# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Under section 501(c), 527, or 4947(a)(1)	of the Internal Revenue	e Code (except private	foundations)
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Do not enter social security numbers on this form as it may be made public.

Open to Public

Depai	rtment of	the Treasury				, <b>,</b>		,				
		ue Service		Got	to www.irs.go	v/Form990 fo	or instruction	s and the late	st infor	mation.		Inspection
A I	For the	2022 calend	lar year, or	tax year b	eginning			, 2022,	and en	ding	_	, 20
B	Check if a	applicable:	C Name of o	rganization	Americas	Heroes E	njoying F	Recreation	Outd	oors	D Em	ployer identification number
	Address of	change	Doing busi	ness as								45-3704451
Ē	Name cha	ange	Number an	nd street (or P	.O. box if mail is no	ot delivered to stree	et address)		Room/	suite	E Tele	ephone number
- -	nitial retu	Irn	3996	Sandy	Bluff Dri	ve						(850)449-4023
5		return/terminated City or town, state or province, country, and ZIP or foreign postal code										oss receipts
v	Amended		\$	311,637								
=		on pending	· ·	n for subordinates? Yes X No								
′	ophoade	in perioding	F Name and									ates included?
	Tax-avon	npt status: X	501(c)(3)	501(c) (	) (inser		47(a)(1) or	527		_ ``		list. See instructions
	Website:		.aheroe		) (illsei	(110.) 49	47 (a)(1) 01			-		
			Corporation						ation: 20	H(c) Group		
	rt I	summar		Trust	Association	Other		L Year of form			State of le	egal domicile: <b>FL</b>
га				nizationia	mission or mo	at aignificant a			<b>6</b>			
	1	Brieffy descr	ibe the orga	mizations	mission or mo	st significant a	cuvilles: A	ctivities	IOF W	ounded	/eter	ans
ė												
anc												
Governance												
Š	2			0		•	•	l of more than 2			1	
يە 2	3		•		governing bod	•		••••			3	4
es	4		•	•	0	0,		1b)			4	4
Activities	5	Total numbe	r of individu	als employ	ed in calendar			•••••			5	0
Acti	6	Total numbe	r of voluntee	ers (estima	te if necessary	/)			$\cdot$ , , ,		6	10
	7a	Total unrelat	ed business	s revenue	from Part VIII,	column (C), lin	e12				7a	0
	b	Net unrelate	d business	taxable inc	come from Forr	n 990-T, Part	I, line 11	<u></u> .			7b	0
						•				Prior Year		Current Year
	8	Contributions	s and grants	(Part VIII	, line 1h) 🛛 .				• 🖵	23	6,038	311,454
ne	9										0	
Revenue	10	Investment in	ncome (Parl	t VIII, colur	mn (A), lines 3,	4, and 7d) .					80	183
Re	11	Other revenu	ue (Part VIII	, column (/	A), lines 5, 6d,	8c, 9c, 10c, an	d 11e)					0
	12	Total revenu	e - add lines	s 8 through	n 11 (must equa	al Part VIII, col	umn (A), line <sup>-</sup>	12)		23	6,118	311,637
	13	Grants and s	similar amou	unts paid (I	Part IX, columr	ו (A), lines 1-3	)			5	4,533	43,607
	14	Benefits paid	d to or for m	embers (P	art IX, column	(A), line 4) .						0
	15	Salaries, oth	er compens	ation, emp	loyee benefits	(Part IX, colun	nn (A), lines 5	-10)				0
ses	16a	Professional	fundraising	fees (Par	t IX, column (A	), line 11e) .						0
en ŝ					X, column (D),			12,587				
Expenses					A), lines 11a-1					7	0,900	120,321
_	18				must equal Pai		A), line 25)				5,433	
	19										0,685	
و_	ß									ginning of Cur	-	
ts o	20	Total assets	(Part X. line	e 16)							9,404	
Asse	21		· · ·								9,454	
Net Assets or	22			,							9,950	
	rt II		re Block								.,	
		<b>U</b>			is return, including	accompanying sch	edules and staten	nents, and to the be	st of my kr	nowledge and be	elief, it is	
true,	correct,	and complete. De	claration of prep	parer (other th	nan officer) is based	d on all information	of which preparer	has any knowledge	).			
		Dave	Glassma	272								
Sig	n	Signature of offic		211							L	Date
Her				n 17: -	-Drogida	<b>n</b> +					L	
Here Dave Glassman, Vice-President Type or print name and title												
			eparer's name		Preparer's	signature		Date				PTIN
	al					•				Check		
Pai			M Rouse			M Rouse	CPA	05-16-2	023		nployed	P00409219
	pare				osh & Rou	se LLC				Firm's EIN		
USE	e Only	Firm's addres	s	98 We	ed St					Phone no.		

