Form **990-EZ**

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2018

Open to Public

Under section 501(c), 52	7. or 4947(a)(1) of the Int	ternal Revenue Code (exce	ept private foundations)
			pr privato roundationo,

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

	For the		r year or fay year beginning				20
			Ir year, or tax year beginning , 2018, and endi	ing	D Employ		
	Check if ap						ation number
	Address ch	-	Americas Heroes Enjoying Recreation Outdoors			3704451	
	Name char	-	Number and street (or P.O. box, if mail is not delivered to street address) Room	/suite	E lelepho	one number	
	Initial return	n					
Ц	Final returr	n/terminated	3996 Sandy Bluff Drive			0)623-3	250
Ц	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code		F Group E	Exemption	
	Application	n pending	Gulf Breeze, FL 32563		Numbe		
G	Accounti	ing Method:	X Cash	н	Check ►	X if the or	ganization is not
	Website		aheroes.com		required to a	attach Sche	dule B
J	Tax-exe	empt status (check only one) - 🕱 501(c)(3) 🗌 501(c)() ◀ (insert no.) 🗌 4947(a)(1) or 🗌	527	(Form 990,	990-EZ, or 9	990-PF).
κ	Form of	organization:	Corporation Trust Association Other				
L	Add line	s 5b, 6c, and 1	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o	or if total	assets		
(Pa	art II, colu	umn (B)) are S	\$500,000 or more, file Form 990 instead of Form 990-EZ			. ► \$	139,154
Ρ	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances	(see the	e instructior	ns for Part	I)
			he organization used Schedule O to respond to any question in this Pa				·
	1		s, gifts, grants, and similar amounts received			1	139,062
	2		vice revenue including government fees and contracts			2	
	3	-	dues and assessments			3	
	4		ncome			4	92
	5a		nt from sale of assets other than inventory				
			other basis and sales expenses				
			s) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
			fundraising events:	••••		50	
	6	0	J. J				
a	a		e from gaming (attach Schedule G if greater than				
nu					-		
Revenue	D			ontribution	IS		
œ			sing events reported on line 1) (attach Schedule G if the				
			gross income and contributions exceeds \$15,000) 6b				
			expenses from gaming and fundraising events				
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				
			• • • • • • • • • • • • • • • • • • • •	• • • •		6d	
			of inventory, less returns and allowances				
			goods sold				
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)	• • • • •		7c	
	8		Je (describe in Schedule O)		t i i i i i i i i i i i i i i i i i i i	8	
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		►	9	139,154
	10	Grants and s	similar amounts paid (list in Schedule O)			10	74,776
	11		to or for members		-	11	
6	12	Salaries, oth	er compensation, and employee benefits			12	
Se	13	Professional	fees and other payments to independent contractors			13	7,998
Expenses	14	Occupancy,	rent, utilities, and maintenance		[14	1,154
Щ	15	Printing, pub	lications, postage, and shipping		[15	178
	16	Other expen	ses (describe in Schedule O)			16	26,513
	17		ses. Add lines 10 through 16			17	110,619
	18		eficit) for the year (Subtract line 17 from line 9)			18	28,535
ets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with				
SSI			figure reported on prior year's return)			19	143,568
Net Assets	20		es in net assets or fund balances (explain in Schedule O)		t	20	
Ž	21		r fund balances at end of year. Combine lines 18 through 20			21	172,103
Fo			on Act Notice, see the separate instructions.				orm 990-EZ (2018)
EEA			· · · · · · · · · · · · · · · · · · ·				

