Form **990-EZ**

Department of the Treasury Internal Revenue Service

A For the 2010 colondar year, or tay year haginning

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)

► 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.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

2010 and anding

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OMB No. 1545-1150

Open to Public Inspection

Form **990-EZ** (2010)

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Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a 0 b Less: cost of goods sold 7b 0 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 P 10 Grants and similar amounts paid (list in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 3 3 4 4 Investment income 4 5 5a 0 5b 0 6b 0 0 of contributions 6c 0 0 of contributions 6d 0 7 of contributions 7 of contributions 7 of contributions 6d 0 7 of contributions 7 of contributions 7 of contributions 6d 0 7 of contributions 7 of contributions 6d 0 7 of contributions 7 of contributions 7 of contributions 6d 0 7 of contributions 7 of contributions 7 of contributions 6d 0 7 of contributions 7 of contributions 7 of contributions 7 of contributions 8 of contributions 9 143	~	roi uie	2010 Calenda	ir year, or tax year beginning October	, 2010,	and ending	_ Sept	embe	130 , 20 1			
Number and street (or P.O. box, if mail is not delivered to street address)	В	Check if ap	oplicable:	l				yer id	entification number			
PO Box 808 Place Po Box 808 Place Po Box 808 Place Po Box 808 Place Post Place Post Place P		Address c	change	·					27-1063578			
Terminated Pro But Own, state or country, and ZIP + 4 Dumfries, VA 22026 Dumfries, VA 22026 Number ▶	님						E Telephone number					
City or town, state or country, and ZIP + 4	H			PO Box 808			9105460403					
G Accounting Method:	Ħ			City or town, state or country, and ZIP + 4			F Group Exemption					
Website:		Applicatio	on pending	Dumfries, VA 22026			Num	ber 🕨	>			
Tax-exempt status (check only one)	G	Account	ting Method:	✓ Cash		Н	Check >	• 🔲	if the organization is	not		
Check	ı	Websit	te:► www	sempermax.com			required	to att	ach Schedule B			
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 che 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	J.	Tax-exen	npt status (che	ck only one) — ✓ 501(c)(3)	ert no.) 🔲 4947(a)(1) or	<u></u> 527	(Form 99	0, 99	0-EZ, or 990-PF).			
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 Part I 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 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 C Gain grant from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less: direct expenses from gaming and fundraising events 0 d Net income or (loss) from gaming and fundraising events 6 d 0 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 7b Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7c Other revenue (describe in Schedule O) 7d Grants and similar amounts paid (list in Schedule O) 7d Grants and similar amounts paid (list in Schedule O) 7d Grants and similar amounts paid (list in Schedule O) 7d Benefits paid to or for members	Κ	Check ▶	► ☐ if the	e organization is not a section 509(a)(3) supporting org	anization and its gros	s receipts are i	normally r	not m	ore than \$50,000. A			
Part					stcard) may be requi	red (see instru	ctions). B	ut if th	ne organization choo	ses		
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)			,	•								
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) 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 Contributions, gifts, grants, and similar amounts received									1/3 :	200		
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received	line	e 25, coli						▶ \$.50		
1 Contributions, gifts, grants, and similar amounts received		Part I										
Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a 0 b Less: cost of goods sold 7b 0 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 P 10 Grants and similar amounts paid (list in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 3 3 4 4 Investment income 4 5 5a 0 5b 0 6b 0 0 of contributions 6c 0 0 of contributions 6d 0 7 of contributions 7 of contributions 7 of contributions 6d 0 7 of contributions 7 of contributions 7 of contributions 6d 0 7 of contributions 7 of contributions 6d 0 7 of contributions 7 of contributions 7 of contributions 6d 0 7 of contributions 7 of contributions 7 of contributions 6d 0 7 of contributions 7 of contributions 7 of contributions 7 of contributions 8 of contributions 9 143			Check if	the organization used Schedule O to respon-	d to any question	in this Part I				✓		
Membership dues and assessments		1	Contribution	ns, gifts, grants, and similar amounts received			[1	143,2	<u> 271</u>		
4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 P 10 Grants and similar amounts paid (list in Schedule O) 10 5		2	Program s	ervice revenue including government fees and c	contracts		[2		0		
Figure 2016 Sa Coross amount from sale of assets other than inventory Sa Coross amount from sale of assets other than inventory Sa Coross cost or other basis and sales expenses Sb Coross cost or other basis and sales expenses Sb Coross cost or other basis and sales expenses Sb Coross cost or other basis and sales expenses Sb Coross cost or other basis and sales expenses Sc Coross cost or other basis and sales Sc Coross cost or other b		3	Membersh	p dues and assessments			[3		0		
b Less: cost or other basis and sales expenses		4	Investment	income			[4		19		
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5a					0					
Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000)		b					0					
a Gross income from gaming (attach Schedule G if greater than \$15,000)		С			otract line 5b from I	ine 5a)	[5c		0		
\$15,000)		6	_									
sum of such gross income and contributions exceeds \$15,000)	40				reater than							
sum of such gross income and contributions exceeds \$15,000)	šnuk											
sum of such gross income and contributions exceeds \$15,000)	Š	b				f contributior	ns					
c Less: direct expenses from gaming and fundraising events	Re			• , ,		1						
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances				_			0					
line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a 0 b Less: cost of goods sold 7b 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 8 Other revenue (describe in Schedule O) . 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 143 10 Grants and similar amounts paid (list in Schedule O) . 10 5 11 Benefits paid to or for members . 11		1 -					0					
7a Gross sales of inventory, less returns and allowances 7a 0 b Less: cost of goods sold 7b 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 8 Other revenue (describe in Schedule O) . 8 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 143 10 Grants and similar amounts paid (list in Schedule O) . 10 5 11 Benefits paid to or for members 11		d		e or (loss) from gaming and fundraising event	s (add lines 6a an	d 6b and su	otract					
b Less: cost of goods sold 7b 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 143 10 Grants and similar amounts paid (list in Schedule O) 10 5 11 Benefits paid to or for members 11		_	,					6d		0		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		l .					0					
8 Other revenue (describe in Schedule O)				=		ļ	0	_		_		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8								_		0		
10 Grants and similar amounts paid (list in Schedule O)				,					440.4	0		
11 Benefits paid to or for members	_					<u> </u>	. •					
							-	_	508	375		
12 Salaries, other compensation, and employee benefits	"									0		
Froiessional lees and other payments to independent contractors	Expenses	12					-					
2 14 Occupancy, rent, utilities, and maintenance		13		Occupancy, rent, utilities, and maintenance						110		
14 Occupancy, rent, utilities, and maintenance		14	Printing, publications, postage, and shipping							110 95		
🛍 15 Printing, publications, postage, and shipping		1.0										
16 Other expenses (describe in Schedule O)								_	52,4			
	_	40	Evenes or	deficit) for the year (Subtract line 17 from line 0		<u> </u>			90,8			
17 Total expenses. Add lines 10 through 16	ets	19						10	90,0	,,,		
17 Total expenses. Add lines 10 through 16	SS							10	16,0	144		
17 Total expenses. Add lines 10 through 16	ĭΑ	20	=				<u> </u>	_	10,0	0		
17 Total expenses. Add lines 10 through 16	Š	21		-	•		-	$\overline{}$	106.0	_		
		16	Other expe	nses (describe in Schedule O)			[16	13	332		
	_		Total expe	deficitly for the core of (Out)	<u> </u>	<u> </u>	. 🚩					
17 Total expenses. Add lines 10 through 16	ets	19							30,0			
17 Total expenses. Add lines 10 through 16	SS							10	16 (144		
17 Total expenses. Add lines 10 through 16	ĭ	20	=				<u> </u>	_	. 0,0			
17 Total expenses. Add lines 10 through 16	ž	21		or fund balances at end of year. Combine lines	•		-	21	106.9	_		

