

Part IIIStatement 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 INCORPORATED 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 PUBLICS 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?

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?

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 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 \$ 31,466,113 including grants of \$ 2,374,319) (Revenue \$)

ALUMNI ASSOCIATION - THE ALUMNI PROGRAM OFFERS ASSISTANCE, COMMUNICATION, AND CAMaRADERIE 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 THE ALUMNI PROGRAM ALSO IDENTIFIES, TRAINS, AND CHALLENGES LEADERS WITHIN THE WOUNDED WARRIOR POPULATION TO REPRESENT THEIR PEERS IN THEIR CONTINUED PATH TOWARD PHYSICAL HEALTH AND WELL-BEING

4b

(Code) (Expenses \$ 16,127,622 including grants of \$ 1,877,181) (Revenue \$)

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 warriors

4c

(Code) (Expenses \$ 8,824,978 including grants of \$ 45,000) (Revenue \$)

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

See Additional Data Table

4d



















Other program services (Describe in Schedule O)

(Expenses \$ 60,780,024 including grants of \$ 13,343,200) (Revenue \$)

4e

Total program service expenses ▶ 117,198,737

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 for escrow or custodial account liability, 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, line 10? 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 and XII 	12a	No
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 and XII is optional 	12b Yes	
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, Parts I and IV 	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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	135	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	340	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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, securities account, or other financial account)?	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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		No
d	If "Yes," indicate the number of Forms 8822 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the 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 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
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 this 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, AZ, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, 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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
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 during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	RONALD W BURGESS 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) DAWN HALFAKER PRESIDENT, BOD	5 0	X						0	0	0
(2) ANTHONY PRINCIPI VICE PRESIDENT, BOD	5 0	X						0	0	0
(3) ANTHONY ODIERNO SECRETARY, BOD	5 0	X						0	0	0
(4) CHARLES BATTAGLIA DIRECTOR, BOD	5 0	X						0	0	0
(5) ROGER CAMPBELL DIRECTOR, BOD	5 0	X						0	0	0
(6) JUSTIN CONSTANTINE DIRECTOR, BOD	5 0	X						0	0	0
(7) KEVIN DELANEY DIRECTOR, BOD	5 0	X						0	0	0
(8) RON DRACH DIRECTOR, BOD	5 0	X						0	0	0
(9) JOHN LOOSEN DIRECTOR, BOD	5 0	X						0	0	0
(10) GUY H MICHAEL III DIRECTOR, BOD	5 0	X						0	0	0
(11) MELISSA STOCKWELL DIRECTOR, BOD	5 0	X						0	0	0
(12) ROBB VAN CLEAVE DIRECTOR, BOD	5 0	X						0	0	0
(13) GORDON MANSFIELD DIRECTOR, BOD	5 0	X						0	0	0
(14) CHARLES S ABELL DIRECTOR, BOD	5 0	X						0	0	0
(15) STEVEN NARDIZZI EXECUTIVE DIRECTOR	60 0			X				375,000	0	22,490
(16) ALBION GIORDANO DEPUTY EXECUTIVE DIRECTOR	60 0			X				337,500	0	27,905
(17) RONALD W BURGESS CHIEF FINANCIAL OFFICER	60 0			X				182,615	0	19,588

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(18) JEREMY CHWAT CHIEF PROGRAM OFFICER	60 0			X				218,267	0	22,097
(19) ADAM SILVA CHIEF DEVELOPMENT OFFICER	60 0			X				203,942	0	24,585
(20) JOHN T HAMRE III EVP DIRECT RESPONSE	50 0				X			160,750	0	9,483
(21) CHRISTINE O HILL EVP CONGRESSIONAL AFFAIRS	40 0					X		133,900	0	17,552
(22) RALPH J IBSON NATIONAL POLICY DIRECTOR	40 0					X		140,400	0	16,737
(23) BRUCE G NITSCHKE EVP, SPECIAL PROJECTS	50 0					X		144,000	0	11,297
(24) JOHN W ROBERTS PROGRAMS CHIEF OF STAFF	50 0					X		140,400	0	23,202
(25) JOHN M MOLINO PROGRAMS CHIEF OF STAFF	50 0					X		160,750	0	802
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,197,524	0	195,738