Form 990-EZ (2018) Americas Heroes Enjoying	g Recreation Ou	tdoors	45-3	7044	51 Page 2
Part II Balance Sheets (see the instructions for Part II)					_
Check if the organization used Schedule O to resp	cond to any question	n in this Part II			· · · · · · · · X
		(A) Beg	inning of year		(B) End of year
22 Cash, savings, and investments			143,568	22	172,051
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)		• • • • • •	0	24	52
25 Total assets			143,568	25	172,103
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree	,		143,568	27	172,103
Part III Statement of Program Service Accomplishme	•	,	_		Expenses
Check if the organization used Schedule O to res	· · · · ·		[]	(Real	uired for section
What is the organization's primary exempt purpose? Activities	for Wounded Ve	terans		· ·)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each	n of its three largest pro	gram services,			izations; optional for
as measured by expenses. In a clear and concise manner, describe the	e services provided, the			others	
persons benefited, and other relevant information for each program title					
28 Ahero hosts veterans from around the count	ry at recreation	onal			
events for the purpose of healing and cama	radie.				
(Grants \$) If this amount inc	cludes foreign grants, cl	neck here	▶ 📋	28a	110,619
29					
	cludes foreign grants, cl	neck here	► 📋	29a	
30					
	cludes foreign grants, ch		▶ 📋	30a	
	cludes foreign grants, ch			31a	
32 Total program service expenses (add lines 28a through 31a).				32	110,619
Part IV List of Officers, Directors, Trustees, and Key Emplo					· _
Check if the organization used Schedule O to respond t	o any question in this P				<u></u>
	(b) Average	(c) Reportable compensation	(d) Health benefits contributions to emp		(e) Estimated amount of
(a) Name and title	hours per week	(Forms W-2/1099-MISC)	benefit plans, and	loyee	other compensation
	devoted to position	(if not paid, enter -0-)	deferred compensati	tion	
Lee Stuckey					
President	10.00	0		0	0
Dave Glassman					
Vice-President	10.00	0		0	0
Lex McMahon					
Treasurer	5.00	0		0	0
Bricken McKenzie					
Secretary	5.00	0		0	0
Landon Ash					
Director	5.00	0		0	0
	1	1			

Form 9	90-EZ (2018) Americas Heroes Enjoying Recreation Outdoors 45-37044	151	P	age 3
Pa	t 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			. 🗌
			Yes	No
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	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this retum?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	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, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I	40b		X
С	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 under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of > Dave Glassman Telephone no. > 850-6		250	
	Located at ► 3996 Sandy Bluff Drive, Gulf Breeze, FL ZIP+4 ► 32563			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Einappiel Accounts (FRAR)			
•	Financial Accounts (FBAR).	42c		Х
C	At any time during the calendar year, did the organization maintain an office outside the United States?	420		_ <u>_</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here.		•	
75	and enter the amount of tax-exempt interest received or accrued during the tax year.			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		103	
u	completed instead of Form 990-EZ.	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
-	completed instead of Form 990-EZ.	44b		X
с	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O.	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		X
and the second se			_	-

Form 9	90-EZ (201	8) Americas Her	oes Enjoying Recrea	tion Outdoor	s	45-3	704451		Page 4
								Yes	No
46		organization engage, directly or indirect							57
Par		idates for public office? If "Yes," comp Section 501(c)(3) Organization			<u></u> .		4	6	X
Par		All section 501(c)(3) organizati 50 and 51.		ions 47 - 49b a	nd 52, an	d complete the	tables f	or lines	S
		Check if the organization used	Schedule Ω to respond	to any questio	n in this F	Part \/I			
		oneek in the organization used			11 11 113 1		• • • • •	Yes	
47		organization engage in lobbying activi "Yes," complete Schedule C, Part II			-		4		
48		rganization a school as described in se						-	X
49a		organization make any transfers to an		•				-	
b		was the related organization a section		-				b	
50	Comple	te this table for the organization's five h	ighest compensated employee	es (other than office	rs, directors	, trustees and key			
	employe	ees) who each received more than \$10	0,000 of compensation from th	ne organization. If t	here is none	e, enter "None."			
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensatior (Forms W-2/1099-M	con bene	 Health benefits, tributions to employee offit plans, and deferred compensation 		ated amo compensa	
NONE	2								
f		umber of other employees paid over \$1			<u> </u>				
51		te this table for the organization's five h 00 of compensation from the organization			each recei	ived more than			
		· · · · · ·							
	(a)	Name and business address of each independent	contractor	(b) Type o	of service	(c) Compens	ation	
NONE	2								
	Total re	umber of other independent contractors	each receiving over \$100.00						
d 52		organization complete Schedule A?	-		ach a				
02		ed Schedule A	()()				► 🕅 Y	es 🗌	No
Under		of perjury, I declare that I have examined the							
true, c	orrect, an	d complete. Declaration of preparer (other	than officer) is based on all inform	ation of which prepare	er has any kn	owledge.			
		Dave Glassman							
Sigr		Signature of officer				Date			
Here	e	Dave Glassman, Vice-P: Type or print name and title	resident						
		Print/Type preparer's name	Preparer's signature	Date		Check if	PTIN		
Paic	1	Edward Rouse CPA	Edward Rouse CPA	01-2	9-2019	self-employed	P0040	9219	
Prep	oarer	Firm's name Ducker and C		I		Firm's EIN 🕨			
Use	Only	Firm's address 🕨 6825 Oak Str	eet						
		Milton FL 32	570			Phone no. 850 -	623-32		
May t	the IRS of	discuss this return with the preparer sho	own above? See instructions					es	No
EEA							Form	990-EZ	(2018)