Pensacola FL 32514

850-260-0505

Form	n 990 (2022) Americas Heroes Enjoying Recreation Outdoors	45-3704451	Page <b>2</b>
Pa	IT 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:		
	Activities for Wounded Veterans		
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 measu	ured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 151,341 including grants of \$ ) (Revenue	e \$ 311,4	454)
	AHero hosts veterans from around the country at recreational events for the	· · · · · · · · · · · · · · · · · · ·	
	and camaradie.	<u></u>	<u></u>
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$	
40		÷Φ	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 151, 341		
EEA		Form §	<b>990</b> (2022)

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Pa	rt 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,"			
•		1	x	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		
-	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_		
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
2	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes,"			
a	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	TIA	~	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			x
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			~
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		x
f	Did the organization report an anount of other national statements for the tax year include a footnote that addresses	TIC		~
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			~
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		~
D.	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	TTU		л
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.15		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III.	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
zu a b		20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_000		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
				A (2022)

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Pa	rt IV Checklist of Required Schedules (continued)			1
		[	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		x
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		х
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	0.4-		
<b>h</b>	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
-	to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		
<b>h</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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?	25h		
26	If "Yes," complete Schedule L, Part I	25b		x
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%	26		
27	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		x
27				
	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	27		v
28	persons? If "Yes," complete Schedule L, Part III	21		x
20				
2	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV.	28a		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		x
С		28c		v
29	"Yes," complete Schedule L, Part IV	200	v	x
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	x	
30	conservation contributions? If "Yes," complete Schedule M.	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	51		x
32	complete Schedule N, Part II	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		x
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 33		x
34	or IV, and Part V, line 1	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		x
зэа b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	55a		x
N	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
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		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	- 57		~
	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		00	А	
ı aı	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		x
		· _ ·		

Form	Orm 990 (2022)Americas Heroes Enjoying Recreation Outdoors45-3704451							
Par	t 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 returm 2a	0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	x				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х			
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		x			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	1	5b		x			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	1	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
ua	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		v			
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	••••	ua		x			
b	gifts were not tax deductible?		6h					
7			6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		7-					
	and services provided to the payor?	t t	7a		x			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	• • • • •	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_					
			7c		x			
d	If "Yes," indicate the number of Forms 8282 filed during the year		_					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	1	7e		x			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	1	7f		х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	1	7g		х			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	х				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?		8		х			
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		х			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		х			
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule 0		14b					
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?		15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		x			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

	m 990 (2022) Americas Heroes Enjoying Recreation Outdoors 45-370	4451	F	Page 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and f	or a "No	"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruc	tions.		
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>	4		
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		х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
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		x
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
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 Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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		х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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?	16a		x
h	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		
Sec	tion C. Disclosure	100	1	1
17	List the states with which a copy of this Form 990 is required to be filed Alabama, Florida			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
10				
	<ul> <li>(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>Own website</li> <li>Another's website</li> <li>Upon request</li> <li>Other (explain on Schedule O)</li> </ul>			
10				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records.			
	$\nabla u$ the name, address, and telephone number of the person with possesses the organizations books and records.			

