I	Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications.
ı	When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	DUDI TO DISCLOSURE CODY
ı	PUBLIC DISCLOSURE COPY
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	

** PUBLIC DISCLOSURE COPY **

ggn

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2020 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change HEROHOMES, INC Name change 47-4332276 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 125 HIRST ROAD, SUITE 3C 703-297-9135 termin-ated 136,371. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return PURCELLVILLE, VA 20132 H(a) Is this a group return Applica-F Name and address of principal officer: MATT LOWERS Yes X No for subordinates? pending 125 HIRST ROAD SUITE 3C, PURCELLVILLE, VA H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)() ◀ (insert no.) L ___ 4947(a)(1) or L If "No," attach a list. See instructions J Website: ▶ WWW.HEROHOMESLOUDOUN.ORG **H(c)** Group exemption number ▶ L Year of formation: 2015 M State of legal domicile: VA **K** Form of organization: **X** Corporation Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: BUILDING HOUSES, JOBS, AND Activities & Governance COMMUNITY FOR THOSE WHO HAVE FOUGHT FOR THE PRESERVATION OF FREEDOM Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 4 Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 54,856. 97,645. Contributions and grants (Part VIII, line 1h) Revenue 0. Program service revenue (Part VIII, line 2g) 246,949. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 19,949. 114.540. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 416,345. 117.594. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,000. 250. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 964. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 129,895. 8,408. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 130,895. 8,658. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 285,450. 108,936. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 527,276. 636,212. Total assets (Part X, line 16) 0. 0 21 Total liabilities (Part X, line 26)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MATT LOWERS, PRESIDENT Type or print name and title	Date
		/21 Check PTIN PTIN PO0091973
Preparer		Firm's EIN ▶ 27-3213717
Use Only	Firm's address 192 N. 21ST STREET, SUITE 300 PURCELLVILLE, VA 20132	Phone no. 540 - 338 - 1241
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances. Subtract line 21 from line 20

Part II | Signature Block

636,212.

276.

Pai	Charle if Cahadala Coordains a various avertant a specific in this Boot III
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: MISSION STATEMENT:
	BUILDING HOUSES, JOBS, AND COMMUNITY FOR THOSE WHO HAVE FOUGHT FOR THE
	PRESERVATION OF FREEDOM AND DEMOCRACY FOR OTHERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,091. including grants of \$ 250.) (Revenue \$) HOME AWARD PROGRAM - IN 2020 HEROHOMES, INC ACQUIRED ONE BUILDING LOT
	TO BUILD A HOME TO BE COMPLETED IN 2021 AND PUT A DEPOSIT ON A SECOND
	BUILDING LOT.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses • 6.091.

Form 990 (2020) HEROHOMES , INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		7.7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 I a		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11.5		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2020) HEROHOMES, INC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			77
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		1
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Б	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
		256		x
26		25b		- 25
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27		20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
·	"Yes," complete Schedule L, Part IV	28c	Х	1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

1020) HEROHOMES, INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		_			
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					37
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country		(50.45)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file.			5b		Λ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?			6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.			0a		- 25
b	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices ni	rovided to the navor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		.	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
•	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	,			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
10	Section 501(c)(7) organizations. Enter:	1				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
100	amounts due or received from them.)	11b		100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.			iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incon	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
				_	α	,,,,,,

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

						Λ
Sec	tion A. Governing Body and Management				1	T
		Ι.	1	4	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		4		
	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.	۱		ما		
	Enter the number of voting members included on line 1a, above, who are independent	<u>1b</u>	1	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	n any other	_		37
_	officer, director, trustee, or key employee?			2	+	X
3	Did the organization delegate control over management duties customarily performed by or under the		="			37
	of officers, directors, trustees, or key employees to a management company or other person?					X
4	Did the organization make any significant changes to its governing documents since the prior Form					
5	Did the organization become aware during the year of a significant diversion of the organization's as				+	X
6	Did the organization have members or stockholders?			6	+	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			_		- V
	more members of the governing body?			7a	+	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					- V
_	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	-	•		v	
_	The governing body?				X	
b	Each committee with authority to act on behalf of the governing body?			8b	+^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be really in the control of					x
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Code.)		1,4	L
40-	Did the executive have level about a hypothese as efficience			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		1
D	If "Yes," did the organization have written policies and procedures governing the activities of such conditions to an experience and procedures governing the activities of such conditions are consistent with the organization's exempt purposes?			10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?			11a	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ay bei	ore ming the form?	114	1	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			120	+	
·	in Schedule O how this was done			120	X	
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?				X	
15	Did the process for determining compensation of the following persons include a review and approv					
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		паоропаот			
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization				1	Х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶VA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	00-T (Section 501(c)	(3)s on	ly) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on S	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflic	t of interest policy,	and fina	ancial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks a	and records 🕨			
	HEROHOMES, INC - 703-297-9135					
	125 HTRST ROAD SHITTE 3C PHRCELLVILLE VA 20132					

HEROHOMES, INC Page 7 Form 990 (2020)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

X Check this box if neither the organization r		orga	aniza			npei	nsat			
(A)	(B)			(C Pos	C)	,		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per	box offi	, unle cer ar	ss pe	rson irecto	is bot or/trus	h an tee)	compensation	compensation	amount of
	week (list any						Ĺ	from the	from related organizations	other compensation
	hours for	direct				-		organization	(W-2/1099-MISC)	from the
	related	e or	stee			ısate		(W-2/1099-MISC)	(** 2/ 1000 1/1100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				and related
	below	idual	ution	F	Key employee	est oc oyee	Je.			organizations
	line)	Indiv	Instit	Officer	Keye	High	Former			
(1) MATTHEW LOWERS	10.00									
PRESIDENT		Х		X				0.	0.	0.
(2) JASON BROWNELL	20.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(3) MIKE HUMMEL	4.00									
DIRECTOR		Х						0.	0.	0.
(4) BRYAN SNOW	2.00									
DIRECTOR		Х						0.	0.	0.
(5) ELIZABETH MCDONALD	2.00									
DIRECTOR		Х						0.	0.	0.
						Т				
		1								
						<u> </u>				
		4								
						⊢				
		1								
						\vdash				
		1								
						╁				
		1								
						\vdash				
		1								
				\vdash		\vdash				
		1								
						\vdash				
		1								
						\Box				
		1								

Section A. Officers, Directors, Trus	stees, Key Em	ploy	rees	, and	a Hi	igne:	st C	compensated Employe	es (continuea)			
(A) Name and title	(B) Average hours per week (list any hours for related	(do box, offic	not c , unle cer ar	Pos heck	ition more rson irecto	than is bot	one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	on d ns	Estil amo or compo froi	(F) mated ount of ther ensation m the nization
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(and	related lizations
		\square										
		-										
1b Subtotal							<u> </u>	0.		0.		0.
c Total from continuation sheets to Part V	II, Section A						•	0.		0.		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r							no re		l),000 of reportab		Ĺ	
compensation from the organization											<u></u>	res No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								hest compensated emp			3	Х
4 For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d oth	her compensation from				Х
and related organizations greater than \$15Did any person listed on line 1a receive or a								********	idual for services	 }	4	^
rendered to the organization? If "Yes," com Section B. Independent Contractors	nplete Schedul	e J f	or s	uch	pers	son .					5	X
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of cor	npens	ation fro	 om
the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithir	the organization's tax (B)	year.		(C)	
(A) Name and business	address	NC	INC	Ξ				Description of s	services	С	compens	
Total number of independent contractors (\$100,000 of compensation from the organi	-	ot lir	mite	d to	tho	se lis	sted	d above) who received n	nore than			
											- 0	00 (0000)

			,		MES,	IN	С			47-4332	276 Page 9
Pa	rt \	VIII	_								
			Check if Schedule O	contain	s a respo	nse	or note to any lin			(0)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f g h c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	ibution grants, a above lines 1a-	1b 1c 1d s) 1e and 1f 1g \$		97,645. 2,000. Business Code	97,645.			
			Total. Add lines 2a-2f				•				
	3 4 5		Investment income (included other similar amounts) Income from investment of Royalties	ding div	vidends, ir	ntere	est, and roceeds				
	6	b c	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	(i) Neai		(ii) Personal				
	7	а	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	$\overline{}$	(i) Securiti		(ii) Other				
Other Revenue	8	c d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisir				>				
₹	,	b	including \$ contributions reported on Part IV, line 18 Less: direct expenses Net income or (loss) from	line 1c	of .). See	8a 8b	38,683. 18,777.	19,906.			19,906.
	9	а	Gross income from gamin Part IV, line 19 Less: direct expenses	g activ	ities. See	9a 9b		1373000			13,7300
	10	a b	Net income or (loss) from Gross sales of inventory, I and allowances Less: cost of goods sold	ess ret	urns	10a 10b					
		С	Net income or (loss) from	sales o	f inventor	у					
evenue	11	a b	RECOVERY OF E	XPE	NSES	_	Business Code 900099	43.	43.		
ellan		c				_					

0.

43.

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

43. 117,594.