		ĺ	F	Public Chari	ity Status and F	Public S	Suppor	rt	OMB No. 1545-0047
		OULE A			01(c)(3) organization or a s				2018
•		0 or 990-EZ)			ch to Form 990 or Form		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	Open to Public
		of the Treasury enue Service	•		ov/Form990 for instruct		the latest	information.	Inspection
Name	e of the	e organization						Employer identifica	tion number
Ame	ric	as Heroes	Enjoying Recre	ation Outdoo	rs			45-370445	51
Ра	rt I	Reason	for Public Charity	y Status (All or	ganizations must co	omplete	this part.	.) See instruction	S.
The	orga	nization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check onl	y one box.)		
1		A church, conv	vention of churches, or	association of chu	urches described in sect	ion 170(b)	(1)(A)(i).		
2		A school desci	ribed in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)		
3		A hospital or a	cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	.)(iii).		
4		A medical rese	earch organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's name	e, city, and state:						
5		An organizatio	n operated for the bene	efit of a college or ι	university owned or opera	ated by a g	jovernment	al unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state	e, or local government	or governmental u	init described in section	170(b)(1)	(A)(v).		
7		An organizatio	n that normally receive	s a substantial part	of its support from a gov	/ernmental	unit or from	n the general public	
		described in se	ection 170(b)(1)(A)(vi). (Complete Part I	l.)				
8		A community t	rust described in secti	on 170(b)(1)(A)(v	i). (Complete Part II.)				
9		An agricultural	research organization	described in sect	i on 170(b)(1)(A)(ix) ope	rated in co	onjunction v	with a land-grant colle	ge
		or university or	a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, cit	ty, and state	e of the college or	
		university:							
10	X	An organizatio	n that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gross	5
		receipts from a	ctivities related to its e	xempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its	
		support from g	ross investment incom	e and unrelated bu	siness taxable income (le	ess sectior	n 511 tax) fr	rom businesses	
		acquired by the	e organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)		
11		An organizatio	n organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).		
12		An organizatio	n organized and opera	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purpose	S
		of one or more	publicly supported or	ganizations describ	bed in section 509(a)(1)	or section	າ 509(a)(2)	. See section 509(a)	(3).
		Check the box	in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd complet	e lines 12e, 12f, and 7	I2g.
	а	Type I. A s	supporting organization	n operated, superv	rised, or controlled by its	supported	organizati	on(s), typically by giv	ing
		the suppor	ted organization(s) the	power to regularly	appoint or elect a major	ity of the c	lirectors or	trustees of the	
		supporting	organization. You mu	ist complete Part	IV, Sections A and B.				
	b				ontrolled in connection w		-		
			•		on vested in the same pe	rsons that (control or m	nanage the supported	
			on(s). You must comp						
	С				anization operated in cor				vith,
					u must complete Part l'				
	d				g organization operated i				
					generally must satisfy a d		•	t and an attentiveness	
		_			e Part IV, Sections A a				
	е				determination from the IF		a Type I, I	I ype II, I ype III	
				· · · · · · · · · · · · · · · · · · ·	ntegrated supporting orga				
	f		per of supported organ		•••••				••••
	<u> </u>		owing information abo			<i>a</i> > 1 - 2			
	(i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	-	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docum		instructions)	instructions)
						Yes	No		
						162			
(A)									
(B)									

Total		
For Paperwork Reduction Act Notice, see the	e Instructions for F	⁻ orm 990 or 990-EZ.