20	State the name, address,	, and telephone number	r of the person w	ho possesses/	the organization's	books and records.

Dave Glassman (850)449-4023, 3996 Sandy Bluff Drive, Gulf Breeze, FL 32563

					51 Page <b>7</b>					
	ctors, Irt	istees, key Employees,	, Hignest Co	mpensated Emp	ployees, 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										
<b>1a</b> 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 <b>current</b> 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.										
<ul> <li>List all of the organization's current key employees,</li> </ul>	if any. See	the instructions for definition of	"key employee."							
<ul> <li>List the organization's five current highest compension</li> </ul>	ated employ	vees (other than an officer, dired	ctor, trustee, or k	ey employee)						
who received reportable compensation (box 5 of Form W-	2. box 6 of F	orm 1099-MISC. and/or box 1 o	of Form 1099-NE	C) of more than						
\$100,000 from the organization and any related organizati				,						
<ul> <li>List all of the organization's former officers, key employed</li> </ul>	ployees, and	I highest compensated employe	ees who received	d more than						
\$100,000 of reportable compensation from the organizatio	n and any rel	ated organizations.								
List all of the organization's former directors or tru	stees that re	eceived, in the capacity as a for	mer director or t	rustee of the						
organization, more than \$10,000 of reportable compensati										
See instructions for the order in which to list the persons at	oove.									
x Check this box if neither the organization nor any relat	ed organizat	ion compensated any current off	ficer, director, or	trustee.						
		(C)								
(A)	(B)	Position (do not check more than one	(D)	(E)	(F)					

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do not ch box, unle officer an Individual trustee or director	neck m iss pei id a di	rson i recto	ihan one is both an r/trustee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC) 1099-NISC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Alexis McMahon	5.00					0	0	0
Treasurer (2) Mark_Oliva	5.00		X			0	0	0
Secretery			x			0	0	0
(3) Lee Stuckey	20.00							
President			x			0	0	0
(4) Dave Glassman	10.00							•
Vice-President (5)			X			0	0	0
<u>(</u> 5)								
<u>(6)</u>								
[7]								
<u>(8)</u>								
<u>(9)</u>								
<u>(10)</u>								
(11)								
(12)								
<u>(13)</u>								
(14)								

	990 (2022) Americas Heroes E	njoying	Recr	eat	io	n C	utdo	or	s		5-3704			9age <b>8</b>
Part	VII Section A. Officers, Directors, T	rustees,	Key I	Emp			es, ar	nd F	Highest Comp	ensated	I Empl	oyees	(cont	tinued)
	(A) Name and title	(B) Average hours per week	box	, unles	Pos eck m ss per d a dir	son i	han one s both a r/trustee	n	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	able ation ated	cor	(F) ated am of other mpensat rom the	
		(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE	ISC/	orga	nization d organiz	
(15)														
(17)														
<u>(18)</u>														
(19)														
<u>(20)</u>														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal						•••	•						
c d	Total from continuation sheets to Part VII, Sect         Total (add lines 1b and 1c)			•••	•••	••	•••	•	0		0			0
2	Total number of individuals (including but not limit									of				
	reportable compensation from the organization												Yes	0 No
3	Did the organization list any <b>former</b> officer, direc employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>		-				-					3		v
4	For any individual listed on line 1a, is the sum of re	eportable co	mpens	ation	and	oth	er con	npen	sation from the			5		x
	organization and related organizations greater th individual											4		x
5	Did any person listed on line 1a receive or accrue	compensati	on from	n any	unre	elate	ed org	aniz	ation or individual					
Secti	for services rendered to the organization? If "Yes on B. Independent Contractors	s," complete	Schec	lule 、	J for	suc	h pers	son				5		x
1	Complete this table for your five highest compensa	ted indepen	dent co	ontrac	ctors	tha	t recei	ved	more than \$100,00	)0 of				
	compensation from the organization. Report comp	ensation for	the ca	enda	ar ye	ear e	ending	with	or within the organ	nization's ta	ax year.			
	(A) Name and business addres	SS							(B) Description of servic	ces		(C) Compens	ation	
2	Total number of independent contractors (includin	g but not lim	nited to	thos	e lis	ted a	above	 ) wh	0					
	received more than \$100,000 of compensation fro	-						-						

