

Form **990**

(Rev. January 2020)

Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2019**Open to Public  
Inspection

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

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

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

<b>A For the 2019 calendar year, or tax year beginning</b>		January 1, 2019, and ending	December 31, 2019
<b>B Check if applicable:</b>		<b>C Name of organization</b> H.O.O.A.H., Inc (Helping Out Our American Heroes)	
<input type="checkbox"/> Address change		D Employer identification number 80-0723506	
<input type="checkbox"/> Name change		E Telephone number 612 237 6011	
<input type="checkbox"/> Initial return		F City or town, state or province, country, and ZIP or foreign postal code Crestview, FL 32536	
<input type="checkbox"/> Final return/terminated		G Gross receipts \$ 423,256 00	
<input type="checkbox"/> Amended return		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Application pending		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website:</b> ► <a href="http://hooahinc.org">hooahinc.org</a>	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L Year of formation:</b> 2011	<b>M State of legal domicile:</b> MN

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: H O O A H Inc.'s mission is to lend support to forward deployed servicemen and women, their stateside families and returning veterans with a high level of understanding, compassion and empathy			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Revenue</b>	3 Number of voting members of the governing body (Part VI, line 1a)	3	7	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7	
<b>Expenses</b>	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	52	
<b>Net Assets or Fund Balances</b>	7a Total unrelated business revenue from Part VIII, column (C), line 2	7a	-0-	
	b Net unrelated business taxable income from Form 990-T, line 30	7b	-0-	
	<b>RECEIVED</b>	<b>RECEIVED</b>	<b>Current Year</b>	<b>Current Year</b>
	8 Contributions and grants (Part VIII, line 1h)	NOV. 1. 9.2020	91,994 00	94,657 00
	9 Program service revenue (Part VIII, line 2g)	RS	-0-	-0-
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	OGDEN, UT	195 00	264 00
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 11e)		224,027 00	257,714 00
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		316,216 00	352,635 00
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		183,817 00	292,036 00
	14 Benefits paid to or for members (Part IX, column (A), line 4)		-0-	-0-
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		-0-	-0-
	16a Professional fundraising fees (Part IX, column (A), line 11e)		-0-	-0-
	b Total fundraising expenses (Part IX, column (D), line 25) ►	27,599 00		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		45,310 00	32,909 00
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		229,127 00	324,945 00
	19 Revenue less expenses. Subtract line 18 from line 12		87,089 00	27,690 00
	<b>Beginning of Current Year</b>		<b>End of Year</b>	
	20 Total assets (Part X, line 16)	326,116 00	353,805 00	
	21 Total liabilities (Part X, line 26)	-0-	-0-	
	22 Net assets or fund balances. Subtract line 21 from line 20	326,116 00	353,805 00	

**Part II Signature Block**

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

<b>Sign Here</b>	<i>Melissa M. Sebastian</i>		Date
	Signature of officer		11-12-2020
	<i>Melissa M. Sebastian, Treasurer</i>		
Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ►		Check <input type="checkbox"/> if self-employed
	Firm's address ►		PTIN
		Firm's EIN ►	
		Phone no.	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

SCANNED OCT 18 2021

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### Part 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:  
H O O A H Inc's mission is to lend support to forward deployed servicemen and women, their stateside families and returning veterans with a high level of understanding, compassion and empathy

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
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  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 \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
N/A

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
N/A

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
N/A

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**4e** Total program service expenses ► -0-

## 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 ✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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 ✓	
4	<b>Section 501(c)(3) organizations.</b> 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 ✓	
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 ✓	
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 ✓	
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 ✓	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 ✓	
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 ✓	
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 ✓	
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
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 ✓	
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c ✓	
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 ✓	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
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 ✓	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a ✓	
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 ✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 ✓	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a ✓	
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 ✓	
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 ✓	
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 ✓	
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 (see instructions)	17 ✓	
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 ✓	
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 ✓	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a ✓	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b ✓	
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 ✓	

