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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
WOUNDED WARRIOR PROJECT INC
DBA WOUNDED WARRIOR PROJECT

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4899 BELFORT ROAD NO 300

City or town, state or country, and ZIP + 4
JACKSONVILLE, FL 32256

D Employer identification number
20-2370934

E Telephone number
(904) 296-7350

G Gross receipts $ 198,823,539

F Name and address of principal officer
STEVEN NARDIZZI
4899 BELFORT ROAD NO 300
JACKSONVILLE, FL 32256

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW WOUNDEDWARRIORPROJECT ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2005

M State of legal domicile VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF WOUNDED WARRIOR PROJECT IS TO HONOR AND EMPOWER WOUNDED WARRIORS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	248
6	Total number of volunteers (estimate if necessary)	6	4,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	70,145,724	148,185,045
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	689,901	1,929,092
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,222,723	4,844,764
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,058,348	154,958,901
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,035,031	5,528,278
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14,563,085	21,035,510
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,796,697	1,901,169
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶20,499,112		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	38,362,501	67,046,592
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	57,757,314	95,511,549
	19	Revenue less expenses Subtract line 18 from line 12	16,301,034	59,447,352

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	36,392,589	101,438,851
	21	Total liabilities (Part X, line 26)	6,035,145	11,201,098
	22	Net assets or fund balances Subtract line 21 from line 20	30,357,444	90,237,753

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (other knowledge.

Sign Here

▶ ******
Signature of officer

▶ RONALD W BURGESS CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ WILLIAM R MORROW | Date

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LBA CERTIFIED PUBLIC ACCOUNTANTS PA
501 RIVERSIDE AVENUE SUITE 800
JACKSONVILLE, FL 322024939

May the IRS discuss this return with the preparer shown above? (see instructio

For Paperwork Reduction Act Notice, see the separate instructions.

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

WOUNDED WARRIOR PROJECT, INC (THE ORGANIZATION) IS A NOT-FOR-PROFIT 501 (C)(3) CORPORATION ORGANIZED FEBRUARY 23, 2005, FOR THE PURPOSES OF PROVIDING VITAL PROGRAMS AND SERVICES TO SEVERELY WOUNDED SERVICE MEMBERS AND VETERANS IN ORDER TO SUPPORT THEIR TRANSITION TO CIVILIAN LIFE AS WELL-ADJUSTED CITIZENS, BOTH PHYSICALLY AND MENTALLY THE MISSION OF THE ORGANIZATION IS TO HONOR AND EMPOWER THE WOUNDED WARRIOR THROUGH MIND, BODY, AND SPIRIT OUR PURPOSE IS THREEFOLD TO RAISE AWARENESS AND ENLIST THE PUBLIC'S AID FOR THE NEEDS OF SEVERELY INJURED SERVICE MEN AND WOMEN, TO HELP SEVERELY INJURED SERVICE MEMBERS AID AND ASSIST EACH OTHER, AND TO PROVIDE UNIQUE, DIRECT PROGRAMS AND SERVICES TO MEET THEIR NEEDS CONTRIBUTIONS ARE RECEIVED PRIMARILY THROUGH INDIVIDUAL DONATIONS AND SPONSORSHIPS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 17,408,806 including grants of $ 834,200) (Revenue $ 0)

ALUMNI ASSOCIATION - THE ALUMNI PROGRAM OFFERS ASSISTANCE, COMMMUNICATION, AND CAMRADERIE FOR WOUNDED WARRIORS AS THEY CONTINUE LIFE BEYOND INJURY WWP ALUMNI STAY ENGAGED AND ACTIVE THROUGH WWP PROGRAMS AND EVENTS THE ALUMNI PROGRAM OFFERS A WIDE RANGE OF ACTIVITIES INCLUDING EDUCATIONAL SESSIONS AND SPORTING AND SOCIAL EVENTS THAT PROVIDE INDIVIDUALS A CHANCE TO CONNECT WITH OTHER WOUNDED WARRIORS IT ALSO INCLUDES OUR WWP AFFINITY PROGRAM WHICH PROVIDES DISCOUNTED PRODUCTS AND SERVICES TO ALL WWP ALUMNI THE AFFINITY PROGRAM HELPS WWP BY ENCOURAGING WARRIORS TO UPDATE THEIR ALUMNI INFORMATION ANNUALLY IN ORDER TO STAY ACTIVE IN THE PROGRAM THE ALUMNI PROGRAM ALSO IDENTIFIES, TRAINS, AND CHALLENGES LEADERS WITHIN THE WOUNDED WARRIOR POPULATION TO REPRESENT THEIR PEERS IN THEIR COMMUNITIES ACROSS THE COUNTRY

4b (Code) (Expenses $ 8,219,466 including grants of $ 758,546) (Revenue $ 0)

COMBAT STRESS RECOVERY - THE COMBAT STRESS RECOVERY PROGRAM (CSRP) WAS DEVELOPED TO ADDRESS THE MENTAL HEALTH AND COGNITIVE NEEDS OF RETURNING SERVICE MEMBERS AND THOSE THAT HAVE ALREADY MADE THE TRANSITION BACK TO CIVILIAN LIFE THE CSRP RESPONDS TO THE MENTAL HEALTH NEEDS OF OUR WARRIORS BY ADDRESSING SEVERAL KEY ISSUES LINKED TO COMBAT STRESS INCLUDING THE STIGMA ATTACHED TO MENTAL HEALTH, ACCESS TO CARE, AND INTERPERSONAL RELATIONSHIP CHALLENGES WWP SERVES WARRIORS AT VARIOUS STAGES OF THE READJUSTMENT PROCESS THROUGH INNOVATIVE PROGRAMMING SUCH AS PROJECT ODYSSEY OR THE ONLINE COMBAT STRESS RECOVERY PROGRAM, RESTORE

4c (Code) (Expenses $ 7,045,616 including grants of $ 1,909,126) (Revenue $ 0)

PHYSICAL HEALTH & REHABILIATION -THE PHYSICAL HEALTH & REHABILITATION PROGRAM HAS THREE STRATEGIC OBJECTIVES 1) PROVIDE COMPREHENSIVE RECREATION AND SPORTS PROGRAMS TO OPTIMIZE PHYSICAL AND PSYCHOLOGICAL WELL-BEING OF WARRIORS, 2) DEVELOP PHYSICAL HEALTH PROMOTION STRATEGIES TO IMPROVE WARRIORS' PHYSICAL HEALTH, 3) ENSURE WARRIORS WITH SEVERE PHYSICAL INJURIES HAVE ACCESS TO SECONDARY PHYSICAL REHABILITATION AND THE LATEST TECHNOLOGY TO MAXIMIZE THEIR INDEPENDENCE THE PROGRAM IS INCLUSIVE OF ALL WARRIORS INCLUDING THOSE WITH AMPUTATIONS, SPINAL CORD INJURIES, BURNS, VISUAL IMPAIRMENTS, TRAUMATIC BRAIN INJURIES, POST-TRAUMATIC STRESS DISORDER, AND OTHER COGNITIVE AND MENTAL HEALTH CONDITIONS BY CHALLENGING THE WARRIOR THROUGH PHYSICAL ACTIVITY, SUCH AS SPORTS AND RECREATION, HE/SHE MOVES BEYOND REHABILITATION TO CONTINUE ON A PATH TOWARD PHYSICAL HEALTH AND WELL-BEING IN ADDITION, WWP'S PHYSICAL FITNESS AND HEALTH PROMOTION PROGRAMS AIM TO ASSIST WARRIORS TO ADOPT A HEALTHY LIFESTYLE THAT WILL BENEFIT THEM THROUGHOUT THEIR LIFETIME

(Code) (Expenses $ 36,925,856 including grants of $ 4,031,316) (Revenue $ 0)