Form 9	<u>90 (2</u> 0	22) Americas Heroes En	joying Recreat	tion Outdoor	s	45-37044	151 Page 9
Part	VIII	Statement of Revenue					
		Check if Schedule O contains a response or	note to any line in th	is Part VIII (A)	(B)		
				(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	a				
ŝ	b	Membership dues	b	-			
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events		-			
s, G Amo	d			-			
Gift İlar J	e	······································	e	-			
Simi Simi	f						
her	g		f 311,454	-			
diti	9		g \$ 28,528				
a C	h	<b>Total.</b> Add lines 1a-1f		311,454			
			Business Code				
	2a						
vice	b		_				
Ser	C						
jram Serv Revenue	d						
Program Service Revenue	e	All other program can ice revenue	-				
Ē		All other program service revenue					
	3	Investment income (including dividends, interest other similar amounts)		183	183		
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	(ii) Other				
	7a	Gross amount from (i) Securities		-			
		other than inventory <b>7a</b>					
	b	Less: cost or other basis		-			
ne		and sales expenses 7b					
ven	c	Gain or (loss) 7c					
Re		Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising					
ō		events (not including \$					
		of contributions reported on line 1c). See Part IV, line 18	Ba				
	h		Bb	-			
		Gross income from gaming					
		activities, See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	С	Net income or (loss) from gaming activities	<u></u>				
	10a	Gross sales of inventory, less	_				
			0a	-			
		0	0b				
	- C	Net income or (loss) from sales of inventory .	Business Code				
S	11a						
non	b						
scellano Revenue	с						
Miscellanous Revenue		All other revenue					
2		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		311,637	183	0	0

Form 990 (20	022) 2	Americas	Heroes	Enjoying	Recreation	Outdoors
Part IX	Statement of I	Functiona	I Expens	ses		

OLLI	990 (	2022)	
	4 137	•	

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

3800	ion 501(c)(3) and 501(c)(4) organizations must complete all c Check if Schedule O contains a response or note to			. ,	v
Dor	ot include amounts reported on lines 6b, 7b,	(A)	(B)		<u>A</u> (D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
<u>00, s</u> 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'					
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
2		42 605	42 605		
•	individuals. See Part IV, line 22	43,607	43,607		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	5,950	5,950		
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	12,587			12,587
12	Advertising and promotion	22,153	22,153		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,787	1,787		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		11,618	11,618		
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.)				
а	Printing & Publications	16,504	16,504		
b	Bank Fees	2,874	2,874		
С	Taxes & Licenses	422	422		
d	Repairs	1,950	1,950		
е	All other expenses	44,476	44,476		
25	Total functional expenses. Add lines 1 through 24e	163,928	151,341	0	12,587
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				
	following SOP 98-2 (ASC 958-720)				
	- , , , , , , , , , , , , , , , , , , ,				Earm 000 (2022)

	990 (20	,	Re	creation Outdo	oors 4	5-37	04451 Page 11
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to a	ny line in this Part	Χ		
					(A)		(B)
	1				Beginning of year		End of year
	1	Cash - non-interest-bearing	•••		. 419,111	1	106,280
	2	Savings and temporary cash investments	•••			2	
	3	Pledges and grants receivable, net	•••			3	
	4	Accounts receivable, net	•••		•	4	
	5	Loans and other receivables from any current or former o	fficer	, director,			
		trustee, key employee, creator or founder, substantial con	tribut	tor, or 35%			
		controlled entity or family member of any of these person	IS		•	5	
	6	Loans and other receivables from other disqualified perso	ons (a	is defined			
		under section 4958(f)(1)), and persons described in secti	on 49	958(c)(3)(B)	•	6	
Ś	7	Notes and loans receivable, net	•••		. 53	7	52
Assets	8	Inventories for sale or use	• • •			8	
As	9	Prepaid expenses and deferred charges	•••		•	9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	639,5	26		
	b	Less: accumulated depreciation	1 <b>0</b> b		4,240		639,526
	11	Investments - publicly traded securities	•••		•	11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11	•••			13	
	14	Intangible assets	•••			14	
	15	Other assets. See Part IV, line 11					22,516
	16	Total assets. Add lines 1 through 15 (must equal line 3					768,374
	17	Accounts payable and accrued expenses			. 9,454		26,689
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			•	20	
	21	Escrow or custodial account liability. Complete Part IV of			•	21	
es	22	Loans and other payables to any current or former officer					
oiliti		trustee, key employee, creator or founder, substantial con		tor, or 35%			
Liabilities		controlled entity or family member of any of these person				22	
_	23	Secured mortgages and notes payable to unrelated third				23	75,848
	24	Unsecured notes and loans payable to unrelated third pa			•	24	98,178
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24).	r				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			. 9,454	26	200,715
		Organizations that follow FASB ASC 958, check here	x				
es	07	and complete lines 27, 28, 32, and 33.				07	
anc	27	Net assets without donor restrictions					567,659
Bal	28			· · · · · · · · · · · ·	•	28	
pu		Organizations that do not follow FASB ASC 958, check	ck ne	re 🗌			
Ŀ		and complete lines 29 through 33.					
sol	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equipment				30 31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or					
Net	32 33	Total net assets or fund balances					567,659
EEA	55		••	<u></u>	. 429,404	1 33	768,374 Form <b>990</b> (2022)