(C)

(D)

(E)

	t II Support Schedule for Org	ganizations De	escribed in Se		1)(A)(iv) and ')
	(Complete only if you checl Part III. If the organization f						/ under
Sec	tion A. Public Support	and to quanty t		listed below, p		er art m.)	
	dar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(4) 2010	(9) = 0.0	(4) _0	(0) 2010	() ! •
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 fumished by a governmental unit to the organization without charge						
4	Total. 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)			-			
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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			5			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	ırth, or fifth tax year	r as a section 501(c)(3)	
<u></u>	organization, check this box and stop here		1			• • • • • • • • •	<u></u> . ▶ <u></u>
	tion C. Computation of Public Su			(£))		14	0/
14 15	Public support percentage for 2018 (line 6, c						<u>%</u> %
15 16a	Public support percentage from 2017 Sched						<u>%</u>
16a	33 1/3% support test - 2018. If the organiz						
	box and stop here. The organization qualif						· · · · ► 📋
b	33 1/3% support test - 2017. If the organiz						
	this box and stop here. The organization q						· · · · ► 📋
17a	10%-facts-and-circumstances test - 2018	-					
	10% or more, and if the organization meets				• •		
	Part VI how the organization meets the "fac		-	•	• • • •		—
	organization						▶ ∐
b	10%-facts-and-circumstances test - 2017	-				line	
	15 is 10% or more, and if the organization				-		
	Explain in Part VI how the organization mee			•		•	_
18	supported organization Private foundation. If the organization did						· · · · ► □
	instructions						🕨 🗌
EEA						Schedule A (Fo	orm 990 or 990-EZ) 2018

Sche		icas Heroes				45-3704451	Page 3
Pa	rt III Support Schedule for Org						
	(Complete only if you chec			•			Part II.
	If the organization fails to o	ualify under the	e tests listed be	low, please co	mplete Part II.)	
	ction A. Public Support	T		1			
Cale	endar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	49,590	89,252	97,620	194,349	139,154	569,965
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	49,590	89,252	97,620	194,349	139,154	569,965
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						E60 06E
Sec	line 6.)	I					569,965
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	49,590	89,252	97,620	194,349	139,154	569,965
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С							
	Add lines 10a and 10b						
11	Add lines 10a and 10b						
11 12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets	49,590	89,252	97,620	194,349	139,154	569,965
12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	rganization's first, s	second, third, fourth	n, or fifth tax year a	as a section 501(c)(3)	
12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	rganization's first, s 	second, third, fourth	n, or fifth tax year a	as a section 501(c)(3)	
12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	rganization's first, s pport Percent	second, third, fourth age / line 13, column (f)	n, or fifth tax year a	as a section 501(c)(3)	
12 13 14 <u>Sec</u> 15 16	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	rganization's first, s pport Percent blumn (f), divided by ile A, Part III, line 19	second, third, fourth age / line 13, column (f) 5	n, or fifth tax year a	as a section 501(c)(3)	
12 13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	rganization's first, s pport Percent olumn (f), divided by ile A, Part III, line 1 nt Income Perc	second, third, fourth age / line 13, column (f) 5 centage	n, or fifth tax year a	as a section 501(c)(3) 	►□ 100.00 % 0.00 %
12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	rganization's first, s pport Percent plumn (f), divided by lle A, Part III, line 19 nt Income Percent e 10c, column (f), d	second, third, fourth age / line 13, column (f) 5 	n, or fifth tax year a	as a section 501(c)(3) 15 16 17	►□ 100.00 % 0.00 % 0.00 %
12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	rganization's first, s pport Percent plumn (f), divided by le A, Part III, line 19 nt Income Percent e 10c, column (f), d chedule A, Part III,	second, third, fourth age / line 13, column (f) 5	n, or fifth tax year a	as a section 501(c)(3) 15 16 17 18	►□ 100.00 % 0.00 %
12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	rganization's first, s pport Percent plumn (f), divided by ule A, Part III, line 19 nt Income Percent e 10c, column (f), d chedule A, Part III, zation did not check	second, third, fourth age / line 13, column (f) 5 centage livided by line 13, c line 1.7 k the box on line 14	n, or fifth tax year a	as a section 501(c)(3) 15 16 17 18 and line	····►□ 100.00 % 0.00 % 0.00 % 0.00 %
12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	rganization's first, s pport Percent olumn (f), divided by Ile A, Part III, line 13 nt Income Percent e 10c, column (f), d chedule A, Part III, zation did not check and stop here. Th zation did not check box and stop here	second, third, fourth age / line 13, column (f) 5 centage livided by line 13, column 14, column k the box on line 14 he organization qua k a box on line 14 co 	n, or fifth tax year a)	as a section 501(c	13) 15 16 17 18 and line zation	····►□ 100.00 % 0.00 % 0.00 % ····►⊠ ····►□

