRAISER:		
1420 SPRING HILL ROAD, SUITE 490, MCLEAN, VA 22102		

Schedule G (Form 990) HERO'S BRIDGE	**-***/604	Page 4
Part IV Supplemental Information (continued)		
Continued)		

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Fublic Inspectio

Employer identification number HERO'S BRIDGE**-**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.