Form 990 (2022)

Form	990 (2022) Americas Heroes Enjoying Recreation Outdoors	45-370445	1	Pa	age <b>12</b>
Par	rt 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		311,	637
2	Total expenses (must equal Part IX, column (A), line 25)	2		163,	928
3	Revenue less expenses. Subtract line 2 from line 1	3		147,	709
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		419,	950
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		567,	659
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cacrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	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		3b		
EEA			Forn	n <b>990</b>	(2022)

SCHEDULE	Α
(Form 990)	

# Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. **Open to Public** Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Americas Heroes Enjoying Recreation Outdoors 45-3704451 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III e functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). a (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see

	above (see instructions))	document?		document?		document?		document?		document?		instructions)	instructions)
		Yes	No										
(A)													
(B)													
(C)													
(D)													
(E)													
Total													

Schedu Part	le A (Form 990) 2022 Americas He II Support Schedule for Organiza					45-370445	
· ur	(Complete only if you checked th						• •
	Part III. If the organization fails to						
Secti	ion A. Public Support	s quality unde		sted below, pr			
		(a) 2019	<b>(b)</b> 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	139,154	179,007	108,233	236,038	311,454	973,886
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	Total. Add lines 1 through 3	139,154	179,007	108,233	236,038	311,454	973,886
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)						50,511
6	Public support. Subtract line 5 from line 4.						923,375
	ion B. Total Support						237373
-	idar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	139,154	179,007	108,233	236,038	311,454	973,886
8	Gross income from interest, dividends,	139,154	1/9,007	100,233	230,030	311,454	9/3,000
0	payments received on securities loans,						
	rents, royalties, and income from						
•	similar sources		156	159	80	183	578
9	Net income from unrelated business						
	activities, whether or not the business			T			
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						974,464
12	Gross receipts from related activities, etc.					12	39,344
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop her						🗌
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2022 (line 6		•			14	94.76 %
15	Public support percentage from 2021 Sch	edule A, Part I	I, line 14			15	99.62 %
16a	33 1/3% support test - 2022. If the organ	ization did not	check the box	on line 13, and	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization .			<b>x</b>
b	33 1/3% support test - 2021. If the organ	ization did not	check a box o	n line 13 or 16	a, and line 15 i	s 33 1/3% or n	nore, check
	this box and stop here. The organization	qualifies as a	publicly support	rted organizatio	on		🔲
17a	10%-facts-and-circumstances test - 202	22. If the orgar	ization did not	check a box o	n line 13, 16a,	or 16b, and lin	e 14 is
	10% or more, and if the organization mee	ts the facts-an	d-circumstance	es test, check t	his box and <b>st</b>	<b>op here.</b> Expla	in in
	Part VI how the organization meets the fa						
	organization						
h	10%-facts-and-circumstances test - 20						
5	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	•
	organization			•	•	· ·	
18	Private foundation. If the organization di						
10	6						
FFA				• • • • • • • • •			<u>···</u> A (Form 990) 2022

Schedu	le A (Form 990) 2022 Americas He	eroes Enjoy	ing Recreat	tion Outdoo	ors	45-37044	51 Page <b>3</b>
Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	10 of Part I of	or if the organ	nization failed	to qualify u	nder Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	.)	
Secti	on A. Public Support				•		
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
-	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities fumished 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	<b>Total.</b> Add lines 1 through 5						
-	Amounts included on lines 1, 2, and 3						
/a							
h	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		· ·				
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
10							
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	rganization's fir	st, second, thi	rd, fourth, or fif	fth tax year as a	a section 501	(c)(3)
	organization, check this box and stop her						[]
Secti	on C. Computation of Public Suppor	-					
15	Public support percentage for 2022 (line 8	3, column (f), di	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2021 Sch	edule A, Part I	II, line 15 .			16	%
Secti	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2022 (I	line 10c, colum	n (f), divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2021			-		18	%
19a	33 1/3% support tests - 2022. If the orga					ore than 33 1	/3%, and line
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests - 2021. If the organizati	-	-				
	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization di	-	-			-	_

Page 4

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and 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 Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c 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 Did the organization support any foreign supported organization that does not have an IRS determination С 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 purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 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 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С Did a disqualified person (as defined on 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 Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

chedu	le A (Form 990) 2022 Americas Heroes Enjoying Recreation Outdoors 45-3704451		Р	age <b>5</b>
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
ecti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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.