SOLDIER RIDE - $5,771,773 INCLUDING GRANTS OF $37,500 - SOLDIER RIDE PROVIDES ADAPTIVE CYCLING OPPORTUNITIES ACROSS THE COUNTRY FOR WOUNDED WARRIORS THE RIDES ARE TYPICALLY THREE TO FIVE DAYS LONG AND ARE GEARED TOWARD WARRIORS OF ALL ABILITIES ADAPTIVE AND STANDARD CYCLING EQUIPMENT IS PROVIDED TO WARRIORS BASED ON THE TYPE OF INJURY IN ADDITION TO THE PHYSICAL BENEFIT, SOLDIER RIDE HELPS RAISE PUBLIC AWARENESS OF THE CHALLENGES WARRIORS FACE TODAY THROUGH EVENTS HELD THROUGHOUT THE RIDE, WARRIORS WILL HAVE THE OPPORTUNITY TO TAKE PART IN ANNUAL EVENTS FROM THE SOUTH LAWN OF THE WHITE HOUSE TO LOCAL COMMUNITIES ACROSS THE NATION THAT WILL CHALLENGE THEM PHYSICALLY AND MENTALLY BENEFITS SERVICES - $4,253,061 INCLUDING GRANTS OF $13,500 - THE BENEFITS SERVICES PROGRAM PROVIDES SUPPORT, EDUCATION, AND CLAIMS REPRESENTATION TO WOUNDED WARRIORS THIS INCLUDES ADVISING WARRIORS ON BENEFITS AND PROVIDING INFORMATION ON HOW TO ACCESS THEM THROUGH THE DEPARTMENT OF DEFENSE, DEPARTMENT OF VETERANS AFFAIRS, AND SOCIAL SECURITY ACCESSING BENEFITS CAN BE THE FOUNDATION TO A WARRIOR'S FUTURE SUCCESS TRACK - $3,791,573 INCLUDING GRANTS OF $800,694 - TRACK IS THE FIRST EDUCATION CENTER IN THE NATION DESIGNED SPECIFICALLY FOR WOUNDED WARRIORS TRACK IS FOCUSED ON PROVIDING COLLEGE AND EMPLOYMENT ACCESS TO WOUNDED WARRIORS AND IS AN INTENSIVE AND HOLISTIC TRAINING EXPERIENCE FOR THE MIND, BODY, AND SPIRIT IT IS A 12-MONTH PROGRAM WITH DUAL EMPHASIS ON COLLEGE PREP AND JOB PREPAREDNESS THE FIRST HALF OF THE PROGRAM IS PRIMARILY ACADEMIC AND CLASSROOM BASED WHERE STUDENTS RECEIVE ANCILLARY SUPPORT SERVICES CONSISTING OF PEAK PERFORMANCE TRAINING THROUGH APEX PERFORMANCE, HEALTH AND WELLNESS TRAINING, PERSONAL FINANCE WORKSHOPS, AND RESUME AND INTERVIEW PREPARATION ASSISTANCE FOR THE SECOND HALF OF TRACK, AN EXTERNSHIP COMPONENT WITH A LOCAL EMPLOYER IS ADDED, WHILE STUDENTS CONTINUE WITH ACADEMIC CLASSES AND SUPPORT SERVICES THE VOCATIONAL TRAINING GAINED IN THE EXTERNSHIP PHASE IS INVALUABLE TO ASSIST IN THE TRANSITION OF WARRIORS FROM THE MILITARY TO A SUCCESSFUL CIVILIAN LIFE FAMILY SUPPORT SERVICES - $4,275,785 INCLUDING GRANTS OF $799,622 - THE FAMILY SUPPORT PROGRAM PROVIDES SUPPORT AND RESPITE PROGRAMS FOR A WOUNDED WARRIOR'S FAMILY MEMBERS AND/OR CAREGIVER WHEN A SERVICE MEMBER IS WOUNDED, THE INJURY PLACES TREMENDOUS STRESS ON THE INDIVIDUAL'S FAMILY MEMBERS, MANY OF WHOM FACE A NEW ROLE AS FULL-TIME CAREGIVER AND ADVOCATE FOR THEIR RECOVERY THESE CAREGIVERS ARE INTEGRAL TO THE WARRIOR'S SUCCESSFUL RECOVERY AND, AS SUCH, NEED SPECIAL PROGRAMS AND SERVICES TO ADDRESS THEIR UNIQUE CONCERNS AND NEEDS INTERNATIONAL SERVICES - $3,980,709 INCLUDING GRANTS OF $1,784,000 - THE INTERNATIONAL SERVICES PROGRAM IS THE INITIAL CONTACT WOUNDED WARRIORS HAVE WITH WWP WHILE IN GERMANY AT LANDSTUHL REGIONAL MEDICAL CENTER AND RAMSTEIN AIR BASE WWP PROVIDES COMFORT ITEMS (CLOTHING, BLANKETS, ETC) TO THE WARRIORS BEFORE THEY RETURN TO THE UNITED STATES FOR WARRIORS STATIONED AT THE WARRIOR TRANSITION UNITS IN EUROPE, WWP HAS MULTIPLE PROGRAMS IN PLACE INCLUDING BENEFITS COUNSELING, TRANSITION TRAINING ACADEMY, SOLDIER RIDE AND COMBAT STRESS RECOVERY WWP ALSO RECOGNIZES THE EFFORTS OF THE HOSPITAL DOCTORS, NURSES, AND STAFF WITH MUCH NEEDED STRESS RELIEF EVENTS WWP PACKS - $2,511,757 INCLUDING GRANTS OF $15,000 - WWP PACKS CONTAIN ESSENTIAL CARE AND COMFORT ITEMS INCLUDING CLOTHING, TOILETRIES, PLAYING CARDS, AND MORE, ALL DESIGNED TO MAKE A WARRIOR'S HOSPITAL STAY MORE COMFORTABLE BACKPACKS ARE PROVIDED TO WOUNDED SERVICE MEMBERS ARRIVING AT MILITARY TRAUMA CENTERS ACROSS THE UNITED STATES A SMALLER VERSION OF THE WWP BACKPACK, TRANSITIONAL CARE PACKS (TCP'S), ARE SENT OVERSEAS TO PROVIDE IMMEDIATE COMFORT DURING A WARRIOR'S EVACUATION FROM FIELD HOSPITALS TO LARGER MILITARY TREATMENT FACILITIES STATESIDE AND OVERSEAS FAMILY SUPPORT TOTES ARE DISTRIBUTED TO THE SPOUSE OR FAMILY CAREGIVER AS THEY STAND BY THEIR LOVED ONE WHILE IN THE HOSPITAL WARRIORS TO WORK - $4,420,135 INCLUDING GRANTS OF $115,000 - WARRIORS TO WORK (WTOW) IS ONE OF THE CORNERSTONES OF WWP'S EFFORTS TO ACHIEVE ITS STRATEGIC GOAL OF ECONOMICALLY EMPOWERING WOUNDED WARRIORS WTOW ASSISTS WOUNDED WARRIORS WITH THEIR TRANSITION TO THE WORKFORCE WTOW OFFERS A COMPLETE PACKAGE OF EMPLOYMENT ASSISTANCE SERVICES INCLUDING RESUME ASSISTANCE, INTERVIEWING SKILLS, NETWORKING, JOB TRAINING, AND JOB PLACEMENT WTOW PROGRAM STAFF PROVIDE CONTINUED INDIVIDUAL COUNSELING AND PERSONAL SUPPORT TO ALL PROGRAM PARTICIPANTS AS THEY STRIVE TO BUILD A CAREER IN THE CIVILIAN WORKFORCE WARRIORS SPEAK - $1,169,719 - WARRIORS SPEAK PROGRAM IS A PRESTIGIOUS GROUP OF WOUNDED WARRIORS AND CAREGIVERS WHO HAVE BEEN SELECTED TO SHARE THEIR PERSONAL, INSPIRATIONAL STORIES OF COURAGE AND INTEGRITY WITH THE PUBLIC THE SPEAKERS ALSO DESCRIBE HOW WOUNDED WARRIOR PROJECT (WWP) HAS AIDED THEM IN THE RECOVERY PROCESS AND HELPED THEM TRANSITION BACK TO CIVILIAN LIFE PARTICIPANTS ARE TRAINED TO BECOME EFFECTIVE SPOKESPERSONS THROUGH THE WARRIORS SPEAK COURSE, WHICH INCLUDES TOOLS TO HELP THEM ORGANIZE THOUGHTS, COMPOSE PRESENTATIONS AND COMMUNICATE SUCCESSFULLY THE TRAINING PROVIDES IMPORTANT LIFE SKILLS THAT HELP WARRIORS SUCCEED SOCIALLY, AT THEIR WORKPLACE, AND AS COMMUNITY LEADERS WARRIORS SPEAK PARTICIPANTS SHARE THEIR COMPELLING STORIES BEFORE PUBLIC AUDIENCES SUCH AS CIVIC ORGANIZATIONS, SOCIAL CLUBS, BUSINESS GROUPS, AND CONFERENCES TRANSITION TRAINING ACADEMY - $3,257,466 INCLUDING GRANTS OF $19,500 - TRANSITION TRAINING ACADEMY(TTA) PROVIDES INNOVATIVE INFORMATION TECHNOLOGY (IT) TRAINING TO WOUNDED WARRIORS WHO ARE STILL ON ACTIVE DUTY TTA CLASSES ARE TAUGHT IN A MODIFIED CLASSROOM SETTING WITH FLEXIBLE CLASS SCHEDULES TO ACCOMMODATE PARTICIPANTS' MEDICAL AND DUTY REQUIREMENTS DURING REHABILITATION IN MILITARY TREATMENT FACILITIES COURSES INCLUDE COMPUTERS AND SOCIETY, COMPUTER HARDWARE, OPERATING SYSTEMS, COMPUTER APPLICATIONS, SMALL OFFICE/HOME OFFICE, THE INTERNET, MOBILE COMPUTING, AND SECURITY, ALL OF WHICH ALIGN TO INDUSTRY-RECOGNIZED CERTIFICATIONS TTA UTILIZES A WEB-BASED "VIRTUAL LEARNING ENVIRONMENT" (VLE), CREATED THIS PAST FISCAL YEAR TO SUPPORT SCALED PROGRAM GROWTH AND IMPACT MEASUREMENT VLE ALLOWS THE PROGRAM TO DEVELOP CONTENT CUSTOMIZED TO ITS TARGETED POPULATION ACROSS THE COUNTRY AND OVERSEAS TTA WAS DEVELOPED IN PARTNERSHIP WITH CISCO SYSTEMS, INC AND THE U S DEPARTMENT OF LABOR(DOL), CURRENT TTA SITES ARE LOCATED AT NAVAL MEDICAL CENTER SAN DIEGO(NMCSD),CA,CAMP PENDLETON MARINE BASE,CA, 32ND NAVAL BASE,SAN DIEGO,CA, FORT IRWIN,CA, BROOKE ARMY MEDICAL CENTER,FORT SAM HOUSTON,TX, FORT BRAGG,NC, BAUMHOLDER,GERMANY, CAMP LEJEUNE,JACKSONVILLE,NC, CAMP PENDLETON,MCS,CA,FORT BELVOIR,FAIRFAX,VA, FORT BRAGG,FAYETTEVILLE,NC,FORT CARSON,COLORADO SPRING,CO,FORT LEWIS, TACOMA,WA,FORT SAM HOUSTON,SAN ANTONIO,TX,FORT STEWART,SAVANNAH,GA,NAVAL MEDICAL CENTER(BALBOA),SAN DIEGO,CA(NMCSD), WALTER REED NATIONAL MILITARY MEDICAL CENTER, BETHESDA,MDPEER MENTORING - $1,448,016 INCLUDING GRANTS OF $23,500 - PEER MENTORING IS THE PROGRAMMATIC EMBODIMENT OF WWP'S LOGO, FOSTERING RELATIONSHIPS THAT ENABLE ONE WARRIOR TO HELP ANOTHER THROUGH THE RECOVERY PROCESS WWP PEER MENTORS ARE TRAINED TO BE RESOURCES, LISTENERS, AND "HOSPITAL BUDDIES," WHO CAN SHARE THEIR UNDERSTANDING AND PERSPECTIVE OVER THE PAST TWO YEARS, WWP HAS TRAINED AND CERTIFIED OVER 250 PEER MENTORS AROUND THE COUNTRY CAMPUS SERVICES - $2,045,863 INCLUDING GRANTS OF $422,500 - EDUCATION HAS THE UNIQUE ABILITY TO UPLIFT AND EMPOWER WOUNDED WARRIORS ON THE JOURNEY TO SELF-SUSTAINABILITY AND LONG-TERM PROSPERITY CAMPUS SERVICES PREPARES WARRIORS FOR SUCCESS BY HELPING THEM ACHIEVE THEIR EDUCATIONAL GOALS WOUNDED WARRIORS HAVE DIFFERENT NEEDS THAN TYPICAL STUDENTS BECAUSE OF THE INSTITUTIONAL AND SOCIAL OBSTACLES THEY MIGHT FACE DUE TO COMBAT STRESS, ACCESSIBLILITY TO LEARNING MODELS, AND SOCIAL INSTABILITY BECAUSE OF SOCIAL EXPERIENCES THEREFORE, COMPREHENSIVE POLICIES ARE NEEDED TO CREATE A STABLE AND SUPPORTIVE ENVIRONMENT TO OVERCOME THEIR ACADEMIC AND SOCIAL CHALLENGES BY WORKING DIRECTLY WITH WARRIORS' RESPECTIVE EDUCATIONAL INSTITUTIONS, WE EMPOWER WARRIORS TO SUCCESSFULLY COMPLETE THEIR CHOSEN ACADEMIC OR VOCATIONAL PROGRAMS WWP'S MIND, BODY, AND SPIRIT APPROACH TO CARE RECOGNIZES THAT EACH INDIVIDUAL WARRIOR'S NEEDS MAY EXTEND BEYOND CAMPUS SERVICES' OFFERINGS IN THOSE INSTANCES, WE CONNECT WARRIORS WITH OTHER APPROPRIATE WWP PROGRAMS AND SERVICES, SUCH AS PROJECT ODYSSEY OR WARRIORS TO WORKS AS PART OF OUR HOLISTIC APPROACH TO WWP CARE