Part IX Statement of Functional Expenses

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

	Check if Schedula O contains a reason	se or note to any line in	this Part IX	1 ()-	
Do :	Check if Schedule O contains a respon	(A)	(B) I	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundráising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	250.	250.		
_	and domestic governments. See Part IV, line 21	∠50•	∠50•		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10					
11	Payroll taxes Fees for services (nonemployees):				
	` ' ' '				
a	Management				
	Legal	2,000.	1,000.	1,000.	
	Accounting	4,000.	Ι,000•	1,000.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	` -				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	131.	131.		
18	Payments of travel or entertainment expenses				_
•	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,509.	2,176.	333.	
23	Insurance	742.	742.		
23 24	Other expenses. Itemize expenses not covered	, •	•		
4	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 0.)				
_	AUTO EXPENSES	1,253.	1,253.		
a	MERCHANT FEES	964.	1,255		964.
b	VOLUNTEER PLANNING MEAL	539.	539.		JU4•
C	CONSTANT CONTACT & INTE	240.	333.	240.	
d		30.		30.	
	All other expenses		6 001		064
25	Total functional expenses. Add lines 1 through 24e	8,658.	6,091.	1,603.	964.
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)				
03201	0 12-23-20		<u> </u>	·	Form 990 (2020)

Form 990 (2020) Part X Balance Sheet

ıa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			520,814.	1	410,175.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstantia	contributor, or 35%			
		controlled entity or family member of any of t	these pe	sons		5	
	6	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri		6			
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	2,653.	10c	6,334.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets			3,809.	14	3,473.
	15	Other assets. See Part IV, line 11			0.	15	216,230.
	16	Total assets. Add lines 1 through 15 (must e			527,276.	16	636,212.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
Ë		controlled entity or family member of any of t		Г		22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-2	4). Complete Part X		25	
	06	of Schedule D			0.	26	0.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, 6			0.	20	0.
es		and complete lines 27, 28, 32, and 33.	CHECK III				
auc	27					27	
Bal	28	Net assets with donor restrictions				28	
Fund Balances	20	Organizations that do not follow FASB AS					
Ī		and complete lines 29 through 33.	O 300, C	icon norc p ===			
ō	29	Capital stock or trust principal, or current fun	nds		0.	29	0.
sets	30	Paid-in or capital surplus, or land, building, or			0.	30	0.
As	31	Retained earnings, endowment, accumulated		Г	527,276.	31	636,212.
Net Assets or	32	Total net assets or fund balances			527,276.	32	636,212.
_	33	Total liabilities and net assets/fund balances			527,276.	33	636,212.

Pai	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		8,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52	7,2	<u> 76.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	63	6,2	12.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
review, or compilation of its financial statements and selection of an independent accountant?					
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

SCHEDULE A

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Department of the Treasury

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 Name of the organization HEROHOMES. INC 47-4332276 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	270,307.	106,624.	123,659.	54,856.	95,645.	651,091.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0.00 2.00	106 604	102 (50	F4 0F6	05 645	CF1 001
4	Total. Add lines 1 through 3	2/0,30/.	106,624.	123,659.	54,856.	95,645.	651,091.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						651,091.
<u>6</u>	Public support. Subtract line 5 from line 4.						031,091.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	Amounts from line 4	(a) 2016 270, 307.	(b) 2017 106,624.	(c) 2018 123, 659.	(d) 2019 54,856.	(e) 2020 95,645.	(f) Total 651,091.
	Gross income from interest,	27073071	100,0210	123,033.	31/0300	3370131	031,031.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						651,091.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	737,371.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	501(c)(3)	_
	organization, check this box and stor	here					>
	ction C. Computation of Publ						
14	Public support percentage for 2020 (100.00 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	100.00 %
16a	33 1/3% support test - 2020. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact			=			. .
	meets the facts-and-circumstances to	•	•		•	17- and line 15 in	
b	10% -facts-and-circumstances tes	-					IU% Or
	more, and if the organization meets the		•				_
40	organization meets the facts-and-circ						~
18	Private foundation. If the organization	ni dia not check a	DOX ON THE 13, 16	a, 100, 1/a, 0r 1/b	o, check this box a	ırıa see iristruction	<u>s</u>

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

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

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2017	(6) 2018	(u) 2019	(e) 2020	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						<u> </u>
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						_
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
L	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	1		1
	indar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
							<u></u> ▶∟⊥
	ction C. Computation of Publi					l I	
	Public support percentage for 2020 (li					15	%
	Public support percentage from 2019					16	<u>%</u>
<u>Se</u>	ction D. Computation of Inves					T .= I	
17						17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2020. If the						17 is not
	more than 33 1/3%, check this box an						▶□
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶∟

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

		Yes	No
	1		
	2		
	_		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	ฮม		
	9с		
	30		
	40		
	10a		
	10b		
m 9	90 or 99	90-EZ)	2020

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	2 Did the organization operate for the benefit of any supported organization other than the supported				
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mar	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	son of the relationship described in line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
200		rted organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a b		The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
		The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etructio	ne)	
с 2		ies Test. Answer lines 2a and 2b below.	struction	Yes	No
		bstantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive? In Fest, under the art Vindentity			
		ne organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
-		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		It the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		e 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.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	iizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ıed)					
Secti	ction D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe		1						
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	าร	3						
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which to	he organization is responsiv	е						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2020 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020				
1	Distributable amount for 2020 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2020 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2020								
а	From 2015								
b	From 2016								
С	From 2017								
d	From 2018								
е	From 2019								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2020 distributable amount								
i	Carryover from 2015 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2020 from Section D,								
	line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2020 distributable amount								
c	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2020, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2020. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2021. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2016								
b	Excess from 2017								
С	Excess from 2018								
d	Excess from 2019								

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Dort VI	the difference of the control of the			
Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,			
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

HEROHOMES , INC

47-4332276

Organization type (check one):

Oi gainz	ation type (check of	ic).					
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions exclusively for religious, charitable, etc., purposes, bu is checked, enter here the total contributions that were received during the purpose. Don't complete any of the parts unless the General Rule applies		described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year					
	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to						

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

47-4332276

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$14,441.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

HEROHOMES, INC

47-4332276

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number Name of organization 47-4332276 HEROHOMES, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

HEROHOMES, INC

Employer identification number 47-4332276

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accou	Ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Fur	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7	-
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education) 🔲 Preservation o	f a historically	important land area
	Protection of natural habitat	Preservation o	f a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a co <u>nserv</u>	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri			
	violations, and enforcement of the conservation easements it			Yes I No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing cor	nservation eas	sements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial staten	nents that des	scribes the
Do	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Transuras or (hor Simil	or Assets
Га	Complete if the organization answered "Yes" on Form	-		di Assets.
			and balance	about works
Id	If the organization elected, as permitted under FASB ASC 950 of art, historical treasures, or other similar assets held for pub	·		
	service, provide in Part XIII the text of the footnote to its finan	,		public
h	· ·			at works of
D	If the organization elected, as permitted under FASB ASC 956 art, historical treasures, or other similar assets held for public			
		exhibition, education, or research in fur	inerance or pr	ablic service,
	provide the following amounts relating to these items:			Ф
	(i) Revenue included on Form 990, Part VIII, line 1			\$
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea			·
2	the following amounts required to be reported under FASB AS		ai yairi, provic	IC
•				\$
d	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			Ψ

	t III Organizations Maintaining O		rt. Hist	orical Tr	reasures, o	r Other	Simila	r Asse	ts/contin	ved)
3	Using the organization's acquisition, accessi								L qoonun	
Ü	collection items (check all that apply):	on, and other record	, onco	carry or tire	, lollowing that	. make sig	ji iii Cai it C	350 01 113		
а	Public exhibition	d		oon or ove	change progra	m				
b	Scholarly research	е	• 🗀 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit of								7	
_	to be sold to raise funds rather than to be m								Yes	└── No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	on answered "	Yes" on F	orm 990	, Part IV,	line 9, or	
12	Is the organization an agent, trustee, custod		diany for	contribution	ne or other see	ects not in	acludad			
ıa	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
-	The root, opposition are arrangement are van	and complete the re	moving c	abio.					Amount	
_	Reginning balance						1c		7 11100111	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance								Yes	No.
	-						•			No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i						······			
Fai	Lindowinient i diids. Complete i	-			1			ana haali	() Farm	
		(a) Current year	(b) P	rior year	(c) Two years	s back (c	i) Three ye	ars Dack	(e) Four	years back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a)) held as:	•				
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment	%								
		<u></u> , -								
·	The percentages on lines 2a, 2b, and 2c sho	ř =								
32	Are there endowment funds not in the posse	•	ation tha	t are held s	and administer	red for the	a organiz:	ation		
Ou	·	331011 Of the organiz	ation the	it are ricid t	and administer	ca for the	o organiza	ation	Г	Yes No
	by:									169 140
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	_
b	If "Yes" on line 3a(ii), are the related organiza				′				3b	
4	Describe in Part XIII the intended uses of the		owment 1	unds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	1								
	Description of property	(a) Cost or o			t or other	` '	cumulated	d	(d) Book	value
		basis (investr	ment)	basis	(other)	depr	eciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment				8,974.		7,32	26.	1	.,648.
	Other				5,857.		1,17	11.	4	.,686.
	. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B). line	10c.)			•	6	,334.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 HEROHOMES,	INC	47-	-4332276 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" on Form 000 Part IV line 1	I1c Soc Form 900 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	(a) Book value	(e) metries er valsstern elekter er er er	or your market value
(1)			
(2)	+		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	·		
Part IX Other Assets.			
Complete if the organization answered "Yes		I1d. See Form 990, Part X, line 15.	
) Description		(b) Book value
(1) LAND HELD FOR CONTRUCTION	N - PROGRAM SEF	RVICES	216,230
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)	>	216,230
Part X Other Liabilities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)	· 05)		
Total. (Column (b) must equal Form 990. Part X. col. (B) li	ne 25.)	▶	

Schedule D (Form 990) 2020

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...