Form 990-EZ (2010) Page **2**

Pa	Balance Sheets. (see the instructions						
	Check if the organization used Schedule	O to respond to any ques					
				(A) Beginnir	,		(B) End of year
22	Cash, savings, and investments				16,044	22	106,922
23	Land and buildings					23	0
24	Other assets (describe in Schedule O)					24	0
25	Total assets				16,044	25	106,922
26	Total liabilities (describe in Schedule O)				0	26	0
27	Net assets or fund balances (line 27 of column				16,044	27	106,922
Par	Statement of Program Service Accom						Expenses
	Check if the organization used Schedule				· · 🗆	(Requ	uired for section
Wha	t is the organization's primary exempt purpose?	Enhance morale and welfare					(3) and 501(c)(4) initiations and section
	ribe what was achieved in carrying out the organization				describe		(a)(1) trusts; optional
the s	ervices provided, the number of persons benefited, and					for of	hers.)
28	Warrior2Warrior- Wounded Warrior peer mentoring,	to reduce isolation and diser	ıfranchisemeı	nt from so	ciety.		
	Envelope in team where support , networks, and adv		rd change.				
	250 people benefitted, plus viral, pay it forward affect	et					
	(Grants \$) If this amount	includes foreign grants, che	eck here .			28a	17403
29	Meeting of the Minds - Lessons learned conferences						
	brought together for support, shared experiences, b		eds gaps, etc.	, leading t	0		
	collective healing and positive relationships. 77 be						
	(Grants \$) If this amount	includes foreign grants, che	eck here .			29a	33278
30	Rose Beyond the Thorns - Caregiver Peer Mentoring	and morale building to redu	ce compassio	on fatigue,			
	feelings of being alone, and suicidal ideation						
	7 people benefitted with viral affect						
	(Grants \$) If this amount	includes foreign grants, che	eck here .		▶ □	30a	194
31	Other program services (describe in Schedule O)						
		includes foreign grants, che			▶ □	31a	
	Total program service expenses (add lines 28a					32	50875
Par	List of Officers, Directors, Trustees, and Key				(see the i	nstruc	tions for Part IV.)
	Check if the organization used Schedule						
	(a) Name and address	(b) Title and average hours per week	(c) Compensa (If not paid) Contributior oyee benefit		(e) Expense account and
		devoted to position	enter -0) defe	erred compen	sation	other allowances
	thy A Maxwell	President/CEO 25hrs					
	tclair, VA 22025			0		0	0
Shar	non L. Maxwell	Vice President/Sec. 30hrs					
	tclair, VA 22025			0		0	0
Bob	Nilsson	Board Member 2hrs					
	ensville, MD 21666			0		0	0
Mike	Zacchea	Board Member .5hr					
	kfield, CT 06804			0		0	0
	el Jones	Board Member 1.5hrs					
	ord, VA 22554			0		0	0
	e Alban	Board Member 1hr					
	keysville, MD 21030			0		0	0
	Johnson	Board Member .5hr					
Lake	Mills, WI 53551			0		0	0
		-					
		-					
			i				i