4d Other program services (Describe in Schedule O)

(Expenses $ 36,925,856 including grants of $ 4,031,316) (Revenue $)

4e **Total program service expenses** ▶$ 69,599,744

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** 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*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a** 81			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b** 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a** 248			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**		
4a	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 or securities account)?		**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶GM See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**	Yes	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AL, AK, AR, AZ, CA, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, ND, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

CINDY MCDONALD
4899 BELFORT ROAD SUITE 300
JACKSONVILLE, FL 32256
(904) 296-7350

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY ODIERNO SECRETARY, BOD	5 00	X						0	0	0
(2) ANTHONY PRINCIPI VICE PRESIDENT, BOD	5 00	X						0	0	0
(3) CHARLES BATTAGLIA DIRECTOR	5 00	X						0	0	0
(4) CHARLES S ABELL DIRECTOR	5 00	X						0	0	0
(5) DAWN HALFAKER PRESIDENT, BOD	5 00	X						0	0	0
(6) GORDON MANSFIELD DIRECTOR	5 00	X						0	0	0
(7) GUY H MCMICHAEL III DIRECTOR	5 00	X						0	0	0
(8) JOHN LOOSEN DIRECTOR	5 00	X						0	0	0
(9) JUSTIN CONSTANTINE DIRECTOR	5 00	X						0	0	0
(10) KEVIN DELANEY DIRECTOR	5 00	X						0	0	0
(11) MELISSA STOCKWELL DIRECTOR	5 00	X						0	0	0
(12) ROBB VAN CLEAVE DIRECTOR	5 00	X						0	0	0
(13) ROGER CAMPBELL DIRECTOR	5 00	X						0	0	0
(14) RON DRACH DIRECTOR	5 00	X						0	0	0
(15) ADAM SILVA CHIEF DEVELOPMENT OFFICER	50 00			X				178,154	0	23,700
(16) ALBION GIORDANO DEPUTY EXECUTIVE DIRECTOR,	60 00			X				280,385	0	24,988
(17) JEREMY CHWAT CHIEF PROGRAM OFFICER	60 00			X				189,612	0	22,621

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) RONALD W BURGESS CFO	60 00			X				168,206	0	18,551
(19) STEVEN NARDIZZI CEO, EXECUTIVE DIRECTOR	60 00			X				311,538	0	21,841
(20) BRUCE NITSCHE EVP, SPECIAL PROJECTS	50 00					X		139,917	0	10,987
(21) CHRISTINE HILL EVP, CONGRESSIONAL AFFAIRS	40 00					X		156,000	0	18,030
(22) JOHN ROBERTS EVP, MENTAL HEALTH	50 00					X		140,400	0	22,551
(23) JOHN T HAMRE III EVP, DIRECT RESPONSE	50 00					X		151,308	0	9,137
(24) RALPH J IBSON NATIONAL POLICY DIRECTOR	40 00					X		149,500	0	16,762
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,865,020	0	189,168

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶10

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CREATIVE DIRECT RESPONSE 16900 SCIENCE DR STE 210 BOWIE, MD 20715	DIRECT RESPONSE SERVICES	1,901,169
PLOWSHARE GROUP INC ONE DOCK STREET STAMFORD, CT 06902	PSA DISTRIBUTION	938,087
PAYMENT SOLUTIONS INC P O BOX 30217 BETHESDA, MD 20824	DONATION PROCESSING	397,072
KUTAK ROCK P O BOX 30057 OMAHA, NE 68103	LEGAL SERVICES	394,781
CONSTELLATIONS GROUP ONE PENN PLAZA SUITE 3600 NEW YORK, NY 10019	FUNDRAISING/PROGRAM SERVICES/CONSULTING	390,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶16

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 3,364,908				
	b	Membership dues	1b				
	c	Fundraising events	1c 1,047,555				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 143,772,582				
	g	Noncash contributions included in lines 1a-1f $ 8,222,943					
	h	**Total.** Add lines 1a-1f ▶		148,185,045			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f ▶					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		854,243			854,243
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶		3,606,400			3,606,400
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	43,974,658 /				
	b	Less cost or other basis and sales expenses	42,847,213 / 52,596				
	c	Gain or (loss)	1,127,445 / -52,596				
	d	Net gain or (loss) ▶		1,074,849			1,074,849
	8a	Gross income from fundraising events (not including $ 1,047,555 of contributions reported on line 1c) See Part IV, line 18	a 1,052,632				
	b	Less direct expenses	b 964,829				
	c	Net income or (loss) from fundraising events ▶		87,803			87,803
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	1,150,561			1,150,561
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d ▶		1,150,561			
	12	**Total revenue.** See Instructions ▶		154,958,901	0	0	6,773,856

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,657,084	4,657,084		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	871,194	871,194		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,057,997	892,341	70,153	95,503
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,415,666	13,001,950	1,022,179	1,391,537
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	340,650	290,112	20,797	29,741
9 Other employee benefits	2,266,457	1,930,215	138,367	197,875
10 Payroll taxes	1,954,740	1,664,743	119,337	170,660
11 Fees for services (non-employees)				
a Management				
b Legal	499,509		499,509	
c Accounting	131,746		131,746	
d Lobbying				
e Professional fundraising *See Part IV, line 17* . .	1,901,169			1,901,169
f Investment management fees				
g Other				
12 Advertising and promotion	146,299			146,299
13 Office expenses	12,451,303	7,462,033	912,840	4,076,430
14 Information technology	254,319	160,050	66,836	27,433
15 Royalties . .				
16 Occupancy	2,490,195	1,709,810	553,285	227,100
17 Travel	4,085,909	3,649,163	183,207	253,539
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,572,823	1,014,802	388,319	169,702
23 Insurance	215,654	144,290	50,596	20,768
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a OUTSIDE SERVICES	20,915,484	13,521,978	712,017	6,681,489
b MEETINGS AND EVENTS	9,637,863	8,512,616	173,469	951,778
c DIRECT RESPONSE SERVICE	6,930,429	4,234,937		2,695,492
d PROMOTIONAL ITEMS	4,055,567	3,696,372	66,566	292,629
e				
f All other expenses	3,659,492	2,186,054	303,470	1,169,968
25 **Total functional expenses.** Add lines 1 through 24f	95,511,549	69,599,744	5,412,693	20,499,112
26 **Joint costs.** Check here ▶ ☑ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	25,576,675	14,212,791	0	11,363,885