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

ı⁻a	art XI Reconciliation of Revenue per A	udited Financial Statements With Revenue	e per Return.	
	Complete if the organization answered "Yes	s" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audite	d financial statements	1	
2	Amounts included on line 1 but not on Form 990, F			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d				
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, b			
а	Investment expenses not included on Form 990, P	Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4b		
С			4c	
5		al Form 990, Part I, line 12.)		
Pa	art XII Reconciliation of Expenses per A	Audited Financial Statements With Expens	es per Return.	
	Complete if the organization answered "Yes	s" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial sta	atements	1	
2	Amounts included on line 1 but not on Form 990, F			
а	Donated services and use of facilities	2a		
b				
С	• · · · ·			
d	d Other (Describe in Part XIII.)			
е			2e	
3				
4	Amounts included on Form 990, Part IX, line 25, but			
а	Investment expenses not included on Form 990, P	Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4b		
			4c	
5		ual Form 990, Part I, line 18.)		
Pa	art XIII Supplemental Information.			
Prov		10 D 100 F 4 14 D 100 F 41 101 D		
	vide the descriptions required for Part II, lines 3, 5, ar	nd 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pai	rt V, line 4; Part X, line 2; Part XI,	
lines			t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	
lines	vide the descriptions required for Part II, lines 3, 5, ar		t V, line 4; Part X, line 2; Part XI,	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2020

							ntification number
	ES, INC					47-4332	
Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	'es" oı	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	Z filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicitar f Solicitar g Special or oral agreement with any individual cart VII) or entity in connection with positions or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
3 List all states in which the organization or licensing.			outions	s or has been notified	d it is	exempt from re	egistration

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

		of fundraising event contributions and gr	oss income on Form 99	90-EZ, lines 1 and 6b. List e	events with gross receip	
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
				CASINO NIGHT		col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts		38,683.		38,683.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)		38,683.		38,683.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages		8,276.		8,276.
	8	Entertainment		10,501.		10,501.
	9 10	Other direct expenses			•	18,777
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				19,906.
Pa	rt	III Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Reve	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	%	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)	>	
0	-	tor the state(a) in which the exceptation and	uoto gamina astivitisse			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a		e states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or	terminated during the tax	year?	Yes No
b	lf "	Yes," explain:				

Sch	edule G (Form 990 or 990-EZ) 2020 HEROHOMES, INC 47	-4332	276	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
40	to administer charitable gaming?	Ш	Yes	└── No
	Indicate the percentage of gaming activity conducted in:	13a	1	%
	The organization's facility An outside facility			
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[152		
	Name ▶			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >\$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		V	
h	retain the state gaming license? Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		Yes	└── No
	organization's own exempt activities during the tax year > \$	7		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
PA	RT I, LINE 2B, COLUMN (V):			
NO	PAID FUNDRAISERS			

Schedule G	i (Form 990 or 990-EZ)	HEROHOMES,	INC	47-4332276 Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Infor	mation (continued)		<u> </u>
-				

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ 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 Name of the organization HEROHOMES, INC 47-4332276 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (c) Purpose (d) Loan to or (i) Written (b) Relationship (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total **>** \$ **Grants or Assistance Benefiting Interested Persons.** Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(c) Amount of (a) Name of interested person (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2020

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 2 (b) Relationship between interested person and the organization	(b) Relationship between interested (c) Amount of		organiz	(e) Sharing of organization's		
	person and the organization	transaction	transaction	revenues?			
CHARCOL, LLC	JASON BROWNELL OWNS 159,832		THE ORGANIZ		X		
Part V Supplemental Information. Provide additional information for resp	onses to questions on Schedule L (see	instructions).					
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:				
(A) NAME OF PERSON: CHARCO	OL, LLC						
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZAT	'ION:				
JASON BROWNELL OWNS A 50%	INTEREST IN CHARCOL	, LLC					
(D) DESCRIPTION OF TRANSAC	CTION: THE ORGANIZAT	ION BOUGHT	A BUILDING	LOT			
FROM CHARCOLL, LLC.							

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

HEROHOMES, INC

Employer identification number 47-4332276

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND DEMOCRACY FOR OTHERS. HEROHOMES IS A 501(C)3 NOT FOR PROFIT FOUNDATION ESTABLISHED TO BUILD HOUSES FOR THOSE WHO HAVE FOUGHT FOR THE PRESERVATION OF FREEDOM AND DEMOCRACY FOR OTHERS. THESE DESERVING VETS AND THEIR FAMILIES CANNOT REGAIN WHAT THEY LOST DEFENDING OUR COUNTRY, BUT WE CAN GIVE THEM A NEW START IN BUILDING A SOLID FOUNDATION FOR THEIR FUTURE AND THE DIGNITY OF AN INDEPENDENT LIFE IN A WONDERFUL SMALL TOWN COMMUNITY SETTING. WE PROVIDE THE OPPORTUNITY FOR DISABLED VETERANS TO REJOIN SOCIETY WITH THE SECURITY AND PRIDE OF HOME FUNDRAISING BEGAN IN 2015 TO FUND THE PURCHASE OF LAND AND OWNERSHIP. CONSTRUCTION ON THE FIRST HOME FOR A DISABLED VETERAN WAS STARTED IN 2016. ONE HOME WAS DONATED TO A DISABLED VETERAN IN 2017, ONE IN 2018 AND ANOTHER IN 2019.

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

A DRAFT OF FORM 990 WAS PROVIDED TO THE ORGANIZATIONS GOVERNING BODY FOR APPROVAL BEFORE FILING.

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

THE PRESIDENT AND VICE PRESIDENT ARE AUTHORIZED TO APPROVE ALL EXPENDITURES AND CONTRACTUAL AGREEMENTS TO ENSURE THERE ARE NO CONFLICTS OF INTEREST. IF ANY CONFLICTS ARISE, THEY WILL BE BROUGHT TO THE ATTENTION OF THE BOARD DIRECTORS AT REGULAR BOARD MEETINGS.

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

Name of the organization HEROHOMES, INC	Employer identification number 47-4332276
NO COMPENSATION PAID TO CEO, EXECUTIVE DIRECTOR AND TOP M	IANAGEMENT.
FORM 990, PART VI, SECTION C, LINE 19:	
ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FIN	ANCIAL STATEMENTS,
AND TAX RETURNS ARE AVAILABLE ON REQUEST. THE GOAL IS TO	PUBLISH THESE
DOCUMENTS ON THE WEB-SITE.	

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n	₋ine No.	Unadjusted Cost Or Basis	Bus %	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated	Current Sec 179	Current Year Deduction	Ending Accumulated
	·	7 loquii ou			Ÿ	4	Occi of Busic	Excl	Ехропоо	Buolo	Боргоопалон	Accumulated Depreciation	Expense	Boddollon	Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	AIR COMPRESSOR	08/18/16	200DB	7.00	MQ1	.7	866.				866.	585.		80.	665.
2	MITER SAW	10/19/16	200DB	7.00	MQ1	.7	582.				582.	378.		58.	436.
5	TRAILER	02/21/17	200DB	5.00	нү1	.7	7,526.				7,526.	5,358.		867.	6,225.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						8,974.				8,974.	6,321.		1,005.	7,326.
	PROGRAM SERVICES														
6	TRUCK - SILVERADO	03/23/20	200DB	5.00	нү1	.9в	5,857.				5,857.			1,171.	1,171.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						5,857.				5,857.	0.		1,171.	1,171.
	MANAGEMENT AND GENERAL														
3	ORGANIZATIONAL COSTS	06/15/16		180M	нұ4	13	5,000.				5,000.	1,193.		333.	1,526.
4	WEB SITE	03/10/16		36 M	нү4	13	4,959.				4,959.	4,959.		0.	4,959.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						9,959.				9,959.	6,152.		333.	6,485.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						24,790.				24,790.	12,473.		2,509.	14,982.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						18,933.			0.	18,933.	12,473.			13,811.
	ACQUISITIONS						5,857.			0.	5,857.	0.			1,171.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						24,790.			0.	24,790.	12,473.			14,982.

028111 04-01-20

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ENDING ACCUM DEPR											14,982.			
	ENDING BOOK VALUE											9,808.			

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

Attachment Sequence No. **179**

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

	OHOMES, INC						AGE 10			47-4332276
Part	Election To Expense Certain Prop	erty Under Section 1	79 Note: If you ha	ve any lis	ted pro	operty, c	omplete Par	t V b	efore y	
1 M	aximum amount (see instructions)								1	1,040,000
2 To	tal cost of section 179 property pla	ced in service (see	instructions)						2	
3 Th	reshold cost of section 179 propert	y before reduction	in limitation						3	2,590,000
4 Re	eduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0-						4	
5 Do	llar limitation for tax year. Subtract line 4 from lir	ne 1. If zero or less, enter	-0 If married filing sep	parately, see	instructi	ons			5	
6	(a) Description of p	property	(b)	Cost (busine	ess use c	only)	(c) Elected	cost		
7 Lis	sted property. Enter the amount fror	m line 29			1	7				
	otal elected cost of section 179 prop				_				8	
	ntative deduction. Enter the smalle								9	
	arryover of disallowed deduction fro								10	
	usiness income limitation. Enter the								11	
	ection 179 expense deduction. Add								12	
	arryover of disallowed deduction to					13				
	Don't use Part II or Part III below fo					.0				
Parl					e listed	property	<i>,</i>)			
	pecial depreciation allowance for qui		-				-			
	e tax year		•				•		14	
	operty subject to section 168(f)(1) e								15	
									16	
Parl		t include listed pro							10	
· uii	WAONS Depreciation (Boil	t include listed pro	Section							
47 14	A CDC dedications for second released	in			`				47	1,005
	ACRS deductions for assets placed								17	1,005
18 пу	ou are electing to group any assets placed in se								Syct	om
		(b) Month and	(c) Basis for depre	eciation		Recovery				
	(a) Classification of property	year placed in service	(business/investm only - see instru		p	eriod	(e) Convention	(f) N	lethod	(g) Depreciation deduction
19a	3-year property			0.5.5					^	4 4 8 4
b	5-year property		5,	,857.	5 :	YRS.	HY	20	0DB	1,171.
С	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
g	25-year property				25	ō yrs.			S/L	
	Desidential vental average.	/			27.	.5 yrs.	MM		S/L	
h	Residential rental property	/			27.	.5 yrs.	MM		S/L	
		/			39	9 yrs.	MM	- 5	S/L	
i	Nonresidential real property	/					MM	-	S/L	
	Section C - Assets	Placed in Service	During 2020 Tax	x Year Us	sing th	e Altern	ative Depre	ciatio	on Sys	stem
20a	Class life								S/L	
b	12-year				12	2 yrs.		+	S/L	
С	30-year	/) yrs.	MM	_	S/L	
d	40-year	/) yrs.	MM	_	S/L	
Parl						-	•			
21 Li	sted property. Enter amount from lin								21	
	otal. Add amounts from line 12, lines									
	iter here and on the appropriate line	- ·					·		22	2,176
23 Fo	or assets shown above and placed in	n service during the	e current year, en	ter the						
	ortion of the basis attributable to sec					23				