**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 ✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 ✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a ✓	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b ✓	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c ✓	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d ✓	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a ✓	
b	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 Schedule L, Part I	25b ✓	
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 ✓	
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 ✓	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a ✓	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b ✓	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c ✓	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 ✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 ✓	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 ✓	
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 ✓	
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 ✓	
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 ✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a ✓	
b	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36 ✓	
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 ✓	
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 ✓	

**Part 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 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a -0-	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b -0-	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	

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

		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? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	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 (such as a bank account, securities account, or other financial account)?	4a	✓
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 Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11	<b>Section 501(c)(12) organizations.</b> Enter:	11b	
a	Gross income from members or shareholders	12a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	13a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13c	
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>	14a	✓
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	14b	
c	Enter the amount of reserves on hand	15	✓
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	15	✓
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	16	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 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

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year. . . . . **1a** 7

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

1b Enter the number of voting members included on line 1a, above, who are independent . . . . . **1b** 7

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . **2**

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . . **3**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . **4**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . **5**

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 appoint one or more members of the governing body? . . . . . **7a**

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . **7b**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? . . . . . **8a**

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 reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . **9**

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

10a Did the organization have local chapters, branches, or affiliates? . . . . . **10a**

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . **10b**

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . **11a**

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . . **12a**

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . **12b**

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . **12c**

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . **13**

13 Did the organization have a written whistleblower policy? . . . . . **14**

14 Did the organization have a written document retention and destruction policy? . . . . . **15**

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official . . . . . **15a**

b Other officers or key employees of the organization . . . . . **15b**

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). . . . . **16a**

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . **16b**

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . **16b**

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► N/A

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website  Another's website  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, and financial 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 ► Melissa Sebastian, 5753 Hwy 84N #1198, Crestview, FL 32536 (612) 237-6011

**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.

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated	Former			
(1) Robert J Sebastian President	40			✓				-0-	-0-	-0-
(2) Brian Ganhs Vice President	5			✓				-0-	-0-	-0-
(3) Melissa Sebastian Treasurer	25			✓				-0-	-0-	-0-
(4) Ricky Pina Secretary	3			✓				-0-	-0-	-0-
(5) Rocky Otte Director	10	✓						-0-	-0-	-0-
(6) Tammy Hardwick Director	25	✓						-0-	-0-	-0-
(7) Douglas Quitmeyer Director	3	✓						-0-	-0-	-0-
(8) Todd Connor Director	3	✓						-0-	-0-	-0-
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal . . . . .							►	-0-	-0-	-0-
c Total from continuation sheets to Part VII, Section A . . . . .							►	N/A	N/A	N/A
d Total (add lines 1b and 1c) . . . . .							►	-0-	-0-	-0-
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►								0		