#### Section C. Type II Supporting Organizations

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).

### 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 line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	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** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- **c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b 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? *If "Yes" or "No," 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.*

Schedule A (Form 990) 2022

2b

3a

3b

2

1

Yes No

Yes No

Part		rganiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	•		,
	instructions. All other Type III non-functionally integrated supporting orga	nizatio	ns must complete Sect	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

Schedu	e A (Form 990) 2022 Americas Heroes Enjoying			704451	Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organic	izations (continued	d)	
Secti	on D - Distributions			Curren	t Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(ii s Distrib Amount	utable
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$	,			
-	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
0	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	<b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
a	Evenes from 2019				
b	Evenes from 2010				
C	Evenes from 2020				
d	Excess from 2021				
e	Excess from 2022				
EEA				Schedule A (F	 orm 990) 2022
					-,

Schedule A (F	orm 990) 2022 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

# Schedule of Contributors

OMB No. 1545-0047

2022

#### Attach to Form 990 or Form 990-PF.

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

Employer identification numb

Name of the organization	Employer identification number	
Americas Heroes Enjoying Recreation Outdoors	45-3704451	
Organization type (check one):		

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

#### Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

Even an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year .....\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

-	9 (Form 990) (2022)		Page <b>2</b>
	organization as Heroes Enjoying Recreation Outdoors		Employer identification number 45-3704451
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional spa	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
_1_	See Attached Schedule		Person 🗵 Payroll 🗌
	3996 Sandy Bluff Drive	\$70	,000 Noncash (Complete Part II for
	Gulf Breeze FL 32563		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)

SCHEDULE D	
(Form 990)	

# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990

OMB No. 1545-0047 2022

Attach to Form 550.						
Go to w	/ww.irs.gov/	Form990 for	instructions	and the latest	information.	

**Open to Public** Inspection

Name of the organization
Internal Revenue Service
Department of the Treasury

Name o	me of the organization Employer identification number				
Ameri	cas Heroes Enjoying Recreation Outdoor	s	45-3704451		
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Acc	counts.		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised			
	funds are the organization's property, subject to the organization	ation's exclusive legal control?	🗌 Yes 🗌 No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	ed		
	only for charitable purposes and not for the benefit of the do	nor or donor advisor, or for any other purpose	e		
	conferring impermissible private benefit?	<u></u>	Yes 🗌 No		
Part					
	Complete if the organization answered "Yes" of				
1	Purpose(s) of conservation easements held by the organiza				
	Preservation of land for public use (for example, recreation	· _	historically important land area		
	Protection of natural habitat	Preservation of a	certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a			
	easement on the last day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
C	Number of conservation easements on a certified historic str		<u>2</u> c		
d	Number of conservation easements included in (c) acquired				
_	historic structure listed in the National Register		<u>2</u> d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	organization during the		
	tax year				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the period				
e	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,	· · · · · · · · · · · · · · · · · · ·			
6	Stan and volumeer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserv	ation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements during the year		
	randult of experioes incurred in mentoining, inspecting, name		ricusemente during the year		
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h	)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conserva				
	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	Ū.			
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and	d balance sheet works		
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furth	nerance of public		
	service, provide in Part XIII the text of the footnote to its final	ancial statements that describes these items.			
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and ba	lance sheet works of		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1 $\ldots$				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tre		gain, provide the		
	following amounts required to be reported under FASB ASC	-			
а	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X		\$		