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A -	Depreciation	on and Other	Informa	tion (Ca	ution: S	ee the i	nstructi	ons for li	mits for p	oasseng	er auton	nobiles.)		
24a	Do you have evidence to s	support the bu	siness/investm	ent use cla	aimed?	Y	es	No	24b If "Y	es," is th	ne evide	nce writt	en?	Yes	☐ No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investmen use percenta	: l otl	(d) Cost or her basis		(e) is for depresiness/inve	stment	(f) Recovery period	Met	g) :hod/ ention	Depre	h) ciation iction	Elec sectio co	n 179
25	Special depreciation allo	owance for c	ualified listed	property	placed	in servic	e durin	the ta	x year ar	ıd					
	used more than 50% in	a qualified b	usiness use .								25				
	Property used more that														
		1 1		%											
		1 1		%											
		1 1		%											
27	Property used 50% or le	ess in a qual	ified business	use:											
		1 1	 	%						S/L -					
		1 1		%						S/L -					
		1 1		%						S/L -	i				
	Add amounts in column										28				
29	Add amounts in column	(i), line 26. E											29		
			•	Section E	3 - Infor	mation	on Use	of Vehi	icles						
	mplete this section for ve			on C to s	see if you	u meet a	ın excep	otion to	complet	ng this s	ection f	or those	vehicles	S.	
	T				a)		o)		(c)		d)	(6	-	(f)	
	Total business/investment		· ·	Veh	licle	Ver	nicle	Ve	hicle	Veh	ııcle	Veh	icle	Vehi	cle
	year (don't include commu														
	Total commuting miles of														
	Total other personal (no	-													
	driven														
	Total miles driven during														
	Add lines 30 through 32 Was the vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?			163	140	163	INO	163	110	163	140	162	140	165	NO
	Was the vehicle used pr								+						
	than 5% owner or relate														
	Is another vehicle availa								1						
	use?	=													
			- Questions	for Empl	overs W	ho Pro	vide Vel	nicles f	or Use b	v Their E	Emplove	ees			
	swer these questions to o	determine if	you meet an e	-	-								en't		
37	Do you maintain a writte	en policy sta	tement that p	ohibits a	ıll persor	nal use c	of vehicle	es, inclu	uding cor	nmuting	, by you	r		Yes	No
	employees?														
	Do you maintain a writte										our				
	employees? See the ins	tructions for	vehicles use	d by corp	orate of	ficers, d	irectors	or 1%	or more	owners					
39	Do you treat all use of ve	ehicles by e	mployees as p	ersonal ı	use?										
	Do you provide more that														
	the use of the vehicles,														
41	Do you meet the require	ements conc	erning qualifie	ed autom	obile de	monstra	tion use	?							
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	es," don't	t comple	te Secti	on B for	the co	vered ve	nicles.					
Pa	art VI Amortization														
	(a) Description of	f costs	Date	(b) amortization begins		(c) Amortizab amount	ole		(d) Code section		(e) Amortiza period or per		Ar fo	(f) nortization r this year	
42	Amortization of costs th	at begins du	ıring your 202	0 tax yea	ar:										
				1 1				\perp							
				1 1											
	Amortization of costs th											43			333.
44	Total. Add amounts in o	column (f). S	ee the instruc	tions for	where to	report			<u></u>			44			333.
0162	252 12-18-20												F	orm 4562	(2020)

** PUBLIC DISCLOSURE COPY **

ggn

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2020 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change HEROHOMES, INC Name change 47-4332276 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 125 HIRST ROAD, SUITE 3C 703-297-9135 termin-ated 136,371. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return PURCELLVILLE, VA 20132 H(a) Is this a group return Applica-F Name and address of principal officer: MATT LOWERS Yes X No for subordinates? pending 125 HIRST ROAD SUITE 3C, PURCELLVILLE, VA H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)() ◀ (insert no.) L ___ 4947(a)(1) or L If "No," attach a list. See instructions J Website: ▶ WWW.HEROHOMESLOUDOUN.ORG **H(c)** Group exemption number ▶ L Year of formation: 2015 M State of legal domicile: VA **K** Form of organization: **X** Corporation Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: BUILDING HOUSES, JOBS, AND Activities & Governance COMMUNITY FOR THOSE WHO HAVE FOUGHT FOR THE PRESERVATION OF FREEDOM Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 4 Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 54,856. 97,645. Contributions and grants (Part VIII, line 1h) Revenue 0. Program service revenue (Part VIII, line 2g) 246,949. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 19,949. 114.540. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 416,345. 117.594. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,000. 250. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 964. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 129,895. 8,408. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 130,895. 8,658. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 285,450. 108,936. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 527,276. 636,212. Total assets (Part X, line 16) 0. 0 21 Total liabilities (Part X, line 26)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MATT LOWERS, PRESIDENT Type or print name and title	Date
		/21 Check PTIN PTIN PO0091973
Preparer		Firm's EIN ▶ 27-3213717
Use Only	Firm's address 192 N. 21ST STREET, SUITE 300 PURCELLVILLE, VA 20132	Phone no. 540 - 338 - 1241
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances. Subtract line 21 from line 20

Part II | Signature Block

636,212.

276.

Form	990 (2020) HEROHOMES,	INC	47-4332276 Page 2
Pa	t III Statement of Program Service	Accomplishments	
	Check if Schedule O contains a response	or note to any line in this Part III	
1	Briefly describe the organization's mission: MISSION STATEMENT:		
	DITT DING HOUGHG TODG	ND COMMITTEE TOD THE	
	PRESERVATION OF FREEDOM		OSE WHO HAVE FOUGHT FOR THE
2	Did the organization undertake any significant p		
2		rogram services during the year which	
	If "Yes," describe these new services on Scheo		
3	Did the organization cease conducting, or make		s, any program services?
	If "Yes," describe these changes on Schedule (, , , , , , , , , , , , , , , , , , , ,
4	Describe the organization's program service ac	complishments for each of its three larg	est program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are	e required to report the amount of gran	ts and allocations to others, the total expenses, and
	revenue, if any, for each program service report		0.50
4a	(Code:) (Expenses \$ 6 /	091. including grants of \$	250.) (Revenue \$)
			C ACQUIRED ONE BUILDING LOT PUT A DEPOSIT ON A SECOND
	BUILDING LOT.	MFHEIED IN 2021 AND	FOI A DEFOSII ON A SECOND
	DOIEDING HOT.		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$
) (Ехропосо Ф	moraling grants of \$	
4d	Other program services (Describe on Schedule	O.)	
	,	g grants of \$) (Revenue \$
4e	Total program service expenses	6,091.	

Form 990 (2020) HEROHOMES , INC Part IV Checklist of Required Schedules

	·			T
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			. v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the exemplation report on amount for other liabilities in Part X, line 353 If "Yes," complete Schedule D, Part X	11d 11e	21	Х
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 Ie		22
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X

Form 990 (2020) HEROHOMES, INC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			77
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		1
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Б	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
		256		x
26		25b		- 25
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27		20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
·	"Yes," complete Schedule L, Part IV	28c	Х	1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

020) HEROHOMES , INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				l
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				l
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	-			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	· ·			٠,,
	to file Form 8282?	i	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-	_		
•	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a 9b		
b 10	Section 501(c)(7) organizations. Enter:		90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	114			
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	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	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
Ü	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	۳		
<i>1</i> a		70		х
b	more members of the governing body?	7a		- 25
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.		x
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		21
8		0-	Х	
a	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
500	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	Na
100	Did the examination have level shorters branches or affiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	IUa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ►VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(B)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	. ,	-	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	HEROHOMES, INC - 703-297-9135			
	125 HTRST ROAD SIITTE 3C PIRCELLVILLE VA 20132			

Form 990 (2020) HEROHOMES, INC 47-4332276 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

X Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npei	nsat	ted any current officer,	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	_	Jer an	lu a u	recio	or/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen		(** 2/ 1033 1/1100)		and related
	below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	est co oyee	ь			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) MATTHEW LOWERS	10.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) JASON BROWNELL	20.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) MIKE HUMMEL	4.00]_ [_	_	_
DIRECTOR		Х						0.	0.	0.
(4) BRYAN SNOW	2.00									
DIRECTOR		Х						0.	0.	0.
(5) ELIZABETH MCDONALD	2.00	l								
DIRECTOR		Х						0.	0.	0.
		-								
		-								
		1								
		-								
	1									
		1								
		1								
		1								
		1								
		1								
		L	L	L	L	L	L			
										- 000

032007 12-23-20 Form **990** (2020)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	(do box offic	Individual trustee or director/to Constitutional trustee or director/to Officer and a director/to Officer (key employee Highest compensated)) than is bot	one th an stee)	(D) Reportable compensation from the	(E) Reportable compensatie from relate organizatior (W-2/1099-MI	on d ns	Estimated amount of other compensation from the organization and relate organization		of ation e ion ed
	line)	Indi	Inst	O#fic	Key	High	For						
1b Subtotal							▶	0.		0.			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						>	0.		0.			0.
2 Total number of individuals (including but no compensation from the organization ▶								eceived more than \$100	0,000 of reportab	ole	l		(
	-1:111	1										Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	=		-					•	the organization		4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-			ted organization or indiv	idual for services	S 	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100.000 of cor	npens	sation ·	from	
the organization. Report compensation for								n the organization's tax					
(A) Name and business	address	N	INC	Ξ				(B) Description of s	services	C	Compe	C) nsatio	n
Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to	tho (se li 0	stec	d above) who received n	nore than				

