## Form 990

Department of the Treasury

## **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 Code (except private foundations)

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

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

Open to Public

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A For the 2022 calendar year, or tax year beginning , 2022, and ending										, 20	)	41000000
В	Check if	applicable:	Dilicable: C Name of organization Outdoors For Our Heroes						D Employer identification number			
	Address	change	nange Doing business as							81-197	4750	
	Name ch	ange	lige Number and street (or P.O. box if mall is not delivered to street address) Room/suit						E Telep	hone number		
	Initial retu	urn	PO Box 3791							(360)8	70-857€	6
	Final retu	urn/terminated	City or town, state or provin	ice, country, and ZIP or foreig	gn postal code				G Gros	ss receipts		
	Amended	d return	Lacey, WA 98					\$		331,2	247	
	Application	on pending	F Name and address of princ	ipal officer: Jason	Brown			H(a) Is this a	group return	for subordinates?	Yes X	K No
			Same as C ab	ove				H(b) Are all	subordina	tes included?	Yes	No
1	Tax-exem	pt status:	501(c)(3) 501(c) (	) (insert no.)	4947(a)(1) or	527		If "No,"	attach a li	ist. See instruct	ions	
J	Website:	Htt	tps://outdoorsfo	rourheroes.org	I			H(c) Group	exemption	number		
		organization: X	Corporation Trust A	Association  Other		L Year of format	ion: 201	L8 M	State of le	gal domicile:	WA	
Pa	ırt I	Summar	ry									
ernance	1	Briefly descr	ribe the organization's mis	sion or most significar	nt activities: <u>T</u>	he organiza	ation	did not	, du	ring the	year,	
		recieve any funds, directly, or indirectly, to pay premiums on a personal benefit contract.										
		The organization did not, during the year, pay any premiums, directly, or indirectly, on a										
		personal benefit contract.										
Š	2	Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.										
Activities & Governance	3	Number of v	oting members of the gov	erning body (Part VI, I	ine 1a)	A STATE OF THE STA	<b>Q</b>		3			8
	4	Number of in	ndependent voting membe	ers of the governing bo	ody (Part VI, line 1	o) · · · · ·	· D		4			8
	5	Total number	r of individuals employed	in calendar year 2022	(Part V, line 2a)	<b></b>	467		5			0
	6	Total number	er of volunteers (estimate i	f necessary)					6			
4	7a	Total unrelate	ed business revenue from	Part VIII, column (C)	, line 12	A			7a			0
	b	Net unrelated	d business taxable incom	e from Form 990-T, Pa	art I, line 11	<b>₩₩</b>			7b			0
						D .		Prior Year		Cur	rent Year	
	8	Contributions	s and grants (Part VIII, lin	ie 1h) ,				14	,824			0
Revenue	9	Program ser	rvice revenue (Part VIII, lir	ne 2g)				365	,849		331,1	192
Ve	10	Investment in	ncome (Part VIII, column	(A), lines 3, 4, and 7d	)				77			55
æ	11	Other revenu	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									0
	12	Total revenue	e - add lines 8 through 11	(must equal Part VIII,	column (A), line 1	2)		380	,750		331,2	247
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)										0
	14	Benefits paid	d to or for members (Part						0			
co.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)										0
Se	16a	Professional	I fundraising fees (Part IX	, column (A), line 11e)				•	, 862			0
Expenses	b	Total fundrais	sing expenses (Part IX, c	olumn (D), line 25)		106,173						
	17	Other expens	ses (Part IX, column (A),	lines 11a-11d, 11f-24e	)			282	,138		352,8	347
	18	Total expens	ses. Add lines 13-17 (mus	st equal Part IX, colum	n (A), line 25)			289	,000		352,8	347
	19	Revenue les			91	,750		(21,6	500)			
Net Assets or	8		V W		Begin	nning of Curr	ent Year	End	of Year			
	20	Total assets	(Part X, line 16)					264	,416		242,8	316
t As	21		es (Part X, line 26)									0
<u> Ž</u>	22	-	or fund balances. Subtrac	t line 21 from line 20	****			264	,416		242,8	316
	irt II		re Block									
Und true	er penalti correct.	les of perjury, I dea and complete. De	clare that I have examined this re eclaration of preparer (other than	eturn, including accompanyi officer) is based on all infor	ng schedules and state mation of which prepar	ments, and to the bes er has any knowledge	st of my kno	owledge and b	belief, it is			
PACOAS -												
Sign Here		Jason Brown										
		Signature of officer Date										
		Jason Brown, President										
		Type or print nar							_			
Dold		Print/Type pre	eparer's name	Preparer's signature		Date		Check	if	PTIN		
Paid		Andrew	Brady	Andrew Brady		06-30-20	23	self-em	ployed	P0096	5827	
Preparer			m's name Cairn Accounting Fir				irm's EIN					
US	Only	Firm's addres	Firm's address 40 W 200 N					hone no.				
			Lehi U						253-	442-929		
May	the IRS	discuss this	return with the preparer s	shown above? See inst	tructions						Ves X I	No