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		863,502	1	10,988,377
	2	Savings and temporary cash investments		3,202,553	2	3,477,286
	3	Pledges and grants receivable, net		1,759,113	3	1,677,012
	4	Accounts receivable, net		1,043,943	4	161,411
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		920,884	8	1,658,623
	9	Prepaid expenses and deferred charges		301,869	9	1,930,555
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 12,613,062			
	b	Less accumulated depreciation	10b 3,900,698	6,539,321	10c	8,712,364
	11	Investments—publicly traded securities		21,205,712	11	72,095,703
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		555,692	15	737,520
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		36,392,589	16	101,438,851
Liabilities	17	Accounts payable and accrued expenses		6,035,145	17	11,201,098
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		6,035,145	26	11,201,098
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		29,311,125	27	89,053,080
	28	Temporarily restricted net assets		46,319	28	184,673
	29	Permanently restricted net assets		1,000,000	29	1,000,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		30,357,444	33	90,237,753
	34	Total liabilities and net assets/fund balances		36,392,589	34	101,438,851

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	154,958,901
2	Total expenses (must equal Part IX, column (A), line 25)	2	95,511,549
3	Revenue less expenses Subtract line 2 from line 1	3	59,447,352
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	30,357,444
5	Other changes in net assets or fund balances (explain in Schedule O)	5	432,957
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	90,237,753

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
WOUNDED WARRIOR PROJECT INC
DBA WOUNDED WARRIOR PROJECT

Employer identification number
20-2370934

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 **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 - Other

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 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)**		

h Provide the following information about the supported organization(s)

(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 support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	21,201,221	25,306,760	39,336,766	70,145,724	148,412,652	304,403,123
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	21,201,221	25,306,760	39,336,766	70,145,724	148,412,652	304,403,123
5 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)						
6 **Public Support.** Subtract line 5 from line 4						304,403,123

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
7 Amounts from line 4	21,201,221	25,306,760	39,336,766	70,145,724	148,412,652	304,403,123
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	91,719	139,909	232,108	3,083,956	4,460,643	8,008,335
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						312,411,458

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	**14**	97 440 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	97 930 %

16a **33 1/3% support test—2011.** 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 ☑

b **33 1/3% support test—2010.** If the organization did not check the 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 ☐

17a **10%-facts-and-circumstances test—2011.** 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 ☐

b **10%-facts-and-circumstances test—2010.** 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 ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III **Support Schedule for Organizations Described in IRC 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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b 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 (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2010 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2010** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2011.** 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—2010.** 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 ☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
WOUNDED WARRIOR PROJECT INC DBA WOUNDED WARRIOR PROJECT	20-2370934

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		**(a)** Filing Organization's Totals	**(b)** Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	30,000	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	170,000	
c	Total lobbying expenditures (add lines 1a and 1b)	200,000	
d	Other exempt purpose expenditures	95,311,549	
e	Total exempt purpose expenditures (add lines 1c and 1d)	95,511,549	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	**(a)** 2008	**(b)** 2009	**(c)** 2010	**(d)** 2011	**(e)** Total
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	41,000	63,500	115,000	200,000	419,500
d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures	5,000	3,000	20,000	30,000	58,000

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WOUNDED WARRIOR PROJECT INC
DBA WOUNDED WARRIOR PROJECT

Employer identification number
20-2370934

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_____

4 Number of states where property subject to conservation easement is located ▶_____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶_____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,046,319	1,107,300	1,093,590		
b Contributions				1,000,000	
c Investment earnings or losses	188,354	-10,981	63,710	143,590	
d Grants or scholarships	50,000	50,000	50,000	50,000	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,184,673	1,046,319	1,107,300	1,093,590	

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 84 000 %

c Term endowment ▶ 16 000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	3,882,181		1,623,871	2,258,310
d Equipment	8,308,099		2,168,744	6,139,355
e Other	422,782		108,083	314,699
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				8,712,364

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	154,958,901
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	95,511,549
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	59,447,352
4	Net unrealized gains (losses) on investments	4	432,957
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	432,957
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	59,880,309

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	200,609,204
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	432,957		
b	Donated services and use of facilities	2b	45,217,346		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	45,650,303
3	Subtract line **2e** from line **1**			3	154,958,901
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	154,958,901

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	140,728,895
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	45,217,346		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	45,217,346
3	Subtract line **2e** from line **1**			3	95,511,549
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	95,511,549

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	AS OF SEPTEMBER 30, 2012, THE ORGANIZATION HAS ONE ENDOWMENT, WHICH IS CLASSIFIED AS PERMANENTLY RESTRICTED UNDER THE TERMS OF THE GOVERNING DOCUMENTS RELATED TO THIS ENDOWMENT, INVESTMENT INCOME AND GAINS AND LOSSES ARE TO BE ADDED TO THE BALANCE OF THE ENDOWMENT ANNUALLY UP TO 5% OF THE FAIR VALUE OF THE ENDOWMENT MAY BE APPROPRIATED FOR EXPENDITURE HOWEVER, APPROPRIATIONS MAY NOT REDUCE THE FAIR VALUE FOR THE ASSETS TO AN AMOUNT LESS THAN THE ORIGINAL ENDOWMENT OF $1,000,000 THE ENDOWMENT NET ASSETS ARE REFLECTED ON THE STATEMENT OF FINANCIAL POSITION AT SEPTEMBER 30, 2012 PERMANENTLY RESTRICTED $1,000,000 TEMPORARILY RESTRICTED $184,673
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION HAS RECEIVED A TAX DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CHAPTER 220 13 OF THE FLORIDA STATUTES, RESPECTIVELY AS SUCH, ONLY UNRELATED BUSINESS INCOME IS SUBJECT TO INCOME TAX THE ORGANIZATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION THE ORGANIZATION FOLLOWS AUTHORITATIVE GUIDANCE WHICH REQUIRES THE ORGANIZATION TO EVALUATE ITS TAX POSITIONS FOR ANY UNCERTAINTIES BASED ON THE TECHNICAL MERITS OF THE POSITION TAKEN THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE UPHELD ON EXAMINATION BY TAXING AUTHORITIES AS OF SEPTEMBER 30, 2012, THE ORGANIZATION DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS
		PART XII, LINE 2B AND PART XIII, LINE 2A DONATED ADVERTISING $ 7,424,615 TOTAL U-HAUL $ 7,103,900 OTHER VENDORS $ 320,715 DONATED MEDIA AD VALUE $ 37,652,927 TOTAL PLOWSHARE $ 37,232,995 OTHER VENDORS $ 419,932

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WOUNDED WARRIOR PROJECT INC
DBA WOUNDED WARRIOR PROJECT

Employer identification number
20-2370934

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EUROPE	0	5	PROGRAM SERVICE	SEE SUPPLEMENTAL INFORMATIONINTERNATIONAL SUPPORT - THE INTERNATIONAL SUPPORT PROGRAM IS THE INITIAL CONTACT WOUNDED WARRIORS HAVE WITH WWP WHILE IN GERMANY AT LANDSTUHL REGIONAL MEDICAL CENTER AND RAMSTEIN AIR BASE WWP PROVIDES COMFORT ITEMS (CLOTHING, BLANKETS, ETC)TO THE WARRIORS BEFORE THEY RETURN TO THE UNITED STATES FOR WARRIORS STATIONED AT THE WARRIOR TRANSITION UNITS IN EUROPE, WWP HAS MULTIPLE PROGRAMS IN PLACE INCLUDING BENEFITS COUNSELING, TRANSITION TRAINING ACADEMY, SOLDIER RIDE AND COMBAT STRESS RECOVERY WWP ALSO RECOGNIZES THE EFFORTS OF THE HOSPITAL DOCTORS, NURSES, AND STAFF WITH MUCH NEEDED STRESS RELIEF EVENTS	5,335,649
3a Sub-total	0	5			5,335,649
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	5			5,335,649

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* ☐ Yes ☑ No

2 Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* ☐ Yes ☑ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* ☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* ☐ Yes ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* ☐ Yes ☑ No

Additional Data

Software ID:
Software Version:
EIN: 20-2370934
Name: WOUNDED WARRIOR PROJECT INC
DBA WOUNDED WARRIOR PROJECT

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WOUNDED WARRIOR PROJECT INC
DBA WOUNDED WARRIOR PROJECT

Employer identification number
20-2370934

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
CREATIVE DIRECT RESPONSE 16900 SCIENCE DR STE 210 BOWIE, MD 20715	COORDINATION OF DIRECT RESPONSE SERVICES		No	80,829,390	1,901,169	78,928,221
Total . . . . . ▶				80,829,390	1,901,169	78,928,221

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AL, AZ, AR, CO, CT, FL, GA, ID, IL, IN, IA, KS, KY, LA, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VT, WV, WI, DE, ME, MD, MA, MI, MO, MT, NE, NV, SD, TX, VA, WA, CA, AK, HI, WY

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 COURAGE AWARDS & BENEFIT DINNER (event type)	(b) Event #2 GREENWICH BENEFIT (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	1,321,486	329,503	449,198	2,100,187
	2 Less Charitable contributions	358,511	300,196	388,848	1,047,555
	3 Gross income (line 1 minus line 2)	962,975	29,307	60,350	1,052,632
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes			2,884	2,884
	6 Rent/facility costs	44,567	16,052	16,933	77,552
	7 Food and beverages	395,579	30,524	6,800	432,903
	8 Entertainment	7,957	2,700	2,800	13,457
	9 Other direct expenses	239,656	27,864	170,513	438,033
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(964,829)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				87,803