47-4332276

Form 990 (2020) HEROHOM
Part VIII Statement of Revenue

			Check if Schedule O	cont	ains a respo	nse	or note to any lir	ne in this Part VIII			
			Griddik ii Gdriddaid G k	30110	anio a roope	,,,,,,	or rioto to driy iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
s so					1.1						30000013 312 314
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns								
اج کا		b	Membership dues		1b						
Ar.		С	Fundraising events		1c						
ᄪ		d	Related organizations		1d						
s, E			Government grants (contr								
Sign			All other contributions, gifts,								
탈			similar amounts not included				97,645.				
芦티							2,000.				
ng p		_	Noncash contributions included in					97,645.			
O e		h	Total. Add lines 1a-1f					97,043.			
							Business Code				
Se	2	2 a									
ا و ڲٙ		b									
אַ בַּוּ		С									
e a u		d									
gg.		_				_					
Program Service Revenue		f	All other program service	rovo	nuo	_					
			. •								
	_		Total. Add lines 2a-2f								
	3	5	Investment income (include								
			other similar amounts)								
	4	ļ	Income from investment of	of tax	k-exempt bo	nd p	oroceeds >				
	5	5	Royalties	. <u></u>							
					(i) Rea		(ii) Personal				
	6	a	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							
			` '	_							
	_		Net rental income or (loss	'	(i) Securit		(ii) Other				
	7	а	Gross amount from sales of		.,	ies	(ii) Other				
			assets other than inventory	7a							
_		b	Less: cost or other basis								
ne			and sales expenses	7b							
Revenue		С	Gain or (loss)	7с							
Re			Net gain or (loss)				>				
ther	8		Gross income from fundraising								
됩	Ŭ		including \$.9	of						
				lino							
			contributions reported on		•	٦	38,683.				
			Part IV, line 18			8a					
			Less: direct expenses			8b	18,777.	10 006			10 000
		С	Net income or (loss) from	func	Iraising eve	nts	<u></u>	19,906.			19,906.
	9) a	Gross income from gamin	g ac	tivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from			 s	>				
	10		Gross sales of inventory,								
		<i>.</i> u				100					
			and allowances			10a					
			Less: cost of goods sold			10b					
		С	Net income or (loss) from	sale	s ot invento	ry					
ध्			DEGG!!=D:: := =				Business Code	4.0	4.0		
e e	11	a	RECOVERY OF E	ΧP	ENSES		900099	43.	43.		
an en		b									
ĕ <u>ĕ</u>		С									
Miscellaneous Revenue		d	All other revenue			_					
2			Total. Add lines 11a-11d					43.			
	12		Total revenue. See instruction					117,594.	43.	0.	19,906.
								,		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations		·				
	and domestic governments. See Part IV, line 21	250.	250.				
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22						
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees						
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages						
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes						
11	Fees for services (nonemployees):						
а	Management						
b	Legal						
С	Accounting	2,000.	1,000.	1,000.			
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25,						
	column (A) amount, list line 11g expenses on Sch O.)						
12	Advertising and promotion						
13	Office expenses						
14	Information technology						
15	Royalties						
16	Occupancy						
17	Travel	131.	131.				
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	2,509.	2,176.	333.			
23	Insurance	742.	742.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column (A)						
	amount, list line 24e expenses on Schedule 0.)	1 052	4 050				
а	AUTO EXPENSES	1,253.	1,253.		0.64		
b	MERCHANT FEES	964.	F 2 2		964.		
С	VOLUNTEER PLANNING MEAL	539.	539.	0.4.0			
d	CONSTANT CONTACT & INTE	240.		240.			
е	All other expenses	30.	C 001	30.	0.64		
25	Total functional expenses. Add lines 1 through 24e	8,658.	6,091.	1,603.	964.		
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)						

Form 990 (2020)
Part X Balance Sheet

Pa	π λ	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			520,814.	1	410,175
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese per	sons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	ibed in se	ection 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
233613	8	Inventories for sale or use				8	
Ć	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		ı			
		basis. Complete Part VI of Schedule D	10a	14,831.			
	b	Less: accumulated depreciation			2,653.	10c	6,334
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets		3,809.	14	3,473	
	15	Other assets. See Part IV, line 11			0.	15	216,230
	16	Total assets. Add lines 1 through 15 (must e		527,276.	16	636,212	
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple				21	
3	22	Loans and other payables to any current or f	ormer off	icer, director,			
		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese per	sons		22	
J	23	Secured mortgages and notes payable to un	related th	nird parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	s to related third			
		parties, and other liabilities not included on li	nes 17-24	l). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	(
n		Organizations that follow FASB ASC 958,	check he	re ▶ 🔲			
<u> </u>		and complete lines 27, 28, 32, and 33.					
5	27	Net assets without donor restrictions				27	
3	28	Net assets with donor restrictions		<u></u>		28	
5		Organizations that do not follow FASB AS	C 958, ch	eck here 🕨 🗓			
		and complete lines 29 through 33.					
3	29	Capital stock or trust principal, or current fun	ıds		0.	29	(
2	30	Paid-in or capital surplus, or land, building, or	r equipme	ent fund	0.	30	(
Net Assets of Fully Balances	31	Retained earnings, endowment, accumulated	d income	or other funds	527,276.	31	636,212
2	32	Total net assets or fund balances			527,276.	32	636,212
	33	Total liabilities and net assets/fund balances			527,276.	33	636,212

Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,6	
3	Revenue less expenses. Subtract line 2 from line 1	3			36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52	7,2	76.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	63	6,2	12.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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 Name of the organization HEROHOMES. INC 47-4332276 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	270,307.	106,624.	123,659.	54,856.	95,645.	651,091.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	272 207	106 604	100 (50	F4 0F6	05 645	CE1 001
	Total. Add lines 1 through 3	2/0,30/.	106,624.	123,659.	54,856.	95,645.	651,091.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						651,091.
	Public support. Subtract line 5 from line 4.						031,091.
	·	/=\ 0010	(h) 0017	/a) 0010	(4) 0010	(-) 0000	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2016 270, 307.	(b) 2017 106,624.	(c) 2018 123,659.	(d) 2019 54,856.	(e) 2020 95,645.	(f) Total 651,091.
	Amounts from line 4 Gross income from interest,	270,307.	100,024.	123,033.	34,030.	JJ,04J.	031,031.
0	•						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						651,091.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	737,371.
13	First 5 years. If the Form 990 is for the	ne organization's fi				501(c)(3)	
	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2020 (line 6, column (f), c	divided by line 11,	column (f))			100.00 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	100.00 %
16a	33 1/3% support test - 2020. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact				· ·	VI how the organiz	ation
	meets the facts-and-circumstances to	•			•		
b	10% -facts-and-circumstances tes	· ·				•	10% or
	more, and if the organization meets the		•		•		
	organization meets the facts-and-circ		-	•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a. 16b. 17a. or 17l	o, check this box a	nd see instruction	s 🕨 📖

