053171

Form 990-EZ

Short Form **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning August 1 , 2012, and ending July 31 20 13 B Check if applicable: C Name of organization D Employer identification number Address change Sudbury for Wounded Warriors, Inc. 45-2725191 Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number initial ratum PO Box 1166 978-460-1742 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Sudbury, MA 01776 Application pending Number ▶ Other (specify) ▶ H Check ▶ ☐ if the organization is not I Website: ► <u>sudburyforwoundedwarriors.org</u> required to attach Schedule B 527 (Form 990, 990-EZ, or 990-PF). K Check F if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return, L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . . . \square 89,267 2 Program service revenue including government fees and contracts 2 3 3 4 4 5a Gross amount from sale of assets other than inventory 5a Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a 4,517 Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6Ь Less: direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 4,517 Gross sales of inventory, less returns and allowances 7a 7a 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . C 7c 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 93,784 10 Grants and similar amounts paid (list in Schedule O) . . . 10 40,000 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 15 16 16 30,319 17 Total expenses. Add lines 10 through 16 . 17 70,319 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 23,465 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 3,153 20 Other changes in net assets or fund balances (explain in Schedule O) 20

Net assets or fund balances at end of year. Combine lines 18 through 20

26,618

21

A G O

| Form | 990-EZ (2012) | | | | | - 0 |
|----------|--|--|--|---|-------------|--|
| Pa | rt II Balance Sheets (see the instructions | for Part II) | | | | Page 2 |
| | Check if the organization used Schedul | e O to respond to a | anv auestion in this | Part II | | П |
| | | | <u> </u> | (A) Beginning of year | Ė | (B) End of year |
| 22 | Cash, savings, and investments | | | 3,153 | 22 | 26,618 |
| 23 | Land and buildings | | [| | 23 | |
| 24 | Other assets (describe in Schedule O) | | [| | 24 | |
| 25 | Total assets | | | 3,153 | 25 | 26,618 |
| 26 27 | Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column | · (D) | | | 26 | |
| | till Statement of Program Service Accom | | | 3,153 | 27 | 26,618 |
| | Check if the organization used Schedule | ipiisnments (see ti | ne instructions for | Part III) | | Expenses |
| Wha | t is the organization's primary exempt purpose? | | | | | quired for section |
| | | | ist wounded member | | | (c)(3) and 501(c)(4) anizations and section |
| as n | ribe the organization's program service accompleasured by expenses. In a clear and concise not benefited, and other relevant information for e | nanner, describe th | e services provided | orogram services, d, the number of | 494 | 7(a)(1) trusts; optional others.) |
| 28 | On June 19, 2013, The Home Base Program cashed | | om Sudbury for Wou | nded | | <u> </u> |
| | Warriors, Inc. to assist with care and support service | es for wounded mem | bers of the US Armed | Services. | | |
| | | | ******************************* | | | |
| | (Grants \$ 10,000) If this amount | includes foreign gra | ants, check here . | 🕨 🔲 | 288 | 10,000 |
| 29 | On May 6, 2013, the Wounded Warriors Project cash | ed a check for \$30,00 | 0 from Sudbury for V | Vounded | - | |
| | Warriors, Inc. to assist and raise awareness for wou | nded members of the | US Armed Services. | | | |
| | (Grants \$ 30,000) If this amount | inglydog faraign | | | | |
| 30 | (Grants \$ 30,000) If this amount | includes foreign gra | ants, check here . | <u>···▶</u> □ | 29 a | 30,000 |
| | | | | | | |
| | *** | | ~~~~~~~~~~~~~~~~ | | | |
| | (Grants \$) If this amount | includes foreign gra | ents, check here | . ▶□ | 30a | , |
| 31 | Other program services (describe in Schedule O) | | | | - | |
| | (Grants \$) If this amount | includes foreign gra | ants, check here | ▶ □ | 31a | , |
| | Total program service expenses (add lines 28a | through 31a) | | 🕨 | 32 | |
| Par | | y Employees List each | h one even if not com | pensated (see the ins | truc | tions for Part IV) |
| | Check if the organization used Schedule | O to respond to a | | | <u></u> | <u> </u> |
| | (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | (d) Health benefits, contributions to employe benefit plans, and deferred compensation | | Estimated amount of other compensation |
| Brend | lan Mahoney | | | | 1 | |
| 20 B | ox 1166 Sudbury, MA 01776 | President - 5 | 0 | |) | |
| | ieus Gozdeck | | | | | |
| | ox 1166 Sudbury, MA 01776 | Treasurer - 4 | 0 | ļ <u>.</u> |) | 0 |
| | t Haarde | | | | | |
| | ox 1166 Sudbury, MA 01776 Faber | Secretary - 5 | | <u></u> |) | |
| | ox 1166 Sudbury, MA 01776 | Clerk - 4 | | | | _ |
| | 7. 1700 Oddodd y, 1101 O 1170 | CICIK - 4 | | | Ή | 0 |
| | *************************************** | 1 | | | ļ | |
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Form 990-EZ (2012)