	e D (Form 990) 2022 Americas Heroes En			45-37	•	
Part	5					
3	Using the organization's acquisition, accession, a	and other records, check a	ny of the following that	make significant use of it	S	
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exchange	program		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's collect	tions and explain how they	further the organization	on's exempt purpose in Pa	art	
	XIII.					
5	During the year, did the organization solicit or red	ceive donations of art, histo	rical treasures, or othe	er similar		
	assets to be sold to raise funds rather than to be	e maintained as part of the	organization's collection	on?	🗌 Yes 🗌 No	
Part	Part IV Escrow and Custodial Arrangements.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form					
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, custodian o	r other intermediary for cor	tributions or other ass	ets not		
	included on Form 990, Part X?				🗌 Yes 🗌 No	
b	If "Yes," explain the arrangement in Part XIII and	complete the following tak	ole:			
					Amount	
С	Beginning balance			. 1c		
d	Additions during the year					
е	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amount on Form				🗌 Yes 🗌 No	
b	If "Yes," explain the arrangement in Part XIII. Ch					
Part						
	Complete if the organization ans	wered "Yes" on Form	n 990, Part IV, line	e 10.		
	· •	a) Current year (b) Pri			ck (e) Four years back	
1a	Beginning of year balance				(-,	
b	Contributions					
c	Net investment earnings, gains, and					
•	losses					
d	Grants or scholarships					
e	Other expenditures for facilities and					
•	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the current	wear end balance (line 1g	column (a)) held as:			
a	Board designated or quasi-endowment	%				
b	Permanent endowment %	V0				
	Term endowment %					
С	The percentages on lines 2a, 2b, and 2c should e	aug 100%				
3a	Are there endowment funds not in the possession		are held and administer	rad for the		
Ja	organization by:	on or the organization that a			Yes No	
	(i) Unrelated organizations					
					3a(i)	
L	(ii) Related organizations				3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizatio	•			3b	
4 Part	Describe in Part XIII the intended uses of the org           VI         Land, Buildings, and Equipment		nus.			
Fai	Complete if the organization ans		000 Part IV line	112 See Form 00	0 Part X line 10	
	· • •					
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
10	Land	(			100 000	
1a b	Land		100,000		100,000	
b			502,895		502,895	
ט ה	Leasehold improvements		26 621		26 621	
d	Equipment		36,631		36,631	
e Total	Other	Earm 000 Dart V ast	(P) line 10c )		COO 505	
rotal.	Add lines 1a through 1e. (Column (d) must equa	ii Fuilli 990, Part X, Colum	п ( <i>D)</i> , ште тос.)		639,526	

Schedule	D (Form	990) 2022
	- (	

EEA

Schedule D (Fo	,	Americas Heroe	es Enjoying Red	creation Ou	utdoors	45-3	3704451	Page <b>3</b>
Part VII		<ul> <li>Other Securities.</li> </ul>						
	Complete if th	e organization answe	ered "Yes" on For	m 990, Part	IV, line 11b.	See Form	990, Part X,	line 12.
		ription of security or category cluding name of security)		(b) Book valu	ie	• •	hod of valuation: of-year market value	
(1) Financial	derivatives							
(2) Closely-he	eld equity interests							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
		orm 990, Part X, col. (B) lin	e 12.) <b></b>					
Part VIII		- Program Related.						
	Complete if th	e organization answe	ered "Yes" on For	m 990, Part	IV, line 11c.	See Form	990, Part X,	line 13.
	<b>(a)</b> D	Description of investment		(b) Book valu	ie	• • •	hod of valuation: of-year market value	
(1)							,	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)						-		
(8)								
(9)								
Total. (Colum		orm 990, Part X, col. (B) lin	e 13.)					
Part IX	Other Assets							
	Complete if th	e organization answe	ered "Yes" on For	m 990, Part	IV, line 11d.	See Form	990, Part X,	line 15.
			a) Description				(b) Book	value
(1)Nork II	n Progress							22,516
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
		rm 990, Part X, col. (B) lin	e 15.) <b>.</b>					22,516
Part X	Other Liabilit							
	•	e organization answe	ered "Yes" on For	m 990, Part	IV, line 11e	or 11f. See	Form 990, P	Part X,
	line 25.							
1.	(a) Description of	fliability	(b) Book v	/alue				
	income taxes							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
		90, Part X, col. (B) line 25.) .						
-		ons. In Part XIII, provide the		-				_
organization's	liability for uncertain	n tax positions under FASB	ASC 740. Check here	e if the text of the	e footnote has l	been provided		🗌
EEA							Schedule D (For	rm 990) 2022