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

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

Galledar year (or fiscal year septiming in) Galledar year (or fiscal	Sec	tion A. Public Support	now, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants.") 2 Gross eneights from admissions, merchandise acid or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross neceipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. 6 Total. Add lines 1 through 5. 7 A mounts included on lines 1, 2, and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons that second to gratues of 18,000 or 1% of the annual received and annual received annu		· · · · · · · · · · · · · · · · · · ·	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
membership fees received. (Do not include any trustal grants?) 2 Gross receipts from admissions, membranding sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization is transpared to or expended on its behalf 5 The value of services or scalities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 6 Total. Add lines 1 through 5		· ` ` ` · · · · · · · · · · · · · · · ·	(-, -5.5	(-,,	(-, 25.5	(=, ==:=	\-,	(-)
include any *unusual grants*) 2 Gross recipits from admissions, merchandies sold or services per formed, or facilities furnished in any activity that is related to the organization's trave-empt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's trave-empt purpose 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and offitting the properties of		, ,						
2 Gross receipts from admissions, merchandles 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 business under section 513 4 Tax revenues leviet for the organization's benefit and either paid to or expanded on its behalf to every period of the behalf of the paid to or expanded on its behalf to the organization without charge 6 Total. Add lines 1 through 5 7 Ta waute of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons but a service of the paid of th								
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's traveweriph 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 statities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts include on lines 2 and 7 served from the first of the pay 6. Add lines 7 and 7 b. 8. Public support, secretal solution 9. Amounts fortion line 6. 10. Gross income from interest, dividendis, payments received on and income from similar sources b. Unrelated business tzable income (less section 5.1 laxes) from businesses acquired after June 30, 1975 9. Add lines 10a and 10b 10. Add lines 10a and 10b 11. Net income from unrelated business whether or not the business is regulatly carried on 12. The fortion of the business whether or not the business is regulatly carried on 17 the 17 is not more than 30 the 50 computation of Public Support Percentage 15. Public support percentage for 2020 (line 18, column (f), divided by line 13, column (f)) 15. 99. 9. Section D. Computation of Public Support Percentage 16. Public support percentage for 2020 (line 18, column (f), divided by line 13, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization on line 18 is not more than 33 1/3%		, , , , , , , , , , , , , , , , , , ,						
any activity that is related to the organization is tax-exempt purpose of congruents from activities that are not an unrelated trade of business under section 513 1 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons that one or the service of the service		•						
origanization's tax-exempt purpose 3 Cross recepts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons b Amonita included on lines 2 and 3 received from disqualified persons b A mounts included on lines 2 and 3 received from disqualified persons to Add lines 7 and 7 b 8 Public support, square line 1 to 1 t		*						
3. Gross receipts from activities that are not an unvested trade or business under section 513 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. a Amounts included on lines 1, 2, and 3 received from disqualified persons 1. Amounts included on lines 3 and 3 received from disqualified persons 1. Amounts included on lines 3 and 3 received the services of the se								
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 8 A mounts included on lines 1, 2, and 3 received from disqualified persons but have been serviced by a service of the service of th		· · · · •						
Interest under section 513 4 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5		•						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5		5						
ization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. A Amounts included on lines 1, 2, and 3 received from disqualified persons 1. Amounts included on lines 2 and 3 received from disqualified persons 1. Amounts included on lines 2 and 3 received from other than 10 to the year and sealing persons that sealing the sealing persons the sealing that sealing the sealing persons the sealing that sealing the sealing persons the sealing that sealing the seali								
or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7 a Amounts included on lines 2, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons the received from disqualified persons that received the great of so,000 or 1% of the through 5. 8 Public support. Spearinis / tentines 1. 8 Public support. Spearinis / tentines 1. 9 Amounts from line 6. 10 Gross income from interest, dividends, payments received on securities loans, entry, royalties, and income from similar sources on securities loans, entry, royalties, and income from similar sources on securities loans, entry, royalties, and income from similar sources acquired after June 30, 1975 c. Add lines 10a and 10b. 11 Nel income from unrelated business sacquired after June 30, 1975 c. Add lines 10a and 10b. 11 Nel income from unrelated business and income from threated business and income from threated business is regularly carried on rout the business is regularly carried on rout the business is regularly carried on rout the business is regularly carried on control the business is regularly carried on securities from the sale of capital assets (Explain in Part VI). 13 Total support, was time 9, 10c, 11, and 12b. 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 17 18 96 18 investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 19 33 1/3% support tests - 2019, if the organization of hot check the box on line 14, and line 15 is more than 33 1/3%, and line 16 is more than 33 1/3%, and line 16		·						
5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received son other than disqualified persons b Amounts included on lines 2 and 3 received son other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on their fails or the year and security of the amount of their 15 for the year and security of the amount of their 15 for the year and 15 for they are an and 15 for they are an anount of 15 for they are								
furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 roceived from disqualified persons b Amounts included on lines 1, 2, and 3 roceived from disqualified persons consider the greater of \$5.000 or 1% of the amount on line 1 for the year of the amount on line 1 for the year of the amount on line 1 for the year of the amount of the 1 for the year of the amount of the 1 for the year of the amount of the 1 for the year of the amount of the 1 for the year of the amount of the 1 for the year of the 1 for the 1 for the year of the 1 for the 2 for								
the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1 and a received tom other than dequalified persons that exceed the greater of \$5,000 or \$4 or the amount on line 13 for the year c Add lines 7 and 7 b 3 Public support. Support [a line [a b b b b b 3 Public support (riscal year beginning in) 4 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loars, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, wregularly carried on 12 Other income pone included palin assets (Explain in Part VI). 13 Total support, (Add lines 1) can plan as a session of line 1 and a session of line pone in the selection of Public Support percentage from 2019 Schedule A, Part III, line 17 19 As 31 1/3% support percentage from 2019 Schedule A, Part III, line 17 19 As 31 1/3% support percentage from 2019 Schedule A, Part III, line 17 19 As 31 1/3% support percentage from 2019 Schedule A, Part III, line 17 19 As 31 1/3% support tests - 2020. If the organization of other check a box on line 14, and line 15 is more than 33 1/3%, and line 18 is nor ten than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received to non-ther than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 1 for the year continued to lines 2 and 3 received to non-ther than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 1 for the year continued to lines 2 and 3 received the greater of \$5,000 or 1% of the amount on line 1 for the year continued to line 5 for the year of 1 for								
7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$0,000 or 15 de the amount on line 15 for the year of 2,000 or 15 de the amount on line 15 for the year of 2,000 or 15 de the amount on line 15 for the year of 2,000 or 15 de the amount on line 15 for the year of 2,000 or 15 de the amount on line 15 for the year of 2,000 or 15 de the amount on line 15 for the year of 2,000 or 15 de the amount on line 15 for the year of 2,000 or 15 de the amount of 15 de the year of 2,000 or 15 de the amount of 15 de the year of 2,000 or 2,000 o		· · · · · ·						
3 received from disqualified persons b Amounts included on lines 2 and 3 received two other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on lines 2 and 3 received two other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on lines 2 and 3 received the greater of \$5.000 or 1% of the amount on lines 2 and 3 received the greater of \$5.000 or 1% of the amount on lines 2 and 3 received the greater of \$5.000 or 1% of the amount on lines 2 and 3 received the greater of \$5.000 or 1% of the grea							1	
b Amounts included on lines 2 and 3 received from chert hard singulatified parts that exceed the greater of \$5,000 or 1% of the amount on line 1 for the year c Add lines 7a and 7b 8 Public support, Spingtalities 75 tentilies 1 8 Public support percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, entar to ryadities, and income from similar sources b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business are required on 10b, whether or not the business is regularly carried on 120 ther income. Do not include gain or loss from the sale of capital assest (Explain in Part VI.) 13 Total support, (Add lines 9, 10c, 11, and 12c) 4 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Ja 13/3% support tests - 2020. If the organization did not check box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3%, support tests - 2020. If the organization did not check box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3%, support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		, ,						
tom other than disqualified persons that exceed the grapter of \$5,000 or 196 of the amount on line 13 for the year or Add lines 7 a and 7 b 8 Public support. (Support 1) 8 Public support (Support 1) 8 Public support (Support 1) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b lunelated business taxable income (less section 5.11 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business is regularly carried on 10c Office or not the business of the organization of 10c Office organization (in the organization office organization (in the organization office organization office organization office organization office organization		· · · · · · · · · · · · · · · · · · ·						
amount on line 13 for the year c Add lines 7a and 7b 8 Public support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, ents, royallies, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in 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 assests (Explain in Part VI.) 13 Total support. Again line 17 in years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 15 16 94 19 a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 33 173% support tests - 2020. If the organization did not check a box on line 14, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization. ▶ 33 173% support tests - 2019. If the organization did not check a box on line 14, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization.	1	from other than disqualified persons that						
c Add lines 7a and 7b 8 Public support. Spection B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (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 businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business sactivities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 13 Total support, ade lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section D. Computation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization □ 13 13 13 13 13 13 13 13 13 13 13 13 13								
8 Public support. (Subtaclilize 7; from line 5) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 19 a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □								
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 (a) (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 (c) 2018 (d) 2019 (e) 2020 (f) Total 11 Net income from unrelated business sativities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support, Apid lines 9, to, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section D. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/396, and line 17 is not more than 33 1/396, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/396, and line 17 is not more than 33 1/396, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/396, and line 17 is not more than 33 1/396, check this box and stop here. The organization qualifies as a publicly supported organization								
Calendar year (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 13 Total support, (add lines 9, 10c. 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 15 6 Public support percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization	Sec	tion B. Total Support						
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 15 16 Year Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization Description			(a) 2016	(b) 2017	(c) 2018	(d) 2019	(a) 2020	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business satable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on or the business is regularly carried on so the store of the surface of the store of the		· · · · · · · · · · · · · · · · · · ·	(a) 2010	(6) 2017	(6) 2010	(4) 2019	(6) 2020	(i) iotai
dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization D 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization D 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported org								
and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on regularly carried on rolss from the sale of capital assets (Explain in Part VI.) 13 Total support, (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. (life the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization								
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business a cregularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization	:	securities loans, rents, royalties,						
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 31/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		F						
acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on great part of the properties of capital assets (Explain in Part VI.) 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1								
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 10 b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 10 public support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 15 public support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization		acquired after June 20, 1075						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 10 b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 10 public support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 10 public support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2019 Schedule A, Part III, line 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 1 Investment income than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 1 Investment income than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 1 Investment income than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 1 Investment income than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 1 Investment income than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization								
regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization								
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1								
or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2019 Schedule A, Part III, line 17, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 19 Jan								
Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 17 Interval 18 Interval 19 Interval		or loss from the sale of capital						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 Description of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 15 16 9/20 17 Public support percentage from 2019 Schedule A, Part III, line 17 18 9/20 19 a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 Description of Public Supported organization methods as a publicly supported organization							+	
check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 11 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f)) 12 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f)) 13 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f)) 15 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f)) 16 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f)) 17 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f)) 19 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f) 19 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f) 10 Public support tests - 2020 (line 10c, column (f), divided by line 13, column (f) 17 Public su			e organization's f	iret epoond third	fourth or fifth toy	Vear as a section	501(c)(3) organizat	ion
Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 Public support percentage for 2019 Schedule A, Part III, line 15 11 Public support 15 12 Public support 15 13 Public support 15 14 Public support 15 15 Public support 15 16 Public support 15 17 Public support 15 18 Publ			•		,	•		.1011,
15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19								
16 Public support percentage from 2019 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		-			column (f))		15	0/6
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							 	
17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							10	70
18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		•					17	0,4
19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							 	
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			-					17 13 11UL
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
. I		• •	•			•	•	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ	2020

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mar	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ison of the relationship described in line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
200		rted organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a b		The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
		The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etructio	ne)	
с 2		ies Test. Answer lines 2a and 2b below.	struction	Yes	No
		bstantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive? In Fest, under the art Vindentity			
		ne organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
-		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		It the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		e 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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ting Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion 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	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrat	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

, a.	t i pe in Non i anodonany integrated eee	(u)(o) Supporting Orgi	arrizationo (contint	uea)	
Sect	ion D - Distributions		•	,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

HEROHOMES , INC

47-4332276

Organization type (check one):

Oi gainz	ation type (check of	ic).			
Filers of	:	Section:			
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year			
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to			

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization	Employer identification number
HEROHOMES, INC	47-4332276

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$14,441.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

HEROHOMES, INC

47-4332276

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Employer identification number Name of organization 47-4332276 HEROHOMES, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