Page 3

| Part | The state of the s | in th | ie - | |
|----------|--|------------|------|----------|
| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this | Part | | |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | Yes | No |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | | | √ |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 34 | | √ |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35a 35b | | ✓ |
| С | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | 1 |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | | | |
| . | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | ✓ |
| ь 39 | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | |
| a | Initiation fees and capital contributions included on line 9 | | | |
| ь | Gross receipts, included on line 9, for public use of club facilities | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit | | | |
| | transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. | 40b | | - |
| C | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | <u> </u> |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | 1 |
| 41 | List the states with which a copy of this return is filed ▶ | | | |
| 42a | The organization's books are in care of ▶ Telephone no. ▶ | | | |
| h | Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | 1 | ••• |
| - | | 42b | Yes | NO / |
| | If "Yes," enter the name of the foreign country: ▶ | 720 | | Υ |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the U.S.? [If "Yes," enter the name of the foreign country: ▶ | 42c | | ✓ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here | | . • | - 🗆 |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| 44- | Did the experientian maintain and dense addited founds during the compact to the Form 200 control to | | Yes | No |
| 44a | | 44a | | √ |
| b | • • • • • • • • • • • • • • • • • • | 44b | | √ |
| C | Did the organization receive any payments for indoor tanning services during the year? | 44c | | ✓, |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | |
| 45a | | 44d | | |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | 45a | - | <u> </u> |
| 700 | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | | |
| _ | Farm 000 F7 (and instructions) | 45b | | 7 |
| | | | | |

d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) 52 nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No 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 Signature of officer Here Type or print name and title Preparer's signature Date Print/Type preparer's name PTIN Paid Check | If self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? See instructions ► ☐ Yes ☐ No Form **990-EZ** (2012)

4/11/2014

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

| | | Wounded \ | Warriors, Inc. | | | | | | | 45-2 | <u>725191</u> | | |
|---|-----------------------------------|--|---|--|-------------------------------------|--------------------------------------|--|-------------------------------|---------------------------|----------------------------------|------------------|-----------------|--------|
| Pa | | Heason | for Public Cha | arity Status (Ali orga | anization | ns must | complet | e this pa | art.) See | instructi | ons. | | |
| 1 2 3 4 | A A | church, co school des hospital or medical res | nvention of chur cribed in section a cooperative ho search organizat | dation because it is: (Fiches, or association on 170(b)(1)(A)(ii). (Atta ospital service organizion operated in conjur | f churche ich Sched ation des | es describ dule E.) scribed in | ed in sec | ction 170 |)(b)(1)(A)()(A)(iii). | |)(iii). Ent | er the | |
| 5 | hospital's name, city, and state: | | | | | | | | | | | | |
| 6 7 | □ A1 | federal, sta organizati | te, or local gove on that normally | rnment or government receives a substantia (A)(vi). (Complete Pa | al part of | escribed i its supp | n sectio ort from | n 170(b) (a govern | 1)(A)(v). mental u | nit or fro | m the ge | nerai | public |
| 8 9 | ☐ An | organizati | on that normally | in section 170(b)(1)(A receives: (1) more the ed to its exempt func | an 331/39 | Kr of its s | upport fr | om contr | ibutions, | member | ship fees | s, and | gross |
| 40 | su _l | pport from quired by t | gross investm he organization | ent income and unre after June 30, 1975. S | elated bu ee sectio | siness ta on 509(a)(| xable ind (2). (Com | come (le plete Par | ss sectio t III.) | on 511 ta | ex) from | busir | 105505 |
| 11 | □ An pu | organizati | on organized a one or more pu | d operated exclusively nd operated exclusiv blicly supported orga describes the type of | ely for ti nizations | he benefi describe | it of, to d in sect | perform ion 509(a | the func a)(1) or s | tions of, ection 50 |)9(a)(2), S | any o See si | ut the |
| ө | ☐ By oth | Type I checking ther than for section 50% | this box, I certify undation manag | that the organization ers and other than on | is not co | introlled o | directly of | r indirecti | ly by one | Non-func or more described | disqualif | ied pe | ersons |
| f | If t | he organiz janization, | | a written determination | | the IRS | | | | II, or Typ | oe III su | pporti | ng |
| 9 | foll | owing pers | ions? | the organization acce | pted any | gift or co | ontributio | n from a | iny of the | | | | |
| | | (iii) below, | the governing b | indirectly controls, eit ody of the supported | organizat | tion? | | | | din (ii) a | nd 11g(ï | Yes | No |
| _ | (iii) | A 35% co | ntrolled entity of | on described in (i) abo a person described in | (i) or (ii) | above? . | | | | | 11g(ii 11g(ii | 4- | |
| organization (described on lines 1-9 in col. (i) listed in your the | | | | | | (v) Did y the organ col. (i) | ou notify itzation in of your port? | | | nt of mo | onetary | | |
| | | | | | Yes | No | Yes | No | Yes | No |] | | |
| (A) | | | | | | | | | | | | | • |
| (B) | | | | | | | | | | | | | |
| (C) | | | | | _ | | | | | | | | - |
| (D) | | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | | |
| Total | | | | | l | | | | | | | _ | |