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

## Section B. Independent Contractors

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

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

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

## Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b> 32,00					
	<b>b</b> Membership dues . . .	<b>1b</b> -0					
	<b>c</b> Fundraising events . . .	<b>1c</b> 11,790 00					
	<b>d</b> Related organizations . . .	<b>1d</b> -0					
	<b>e</b> Government grants (contributions)	<b>1e</b> -0					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 82,835 00					
	<b>g</b> Noncash contributions included in lines 1a-1f . . .	<b>1g</b> \$ -0					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . ►	<b>94,657 00</b>					
<b>Program Service Revenue</b>	Business Code						
	<b>2a</b> N/A		-0	-0	-0	-0	
	<b>b</b> N/A		-0	-0	-0	-0	
	<b>c</b> N/A		-0	-0	-0	-0	
	<b>d</b> N/A		-0	-0	-0	-0	
	<b>e</b> N/A		-0	-0	-0	-0	
	<b>f</b> All other program service revenue . . .		-0	-0	-0	-0	
<b>g</b> <b>Total.</b> Add lines 2a-2f . . . ►	<b>-0</b>						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . ►	<b>264 00</b>		-0	-0	<b>264 00</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds ►	-0		-0	-0	-0	
	<b>5</b> Royalties . . . ►	-0		-0	-0	-0	
	<b>6a</b> Gross rents . . .	(i) Fixed <b>6a</b> -0	(ii) Personnel -0				
	<b>b</b> Less: rental expenses	<b>6b</b> -0	-0				
	<b>c</b> Rental income or (loss)	<b>6c</b> -0	0				
	<b>d</b> Net rental income or (loss) . . . ►	-0		-0	-0	-0	-0
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities -0	(ii) Other -0				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b> -0	-0				
	<b>c</b> Gain or (loss)	<b>7c</b> -0	-0				
	<b>d</b> Net gain or (loss) . . . ►	-0		-0	-0	-0	-0
	<b>8a</b> Gross income from fundraising events (not including \$ <b>11,790 00</b> of contributions reported on line 1c). See Part IV, line 18 . . .	<b>8a</b> 328,335 00					
	<b>b</b> Less: direct expenses . . .	<b>8b</b> 70,621 00					
	<b>c</b> Net income or (loss) from fundraising events . . . ►	<b>257,714 00</b>			-0	<b>257,714 00</b>	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . .	<b>9a</b> -0						
<b>b</b> Less: direct expenses . . .	<b>9b</b> -0						
<b>c</b> Net income or (loss) from gaming activities . . . ►	-0		-0	-0	-0	-0	
<b>10a</b> Gross sales of inventory, less returns and allowances . . .	<b>10a</b> -0						
<b>b</b> Less: cost of goods sold . . .	<b>10b</b> -0						
<b>c</b> Net income or (loss) from sales of inventory . . . ►	-0		-0	-0	-0	-0	
<b>Miscellaneous Revenue</b>	Business Code						
	<b>11a</b> N/A		-0	-0	-0	-0	
	<b>b</b> N/A		-0	-0	-0	-0	
	<b>c</b> N/A		-0	-0	-0	-0	
	<b>d</b> All other revenue . . .		-0	-0	-0	-0	
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . ►	<b>-0</b>						
<b>12</b> <b>Total revenue.</b> See instructions . . . ►	<b>352,635 00</b>		-0	-0	<b>257,978 00</b>		

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,575 00	-0-		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	274,461 00	-0-		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	-0-	-0-		
4 Benefits paid to or for members	-0-	-0-		
5 Compensation of current officers, directors, trustees, and key employees	-0-	-0-	-0-	-0-
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	-0-	-0-	-0-	-0-
7 Other salaries and wages	-0-	-0-	-0-	-0-
8 Pension plan accrals and contributions (include section 401(k) and 403(b) employer contributions)	-0-	-0-	-0-	-0-
9 Other employee benefits	-0-	-0-	-0-	-0-
10 Payroll taxes	-0-	-0-	-0-	-0-
11 Fees for services (nonemployees):				
a Management	-0-	-0-	-0-	-0-
b Legal	-0-	-0-	-0-	-0-
c Accounting	-0-	-0-	-0-	-0-
d Lobbying	-0-	-0-	-0-	-0-
e Professional fundraising services. See Part IV, line 17	-0-			-0-
f Investment management fees	-0-	-0-	-0-	-0-
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	-0-	-0-	-0-	-0-
12 Advertising and promotion	22,717 00	-0-	-0-	22,717 00
13 Office expenses	3794.00	-0-	3521 00	273 00
14 Information technology	1699 00	-0-	1014 00	685 00
15 Royalties	-0-	-0-	-0-	-0-
16 Occupancy	-0-	-0-	-0-	-0-
17 Travel	-0-	-0-	-0-	-0-
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	-0-	-0-	-0-	-0-
19 Conferences, conventions, and meetings	-0-	-0-	-0-	-0-
20 Interest	-0-	-0-	-0-	-0-
21 Payments to affiliates	-0-	-0-	-0-	-0-
22 Depreciation, depletion, and amortization	-0-	-0-	-0-	-0-
23 Insurance	4699 00	-0-	775 00	3924 00
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a N/A	-0-	-0-	-0-	-0-
b N/A	-0-	-0-	-0-	-0-
c N/A	-0-	-0-	-0-	-0-
d N/A	-0-	-0-	-0-	-0-
e All other expenses N/A	-0-	-0-	-0-	-0-
25 Total functional expenses. Add lines 1 through 24e	324,945 00	-0-	5310 00	27,599 00
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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	N/A	N/A	N/A	N/A