HEROHOMES, INC

Employer identification number 47-4332276

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•			0(1-)(4)(D)(2)
8	Does each conservation easement reported on line 2(d) above	•	
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's linaridial stater	nents that describes the
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections or	f Δrt Historical Treasures or (Other Similar Assets
· ui	Complete if the organization answered "Yes" on Form		other emmar 7,000to.
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıu	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
h	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o oximpliani, caacation, or recoaren in rai	anoranoe or pasite service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L .
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		g, p. 5 g
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tense, (check all that apply): a Public exhibition	Pai	rt III Orga	inizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Othe	r Similar	Asset	S (contir	nued)	
a Public exhibition d	3	Using the org	ganization's acquisition, accessi	ion, and other record	ls, chec	k any of the	following tha	t make si	gnificant use	e of its			
b Scholarly research ce		collection iter	ns (check all that apply):										
c	а	Public Public	exhibition	d		Loan or exc	hange progra	am					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 2 Beginning balance 2 Both the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 3 Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 1b Contributions 1c Net investment earnings, gains, and losses of Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 1p	b	Schola	rly research	е		Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. 1 Is the organization an angent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 11. 2 Beginning balance Id Amount Id Amount Id Amount Id Id Id Id Id Id Id I	С	Preserv	ation for future generations										
Description Tester Section Tester	4	Provide a des	scription of the organization's c	ollections and explai	n how th	ney further t	he organizati	on's exem	npt purpose	in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: C	5		- ·								i		
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves										. L			٧o
on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	Pai				ete if the	e organizatio	on answered	"Yes" on F	Form 990, P	art IV, li	ne 9, or		
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c Amount	1a	Is the organiz	zation an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not i	ncluded				
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year 6 Segmentation include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		on Form 990	, Part X?							🗀	Yes	r	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	b	If "Yes," expl	ain the arrangement in Part XIII	and complete the fo	llowing	table:							
d Additions during the year e Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part VIII. The part VIII. Check here if the explanation has been provided on Part VIII. The part VIII. Check here if the explanation has been provided on Part VIII. Incheck here if the explanation has been provided on Part VIII. Incheck here if the explanation has been provided on Part VIII. Incheck here if the explanation has been provided on Part VIII. Incheck here if the explanation has been provided on Part VIII. Incheck here if the explanation has been provided on Part VIII. Incheck here if the explanation has been provided on Part VIII. Incheck here if the explanation has been provided on Part VIII. Incheck here if the explanation has been provided on Part VIII. Incheck here if the explanation has been provided on Part VIII. Incheck here if the explanation has been provided on Part VIII. Incheck here if the explanation has been provided on Part VIII. Incheck here if the explanation has been provided on Part VIII. Incheck here if the explanation has been provided on Part VIII. Incheck here if the explanation has been provided on Part VIII. Incheck here if the explanation has been provided on Part VIII. Incheck here if the organization has a part of Part VIII. Incheck here if the provided has been provided on Part VIII. Incheck here if the provided has incheck here if the provided has been provided on Part VIII. Incheck here if the provided has incheck here if the provided has provided has incheck here if the provided has p											Amoun	t	
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Beginning of year balance [b] Contributions [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Beginning of year balance [b] Contributions [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four	С	Beginning ba	lance						1c				
f Ending balance	d	Additions du	ring the year						1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions	during the year						1e				
Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment the annual to the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part V Land, Buildings, and Equipment Part V Land, Buildings, and Equipment Part V Land, Buildings Cales Household Indiversity Cales Household Ind	f	Ending balan	ce						1f				
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		_							y?	📖	Yes	_ <u> </u>	νo
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back													
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	Pai	τν Enac	owment Funds. Complete i	if the organization an			1						
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment				(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three year	s back	(e) Four	years ba	<u>ck</u>
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a												
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b												
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			- · - ·										
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶													
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е												
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		. •											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶													
a Board designated or quasi-endowment ▶					/I: -4		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
b Permanent endowment ▶				rent year end baland	,	g, column (a	a)) neid as:						
c Term endowment ▶	_	J	•		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 8 , 974 • 7,326 • 1,648 • 60ther													
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 8,974 7,326 1,648 e Other 5,857 1,171 4,686	С			· -									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment	0-			•	-4: 41	-4 11 -							
(ii) Unrelated organizations (iii) Related organizations (Sa		downlent lunds not in the posse	ession of the organiz	ation the	at are rielu a	ina aaministe	ered for the	e organizati	OH	Г	Vac A	
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 5,857. 1,171. 4,686.		•	d organizations									Tes I	10
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other S, 857. 1, 171. 4, 686.											 		
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Copyright (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation to Leasehold improvements c Leasehold improvements d Equipment e Other 5,857. 1,171. 4,686.	h												
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 5,857. 1,171. 4,686.											SD		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 5,857. 1,171. 4,686.					WITIETIL	iulius.							
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Other (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 8, 974. 7, 326. 1, 648. 2, 686.) Part I\	/ line 11a 9	See Form 990) Part X I	ine 10				
basis (investment) basis (other) depreciation b Buildings C Leasehold improvements C Equipment 8,974. 7,326. 1,648. e Other 5,857. 1,171. 4,686.		<u>-</u>				i .	ı				(d) Boo	k value	
1a Land b Buildings c Leasehold improvements d Equipment 8,974. 7,326. 1,648. e Other 5,857. 1,171. 4,686.		Des	onputon of property	' '							(4) 500	. value	
b Buildings c Leasehold improvements d Equipment 8,974. 7,326. 1,648. e Other 5,857. 1,171. 4,686.		Land		` `	-7		. /						
c Leasehold improvements 8,974. 7,326. 1,648. e Other 5,857. 1,171. 4,686.													_
d Equipment 8,974. 7,326. 1,648. e Other 5,857. 1,171. 4,686.													—
e Other 5,857. 1,171. 4,686.							8,974.		7,326			1,648	8.
												4,680	6.
					X, colur	nn (B), line 1				_		6,33	$\overline{4}$.

Schedule	D (Form 990) 2020 HEROHOM	ES, INC	47	7-4332276 Page 3
	Investments - Other Securit	ies.		J
			line 11b. See Form 990, Part X, line 12.	
(a) Descr	iption of security or category (including name of	security) (b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financ	cial derivatives			
(2) Closel	y held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line			
Part VI	II Investments - Program Rela	ited.		
			line 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line	13.) ▶		
Part IX	Other Assets.			
	Complete if the organization answere		line 11d. See Form 990, Part X, line 15.	
		(a) Description		(b) Book value
(1) L	AND HELD FOR CONTRUC	TION - PROGRAM	SERVICES	216,230
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	>	216,230
Part X	Other Liabilities.			
			line 11e or 11f. See Form 990, Part X, line 2	
<u>1. </u>	(a) Description of liabilit	У		(b) Book value
(1) Fe	ederal income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII..

(9)

Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	· · · · · · · · · · · · · · · · · · ·	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	Prior year adjustments	2b		
С				
d	, , , , , , , , , , , , , , , , , , , ,			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
	Other (Describe in Part XIII.)	4b		
_	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	rt XIII Supplemental Information.	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D. I.V.E. A. D. I.V.E. O. D. I.V.E.	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		Part V, line 4; Part X, line 2; Part XI,	
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization							ntification number
HEROHOM	ES, INC					47-4332	276
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	'es" oı	n Form 990, Part IV,	line 1	7. Form 990-EZ	Z filers are not
Indicate whether the organization rais	e Solicitat	ion of	non-g gover	overnment grants nment grants			
 d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	art VII) or entity in connection with p viduals or entities (fundraisers) pursu	rofess	ional f	undraising services?)	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
3 List all states in which the organization or licensing.			outions	s or has been notified	d it is	exempt from re	egistration

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and grant of fundraising event contributions.				
		J 1213	(a) Event #1	(b) Event #2 CASINO NIGHT	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
6 Direct Expenses Revenue ad Direct Expenses R			(event type)	(event type)	(total number)	
	1	Gross receipts		38,683.		38,683.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)		38,683.		38,683.
	4	Cash prizes				
es	5	Noncash prizes				
xbens	6	Rent/facility costs				
Direct E	7	Food and beverages		8,276.		8,276.
	8	Entertainment Other direct expenses		10,501.		10,501.
		Direct expense summary. Add lines 4 throug			>	18,777.
_	11	Net income summary. Subtract line 10 from I	line 3, column (d)		>	19,906.
Pa	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
enne		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Expens	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes% No	Yes %	
		Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
		er the state(s) in which the organization condi- the organization licensed to conduct gaming a	-	states?		Yes No
b		No," explain:				
	If "I	No," explain: ere any of the organization's gaming licenses r			/ear?	Yes No

Sch	nedule G (Form 990 or 990-EZ) 2020 HEROHOMES, INC 47	-4332	2276	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
k	o An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ Address ▶			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
L	a If "Vec " ontex the amount of gaming revenue received by the organization.			
Ľ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
	If "Yes," enter name and address of the third party:			
	,			
	Name			
	Address			
16	Gaming manager information:			
	Name >			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	L	Yes	└── No
t	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the)		
Pa	organization's own exempt activities during the tax year \(\) \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III I	ines 9	9b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
PA	RT I, LINE 2B, COLUMN (V):			
INC	PAID FUNDRAISERS			

Schedule 6	G (Form 990 or 990-EZ)	HEROHOMES,	INC		47-433227	6 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)				•

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

HEROHOMES INC

Employer identification number 47-4332276

Part I Excess Benefit Trans	sactions (sec	tion 501(c)(3	3), sect	ion 501(c)(4), and se	ection	501(c)(29) org	anizati	ons o	nly).	<i>.</i> •		
Complete if the organization	n answered "Ye	s" on Form	990, Pa	art IV, line 25a or 25b	b, or	Form 990-EZ, F	art V,	line 40	b.			
(a) Name of disqualified person	(b) Relationshi	lified (c	(c) Description of transaction				(d) Corrected?					
(0)	person and organization			,	(c) bescription of transaction					Y	es	No
2 Enter the amount of tax incurred by												
section 4958 3 Enter the amount of tax, if any, on li								▶ \$ ▶ \$				
3 Enter the amount of tax, if any, on it	irie ∠, above, rei	mbursed by	rine or	ganization				Ф				
Part II Loans to and/or From	n Interested	Persons	5.									
Complete if the organization	n answered "Ye	s" on Form	990-EZ	, Part V, line 38a or I	Form	990, Part IV, lir	ne 26;	or if th	e orga	nizati	on	
reported an amount on For												
(a) Name of (b) Relation interested person with organic		froi	oan to or m the	(e) Original	(f) Balance due		(g)		(h) Api by bo	Approved (i) board or agreements		Written
interested person with organi			ization?	principal amount			default?					
		То	From				Yes	No	Yes	No	Yes	No
Total				> \$								
Part III Grants or Assistance	Benefiting	Intereste	d Pe	rsons.			•		•			
Complete if the organization	n answered "Ye	s" on Form	990, Pa	art IV, line 27.								
(a) Name of interested person	(b) Relationship between			(c) Amount of		(d) Type of			(e) Purpose of assistance			
	interested person and the organization			assistance		assistance			assistance			
					-			\dashv				
					-			_				