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▶11

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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	3,449,688
	MCGLADREY , 5155 PAYSHPERE CIRCLE CHICAGO IL 60674	IT SERVICES	1,370,028
	PLOWSHARE GROUP , ONE DOCK STREET STAMFORD CT 06902	PSA DISTRIBUTION	866,783
	BIS GLOBAL , 8200 GREENSBORO DRIVE MCLEAN VA 22102	GATEWAY SERVICES	828,107
	PAYMENT SOLUTIONS , PO BOX 30217 BETHESDA MD 20824	DONATION PROCESSING	434,901
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 ▶5		

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

				(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	5,751,324				
	b	Membership dues	1b					
	c	Fundraising events	1c	872,696				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	218,794,200				
	g	Noncash contributions included in lines 1a-1f \$		7,629,668				
	h	Total. Add lines 1a-1f						225,418,220
Program Service Revenue	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			0			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,554,489			2,554,489
4		Income from investment of tax-exempt bond proceeds . .		0				
5		Royalties		5,824,194			5,824,194	
6a		(i) Real		(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)		0	0			
d		Net rental income or (loss)			0			
7a		(i) Securities		(ii) Other				
b		Less cost or other basis and sales expenses						
c		Gain or (loss)		-159,621				
d		Net gain or (loss)			-159,621			-159,621
8a		Gross income from fundraising events (not including \$ 872,696 of contributions reported on line 1c) See Part IV, line 18			451,189			451,189
a				1,358,585				
b		Less direct expenses		907,396				
c		Net income or (loss) from fundraising events . .						
9a		Gross income from gaming activities See Part IV, line 19			0			
a								
b	Less direct expenses							
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances			0				
a								
b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue			Business Code					
11a	NAMELIST RENTAL INCOME		900099	594,472			594,472	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			594,472				
12	Total revenue. See Instructions			234,682,943			9,264,723	

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)

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	16,849,420	16,849,420		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	853,365	853,365		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,825,999	2,423,863	168,369	233,767
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	19,652,978	16,856,385	1,170,900	1,625,693
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	492,470	427,929	26,774	37,767
9	Other employee benefits	3,211,519	2,790,633	174,601	246,285
10	Payroll taxes	2,722,316	2,365,542	148,005	208,769
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	641,853	0	641,853	0
c	Accounting	118,778	0	118,778	0
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	3,449,688			3,449,688
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0	0	0	
13	Office expenses	15,218,191	8,240,938	108,301	6,868,952
14	Information technology	1,989,773	1,304,939	466,580	218,254
15	Royalties	0			
16	Occupancy	4,963,052	3,447,340	1,032,660	483,052
17	Travel	6,377,443	5,688,609	272,248	416,586
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,165,482	1,440,351	487,673	237,458
23	Insurance	265,473	182,592	55,001	27,880
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	CONSULTING & OUTSIDE SERVICES	33,081,349	22,759,940	865,931	9,455,478
b	MEETINGS AND EVENTS	16,839,149	15,617,736	195,115	1,026,298
c	DIRECT RESPONSE SERVICE	11,024,311	7,644,511		3,379,800
d	PROMOTIONAL ITEMS	4,033,989	3,526,610	166,036	341,343
e	All other expenses	11,297,345	4,778,034	3,036,075	3,483,236
25	Total functional expenses. Add lines 1 through 24e	158,073,943	117,198,737	9,134,900	31,740,306
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	42,930,194	25,978,111		16,952,083

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			10,988,377	1	16,992,651
	2	Savings and temporary cash investments			3,477,286	2	302,286
	3	Pledges and grants receivable, net			1,677,012	3	2,651,949
	4	Accounts receivable, net			161,411	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			1,658,623	8	2,387,786
	9	Prepaid expenses and deferred charges			1,930,555	9	7,912,091
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	18,292,934			
	b	Less: accumulated depreciation	10b	6,066,180	8,712,364	10c	12,226,754
	11	Investments—publicly traded securities			72,095,703	11	138,515,276
	12	Investments—other securities. See Part IV, line 11			0	12	0
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			737,520	15	1,849,211
	16	Total assets. Add lines 1 through 15 (must equal line 34)			101,438,851	16	182,838,004
Liabilities	17	Accounts payable and accrued expenses			11,201,098	17	16,439,984
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	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			0	25	0
	26	Total liabilities. Add lines 17 through 25			11,201,098	26	16,439,984
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			89,053,080	27	165,155,390
	28	Temporarily restricted net assets			184,673	28	242,630
	29	Permanently restricted net assets			1,000,000	29	1,000,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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			90,237,753	33	166,398,020
	34	Total liabilities and net assets/fund balances			101,438,851	34	182,838,004