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WOUNDED WARRIOR PROJECT INC
DBA WOUNDED WARRIOR PROJECT

Employer identification number
20-2370934

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) TRACK STUDENT GRANTS	94	781,194			FINANCIAL ASSISTANCE TO TRACK STUDENTS ENROLLED IN THE 12-MONTH PROGRAM PART IS PAID ON A BIWEEKLY BASIS AND THEN $6,000 IS PAID AS A COMPLETION BONUS AT THE END
(2) SCHOLARSHIPS	3	90,000			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
		THE GRANTS/ASSISTANCE PAID ARE MONITORED BY THE PROGRAM DIRECTORS BASED ON THE CONTRACT/AGREEMENT REPORTS AND UPDATES ARE GIVEN TO THE PROGRAM DIRECTOR BY THE ORGANIZATION RECEIVING THE FUNDS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 20-2370934
Name: WOUNDED WARRIOR PROJECT INC
DBA WOUNDED WARRIOR PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS2025 E STREET NW WASHINGTON,DC 20006	53-0196605	501(C)(3)	1,600,000				PROVIDE SERVICES & PROGRAMS IN FURTHERANCE OF WWP,SUPPORT WWP PROGRAMS AT MILITARY INSTALLATIONS IN THE EUROPEAN REGION,IN RED CROSS OFFICE LOCATIONS, COLLABORATE AND JOIN EFFORTS WITH WWP TO SUPPORT ILL OR INJURED SERVICE MEMBERS, VETERANS AND THEIR FAMILIES
ARIZONA HOMETOWN HEROSPO BOX 31646 MESA,AZ 85275	80-0658257	501(C)(3)	6,000				PROVIDE MONTHLY DINNERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASSOCIATION OF AMPUTEE SURFERS INCPO BOX 5045 SAN LUIS OBISPO, CA 93403	68-0569858	501(C)(3)	75,000				PROMOTE, INSPIRE, EDUCATE, AND REHABILITATE PEOPLE WITH DISABILITIES, THROUGH ADAPTIVE SURFING AND FUN, SAFE, OUTDOOR ACTIVITIES
AUGUSTA WARRIOR PROJECT 1190 INTERSTATE PARKWAY AUGUSTA, GA 30909	26-1176267	501(C)(3)	75,000				PROVIDE HOUSING, EDUCATION, TRANSPORTATION, AND OTHER FINANCIAL ASSISTANCE TO AUGUSTA WOUNDED VETERANS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE STAR FAMILIES INCPO BOX 322 FALLS CHURCH,VA 22040	80-0369895	501(C)(3)	75,000				PROVIDE CARGIVER TOOLKITS
CENTRASTATE HEALTHCARE FOUNDATION INC 916 ROUTE 33 SUITE 6 FREEHOLD,NJ 07728	22-2383065	501(C)(3)	12,000				ENABLE SOLDIERS TO OVERCOME THEIR PHYSICAL LIMITATIONS, OFFER UNIQUE OPPORTUNITIES FOR INTERACTION WITH THE ENVIRONMENT AND WITH NON-DISABLED FAMILY MEMBERS AND FRIENDS AND PROMOTE SELF-IMAGE THROUGH MASTERY OF SKILLS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMFORT FOR AMERICA'S UNIFORMED SERVICES4114 LEGATO ROAD SUITE B FAIRFAX,VA 22033	43-2037202	501(C)(3)	100,000				PROVIDE OPPORTUNITIES FOR RECREATION, RELAXATION AND RESILIENCY FOR MEMBERS OF THE US ARMED SERVICES RECUPERATING FROM INJURIES RECEIVED IN IRAQ AND AFGHANISTAN
COMMUNITY SERVICE COUNCIL OF GREATER TULSA 16 EAST 16TH STREET TULSA,OK 74119	73-0580282	501(C)(3)	194,546				PROVIDE NEEDS TO RETURNING VETS AND THEIR FAMILIES OR CAREGIVERS TRAUMATIC BRAIN INJURIES (TBI), DEPRESSION, AND POST TRAUMATIC STRESS DISORDER (PTSD) ARE MAIN FOCUSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVID LYNCH FOUNDATION654 MADISON AVENUE SUITE 806 NEW YORK, NY 10065	83-0436543	501(C)(3)	50,000				PROVIDE INDIVIDUAL AND GROUP PROGRAMS TO HEAL THE WOUNDS OF POST-TRAUMATIC STRESS DISORDER AMONG VETERANS, SUPPORT THE FAMILIES OF VETERANS WITH PTSD
DISABLE VETERANS LIFE MEMORIAL FOUNDATION INC 6274 LINTON BLVD SUITE 105 DELRAY BEACH, FL 33484	52-2209855	501(C)(3)	50,000				BUILD AND MAINTAIN THIS MOMENTOUS AMERICAN MEMORIAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EASTER SEALS GREATER WASHINGTON 1420 SPRING STREET SILVER SPRINGS, MD 20910	53-0212296	501(C)(3)	100,000				ADDRESSES THESE TRANSITIONS BY PROVIDING THE CHILDREN OF WOUNDED WARRIORS KNOWN AS THE LITTLE WARRIORS, WITH INCLUSIVE HIGH-QUALITY EARLY CHILDHOOD EDUCATION AS WELL AS THE HEALING BENEFITS OF INTERGENERATIONAL INTERACTION WITH THE SENIORS OF OUR ADULT DAY SERVICES PROGRAM
ELPASO CHILD GUIDANCE CENTER INC2701 EAST YANDELL EL PASO,TX 79903	74-1204335	501(C)(3)	60,000				PROVIDE A RANGE OF MENTAL HEALTH SERVICES INCLUDING PSYCHIATRIC EVALUATIONS, INDIVIDUAL, FAMILY, AND GROUP THERAPY TREATMENT SERVICES ARE TAILORED TO MEET THE INDIVIDUAL NEEDS OF CHILDREN AND FAMILIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FIRE FAMILY TRANSPORT FOUNDATIONPO BOX 34049 BROOKLYN,NY 11234	11-3154956	501(C)(3)	7,500				PROVIDE NOTRE DAME FOOTBALL WEEKEND HONORING WOUNDED WARRIORS
GRACE AFTER FIRE PO BOX 185804 FORT WORTH,TX 76181	20-0717936	501(C)(3)	10,000				PROVIDE EDUCATIONAL MATERIALS AND ACTIVITIES THAT PROMOTE SELF-KNOWLEDGE, SELF-UNDERSTANDING, SELF-DEVELOPMENT AND SELF-RENEWAL FOR THE WOMAN VETERAN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREAT BOOKS FOUNDATION35 EAST WACKER DRIVE SUITE 400 CHICAGO,IL 60601	36-2182034	501(C)(3)	29,500				EMPOWER READERS OF ALL AGES TO BECOME MORE REFLECTIVE AND RESPONSIBLE THINKERS TEACH THE ART OF CIVIL DISCOURSE THROUGH THE SHARED INQUIRY METHOD
HEROES ON THE WATER101-C N GREENVILLE AVE 55 ALLEN,TX 75002	13-4367788	501(C)(3)	50,000				PROVIDE SUPPORT TO INJURED SERVICE MEMBERS WITH THEIR PHYSICAL AND MENTAL RECOVERY USING THE THERAPEUTIC QUALITIES OF FISHING FROM KAYAKS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HONORING OUR VETERANSPO BOX 526 MORAN,WY 83013	26-3266790	501(C)(3)	15,000				PROVIDE RECREATIONAL AND SOCIAL REHABILITATION FOR WOUNDED VETERANS
LONE STAR VETERANS ASSOCIATION INC 1216 W CLAY STREET HOUSTON,TX 77019	27-1427288	501(C)(3)	16,000				PROVIDE ACCESSIBLE SUPPORT SYSTEM AND SOCIAL OUTLET FOR THE SERVICE MEMBERS TRANSITIONING BACK INTO CIVILIAN LIFE THROUGH PROGRAMS, EVENTS AND PEER MENTORING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LRMC FISHER HOUSESCRM 402 APO,AE 09180	11-3158401	501(C)(3)	175,000				PROVIDE SUPPORT TO HOUSING FOR WOUNDED WARRIORS WHILE AT THE MILITARY HOSPITAL
MENTAL HEALTH ASSOCIATION IN DELAWARE100 W 10TH STREET 600 WILMINGTON,DE 19801	51-0069000	501(C)(3)	30,000				PROMOTE MENTAL HEALTH PROVIDES SERVICES THAT FOCUS ON EDUCATION, SUPPORT AND ADVOCACY FOR MENTAL HEALTH ISSUES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONTANA OUTFITTERS & GUIDES ASSOCIATION5 MICROWAVE HILL ROAD CLANCY, MT 59634	84-1424925	501(C)(3)	45,000				PROVIDE OUTDOOR EXCURSIONS, GUIDED HUNTS, AND FISHING TRIPS
OKLAHOMA STATE UNIVERSITY FOUNDATIONPO BOX 1749 STILLWATER, OK 74076	73-6097060	501(C)(3)	75,000				PROVIDE STUDENTS WITH A COMPREHENSIVE ENTREPRENEURIAL EDUCATIONAL EXPERIENCE, AND ENCOURAGE THEM TO ADOPT A PHILOSOPHY OF ENTREPRENEURSHIP IN THEIR PERSONAL AND PROFESSIONAL LIVES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OREGON ADAPTIVE SPORTS63025 OB RILEY ROAD SUITE 12 BEND,OR 97701	26-0076749	501(C)(3)	15,000				PROVIDE LIFE-CHANGING OUTDOOR RECREATION TO INDIVIDUALS WITH PHYSICAL AND COGNITIVE DISABILITIES AND, CONCURRENTLY, TO PROVIDE THEIR FAMILIES WITH THE EDUCATION AND SKILLS TO ENJOY THESE EXPERIENCES TOGETHER
OUR MILITARY KIDS INC6861 ELM STREET SUITE 2A MCLEAN,VA 22101	56-2483648	501(C)(3)	150,000				PROVIDES SUPPORT TO THE CHILDREN OF DEPLOYED AND SEVERELY INJURED NATIONAL GUARD AND MILITARY RESERVE PERSONNEL THROUGH GRANTS FOR SPORTS, FINE ARTS AND TUTORING THAT NURTURE AND SUSTAIN THE CHILDREN DURING THE TIME A PARENT IS AWAY IN SERVICE TO OUR COUNTRY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OUTDOORS FOR ALL6344 NE 74TH STREET SUITE 102 SEATTLE,WA 98115	91-1085999	501(C)(3)	10,000				PROVIDE YEAR ROUND INSTRUCTION IN OUTDOOR RECREATION FOR PEOPLE WITH PHYSICAL, DEVELOPMENTAL, AND SENSORY DISABILITIES
PRAIRIE STATE COLLEGE FOUNDATION202 S HALSTED STREET CHICAGO HEIGHTS,IL 60411	36-3437785	501(C)(3)	25,000				LOBBIES AND NEGOTIATES POSTAL RATES FOR NON PROFIT ORGANIZATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROJECT HEALING WATERS FLY FISHING INCPO BOX 695 LAPLATA,MD 20646	61-1518154	501(C)(3)	50,000				SUPPORT DOMESTIC FLY FISHING TRIPS
QUALITY OF LIFE FOUNDATION INC 2750 KILLARNEY DRIVE WOODBRIDGE,VA 22192	26-1820245	501(C)(3)	165,000				SUPPORT FAMILIES WHO PROVIDE A SUBSTANTIAL AMOUNT OF CARE GIVING TO A WOUNDED, INJURED OR ILL VETERAN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RESOUNDING JOY INC3830 VALLEY CENTER DRIVE SAN DIEGO,CA 92130	75-3190962	501(C)(3)	36,200				PROVIDES MUSIC THERAPY AND MUSIC-CENTERED WELLNESS SERVICES
RIVERS OF RECOVERY INCPO BOX 1730 JACKSON,WY 83001	26-2260491	501(C)(3)	50,000				PROVIDE A TRIP HOSTING SIX COMBAT VETERANS ON A FOUR-DAY, SCIENCE-BASED, CONFIDENCE-BUILDING, OUTDOOR ACTIVITIES, TALK THERAPY IN A RELAXED, POSITIVE ENVIRONMENT AND PROVEN TECHNIQUES ON THE SELF-MANAGEMENT OF SYMPTOMS, STRESSORS AND RESPONSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN DIEGO CITY COLLEGE FOUNDATION INC 1313 PARK BLVD SAN DIEGO, CA 92101	23-7261624	501(C)(3)	125,000				PROVIDE VETERANS SUPPORT NETWORK
SENTINELS OF FREEDOM SCHOLARSHIP FOUNDATIONPO BOX 1316 SAN RAMON, CA 94583	20-8139201	501(C)(3)	250,000				PROVIDE TWO TO FOUR YEAR PROGRAM TO ASSIST VETERANS WITH SEVERE SERVICE-RELATED INJURIES WHO HAVE THE APTITUDE, ATTITUDE, AND DRIVE TO BECOME INDEPENDENT AND SUCCESSFUL MEMBERS OF SOCIETY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHEPHERD CENTER FOUNDATION INC 2020 PEACHTREE RD NE ATLANTA,GA 30309	20-1238224	501(C)(3)	100,000				PROVIDE REHABILITATION FOR PEOPLE WITH SPINAL CORD INJURY AND BRAIN INJURY
SOS SERVING OUR SERVICE MEMBERS 5512 E 46TH STREET TULSA,OK 74135	27-2098172	501(C)(3)	30,000				PROVIDE SUPPORT TO THESE FAMILIES HELPIF THEY HAVE AN EMERGENCY AND HANDYMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TALISMAN THERAPEUTIC RIDING INCPO BOX 300 GRASONVILLE,MD 21638	45-4204697	501(C)(3)	15,000				PROVIDE HORSE THERAPY FOR VETERANS RETURNING FROM IRAQ AND AFGHANISTAN AS WELL AS FIRST RESPONDERS INJURED IN THE LINE OF DUTY
TEAM 4 MIL INC322 ADAMS STREET EASTPORT,MD 21403	27-3156634	501(C)(3)	76,588				PARTICIPATION OF WOUNDED WARRIORS IN THE RACE ACROSS AMERICA CYCLING EVENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEAM RIVER RUNNER INCPO BOX 12 CABIN JOHN,MD 20818	20-3838651	501(C)(3)	79,000				PROVIDE HELP TO ACTIVE DUTY MILITARY PERSONNEL WOUNDED IN IRAQ AND AFGHANISTAN WHO WERE RECOVERING AT WALTER REED ARMY MEDICAL CENTER
THE MISSION CONTINUES1141 SOUTH 7TH STREET ST LOUIS,MO 63104	20-8742553	501(C)(3)	150,000				PROVIDE SERVICE FELLOWSHIPS TO POST-9/11 VETERANS, EMPOWERING THEM TO TRANSFORM THEIR OWN LIVES BY SERVING OTHERS AND DIRECTLY IMPACTING THEIR COMMUNITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAR VETERANS COUNCIL346 BROADWAY ROOM 807 NEW YORK, NY 10013	13-3793337	501(C)(3)	300,000				11/11/12 PARADE
VETERANS OF FOREIGN WARS FOUNDATION406 WEST 34TH STREET KANSAS CITY, MO 64111		501(C)(3)	100,000				PROVIDE FINANCIAL ASSISTANCE FOR FAMILIES OF DEPLOYED TROOPS, ASSIST VETERANS WITH BENEFITS CLAIMS, PROVIDE PREPAID PHONE CARDS FOR SOLDIERS OVERSEAS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VETERANS ONE-STOP CENTER OF WNY INC1416 MAIN STREET BUFFALO, NY 14209	45-5098692	501(C)(3)	15,000				BRINGS PEOPLE, ORGANIZATIONS, AND RESOURCES TOGETHER IN TIME, SPACE, AND EFFORT TO EFFECTIVELY IMPROVE THE WELL-BEING OF ALL WESTERN NEW YORK VETERANS OF THE U S ARMED FORCES AND THEIR IMMEDIATE FAMILIES
VETERANS OUTREACH CENTER INC459 SOUTH AVENUE ROCHESTER, NY 14620	16-1137379	501(C)(3)	28,000				PROVIDE HELP TO ACHIEVE THEIR GOALS AND REALIZE THEIR FULL POTENTIAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VOYAGEUR OUTWARD BOUND SCHOOL179 ROBIE STREET EAST SUITE 295 ST PAUL,MN 55107	41-0877459	501(C)(3)	28,750				PROVIDE COURSES DESIGNED TO IMPEL STUDENTS INTO CHARACTER BUILDING EXPERIENCES THAT REQUIRE PARTICIPANTS TO DIG DEEP AND DISCOVER HIDDEN STRENGTHS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WOUNDED WARRIOR PROJECT INC
DBA WOUNDED WARRIOR PROJECT

