

Form **990-EZ**

**Short Form**

OMB No 1545-1150

**Return of Organization Exempt From Income Tax**

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

**2016**

**Open to Public Inspection**

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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning MAY 9<sup>TH</sup>, 2016, and ending MAY 8<sup>TH</sup>, 2017

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **Housing for Heroes, a nonprofit organization**

**D** Employer identification number **81-2479309**

**E** Telephone number **(605) 223-0869**

**F** Group Exemption Number ▶ **?**

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **?**

**I** Website: ▶ [www.housing4heroes.org](http://www.housing4heroes.org)

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

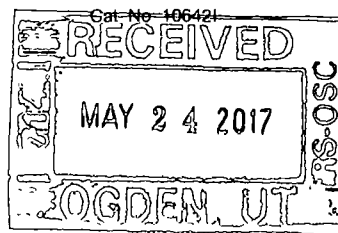
**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **10861**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) **?**  
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets			
1	Contributions, gifts, grants, and similar amounts received	1	10457	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-137
2	Program service revenue including government fees and contracts	2	0.00	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	251
3	Membership dues and assessments	3	0.00	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
4	Investment income	4	0.00	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	114
5a	Gross amount from sale of assets other than inventory	5a	0.00				
b	Less: cost or other basis and sales expenses	5b	0.00				
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.00				
6	Gaming and fundraising events						
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0.00				
b	Gross income from fundraising events (not including \$ 0.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	404				
c	Less: direct expenses from gaming and fundraising events	6c	210				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	194				
7a	Gross sales of inventory, less returns and allowances	7a	0.00				
b	Less: cost of goods sold	7b	0.00				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.00				
8	Other revenue (describe in Schedule O)	8	0.00				
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	10651				
10	Grants and similar amounts paid (list in Schedule O)	10	9404				
11	Benefits paid to or for members	11	0.00				
12	Salaries, other compensation, and employee benefits <b>?</b>	12	0.00				
13	Professional fees and other payments to independent contractors <b>?</b>	13	709				
14	Occupancy, rent, utilities, and maintenance	14	229				
15	Printing, publications, postage, and shipping	15	171				
16	Other expenses (describe in Schedule O) <b>?</b>	16	0.00				
17	<b>Total expenses.</b> Add lines 10 through 16	17	10514				

For Paperwork Reduction Act Notice, see the separate instructions.



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**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	0.00	251
23 Land and buildings . . . . .	0.00	0.00
24 Other assets (describe in Schedule O) . . . . .	0.00	0.00
25 Total assets . . . . .	0.00	251
26 Total liabilities (describe in Schedule O) . . . . .	0.00	0.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	0.00	251

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose? End homelessness for vets in SD, then nationally.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Google Ad Grants - up to \$10,000 a month in web advertisement for our website to promote our cause Get information to the people who need help and our brand name placed at the top of google search engines. We've been able to assist an average of 20 homeless vets outside our state get help through the national hotline. (Grants \$ 120000 ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	9404
29 Microsoft Office Program Software - has allowed us to write future grants that will affect our next years growth to build our transitional housing programs, homeless shelter and apprenticeship programs for vets to learn trades. (Grants \$ 588 ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	29
30  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) . . . . .	32	9433

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Carol Harvey Member, President	10	-0-	-0-	-0-
Corey Goodall Member, Treasurer	40-60	-0-	-0-	-0-
Mandy Campbell Member, Secretary	2	-0-	-0-	-0-
Chachi Palmer New Member	2	-0-	-0-	-0-
Scott Goodall Member	10	-0-	-0-	-0-

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 34 Were any significant changes made to the organizing or governing documents? 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities... 35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? 35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee... 38b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year... c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year... d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 41 List the states with which a copy of this return is filed. 42a The organization's books are in care of: Corey Goodall. Telephone no.: 605-890-2089. Located at: 142 S 16th Street, Hot Springs, SD. ZIP + 4: 57747-2146. b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country... 42b If "Yes," enter the name of the foreign country. c At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 44a Did the organization maintain any donor advised funds during the year? 44b Did the organization operate one or more hospital facilities during the year? 44c Did the organization receive any payments for indoor tanning services during the year? 44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . **46**  Yes  No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 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 . . . . . **47**  Yes  No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48**  Yes  No

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a**  Yes  No

b If "Yes," was the related organization a section 527 organization? . . . . . **49b**  Yes  No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
no employees				

f Total number of other employees paid over \$100,000 . . . . . ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
no contractors at this time		

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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: Corey Goodall Date: 05/17/2017   
 Type or print name and title: Corey Goodall, Member/Treasurer

**Paid Preparer Use Only**   
 Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_   
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_   
 Firm's address: \_\_\_\_\_ Phone no: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

**SCHEDULE O  
(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

**2016**

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▶ Attach to Form 990 or 990-EZ.

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

Name of the organization  
**Housing for Heroes, a nonprofit organization**

Employer identification number  
**81-2479309**

Part 1 - 10. Grants and similar amounts paid - Housing for Heroes applied for and received a Google Ad-Grant for up to \$10,000 a month in web advertisement. However, if the money was not used in the month it was lost. No funds actually changed hands but the organization did benefit from the advertisement campaigns.

Part 3 - 28 With the increased advertising from Google, Housing for Heroes was able to assist other individuals who were interested in housing veterans in other states get started in the process to provide services to their community. We had multiple calls each week from veterans all over the United States needing assistance with housing, we were able to help them understand the process and point them in the right direction. Reminding them to please call back if they have any problems so we can figure out a solution together, they are never alone. We have the support of our community and local Veterans Administration if we do run into problems with Veterans in other states getting services, to bring them here if they (the veteran) want to make that move so we can help them