Part XI Reconciliation 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	234,682,943
2	Total expenses (must equal Part IX, column (A), line 25)	2	158,073,943
3	Revenue less expenses Subtract line 2 from line 1	3	76,609,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	90,237,753
5	Net unrealized gains (losses) on investments	5	-448,733
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	166,398,020

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 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	Yes	
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?		No
3b	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		

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

2012

Open to Public
Inspection

Name of the organization Wounded Warrior Project Inc	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

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☒

8

☐

9

☐

10

☐

11

☐

e

☐

f

g

h

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

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

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)

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

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)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

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)

An organization organized and operated exclusively to test for public safety See section 509(a)(4).

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

Type I Type II Type III - Functionally integrated Type III - Non-functionally integrated

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)

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

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	25,306,760	39,336,766	70,145,724	148,185,045	225,418,220	508,392,515
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	25,306,760	39,336,766	70,145,724	148,185,045	225,418,220	508,392,515
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)						0
6 Public support. Subtract line 5 from line 4						508,392,515

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	25,306,760	39,336,766	70,145,724	148,185,045	225,418,220	508,392,515
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	139,909	232,108	3,083,956	4,460,643	8,378,673	16,295,289
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	117,583	553,449	641,489	1,150,561	594,472	3,057,554
11 Total support (Add lines 7 through 10)						527,745,358

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 2012 (line 6, column (f) divided by line 11, column (f))	14	96 333 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	97 440 %

16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶✓

17a 10%-facts-and-circumstances test—2012. 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—2011. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

2012

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, Part V, line 35c (Proxy Tax), then

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

Name of the organization Wounded Warrior Project Inc	Employer identification number 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 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 function 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)		0	0												
b Total lobbying expenditures to influence a legislative body (direct lobbying)		256,250	0												
c Total lobbying expenditures (add lines 1a and 1b)		256,250	0												
d Other exempt purpose expenditures		157,817,693	0												
e Total exempt purpose expenditures (add lines 1c and 1d)		158,073,943	0												
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	0												
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000	0												
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												
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable 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	63,500	115,000	200,000	256,250	634,750
d Grassroots nontaxable 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	3,000	20,000	30,000	0	53,000

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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	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?			
j	Total. Add 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		
2		
3		

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization Wounded Warrior Project Inc	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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a through 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ _____

b

Assets included in Form 990, Part X

▶\$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

Using the organization's acquisition, 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 XIII

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

1b

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

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

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

2b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	1,184,673	1,046,319	1,107,300	1,093,590
b	Contributions				1,000,000
c	Net investment earnings, gains, and losses	115,884	188,354	-10,981	63,710
d	Grants or scholarships	57,927	50,000	50,000	50,000
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance	1,242,630	1,184,673	1,046,319	1,107,300
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as				
a	Board designated or quasi-endowment				
b	Permanent endowment 80 000 %				
c	Temporarily restricted endowment 20 000 %				
The percentages in lines 2a, 2b, and 2c should equal 100%					
3a	Are there endowment funds not in the possession of the organization that are held and administered for the organization by				
	(i) unrelated organizations				YesNo
	(ii) related organizations				YesNo
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?				3b
4	Describe in Part XIII 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		4,614,926	2,249,589	2,365,337
d Equipment		1,604,093	1,308,830	295,263
e Other		12,073,915	2,507,761	9,566,154
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			12,226,754

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	304,233,419
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-448,733
b	Donated services and use of facilities	2b	69,999,209
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	69,550,476
3	Subtract line 2e from line 1	3	234,682,943
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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	234,682,943

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	218,973,152
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	69,999,209
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	69,999,209
3	Subtract line 2e from line 1	3	148,973,943
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 XIII)	4b	9,100,000
c	Add lines 4a and 4b	4c	9,100,000
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	158,073,943

