

# Return of Organization Exempt From Income Tax

## 2023

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

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

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2023 calendar year, or tax year beginning **2023**, and ending **2023**

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

**C** Name of organization **Outdoors For Our Heroes**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO Box 3791**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Lacey, WA 98509**

**D** Employer identification number  
**81-1974750**

**E** Telephone number  
**(253) 230-5674**

**G** Gross receipts  
\$ **258,563**

**F** Name and address of principal officer:  
 H(a) Is this a group return for subordinates?  Yes  No  
 H(b) Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions  
 H(c) Group exemption number \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **<https://outdoorsforourheroes.org>**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2018** **M** State of legal domicile: **WA**

### Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	<b>The organization did not, during the year, receive 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.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11	
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0	
	6	Total number of volunteers (estimate if necessary)	6		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)			0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	331,192		258,537
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55		26
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	331,247		258,563
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14		Benefits paid to or for members (Part IX, column (A), line 4)			0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0
16a		Professional fundraising fees (Part IX, column (A), line 11e)			0
b		Total fundraising expenses (Part IX, column (D), line 25)	68,300		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	352,847	352,847	278,631
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	352,847	352,847	278,631	
19	Revenue less expenses. Subtract line 18 from line 12	(21,600)	(21,600)	(20,068)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)		242,816	206,072
	22	Net assets or fund balances. Subtract line 21 from line 20			0
			242,816	206,072	

### Part II Signature Block

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

**Sign Here**

Signature of officer: **Loriatt Puryear** Date: \_\_\_\_\_

Type or print name and title: **Loriatt Puryear, Treasurer**

**Print/Type preparer's name** **Brent Braithwaite, CPA** **Preparer's signature** \_\_\_\_\_ **Date** **05-14-2024** **Check**  **if self-employed** **PTIN** **P00824072**

**Firm's name** **Cairn Accounting** **Firm's EIN** \_\_\_\_\_

**Firm's address** **40 W 200 N** **Phone no.** **253-442-9290**  
**Lehi UT 84043**

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

For Paperwork Reduction Act Notice, see the separate instructions.