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

Schedule L (Form 990 or 990-EZ) 2020

(a) Name of interested person	(b) Relation	(b) Relationship between interested person and the organization			unt of		Description of ransaction	organiz	(e) Sharing of organization's	
	perso	in and the organiz	transac	LIOIT	"	ansaction	revenues? Yes No			
CHARCOL, LLC	JASON	BROWNELL	OWNS	159	,832	THE.	ORGANIZ		Х	
Part V Supplemental Information. Provide additional information for re-	sponses to qu	uestions on Sched	ule L (see	instructions)					<u> </u>	
SCH L, PART IV, BUSINESS	TRANSA	CTIONS IN	VOLVI	NG INT	EREST	red 1	PERSONS:			
(A) NAME OF PERSON: CHARG	COL, LLO	С								
(B) RELATIONSHIP BETWEEN	INTERE	STED PERS	ON AN	D ORGA	NIZA	rion	:			
JASON BROWNELL OWNS A 509	INTER	EST IN CH	ARCOL	, LLC						
(D) DESCRIPTION OF TRANSA	ACTION:	THE ORGA	NIZAT	ION BO	UGHT	A B	UILDING	LOT		
FROM CHARCOLL, LLC.										
·										

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

2020 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HEROHOMES, INC

Employer identification number 47-4332276

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND DEMOCRACY FOR OTHERS. HEROHOMES IS A 501(C)3 NOT FOR PROFIT

FOUNDATION ESTABLISHED TO BUILD HOUSES FOR THOSE WHO HAVE FOUGHT FOR

THE PRESERVATION OF FREEDOM AND DEMOCRACY FOR OTHERS. THESE DESERVING

VETS AND THEIR FAMILIES CANNOT REGAIN WHAT THEY LOST DEFENDING OUR

COUNTRY, BUT WE CAN GIVE THEM A NEW START IN BUILDING A SOLID

FOUNDATION FOR THEIR FUTURE AND THE DIGNITY OF AN INDEPENDENT LIFE IN A

WONDERFUL SMALL TOWN COMMUNITY SETTING. WE PROVIDE THE OPPORTUNITY FOR

DISABLED VETERANS TO REJOIN SOCIETY WITH THE SECURITY AND PRIDE OF HOME

OWNERSHIP. FUNDRAISING BEGAN IN 2015 TO FUND THE PURCHASE OF LAND AND

CONSTRUCTION ON THE FIRST HOME FOR A DISABLED VETERAN WAS STARTED IN

2016. ONE HOME WAS DONATED TO A DISABLED VETERAN IN 2017, ONE IN 2018

AND ANOTHER IN 2019.

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

A DRAFT OF FORM 990 WAS PROVIDED TO THE ORGANIZATIONS GOVERNING BODY FOR APPROVAL BEFORE FILING.

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

THE PRESIDENT AND VICE PRESIDENT ARE AUTHORIZED TO APPROVE ALL EXPENDITURES

AND CONTRACTUAL AGREEMENTS TO ENSURE THERE ARE NO CONFLICTS OF INTEREST.

IF ANY CONFLICTS ARISE, THEY WILL BE BROUGHT TO THE ATTENTION OF THE BOARD

OF DIRECTORS AT REGULAR BOARD MEETINGS.

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

HEROHOMES, INC	47-4332276
NO COMPENSATION PAID TO CEO, EXECUTIVE DIRECTOR AND TOP M	MANAGEMENT.
FORM 990, PART VI, SECTION C, LINE 19:	
ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FIN	JANCIAL STATEMENTS.
AND TAX RETURNS ARE AVAILABLE ON REQUEST. THE GOAL IS TO	
DOCUMENTS ON THE WEB-SITE.	

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

OMB No. 1545-0172

990

Identifying number

HEF	ROHOMES,							AGE 10		47-4332276
Pai	rt Election T	o Expense Certain Prope	rty Under Section 17	79 Note: If you h	ave any lis	ted pr	operty, c	omplete Part	V before y	ou complete Part I.
1 1	/laximum amou	nt (see instructions)							1	1,040,000.
2 T	otal cost of sec	tion 179 property plac	ed in service (see	instructions)					2	
3 T	hreshold cost o	of section 179 property	before reduction	in limitation					3	2,590,000.
4 F	Reduction in lim	itation. Subtract line 3	from line 2. If zero	or less, enter -0)-				4	
5 D	ollar limitation for ta	x year. Subtract line 4 from line	e 1. If zero or less, enter	-0 If married filing s	eparately, see	instructi	ions		5	
6		(a) Description of pro	operty	(k	b) Cost (busine	ess use o	only)	(c) Elected	cost	
7 L	isted property.	Enter the amount from	line 29				7			
8 T	otal elected co	st of section 179 prope	erty. Add amounts	in column (c), li	ines 6 and	7			8	
		tion. Enter the smaller								
10	Carryover of disa	allowed deduction from	n line 13 of your 20)19 Form 4562					10	
		e limitation. Enter the s								
12 S	Section 179 exp	ense deduction. Add li	nes 9 and 10, but	don't enter mor	re than line	11			12	
		allowed deduction to 2				▶	13			
		t II or Part III below for	listed property. In:	stead, use Part	V.					
Pai	- Оросии	l Depreciation Allowa		•						
14 S	Special deprecia	ation allowance for qua	lified property (oth	er than listed p	roperty) pla	aced ir	n service	during		
	•									
		to section 168(f)(1) ele	ection						15	
16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property, See instructions.)									16	
Pai	T III MACR	S Depreciation (Don't	include listed pro	•	•					
				Section						1 005
		ons for assets placed i							17	1,005.
18 If	you are electing to g	roup any assets placed in serv							<u> o .</u>	
		Section B - Assets	(b) Month and	(c) Basis for dep		Ť		erai Deprecia	ation Syste	em
	(a) Classific	ation of property	year placed in service	(business/invest	tment use	(d) F	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
			III Selvice	Only - See msu	ructions)					
<u>19a</u>	3-year prope	•		<u> </u>	,857.	Ε,	YRS.	HY	200DB	1,171.
b_	5-year prope	•		<u>J</u>	,057.	J .	IKD.	п1	20000	Ι, Ι/Ι•
	7-year prope	•						1		
<u>d</u>	10-year prop	•								
e_	15-year prop									
	20-year prop					21			C/I	
<u>g</u>	25-year prop	erry	,				5 yrs.	N 4 N 4	S/L S/L	
h	Residential r	ental property	/				.5 yrs.	MM	S/L S/L	
			1 ,				.5 yrs.	MM	S/L S/L	
i	Nonresident	ial real property	/			38	9 yrs.	MM	S/L S/L	
		Section C - Assets P	laced in Service	During 2020 Ta	ay Voar He	ina th	- Δltern			tem
 20a	Class life	Occion o Access	luocu III oci vioc	Daning Loco To	ux rour oc	,g	ic Aitein		S/L	tom
<u>20a</u> b	12-year					11	2 yrs.	1	S/L S/L	
	30-year		,				2 yrs. O yrs.	MM	S/L	
d	40-year		/				O yrs.	MM	S/L	
		ary (See instructions.)				-10	- ,	141141		
		Enter amount from line	28						21	
		unts from line 12, lines		es 19 and 20 in	column (a)). and I	ine 21		···· - ' 	
		on the appropriate lines	-						22	2,176.
		n above and placed in								,

23

portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Cost of the placed in service placed in service use percentage other basis (business/investment use only) period Convention deduction service service use only) period Convention deduction service	NI-	
Type of property (list vehicles first) Date placed in Service unvestment use percentage of the Pasis (Post or Cost or Cost or Cost or Cost or Cost or Cost or Service unvestment use percentage of the Pasis (Post or Cost or	NI-	
Type of property (list vehicles first) Date placed in Service unvestment use percentage of the Pasis (Post or Cost or Cost or Cost or Cost or Cost or Cost or Service unvestment use percentage of the Pasis (Post or Cost or	No	
used more than 50% in a qualified business use: 25	(i) ected on 179 ost	
used more than 50% in a qualified business use: 25		
26 Property used more than 50% in a qualified business use:		
27 Property used 50% or less in a qualified business use:		
27 Property used 50% or less in a qualified business use:	,	
27 Property used 50% or less in a qualified business use:	,	
S/L - S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), lines 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicle to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) Vehicle Add lines 30 through 32 31 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? Yes No Yes Yes No Ye		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicle to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) Vehicle Section for those vehicles. 10 Total business/investment miles driven during the year (don't include commuting miles) 11 Total commuting miles driven during the year service. 22 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32. 23 Was the vehicle available for personal use during off-duty hours? 29 Details the page 1		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1		
Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicle to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? Yes No Yes Yes No Yes		
Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicle to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? Yes No Yes		
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicle to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a)		
to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) Vehicle Vehicl		
Total business/investment miles driven during the year (don't include commuting miles) Total commuting miles driven during the year driven Total other personal (noncommuting) miles driven Total miles driven during the year driven during the year driven Total miles driven during the year driven during the year driven during the year. Add lines 30 through 32 Yes No Yes	:S	
Total business/investment miles driven during the year (don't include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles driven. Total miles driven during the year. Add lines 30 through 32. Was the vehicle Vehicl		
Total business/investment miles driven during the year (don't include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles driven. Total miles driven during the year. Add lines 30 through 32. Was the vehicle Vehicl		
year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 38 No Yes No Y	(f)	
31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? Solve In the personal in the year Yes No Ye	Vehicle	
32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 39 Yes No Y		
driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? Yes No		
33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? Solution of the during the year. Yes No Ye		
34 Was the vehicle available for personal use during off-duty hours? Yes No Ye		
during off-duty hours?		
	No	
than 5% owner or related person?		
36 Is another vehicle available for personal		
use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees		
Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't		
more than 5% owners or related persons.		
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	No	
employees?	+***	
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your	+	
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?	\top	
40 Do you provide more than five vehicles to your employees, obtain information from your employees about		
the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		
Part VI Amortization		
(a) (b) (c) (d) (e) (f) Description of costs Date amortization begins Amortizable amount section period or percentage for this year	(f) Amortization for this year	
42 Amortization of costs that begins during your 2020 tax year:		
72 7 WHO NEADON OF COOKS WHAT BOOM IS GOOD TO AN YOUR.		
43 Amortization of costs that began before your 2020 tax year 43	333	
44 Total. Add amounts in column (f). See the instructions for where to report 44	333	