Part	Other Information (Note the 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
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
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)	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		✓
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 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		✓
39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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		✓
С	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			
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		√
41	List the states with which a copy of this return is filed. ► <u>Virginia</u>			
42a	The organization's books are in care of ► Shannon L Maxwell Telephone no. ►	910-54	6-0403	3
	Located at ► 4326 Fallstone Place, Montclair, Virginia ZIP + 4 ►	220	025	
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		Yes	No
	account)?	42b		√
	If "Yes," enter the name of the foreign country: ▶			·
	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 of 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		.)	▶ □
			Yes	Nο
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	- 33	√
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	44b		√
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		√
-	explanation in Schedule O	44d		

Form 99	0-EZ (2	2010)						F	age 4
								Yes	
45		y related organization a controlled enti					45		✓
а	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								
		ning of section 312(b)(13)? If tes, F n 990-EZ (see instructions)		need .			45a		√
46		the organization engage, directly or ind		vities o	on behalf of	or in opposition	+3a		
		andidates for public office? If "Yes," co					46		✓
Part '	VI	Section 501(c)(3) organizations a	and section 4947(a)(1) nonex	kemp	t charitable	e trusts only. A	ll sec	tion	
		501(c)(3) organizations and section	n 4947(a)(1) nonexempt charit	table t	trusts must	answer question	ons 4	7–491	b
		and 52, and complete the tables for Check if the organization used Sche		tion in	a thia Dart V				
		Check if the organization used Sche	edule O to respond to any ques	SLIOTI II	i triis Part v	1	• •	Yes	N _O
47	Did t	the organization engage in lobbying act	tivities? If "Ves " complete Sched	Aula C	Part II		47	165	NO ✓
48						 =	48		▼
49a	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						49a		√
b		es," was the related organization a sec					49b		<u> </u>
50		plete this table for the organization's fi							
	emp	loyees) who each received more than \$		_	ganization. If				
	(a) N	ame and address of each employee paid more	(b) Title and average hours per week	(c) C		(d) Contributions to employee benefit plans &	(e)	Exper	
None		than \$100,000	devoted to position			deferred compensation	othe	allowa	ances
None									
f	Tota	I number of other employees paid over	\$100,000 \	0					
51		uplete this table for the organization's				rs who each rec	eived	more	thai
01		0,000 of compensation from the organi			ni oonii aoto	io wilo cacii ico	oivoa	111010	, tilai
		(a) Name and address of each independent cont	tractor paid more than \$100,000		(b) Type	e of service	(c) Co	mpensa	ation
None									
		I number of other independent contract	_		. •	0			
52		the organization complete Schedule A? exempt charitable trusts must attach a	· / · /	nızatıo	ns and 4947		Yes		No
Inder n		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	nd etate	ments and to t		_		
true, cor	rect, a	s of perjury, I declare that I have examined this ret nd complete. Declaration of preparer (other than o	officer) is based on all information of which	prepare	er has any know	rledge.	ige and	a bellet	, 11 15
	Shannon Maxwell Displaying pelatry (Samon Maxwell Street) Configuration (Samon Maxwel								
Sign									
Here	Signature of officer Date								
		Shannon L Maxwell, Vice President,	, Secretary						
		Type or print name and title	Preparer's signature	1	Date		PTIN		
Paid		Print/Type preparer's name	n reparer a arginature		Date	Check if self-employed	1114		
Prep		Firm's name	<u> </u>	1		irm's EIN ▶			
Use (Unly	Firm's address ►				hone no.			
May th	a IPS	discuss this return with the preparer s	shown above? See instructions				1 Vaa	\Box	Na