Part XIII

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Schedule D, Part V, Line 4	Intended Use of Organization's Endowment Funds	AS OF SEPTEMBER 30, 2013, 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, 2013 PERMANENTLY RESTRICTED \$1,000,000 TEMPORARILY RESTRICTED \$242,630.
Schedule D, PART X, LINE 2	FIN 48 ASC 740 Footnote	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, 2013, the Organization does not believe it has any uncertain tax positions. The Organization has filed for and received income tax exemptions in the jurisdictions where it is required to do so. Additionally, the Organization has filed Internal Revenue Service Form 990 tax returns as required and all other applicable returns in those jurisdictions where it is required. The Organization believes that it is no longer subject to U.S. federal, state and local, or non-U.S. income tax examinations by tax authorities for years before 2010. However, the Organization is still open to examination by taxing authorities from fiscal year 2010 forward. No interest or penalties have been recorded in the consolidated financial statements related to any uncertain tax positions.
SCHEDULE D, PART XII, LINE 4B	OTHER RECONCILING ITEMS	GRANTS AND OTHER ASSISTANCE PROVIDED TO THE WOUNDED WARRIOR LONG TERM SUPPORT TRUST ELIMINATED UPON CONSOLIDATION OF AUDITED FINANCIAL STATEMENTS. THE TRUST CONSISTS OF FUNDS SET ASIDE FOR THE LONG TERM CARE OF THE MOST SEVERELY DISABLED WARRIORS. THE TRUST IS RECORDED IN INVESTMENTS ON THE AUDITED FINANCIAL STATEMENTS AS THE TRUST WAS CONSOLIDATED WITH WOUNDED WARRIOR PROJECT, INC - \$9,100,000.

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

2012

Open to Public
Inspection

Name of the organization
Wounded Warrior Project Inc

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 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
Europe (Including Iceland and Greenland)	0	3	Program Services	SEE SUPPLEMENTAL INFO	6,053,049
3a Sub-total	0	3			6,053,049
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	3			6,053,049

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. Part II can be duplicated 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 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

[illegible]

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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

Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

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. Form 990-EZ filers are not required to complete this part.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Wounded Warrior Project Inc

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

e

☒

Solicitation of non-government grants

b

☒

Internet and email solicitations

f

☐

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
CREATIVE DIRECT RESPONSE 16900 SCIENCE DR STE 210 BOWIE, MD 20715	coordinate direct resp		No	86,194,614	3,449,688	82,744,926
Total ▶				86,194,614	3,449,688	82,744,926

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.

All States

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>COURAGE AWARDS</u>	<u>CFA</u>	<u>3</u>	(add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
1	Gross receipts	. . .	1,315,674	180,000	735,607	2,231,281	
2	Less Contributions	. .	440,164	21,000	432,532	893,696	
3	Gross income (line 1 minus line 2)	. . .	875,510	159,000	303,075	1,337,585	
Direct Expenses	4	Cash prizes	. . .				
	5	Noncash prizes	. .		4,517	612	5,129
	6	Rent/facility costs	. .	137,995	42,566	4,988	185,549
	7	Food and beverages	.	165,688	94,863	975	261,526
	8	Entertainment	. . .	1,822	365	375	2,562
	9	Other direct expenses	.	175,852	171,010	84,768	431,630
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(886,396)
	11	Net income summary Combine line 3, column (d), and line 10 ▶					451,189

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	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
	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 _____

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 Enter 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 of the third party


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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B		(I)NAME OF FUNDRAISER CREATIVE DIRECT RESPONSE (I)ADDRESS OF FUNDRAISER 16900 SCIENCE DR STE 210, BOWIE, MD 20715 (I)ACTIVITY OF FUNDRAISER, COORDINATION OF DIRECT RESPONSE SERVICES

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Wounded Warrior Project Inc

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

2012

Open to Public
Inspection

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. Part II can be duplicated 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

51

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.
Part III can be duplicated 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) PRINTMAKING CENTER OF NEW JERSEY		125,000			
(2) TRACK STUDENT GRANTS	99	853,365			

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
MONITORING OF GRANTS		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

Software ID:

Software Version:

EIN: 20-2370934

Name: Wounded Warrior Project Inc

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
ABLE FLIGHT INC91 OAK LEAF LN CHAPEL HILL,NC 27516	20-5001037	501(C)(3)	45,000				See Sch O
ACHILLES INTERNATIONAL 42 WEST 38 ST NEW YORK,NY 10018	13-3318293	501(C)(3)	50,000				See Sch O