Employer identification number
20-2370934

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ADAM SILVA	(i)	145,154	33,000	0	6,665	17,035	201,854	0
	(ii)	0	0	0	0	0	0	0
(2) ALBION GIORDANO	(i)	190,385	90,000	0	8,861	16,127	305,373	0
	(ii)	0	0	0	0	0	0	0
(3) JEREMY CHWAT	(i)	154,612	35,000	0	6,600	16,021	212,233	0
	(ii)	0	0	0	0	0	0	0
(4) RONALD W BURGESS	(i)	137,846	30,360	0	6,728	11,823	186,757	0
	(ii)	0	0	0	0	0	0	0
(5) STEVEN NARDIZZI	(i)	211,538	100,000	0	9,800	12,041	333,379	0
	(ii)	0	0	0	0	0	0	0
(6) BRUCE NITSCHE	(i)	117,657	22,260	0	4,916	6,071	150,904	0
	(ii)	0	0	0	0	0	0	0
(7) CHRISTINE HILL	(i)	130,000	26,000	0	6,240	11,790	174,030	0
	(ii)	0	0	0	0	0	0	0
(8) JOHN ROBERTS	(i)	120,000	20,400	0	5,616	16,935	162,951	0
	(ii)	0	0	0	0	0	0	0
(9) JOHN T HAMRE III	(i)	127,308	24,000	0	3,026	6,111	160,445	0
	(ii)	0	0	0	0	0	0	0
(10) RALPH J IBSON	(i)	130,000	19,500	0	5,980	10,782	166,262	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WOUNDED WARRIOR PROJECT INC
DBA WOUNDED WARRIOR PROJECT