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| Par | t II Support School de fan Oranal | | ** ** ** | | | | Page 2 |
|----------|---|-------------------|--------------------|----------------------------------|------------------------------------|-------------------------|----------------------------|
| Fall | Support Schedule for Organiz | ations Desci | ibed in Sect | ions 170(b)(1 | l)(A)(iv) and | 170(b)(1)(A)(vi |) |
| | (Complete only if you checked t Part III. If the organization fails to | ne oox on line | es, /, or e or | Part I or if th | e organizatio | n failed to qua | alify under |
| Sect | tion A. Public Support | o quality unde | er the tests in | sted below, p | lease comple | ete Part III.) | |
| | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (a) 2010 | (-0.0011 | | |
| 1 | Gifts, grants, contributions, and | (a) 2000 | (0) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 0 | 0 | 0 | 23,328 | 93,784 | 447 449 |
| 2 | Tax revenues levied for the | | | | 1 23,320 | 33,764 | 117,112 |
| | organization's benefit and either paid | l | | | [| | |
| | to or expended on its behalf | | | | |]] | |
| 3 | The value of services or facilities | | |] | | | |
| | furnished by a governmental unit to the | Í | | | | | |
| 4 | organization without charge | | | | | | |
| | Total. Add lines 1 through 3 | . 0 | . 0 | 0 | 23,328 | 93,784 | 117,112 |
| 5 | The portion of total contributions by | 1 | | | | [| |
| | each person (other than a governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | ion B. Total Support | | | | - | | |
| | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 | Amounts from line 4 | 0 | 0 | 0 | 23,328 | 93,784 | 117,112 |
| 8 | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business | | | | | | |
| | is regularly carried on | | | | | i | |
| 10 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 117,112 |
| 12 13 | Gross receipts from related activities, etc. | . (see instructio | ns) | | | 12 | 0 |
| 13 | First five years. If the Form 990 is for the | ie organization | 's first, second | d, third, fourth, | , or fifth tax ye | ear as a section | 501(c)(3) |
| Secti | organization, check this box and stop her on C. Computation of Public Suppor | t Percentage | · · · · | · · · · · | · · · · | · · · · · | 🕨 🗸 |
| 14 | Public support percentage for 2012 (line 6 | | | 1 column (fi) | _ | 14 | |
| 15 | Public support percentage from 2011 Sch | | | | , | 15 | <u>%</u> % |
| 16a | 331/2% support test - 2012. If the organiz | | | | | | eck this |
| | box and stop here. The organization qual | lifies as a publi | cly supported | organization | | | . ▶ 🗆 |
| b | 331/s% support test-2011. If the organ | ization did not | check a box | on line 13 or | 16a, and line | 15 is 331/3% o | r more. |
| | check this box and stop here. The organi | | | _ | | | . ▶ □ |
| 17a | 10%-facts-and-circumstances test - 20 | 112. If the organ | nization did no | t check a box | on line 13, 16a | a, or 16b, and li | ne 14 is |
| | 10% or more, and if the organization mee | ets the "facts-a | nd-circumstar | nces" test, che | ck this box an | d stop here. Ex | oplain in |
| | Part IV how the organization meets the "fa | acts-and-circu | nstances" tes | t. The organiza | tion qualifies a | s a publicly su | pported |
| | organization | | | | | | . • 🗅 |
| Ь | 10%-facts-and-circumstances test – 20 | 171. If the organ | nization did no | t check a box | on line 13, 16 | a, 16b, or 17a, a | and line |
| | 15 is 10% or more, and if the organization Explain in Part IV how the organization me | eets the "facts | acts-ang-circumet: | cumstances" t ances" test. Th | lest, CNOCK thi ne organization | is oox and sto p | p nere . nublick |
| | supported organization | | | | | · quames as a | , ▶ □ |