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	-0-	1	-0-
	2 Savings and temporary cash investments	326,116 00	2	353,805 00
	3 Pledges and grants receivable, net	-0-	3	-0-
	4 Accounts receivable, net	-0-	4	-0-
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	-0-	5	-0-
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	-0-	6	-0-
	7 Notes and loans receivable, net	-0-	7	-0-
	8 Inventories for sale or use	-0-	8	-0-
	9 Prepaid expenses and deferred charges	-0-	9	-0-
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	-0-	
	b Less: accumulated depreciation	10b	-0-	10c
	11 Investments—publicly traded securities		-0-	11
	12 Investments—other securities. See Part IV, line 11		-0-	12
	13 Investments—program-related. See Part IV, line 11		-0-	13
	14 Intangible assets		-0-	14
	15 Other assets. See Part IV, line 11		-0-	15
	16 Total assets. Add lines 1 through 15 (must equal line 33)	326,116 00	16	353,805 00
Liabilities	17 Accounts payable and accrued expenses	-0-	17	-0-
	18 Grants payable	-0-	18	-0-
	19 Deferred revenue	-0-	19	-0-
	20 Tax-exempt bond liabilities	-0-	20	-0-
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	-0-	21	-0-
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	-0-	22	-0-
	23 Secured mortgages and notes payable to unrelated third parties	-0-	23	-0-
	24 Unsecured notes and loans payable to unrelated third parties	-0-	24	-0-
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	-0-	25	-0-
	26 Total liabilities. Add lines 17 through 25	-0-	26	-0-
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ► <input type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	326,116 00	27	353,805 00
	28 Net assets with donor restrictions	-0-	28	-0-
	Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	326,116 00	29	353,805 00
	30 Paid-in or capital surplus, or land, building, or equipment fund	-0-	30	-0-
	31 Retained earnings, endowment, accumulated income, or other funds	-0-	31	-0-
	32 Total net assets or fund balances	326,116 00	32	353,805 00
	33 Total liabilities and net assets/fund balances	326,116 00	33	353,805 00

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	352,635 00
2	Total expenses (must equal Part IX, column (A), line 25)	2	324,945 00
3	Revenue less expenses. Subtract line 2 from line 1	3	27,690 00
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	326,116 00
5	Net unrealized gains (losses) on investments	5	-0-
6	Donated services and use of facilities	6	-0-
7	Investment expenses	7	-0-
8	Prior period adjustments	8	-0-
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	353,806 00

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

1 Accounting method used to prepare the Form 990:  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? \_\_\_\_\_  
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

2b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

2c 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.

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? \_\_\_\_\_

3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2019**Open to Public  
Inspection

Name of the organization

H O O A.H , Inc (Helping Out Our American Heroes)

Employer identification number

80-0723506

**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). 09

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).

4  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:

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

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

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

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

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

10  An organization that normally receives: (1) more than 33 $\frac{1}{3}$ % 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 $\frac{1}{3}$ % 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.

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

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

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

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

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

f Enter the number of supported organizations \_\_\_\_\_

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> 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 . . . . .						► <input type="checkbox"/>

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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33½% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	► <input type="checkbox"/>	
b <b>33½% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	► <input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	► <input type="checkbox"/>	
b <b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	► <input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	► <input type="checkbox"/>	

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

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

**Section A. Public Support****Calendar year (or fiscal year beginning in) ►**

	<b>(a) 2015</b>	<b>(b) 2016</b>	<b>(c) 2017</b>	<b>(d) 2018</b>	<b>(e) 2019</b>	<b>(f) Total</b>
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	58,909 00	88,847 00	63,836 00	91,994 00	94,657 00	398,243 00
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	-0-	-0-	-0-	-0-	-0-	-0-
3 Gross receipts from activities that are not an unrelated trade or business under section 513	-0-	-0-	-0-	-0-	-0-	-0-
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-0-	-0-	-0-	-0-	0-	-0-
5 The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-0-	-0-	-0-	-0-
<b>6 Total. Add lines 1 through 5</b>	<b>58,909 00</b>	<b>88,847 00</b>	<b>63,836 00</b>	<b>91,994 00</b>	<b>94,657 00</b>	<b>398,243 00</b>
<b>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>
<b>b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>
<b>c Add lines 7a and 7b</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>
<b>8 Public support. (Subtract line 7c from line 6.)</b>						<b>398,243 00</b>