Employer identification number
20-2370934

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	39,000	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	10	571,023	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SPORTS/CONCERT EVENT TICKETS)	X	40	1,214,921	FAIR MARKET VALUE
26 Other ▶ (SUPPLIES)	X	4	864,502	FAIR MARKET VALUE
27 Other ▶ (MEMBERSHIPS)	X	2	1,174,621	FAIR MARKET VALUE
28 Other ▶ (EQUIPMENT)	X	10	1,900,584	FAIR MARKET VALUE
Other ▶ (AUCTION ITEMS)	X	35	1,581,400	FAIR MARKET VALUE
Other ▶ (BACKPACKS)	X	1	513,265	FAIR MARKET VALUE
Other ▶ (PROMOTIONAL ITEMS)	X	1	273,627	FAIR MARKET VALUE
Other ▶ (SCHOLARSHIP GRANTS)	X	1	90,000	FAIR MARKET VALUE
Other ▶ (PUBLIC SERVICE ANNOUNCEMENTS)	X	1	0	NONE
Other ▶ (SUPERGRAPHIC DISPLAYED ON U-HAUL TRUCKS)	X	1	0	NONE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
NON REPORTING OF REVENUE	PART I, LINE 33	THE ORGANIZATION RECEIVED DONATED SERVICES AT NO CHARGE OR SUBSTANTIALLY LESS THAN FAIR MARKET RENTAL VALUE FOR AIRTIME FOR PUBLIC SERVICE ANNOUNCEMENTS TOTALING $37,652,927 AND ADVERTISING TOTALING $7,564,419

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WOUNDED WARRIOR PROJECT INC
DBA WOUNDED WARRIOR PROJECT

Employer identification number
20-2370934

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	A BUSINESS RELATIONSHIP EXISTS BETWEEN WOUNDED WARRIOR PROJECT BOARD DIRECTORS CHARLES BATTAGLIA AND ANTHONY PRINCIPI
	FORM 990, PART VI, SECTION B, LINE 11	WAS A COPY OF THE 990 PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED? DESCRIBE THE PROCESS USED TO REVIEW THE FORM 990 THE AUDIT COMMITTEE REVIEWS THE FORM 990 AND IF THEY APPROVE IT, IT IS RECOMMENDED TO THE FULL BOARD FOR APPROVAL FOLLOWING FULL BOARD APPROVAL, THE FORM 990 IS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	DOES THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY? DESCRIBE HOW THIS IS DONE EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH POWERS DELEGATED BY THE BOARD SHALL ANNUALLY SIGN A STATEMENT THAT AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CORPORATION'S CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE CORPORATION'S POLICY, HAS AGREED TO COMPLY WITH THE CORPORATION'S POLICY AND UNDERSTANDS THE CORPORATION IS A NONPROFIT CORPORATION AND, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES NONCOMPLIANCE WITH THE POLICY IS DEALT WITH EXPEDITIOUSLY
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR AND DEPUTY EXECUTIVE DIRECTOR ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS COMPARABILITY DATA IS USED IN DETERMINING THESE SALARIES COMPENSATION FOR ALL OTHER OFFICERS IS APPROVED BY THE EXECUTIVE DIRECTOR AND DEPUTY EXECUTIVE DIRECTOR IN CONJUNCTION WITH THE HUMAN RESOURCES DEPARTMENT COMPARABILITY DATA IS ALSO USED IN DETERMINING THESE SALARIES
	FORM 990, PART VI, SECTION C, LINE 19	DESCRIBE HOW THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC FORM 990 AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE ALL OTHER DATA IS AVAILABLE UPON REQUEST FROM THE CORPORATE HEADQUARTERS AT 4899 BELFORT ROAD, SUITE 300, JACKSONVILLE, FL 32256
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 432,957
AUDIT COMMITTEE	FORM 990, PART XI, LINE 2C	DOES THE ORGANIZATION HAVE AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBLITY FOR OVERSIGHT OF THE AUDIT, REVIEW OR COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION ON AN INDEPENDENT ACCOUNTANT? YES THE AUDIT COMMITTEE HAS NOT UNDERGONE ANY CHANGES SINCE THE PREVIOUS YEAR

Additional Data

Software ID:
Software Version:
EIN: 20-2370934
Name: WOUNDED WARRIOR PROJECT INC
DBA WOUNDED WARRIOR PROJECT

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 36,925,856 including grants of $ 4,031,316) (Revenue $ 0)