Schedu	e D (Form 990) 2022 Americas Heroes Enjoying Recreation Outdoors 4!	5-3704451	Page 4
Part		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part		r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I	1		ants and Other				I	OMB No. 1545-0047
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								2022
Department of the Treasury		Complete		wered "Yes" on For Attach to Form 990.	m 990, Part IV, line 21	or 22.	C	Open to Public
Internal Revenue Service				v/Form990 for the la	atest information.			Inspection
Name of the organization							Employer identification	tion number
Americas Heroes							45-3704451	
		Grants and Assis						
			int of the grants or assista					
						••••••		. 🗴 Yes 🗌 No
			the use of grant funds in		ta Camplata if tha a		"Vee" on Ferm 00	
					-	rganization answered	res on Form 99	0,
			c) IRC section		(e) Amount of	(f) Method of valuation	(r) Deceription of	(h) Durness of grant
1 (a) Name and addre or gover		<b>(b)</b> EIN	(if applicable)	(d) Amount of cash grant	noncash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)						ounery		
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(7)								
(8)								
(-)								
(9)								
(10)								
2 Enter total number	r of section 501(c)(3) a	nd government organiza	ations listed in the line 1 t	able			· · · · · · · · _	

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

### Schedule | (Form 990) (2022) Americas Heroes Enjoying Recreation Outdoors

45-3704451

Page **2** 

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 2
	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
Travel & Event Expenses for Wounded					
1 Veterans				Cash	
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide	the information r	required in Part I, lin	e 2; Part III, columr	(b); and any other add	litional information.

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

2022

OMB No. 1545-0047

Department of the Treasury				
Internal Revenue Service				
Name of the organization				

Employer identification number

# Americas Heroes Enjoying Recreation Outdoors

45-370	04451

Pari	I Types of Property	1			1			
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			-
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods							
6	Cars and other vehicles	x	3	28,528	FMV			
7	Boats and planes		5	10,010				
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( Boat )	x	1	20,000	FMV			
26	Other ( Vehicle )	x	1	6,200				
27	Other (Other)	x	1	2,328	FMV			
28	Other (							
29	Number of Forms 8283 received by the	organization	during the tax year for contribut	ions for				
	which the organization completed Form 8	8283, Part V	, Donee Acknowledgement		29			
							Yes	No
30a	During the year, did the organization rece	eive by contr	bution any property reported in	Part I, lines 1 through				
	28, that it must hold for at least three yea	rs from the d	ate of the initial contribution, an	d which isn't required to be				
	used for exempt purposes for the entire h	holding perio	d?			30a		х
b	If "Yes," describe the arrangement in Par	rt II.						
31	Does the organization have a gift accept	ance policy t	hat requires the review of any n	onstandard				
	contributions?					31		х
32a	Does the organization hire or use third pa	arties or rela	ted organizations to solicit, proc	cess, or sell noncash				
	contributions?					32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amour	nt in column	(c) for a type of property for whi	ch column (a) is checked,				
	describe in Part II.							

### SCHEDULE O (Form 990)

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public

Inspection

Employer identification number

45-3704451

Department of the Treasury Internal Revenue Service

Name of the organization

#### Americas Heroes Enjoying Recreation Outdoors

#### 01. Amended return information

The Non-Profit accidentally filed a Form 990-N

The Non-Profit is not eligible for Form 990-N

This Amended Return corrects the previous incorrect filing

02. Form 990 governing body review (Part VI, line 11)

The Board of Directors approves before submission of the Form 990

03. Conflict of interest policy compliance (Part VI, line 12c)

There is a written Conflict of Interest Policy

### 04. Governing documents, etc, available to public (Part VI, line 19)

Form 990 is avialable upon request from the public

#### 05. List of other expenses (Part IX, line 24e)

Other Expenses

990	Overflow Statement	2022
Name(s) as shown on return	(This page is not filed with the return. It is for your records only.)	Page 1
	roes Enjoying Recreation Outdoors	45-3704451
Americas ne	ioes mijoying Recreation outdoors	45-3704451
	Other Expenses	
Description		Amount
<u>Corporate</u> F		\$ 455
	ses-Special	28,340
Event Meals		4,081
	Software	2,105
<u>Misc Expens</u>	es-Farm	340
Music Thera	py Expenses	1,595
Office Supp		408
	ess Expenses	2,157
		<u> </u>
<u>Storage</u>		936
	enses	1,113
<u>Tolls</u> Trailer		<u>27</u> 121
Utilties		1,322
ULIILIES	Total	L: \$ 44,476