**Section B. Total Support****Calendar year (or fiscal year beginning in) ►**

	<b>(a) 2015</b>	<b>(b) 2016</b>	<b>(c) 2017</b>	<b>(d) 2018</b>	<b>(e) 2019</b>	<b>(f) Total</b>
<b>9 Amounts from line 6</b>	<b>58,909 00</b>	<b>88,847 00</b>	<b>63,836 00</b>	<b>91,994 00</b>	<b>94,657 00</b>	<b>398,243 00</b>
<b>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</b>	<b>20 00</b>	<b>33 00</b>	<b>103 00</b>	<b>195 00</b>	<b>264 00</b>	<b>615 00</b>
<b>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>
<b>c Add lines 10a and 10b</b>	<b>20 00</b>	<b>33 00</b>	<b>103 00</b>	<b>195 00</b>	<b>264 00</b>	<b>615 00</b>
<b>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>
<b>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>
<b>13 Total support. (Add lines 9, 10c, 11, and 12.)</b>	<b>58,929 00</b>	<b>88,880 00</b>	<b>63,939 00</b>	<b>92,189 00</b>	<b>94,921 00</b>	<b>398,858 00</b>
<b>14 First five 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</b>						► <input type="checkbox"/>

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

<b>15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))</b>	<b>15</b>	<b>99.8458 %</b>
<b>16 Public support percentage from 2018 Schedule A, Part III, line 15</b>	<b>16</b>	<b>99.8927 %</b>

**Section D. Computation of Investment Income Percentage**

<b>17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))</b>	<b>17</b>	<b>154.190 %</b>
<b>18 Investment income percentage from 2018 Schedule A, Part III, line 17</b>	<b>18</b>	<b>107.232 %</b>
<b>19a 33 1/3% support tests—2019. 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>		► <input checked="" type="checkbox"/>
<b>b 33 1/3% support tests—2018. 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>		► <input type="checkbox"/>
<b>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</b>		► <input type="checkbox"/>

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	<b>Yes</b>	<b>No</b>
1		
2		
3a		
b		
c		
4a		
b		
c		
5a		
b		
c		
6		
7		
8		
9a		
b		
c		
10a		
b		

**Part IV Supporting Organizations (continued)**

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**Section D. All Type III Supporting Organizations**

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

**Section E. Type III Functionally Integrated Supporting Organizations**

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	
2	Activities Test. Answer (a) and (b) below.	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

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

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

<b>Section A—Adjusted Net Income</b>		(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		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
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 1-1/2% of line 3 (for greater amount, see instructions).	4		
<b>5 Net value of non-exempt-use assets</b> (subtract line 4 from line 3)	<b>5</b>		
<b>6 Multiply line 5 by .035.</b>	<b>6</b>		
7 Recoveries of prior-year distributions	7		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C—Distributable Amount</b>		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

<b>Section D—Distributions</b>			<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes			
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations			
<b>4</b> Amounts paid to acquire exempt-use assets			
<b>5</b> Qualified set-aside amounts (prior IRS approval required)			
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.			
<b>7 Total annual distributions.</b> Add lines 1 through 6.			
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.			
<b>9</b> Distributable amount for 2019 from Section C, line 6			
<b>10</b> Line 8 amount divided by line 9 amount			
<b>Section E—Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>
			<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014 . . . . .			
<b>b</b> From 2015 . . . . .			
<b>c</b> From 2016 . . . . .			
<b>d</b> From 2017 . . . . .			
<b>e</b> From 2018 . . . . .			
<b>f Total of lines 3a through e</b>			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015 . . . . .			
<b>b</b> Excess from 2016 . . . . .			
<b>c</b> Excess from 2017 . . . . .			
<b>d</b> Excess from 2018 . . . . .			
<b>e</b> Excess from 2019 . . . . .			