SOLDIER RIDE - $5,771,773 INCLUDING GRANTS OF $37,500 - SOLDIER RIDE PROVIDES ADAPTIVE CYCLING OPPORTUNITIES ACROSS THE COUNTRY FOR WOUNDED WARRIORS THE RIDES ARE TYPICALLY THREE TO FIVE DAYS LONG AND ARE GEARED TOWARD WARRIORS OF ALL ABILITIES ADAPTIVE AND STANDARD CYCLING EQUIPMENT IS PROVIDED TO WARRIORS BASED ON THE TYPE OF INJURY IN ADDITION TO THE PHYSICAL BENEFIT, SOLDIER RIDE HELPS RAISE PUBLIC AWARENESS OF THE CHALLENGES WARRIORS FACE TODAY THROUGH EVENTS HELD THROUGHOUT THE RIDE, WARRIORS WILL HAVE THE OPPORTUNITY TO TAKE PART IN ANNUAL EVENTS FROM THE SOUTH LAWN OF THE WHITE HOUSE TO LOCAL COMMUNITIES ACROSS THE NATION THAT WILL CHALLENGE THEM PHYSICALLY AND MENTALLY BENEFITS SERVICES - $4,253,061 INCLUDING GRANTS OF $13,500 - THE BENEFITS SERVICES PROGRAM PROVIDES SUPPORT, EDUCATION, AND CLAIMS REPRESENTATION TO WOUNDED WARRIORS THIS INCLUDES ADVISING WARRIORS ON BENEFITS AND PROVIDING INFORMATION ON HOW TO ACCESS THEM THROUGH THE DEPARTMENT OF DEFENSE, DEPARTMENT OF VETERANS AFFAIRS, AND SOCIAL SECURITY ACCESSING BENEFITS CAN BE THE FOUNDATION TO A WARRIOR'S FUTURE SUCCESS TRACK - $3,791,573 INCLUDING GRANTS OF $800,694 - TRACK IS THE FIRST EDUCATION CENTER IN THE NATION DESIGNED SPECIFICALLY FOR WOUNDED WARRIORS TRACK IS FOCUSED ON PROVIDING COLLEGE AND EMPLOYMENT ACCESS TO WOUNDED WARRIORS AND IS AN INTENSIVE AND HOLISTIC TRAINING EXPERIENCE FOR THE MIND, BODY, AND SPIRIT IT IS A 12-MONTH PROGRAM WITH DUAL EMPHASIS ON COLLEGE PREP AND JOB PREPAREDNESS THE FIRST HALF OF THE PROGRAM IS PRIMARILY ACADEMIC AND CLASSROOM BASED WHERE STUDENTS RECEIVE ANCILLARY SUPPORT SERVICES CONSISTING OF PEAK PERFORMANCE TRAINING THROUGH APEX PERFORMANCE, HEALTH AND WELLNESS TRAINING, PERSONAL FINANCE WORKSHOPS, AND RESUME AND INTERVIEW PREPARATION ASSISTANCE FOR THE SECOND HALF OF TRACK, AN EXTERNSHIP COMPONENT WITH A LOCAL EMPLOYER IS ADDED, WHILE STUDENTS CONTINUE WITH ACADEMIC CLASSES AND SUPPORT SERVICES THE VOCATIONAL TRAINING GAINED IN THE EXTERNSHIP PHASE IS INVALUABLE TO ASSIST IN THE TRANSITION OF WARRIORS FROM THE MILITARY TO A SUCCESSFUL CIVILIAN LIFE FAMILY SUPPORT SERVICES - $4,275,785 INCLUDING GRANTS OF $799,622 - THE FAMILY SUPPORT PROGRAM PROVIDES SUPPORT AND RESPITE PROGRAMS FOR A WOUNDED WARRIOR'S FAMILY MEMBERS AND/OR CAREGIVER WHEN A SERVICE MEMBER IS WOUNDED, THE INJURY PLACES TREMENDOUS STRESS ON THE INDIVIDUAL'S FAMILY MEMBERS, MANY OF WHOM FACE A NEW ROLE AS FULL-TIME CAREGIVER AND ADVOCATE FOR THEIR RECOVERY THESE CAREGIVERS ARE INTEGRAL TO THE WARRIOR'S SUCCESSFUL RECOVERY AND, AS SUCH, NEED SPECIAL PROGRAMS AND SERVICES TO ADDRESS THEIR UNIQUE CONCERNS AND NEEDS INTERNATIONAL SERVICES - $3,980,709 INCLUDING GRANTS OF $1,784,000 - THE INTERNATIONAL SERVICES PROGRAM IS THE INITIAL CONTACT WOUNDED WARRIORS HAVE WITH WWP WHILE IN GERMANY AT LANDSTUHL REGIONAL MEDICAL CENTER AND RAMSTEIN AIR BASE WWP PROVIDES COMFORT ITEMS (CLOTHING, BLANKETS, ETC) TO THE WARRIORS BEFORE THEY RETURN TO THE UNITED STATES FOR WARRIORS STATIONED AT THE WARRIOR TRANSITION UNITS IN EUROPE, WWP HAS MULTIPLE PROGRAMS IN PLACE INCLUDING BENEFITS COUNSELING, TRANSITION TRAINING ACADEMY, SOLDIER RIDE AND COMBAT STRESS RECOVERY WWP ALSO RECOGNIZES THE EFFORTS OF THE HOSPITAL DOCTORS, NURSES, AND STAFF WITH MUCH NEEDED STRESS RELIEF EVENTS WWP PACKS - $2,511,757 INCLUDING GRANTS OF $15,000 - WWP PACKS CONTAIN ESSENTIAL CARE AND COMFORT ITEMS INCLUDING CLOTHING, TOILETRIES, PLAYING CARDS, AND MORE, ALL DESIGNED TO MAKE A WARRIOR'S HOSPITAL STAY MORE COMFORTABLE BACKPACKS ARE PROVIDED TO WOUNDED SERVICE MEMBERS ARRIVING AT MILITARY TRAUMA CENTERS ACROSS THE UNITED STATES A SMALLER VERSION OF THE WWP BACKPACK, TRANSITIONAL CARE PACKS (TCP'S), ARE SENT OVERSEAS TO PROVIDE IMMEDIATE COMFORT DURING A WARRIOR'S EVACUATION FROM FIELD HOSPITALS TO LARGER MILITARY TREATMENT FACILITIES STATESIDE AND OVERSEAS FAMILY SUPPORT TOTES ARE DISTRIBUTED TO THE SPOUSE OR FAMILY CAREGIVER AS THEY STAND BY THEIR LOVED ONE WHILE IN THE HOSPITAL WARRIORS TO WORK - $4,420,135 INCLUDING GRANTS OF $115,000 - WARRIORS TO WORK (WTOW) IS ONE OF THE CORNERSTONES OF WWP'S EFFORTS TO ACHIEVE ITS STRATEGIC GOAL OF ECONOMICALLY EMPOWERING WOUNDED WARRIORS WTOW ASSISTS WOUNDED WARRIORS WITH THEIR TRANSITION TO THE WORKFORCE WTOW OFFERS A COMPLETE PACKAGE OF EMPLOYMENT ASSISTANCE SERVICES INCLUDING RESUME ASSISTANCE, INTERVIEWING SKILLS, NETWORKING, JOB TRAINING, AND JOB PLACEMENT WTOW PROGRAM STAFF PROVIDE CONTINUED INDIVIDUAL COUNSELING AND PERSONAL SUPPORT TO ALL PROGRAM PARTICIPANTS AS THEY STRIVE TO BUILD A CAREER IN THE CIVILIAN WORKFORCE WARRIORS SPEAK - $1,169,719 - WARRIORS SPEAK PROGRAM IS A PRESTIGIOUS GROUP OF WOUNDED WARRIORS AND CAREGIVERS WHO HAVE BEEN SELECTED TO SHARE THEIR PERSONAL, INSPIRATIONAL STORIES OF COURAGE AND INTEGRITY WITH THE PUBLIC THE SPEAKERS ALSO DESCRIBE HOW WOUNDED WARRIOR PROJECT (WWP) HAS AIDED THEM IN THE RECOVERY PROCESS AND HELPED THEM TRANSITION BACK TO CIVILIAN LIFE PARTICIPANTS ARE TRAINED TO BECOME EFFECTIVE SPOKESPERSONS THROUGH THE WARRIORS SPEAK COURSE, WHICH INCLUDES TOOLS TO HELP THEM ORGANIZE THOUGHTS, COMPOSE PRESENTATIONS AND COMMUNICATE SUCCESSFULLY THE TRAINING PROVIDES IMPORTANT LIFE SKILLS THAT HELP WARRIORS SUCCEED SOCIALLY, AT THEIR WORKPLACE, AND AS COMMUNITY LEADERS WARRIORS SPEAK PARTICIPANTS SHARE THEIR COMPELLING STORIES BEFORE PUBLIC AUDIENCES SUCH AS CIVIC ORGANIZATIONS, SOCIAL CLUBS, BUSINESS GROUPS, AND CONFERENCES TRANSITION TRAINING ACADEMY - $3,257,466 INCLUDING GRANTS OF $19,500 - TRANSITION TRAINING ACADEMY(TTA) PROVIDES INNOVATIVE INFORMATION TECHNOLOGY (IT) TRAINING TO WOUNDED WARRIORS WHO ARE STILL ON ACTIVE DUTY TTA CLASSES ARE TAUGHT IN A MODIFIED CLASSROOM SETTING WITH FLEXIBLE CLASS SCHEDULES TO ACCOMMODATE PARTICIPANTS' MEDICAL AND DUTY REQUIREMENTS DURING REHABILITATION IN MILITARY TREATMENT FACILITIES COURSES INCLUDE COMPUTERS AND SOCIETY, COMPUTER HARDWARE, OPERATING SYSTEMS, COMPUTER APPLICATIONS, SMALL OFFICE/HOME OFFICE, THE INTERNET, MOBILE COMPUTING, AND SECURITY, ALL OF WHICH ALIGN TO INDUSTRY-RECOGNIZED CERTIFICATIONS TTA UTILIZES A WEB-BASED "VIRTUAL LEARNING ENVIRONMENT" (VLE), CREATED THIS PAST FISCAL YEAR TO SUPPORT SCALED PROGRAM GROWTH AND IMPACT MEASUREMENT VLE ALLOWS THE PROGRAM TO DEVELOP CONTENT CUSTOMIZED TO ITS TARGETED POPULATION ACROSS THE COUNTRY AND OVERSEAS TTA WAS DEVELOPED IN PARTNERSHIP WITH CISCO SYSTEMS, INC AND THE U S DEPARTMENT OF LABOR(DOL), CURRENT TTA SITES ARE LOCATED AT NAVAL MEDICAL CENTER SAN DIEGO(NMCSD),CA,CAMP PENDLETON MARINE BASE,CA, 32ND NAVAL BASE,SAN DIEGO,CA, FORT IRWIN,CA, BROOKE ARMY MEDICAL CENTER,FORT SAM HOUSTON,TX, FORT BRAGG,NC, BAUMHOLDER,GERMANY, CAMP LEJEUNE,JACKSONVILLE,NC, CAMP PENDLETON,MCS,CA,FORT BELVOIR,FAIRFAX,VA, FORT BRAGG,FAYETTEVILLE,NC,FORT CARSON,COLORADO SPRING,CO,FORT LEWIS, TACOMA,WA,FORT SAM HOUSTON,SAN ANTONIO,TX,FORT STEWART,SAVANNAH,GA,NAVAL MEDICAL CENTER(BALBOA),SAN DIEGO,CA(NMCSD), WALTER REED NATIONAL MILITARY MEDICAL CENTER, BETHESDA,MDPEER MENTORING - $1,448,016 INCLUDING GRANTS OF $23,500 - PEER MENTORING IS THE PROGRAMMATIC EMBODIMENT OF WWP'S LOGO, FOSTERING RELATIONSHIPS THAT ENABLE ONE WARRIOR TO HELP ANOTHER THROUGH THE RECOVERY PROCESS WWP PEER MENTORS ARE TRAINED TO BE RESOURCES, LISTENERS, AND "HOSPITAL BUDDIES," WHO CAN SHARE THEIR UNDERSTANDING AND PERSPECTIVE OVER THE PAST TWO YEARS, WWP HAS TRAINED AND CERTIFIED OVER 250 PEER MENTORS AROUND THE COUNTRY CAMPUS SERVICES - $2,045,863 INCLUDING GRANTS OF $422,500 - EDUCATION HAS THE UNIQUE ABILITY TO UPLIFT AND EMPOWER WOUNDED WARRIORS ON THE JOURNEY TO SELF-SUSTAINABILITY AND LONG-TERM PROSPERITY CAMPUS SERVICES PREPARES WARRIORS FOR SUCCESS BY HELPING THEM ACHIEVE THEIR EDUCATIONAL GOALS WOUNDED WARRIORS HAVE DIFFERENT NEEDS THAN TYPICAL STUDENTS BECAUSE OF THE INSTITUTIONAL AND SOCIAL OBSTACLES THEY MIGHT FACE DUE TO COMBAT STRESS, ACCESSIBLILITY TO LEARNING MODELS, AND SOCIAL INSTABILITY BECAUSE OF SOCIAL EXPERIENCES THEREFORE, COMPREHENSIVE POLICIES ARE NEEDED TO CREATE A STABLE AND SUPPORTIVE ENVIRONMENT TO OVERCOME THEIR ACADEMIC AND SOCIAL CHALLENGES BY WORKING DIRECTLY WITH WARRIORS' RESPECTIVE EDUCATIONAL INSTITUTIONS, WE EMPOWER WARRIORS TO SUCCESSFULLY COMPLETE THEIR CHOSEN ACADEMIC OR VOCATIONAL PROGRAMS WWP'S MIND, BODY, AND SPIRIT APPROACH TO CARE RECOGNIZES THAT EACH INDIVIDUAL WARRIOR'S NEEDS MAY EXTEND BEYOND CAMPUS SERVICES' OFFERINGS IN THOSE INSTANCES, WE CONNECT WARRIORS WITH OTHER APPROPRIATE WWP PROGRAMS AND SERVICES, SUCH AS PROJECT ODYSSEY OR WARRIORS TO WORKS AS PART OF OUR HOLISTIC APPROACH TO WWP CARE