

2014

053171

OMB No. 1545-1150

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

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.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Header section containing organization name (SUDBURY FOR WOUNDED WARRIORS, INC.), EIN (45-2725191), and accounting method (Cash).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Main table with 21 rows detailing revenue (Total: 101,521), expenses (Total: 55,989), and net assets (Total: 72,150).

**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|  | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments  | 26,618                | 72,150          |
| 23 Land and buildings  |                       | 23              |
| 24 Other assets (describe in Schedule O)                                       |                       | 24              |
| 25 Total assets  | 26,618                | 72,150          |
| 26 Total liabilities (describe in Schedule O)                                  |                       | 26              |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 26,618                | 72,150          |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? RAISE MONEY TO ASSIST WOUNDED MEMBERS OF THE I

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

|  |     |        |
|--|-----|--------|
| 28 <u>DRIVE FOR OUR TROOPS CHARITY GOLF TOURNAMENT - RAISES AWARENESS AND MONEY FOR THE WOUNDED WARRIOR PROJECT, THE HOME BASE PROGRAM AND HOMES FOR OUR TROOPS</u><br><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>        | 28a | 35,091 |
| 29 <u>SUDBURY FOR WOUNDED WARRIOR BARN BASH - EVENT RAISING MONEY AND AWARENESS FOR THE WOUNDED WARRIOR PROJECT, THE HOME BASE PROGRAM AND HOMES FOR OUR TROOPS</u><br><br>(Grants \$ 10,000 ) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 9,987  |
| 30<br><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 30a |        |
| 31 Other program services (describe in Schedule O)<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 31a |        |
| 32 Total program service expenses. (add lines 28a through 31a)   | 32  | 45,078 |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (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 employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------|--|--|--|--|
| BRENDAN MAHONEY<br>PRESIDENT  | Hr/WK 5.00                                     |  |  |  |
| THADDEUS GOZDECK<br>TREASURER | Hr/WK 5.00                                     |  |  |  |
| ROBERT HAARDE<br>CLERK        | Hr/WK 5.00                                     |  |  |  |
|                               | Hr/WK  |  |  |  |
|                               | Hr/WK  |  |  |  |
|                               | Hr/WK  |  |  |  |
|                               | Hr/WK  |  |  |  |
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|                               | Hr/WK  |  |  |  |
|                               | Hr/WK  |  |  |  |
|                               | Hr/WK  |  |  |  |
|                               | Hr/WK  |  |  |  |
|                               | Hr/WK  |  |  |  |

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

|             |  | Yes | No |
|-------------|--|-----|----|
| <b>33</b>   | 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. . . . .   |     | X  |
| <b>34</b>   | 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). . . . .  |     | X  |
| <b>35 a</b> | 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)? . . . . .   |     | X  |
| <b>b</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 . . . . .   |     | X  |
| <b>35 c</b> | 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. . . . .  |     | X  |
| <b>36</b>   | 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. . . . .   |     | X  |
| <b>37 a</b> | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____   |     |    |
| <b>b</b>    | Did the organization file Form 1120-POL for this year? . . . . .   |     | X  |
| <b>38 a</b> | 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? . . . .   |     | X  |
| <b>b</b>    | If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . . <b>38b</b> _____   |     |    |
| <b>39</b>   | Section 501(c)(7) organizations. Enter: . . . . .  |     |    |
| <b>a</b>    | Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____  |     |    |
| <b>b</b>    | Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____   |     |    |
| <b>40 a</b> | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____   |     |    |
| <b>b</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. . . . .  |     | X  |
| <b>40 c</b> | 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 . . . . . ▶ _____  |     |    |
| <b>d</b>    | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____  |     |    |
| <b>40 e</b> | 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. . . . .  |     | X  |
| <b>41</b>   | List the states with which a copy of this return is filed. ▶ _____   |     |    |
| <b>42 a</b> | The organization's books are in care of ▶ <u>THADDEUS GOZDECK</u> Telephone no. ▶ <u>(978) 405-3134</u><br>Located at ▶ <u>12 BARBARA ROAD</u> City <u>SUDBURY</u> ST <u>MA</u> ZIP + 4 ▶ <u>01776</u>   |     |    |
| <b>b</b>    | 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)? If "Yes," enter the name of the foreign country: ▶ _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. |     | X  |
| <b>42 c</b> | 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: ▶ _____   |     | X  |
| <b>43</b>   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____  |     |    |
| <b>44 a</b> | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .   |     | X  |
| <b>b</b>    | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .  |     | X  |
| <b>44 c</b> | Did the organization receive any payments for indoor tanning services during the year? . . . . .   |     | X  |
| <b>d</b>    | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .  |     | X  |
| <b>45 a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .  |     | X  |
| <b>45 b</b> | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). . . . .  |     | X  |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No 46 X

Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 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. Yes No 47 X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Yes No 48 X
49 a Did the organization make any transfers to an exempt non-charitable related organization? Yes No 49a X
b If "Yes," was the related organization a section 527 organization? Yes No 49b X
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All entries are 'None'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are 'None'.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. X 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 Here Signature of officer Date Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN Firm's name Firm's EIN Firm's address Phone no.

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

SUDBURY FOR WOUNDED WARRIORS, INC.

Employer identification number

45-2725191

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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  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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

|  | Yes      | No |
|--|----------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . . | 11g(i)   |    |
| (ii) A family member of a person described in (i) above? . . . . .   | 11g(ii)  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .  | 11g(iii) |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
| (A)                                |          |   |   |    |  |    |   |    |                                  |
| (B)                                |          |   |   |    |  |    |   |    |                                  |
| (C)                                |          |   |   |    |  |    |   |    |                                  |
| (D)                                |          |   |   |    |  |    |   |    |                                  |
| (E)                                |          |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       |          |   |   |    |  |    |   |    | 0                                |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |          |          | 23,328   | 93,784   | 101,521  | 218,633   |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          | 0         |
| <b>4 Total.</b> Add lines 1 through 3  | 0        | 0        | 23,328   | 93,784   | 101,521  | 218,633   |
| <b>5</b> 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) |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 218,633   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4  | 0        | 0        | 23,328   | 93,784   | 101,521  | 218,633   |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |          | 0         |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on   |          |          |          |          |          | 0         |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |          |          |          |          |          | 0         |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 218,633   |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)   |          |          |          |          | 12       |           |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |       |
|--|-----------|-------|
| <b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))   | <b>14</b> | 0.00% |
| <b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14   | <b>15</b> | 0.00% |
| <b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>   |           |       |
| <b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>  |           |       |
| <b>17a 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>    |           |       |
| <b>b 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |           |       |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>  |           |       |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          | 0         |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          | 0         |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          | 0         |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          | 0         |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          | 0         |
| 6 Total. Add lines 1 through 5 . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          | 0         |
| 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 . . . . .           |          |          |          |          |          | 0         |
| c Add lines 7a and 7b . . . . .  | 0        | 0        | 0        | 0        | 0        | 0         |
| 8 Public support (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          | 0         |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 . . . . .  | 0        | 0        | 0        | 0        | 0        | 0         |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          | 0         |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          | 0         |
| c Add lines 10a and 10b . . . . .  | 0        | 0        | 0        | 0        | 0        | 0         |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .     |          |          |          |          |          | 0         |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                 |          |          |          |          |          | 0         |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .  | 0        | 0        | 0        | 0        | 0        | 0         |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶

**Section C. Computation of Public Support Percentage**

|   |    |       |
|---|----|-------|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | 0.00% |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .                      | 16 | 0.00% |

**Section D. Computation of Investment Income Percentage**

|  |    |       |
|--|----|-------|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | 0.00% |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .                        | 18 | 0.00% |

19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶

b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ▶

G  
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**Part IV**

**Supplemental Information.** 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).

Area with horizontal dashed lines for supplemental information.