## 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 G**  
**(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.

Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**  
H O O A H , Inc. (Helping Out Our American Heroes)

Activities | OMB No. 1545-0047

2019

Open to Public  
Inspection

80-0723506

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

a  Mail solicitations      e  Solicitation of non-government grants  
b  Internet and email solicitations      f  Solicitation of government grants  
c  Phone solicitations      g  Special fundraising events  
d  In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi)	(vii) Amount paid (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Ruck March (event type)	(b) Event #2 Concert (event type)	(c) Other events 8 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	124,971 00	60,436 00	98,949 00	284,356 00
	<b>2</b> Less: Contributions . . . . .	11,790 00	-0-	-0-	11,790 00
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	113,181 00	60,436 00	98,949 00	272,566 00
Direct Expenses	<b>4</b> Cash prizes . . . . .	-0-	-0-	-0-	-0-
	<b>5</b> Noncash prizes . . . . .	1800 00	1249 00	8000.00	11,049 00
	<b>6</b> Rent/facility costs . . . . .	1478 00	-0-	11,198 00	12,676 00
	<b>7</b> Food and beverages . . . . .	3000 00	-0-	8444 00	11,444 00
	<b>8</b> Entertainment . . . . .	-0-	1500 00	-0-	1500 00
	<b>9</b> Other direct expenses . . . . .	10,200.00	-0-	10,292 00	20,492 00
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ►					57,161 00
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ►					215,405 00

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
Direct Expenses	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	██████████
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ►				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ►				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

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

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

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

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

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

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
H O O A H, Inc. (Helping Out Our American Heroes)**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments**. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	2 EIN	3 (c) IRC section (if applicable)	4 (d) Amount of cash grant	5 (e) Amount of non-cash assistance	6 (f) Method of valuation (book, FMV, appraisal, other)	7 (g) Description of noncash assistance	8 (h) Purpose of grant or assistance
1 (1) N/A							
1 (2)							
1 (3)							
1 (4)							
1 (5)							
1 (6)							
1 (7)							
1 (8)							
1 (9)							
1 (10)							
1 (11)							
1 (12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

OMB No 1545-0047

**2019**Open to Public  
InspectionName of the organization  
H O O A H, Inc. (Helping Out Our American Heroes)Employer identification number  
80-0723306

Schedule I (Form 990) (2019)

Cat. No. 50055P

**Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.**

**Part III can be duplicated if additional space is needed.**

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Taking Veterans on a tandem skydive	46	15,608.00		-0-	N/A
2 Furnace repairs for Veterans	42	44,883.00		-0-	N/A
3 Yoga classes for Veterans	50+	19,437.00		-0-	N/A
4 Scuba certification for Veterans	27	11,033.00		-0-	N/A
5 Home repairs & various bills paid for Veterans	4	25,361.00		-0-	N/A
<b>6</b>					
<b>7</b>					

**Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**

Part I, line 2 once it is determined to assist an individual financially, the funds are not given to, or checks written out to, the actual individual funds are dispersed to the agency organization or company directly for which assistance has been granted

Part III, column b, line 3 year-round program, free classes on Tuesdays and Sundays, number of vets each week varies, veterans can attend more than once

**SCHEDULE O**  
**(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.**

Department of the Treasury  
Internal Revenue Service

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

**Name of the organization**  
H O O A.H , Inc (Helping Out Our American Heroes)

Employer identification number  
80-0723506

Part VI, line 2 Robert J Sebastian and Melissa Sebastian - family relationship and Rocky Otte and Diane Otte - family relationship

Part VI, line 11b: the completed form 990 was emailed to all members of the governing body and reviewed at a monthly meeting

Part VI, line 12c policy is reviewed annually at a Board meeting, members are asked to disclose any possible conflicts of interest

Part VI, line 19 those documents were available upon request