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see A G O

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sect | it the organization fails to qualify ion A. Public Support | under the te | sts listed bel | ow, please co | omplete Part | II.) | |
|----------|---|-----------------|--|--|-----------------------------------|--|---------------------------|
| | ndar year (or fiscal year beginning in) | (-) 2000 | <u> </u> | | T 4222 | | |
| 1 | Gifts, grants, contributions, and membership fees | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 20 | 12 (f) Total |
| - | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | <u> </u> | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | <u> </u> | | | | | |
| | unrelated trade or business under section 513 | | |] | | | |
| 4 | Tax revenues levied for the | | <u> </u> | <u> </u> | <u> </u> | | |
| • | 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 | | l | | | | |
| 6 | Total. Add lines 1 through 5 | | | - | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | - |
| | received from disqualified persons . | | | ļ | | | |
| ь | 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 | | | ĺ | | | |
| С | Add lines 7a and 7b | - | | | | | |
| 8 | Public support (Subtract line 7c from | | | | | <u>. </u> | |
| | line 6.) | | | | | | |
| Secti | on B. Total Support | | | | | -· <u> </u> | |
| Calen | dar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 201 | 12 (f) Total |
| 9 | Amounts from line 6 | 1 | | | | | <u> </u> |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties and income from similar sources . | | | | | | |
| ь | Unrelated business taxable income (less | _ | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | _ | |
| C | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | : | | | |
| 42 | (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | _ |
| 14 | First five years. If the Form 990 is for th | | | | | | |
| D = - AT | organization, check this box and stop her | | | <u></u> . | · · · · · | | <u>, ,</u> , , <u>▶ □</u> |
| _ | on C. Computation of Public Suppor | | | | | 1 1 | |
| 15 16 | Public support percentage for 2012 (line 8 | | | | | 15 | <u>%</u> |
| | Public support percentage from 2011 Schoon D. Computation of Investment Inc | edule A, Part I | toge | <u> </u> | | 16 | % |
| 17 | Investment income percentage for 2012 (li | | | ino 12 police | | 147 | |
| 18 | | | | | | 17 | <u>%</u> |
| 19a | Investment income percentage from 2011 331x9% support tests - 2012. If the organization | | | | | 18 | % 331e% and line |
| 174 | 17 is not more than 331,2%, check this box a | and stop here | CHECK UIC DOX The organization | On we 14, 20 In auslifice se e | o iine 15 iS Mi oonalisti suos | ure uran i ated omer | |
| b | 33¹a% support tests – 2011. If the organiza | | | | | | |
| D | line 18 is not more than 331/3%, check this b | | | | | | |
| 20 | Private foundation. If the organization did | | | | | | |
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Schedule A (Form 990 or 990-EZ) 2012

| Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). | rage - |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Open to Public ► Attach to Form 990 or 990-EZ. Inspection

2012

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number Sudbury for Wounded Warriors, Inc. 45-2725191 Form 990-EZ line 10 - \$30,000 was paid to The Wounded Warriors Project Form 990-EZ line 10 - \$10,000 was paid to The Home Base Program Form 990-EZ line 16 - \$20,871 was paid to Charter Oak Country Club Form 990-EZ line 16 - \$3,970 was paid to Blue Ribbon BBQ Form 990-EZ line 16 - \$1,000 was paid to Brad Park Form 990-EZ line 16 - \$1,000 was paid to Reggie Lemelin Form 990-EZ line 16 - \$480 was paid to Simply Seary

| Schedule O (Form 990 or 990-EZ) (2012) | |
|--|---|
| Name of the organization | Employer identification number |
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