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

**Schedule of Contributors**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SUDBURY FOR WOUNDED WARRIORS, INC.

Employer identification number

45-2725191

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not 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**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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| Name of organization<br>SUDBURY FOR WOUNDED WARRIORS, INC. | Employer identification number<br>45-2725191 |
|--|--|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | CONTRIBUTOR<br>-----<br>XXXXXX<br>-----<br>XXXX MA XXXXX<br>Foreign State or Province: -----<br>Foreign Country: -----  | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | CONTRIBUTOR<br>-----<br>XXXXXXX<br>-----<br>XXXX MA XXXXX<br>Foreign State or Province: -----<br>Foreign Country: ----- | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>-----<br>Foreign State or Province: -----<br>Foreign Country: -----                                   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----<br>Foreign State or Province: -----<br>Foreign Country: -----                                   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----<br>Foreign State or Province: -----<br>Foreign Country: -----                                   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----<br>Foreign State or Province: -----<br>Foreign Country: -----                                   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----<br>Foreign State or Province: -----<br>Foreign Country: -----                                   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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| Name of organization<br>SUDBURY FOR WOUNDED WARRIORS, INC. | Employer identification number<br>45-2725191 |
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----                                       | -----                |

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|---|--|
| Name of organization<br><b>SUDBURY FOR WOUNDED WARRIORS, INC.</b> | Employer identification number<br>45-2725191 |
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ ..... 0

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                            | (b) Purpose of gift     | (c) Use of gift                                 | (d) Description of how gift is held |
|--|-------------------------|---|-------------------------------------|
| .....  | .....<br>.....<br>..... | .....<br>.....<br>.....                         | .....<br>.....<br>.....             |
| <b>(e) Transfer of gift</b>                    |                         |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                         | <b>Relationship of transferor to transferee</b> |                                     |
| .....<br>.....<br>.....                        |                         | .....<br>.....<br>.....                         |                                     |
| For. Prov.                      Country        |                         |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift     | (c) Use of gift                                 | (d) Description of how gift is held |
| .....  | .....<br>.....<br>..... | .....<br>.....<br>.....                         | .....<br>.....<br>.....             |
| <b>(e) Transfer of gift</b>                    |                         |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                         | <b>Relationship of transferor to transferee</b> |                                     |
| .....<br>.....<br>.....                        |                         | .....<br>.....<br>.....                         |                                     |
| For. Prov.                      Country        |                         |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift     | (c) Use of gift                                 | (d) Description of how gift is held |
| .....  | .....<br>.....<br>..... | .....<br>.....<br>.....                         | .....<br>.....<br>.....             |
| <b>(e) Transfer of gift</b>                    |                         |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                         | <b>Relationship of transferor to transferee</b> |                                     |
| .....<br>.....<br>.....                        |                         | .....<br>.....<br>.....                         |                                     |
| For. Prov.                      Country        |                         |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift     | (c) Use of gift                                 | (d) Description of how gift is held |
| .....  | .....<br>.....<br>..... | .....<br>.....<br>.....                         | .....<br>.....<br>.....             |
| <b>(e) Transfer of gift</b>                    |                         |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                         | <b>Relationship of transferor to transferee</b> |                                     |
| .....<br>.....<br>.....                        |                         | .....<br>.....<br>.....                         |                                     |
| For. Prov.                      Country        |                         |   |                                     |

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**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 990-EZ.

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

SUDBURY FOR WOUNDED WARRIORS, INC.

45-2725191

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: CHARITABLE, Grantee: HOME BASE PROGRAM

165 CAMBRIDGE STREET, FL 7 BOSTON MA 02114, Cash Grant: 10,000, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance: 272

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 381

Form 990-EZ, Part I, Line 16, Other Expenses: FILING FEES: 50

Form 990-EZ, Part I, Line 16, Other Expenses: BANK CHARGES: 130

Form 990-EZ, Part I, Line 16, Other Expenses: SOFTWARE: 32

Form 990-EZ, Part I, Line 16, Other Expenses: WEBSITE: 190

Form 990-EZ, Part I, Line 16, Other Expenses: EVENT VENUE RENTAL: 35,091

Form 990-EZ, Part I, Line 16, Other Expenses: EVENT CATERING: 9,715

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Name of the organization

Employer identification number

SUDBURY FOR WOUNDED WARRIORS, INC.

45-2725191

Area with horizontal dashed lines for supplemental information.