	le A (Form 990 or 990-EZ) 2018 Americas Heroes Enjoying Recreation Outdoors 45-37044 t IV Supporting Organizations			age
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete S	Section	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa			
Sect	ion A. All Supporting Organizations	art v.)		
			Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing		100	
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
2	· · · · ·			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	2		
•	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination			
Ŭ	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c		
F -	purposes.	40		
эa	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	-		
-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
0~		0		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b				
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b				
	determine whether the organization had excess business holdings.)	10b		
		1	or 990-E	

	Ule A (Form 990 or 990-EZ) 2018 Americas Heroes Enjoying Recreation Outdoors 45-3704451 rt IV Supporting Organizations (continued) 45-3704451	•	P	Page
1 4			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
h	A family member of a person described in (a) above?	11b		
	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		
	tion B. Type I Supporting Organizations			
			Yes	N
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		
iec	tion C. Type II Supporting Organizations	-		
			Yes	N
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		
Sec	tion 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		
Sec	tion 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 in	nstruc	tions).
а			,	
b				
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in	struct	tion
2	Activities Test. <i>Answer (a) and (b) below.</i>	1000 11	Yes	N
4	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	INC
~				
а				
а	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,			

that these activities constituted substantially all of its activities.
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.

how the organization was responsive to those supported organizations, and how the organization determined

- 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.*
- **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.*

2a

2b

3a

Schedule A (Form 990 or 990-EZ) 2018 Americas Heroes Enjoying Recreation Out)4451 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying t			-
instructions. All other Type III non-functionally integrated supporting organiz	atior	is must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			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		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integ	rated Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Americas Heroes Enjoying Recreation Outdoors 45-3704451 Page 7							
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	Current Year						
1	Amounts paid to supported organizations to accomplish exen	npt purposes					
2	Amounts paid to perform activity that directly furthers exempt						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7							
8							
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount	1					
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
	Excess distributions carryover, if any, to 2018						
	From 2013						
	From 2014						
	From 2015						
	From 2016						
	From 2017						
	Total of lines 3a through e		•				
	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount						
<u> </u>	Carryover from 2013 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
	Distributions for 2018 from Section D, line 7: \$						
	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019 . Add lines 3j and 4c.						
8	Breakdown of line 7:						
	Excess from 2014						
	Evenes from 201E						
	Evenes from 2016						
	Excess from 2017						
	Excess from 2018						
EEA			Schedu	ule A (Form 990 or 990-EZ) 2018			

ule A (Form 990 or 990-EZ) 2018

Schedule A (For	n 990 or 990-EZ) 2018 Page 8
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 O	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions on	2018
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to <i>www.irs.gov/Form990</i> for the latest information.	Open to Public Inspection
Name of the organization	Employer identification number	
Americas Heroes	Enjoying Recreation Outdoors	45-3704451
01. List of gran	ts and similar amounts paid (Part I, line 10)	
Activity	Veterans Travel to Events	
Grantee	Various Individuals	
Relationship	Wounded Veterans-Clients	
Amount	44,775	
Activity	Veterans Travel to Events	
Grantee	Various Individuals-Special Events	
Relationship	Wounded Veterans-Clients	
Amount	29,701	
Activity	Veteran 501 c (3)	
Grantee	Veteran Group	
Relationship	Veteran Group	
Amount	300	
02. Description	of other expenses (Part I, line 16)	
Description	Amount	
Advertising	1,850	
Bank Fees	1,508	
Trade	79	
Event Meals	159	
Internet & Softw	are 2,111	
Magazie Expenses	5,952	

Schedule O (Form 990 or 990-EZ) (2018)			Page 2			
Name of the organization			Employer identification number			
Americas Heroes Enjoying Recreation Outdoo	ors		45-3704451			
Music Therapy-Veterans	1,161					
Office Supplies	325					
Other Expenses	1,178					
Taxes & Licenses	195					
Fund Raising Event Expenses	8,209					
Fund Raising Travel Expenses	3,784					
Rounding	2					
03. Description of other assets (Part II,	line 24)					
Category	Beginning of	Year End o	f Year			
Due From Veteran		0	52			