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
AIKEN TECHNICAL COLLEGEPO DRAWER 696 AIKEN,SC 29802	57-0523399	170(b)(1)(A)vi	60,000				See Sch O
AMERICAN COUNCIL ON EDUCATION1 DUPONT CIRCLE NW WASHINGTON,DC 20036	53-0196573	501(C)(3)	125,000				See Sch O

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)	250,000				See Sch O
ASHEVILLE BUNCOMBE COMMUNITY CHRISTIAN MINISTRY 130 CUMBERLAND AVE ASHVILLE,NC 28801	56-0945001	501(C)(3)	50,000				See Sch O

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
AUGUSTA WARRIOR PROJECT1190 INTERSTATE PARKWAY AUGUSTA,GA 30909	26-1176267	501(C)(3)	150,000				See Sch O
CAMARADERIE FOUNDATION INCPO BOX 547276 ORLANDO,FL 32854	27-0593856	501(C)(3)	40,000				See Sch O

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
CATCH A LIFT FUNDPO BOX 39622 BALTIMORE,MD 21212	27-3901149	501(C)(3)	100,000				See Sch O
COMMUNITY PARTNERS 1000 NORTH ALAMEDA ST LOSA ANGELES,CA 90012	95-4302067	501(C)(3)	125,000				See Sch O

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
COMMUNITY SERVICE COUNCIL OF GREATER TULSA16 E 16 STREET TULSA,OK 74119	73-0580282	501(C)(3)	200,000				See Sch O
CONNECTICUT PUBLIC BROADCASTING INC1049 ASYLUM AVE HARTFORD,CT 06105	06-0758938	501(C)(3)	250,000				See Sch O

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
CUYAHOGA COMMUNITY COLLEGEFOUNDATION700 CARNEGIE AVE CLEVELAND,OH 44115	23-7320719	501(C)(3)	10,000				See Sch O
DARE2TRI PARATRIATHLON CLUB847 N DAMEN 2R CHICAGO,IL 60622	45-3933200	501(C)(3)	15,000				See Sch O

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
DIGNITY U WEAR FOUNDATION INC136 N MYRTLE AVE JACKSONVILLE,FL 32204	59-3635885	501(C)(3)	65,000				See Sch O
FAMILY SERVICES OF GREATER HOUSTON3815 MONTROSE HOUSTON,TX 77006	74-1152613	501(C)(3)	50,000				See Sch O

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
FAMILY VIOLENCE PROJECT DBA HEROES & HEALTHY FAMIL1575 E 17TH ST SANTA ANA,CA 92705	56-2282113	501(C)(3)	50,000				See Sch O
HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MEDICINE INC BETHESDA,MD 20817	52-1317896	501(C)(3)	545,180				See Sch O

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
HONOLULU ACADEMY OF ARTS DBA HONOLULU MUSEUM OF AR900 S BERETANIA ST HONOLULU,HI 96814	99-0079713	501(C)(3)	19,788				See Sch O
LRMC FISHER HOUSES ATTN VIVIAN L WILSON APO,AE 09180	11-3158401	501(C)(3)	170,000				See Sch O

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
LUKE'S WINGS INC1238 WISCONSIN AVE NW WASHINGTON,DC 20007	26-1691195	501(C)(3)	50,000				See Sch O
MINNESOTA ASSISTANCE COUNCIL FOR VETERANS 360 ROBERT ST N ST PAUL,MN 55101	41-1694717	501(C)(3)	50,000				See Sch O

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
NATIONAL MILITARY FAMILY ASSOCIATION 2500 N VAN DORN ST ALEXANDRIA,VA 22308	52-0899384	501(C)(3)	30,000				See Sch O
NATIONAL WORLD WAR II MUSEUM INC945 MAGAZINE STREET NEW ORLEANS,LA 70130	72-1200790	501(C)(3)	30,000				See Sch O

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
NOT ALONE LLC1101 6TH AVENUE NORTH NASHVILLE,TN 37208	27-1934061	501(C)(3)	422,000				See Sch O
OREGON PARTNERSHIP INCLINES FOR LIFE PORTLAND,OR 97239	93-0725294	501(C)(3)	50,000				See Sch O

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
PATTON VETERANS PROJECT INC17 EAST 97TH STREET NEW YORK,NY 10029	46-0710726	501(C)(3)	64,000				See Sch O
PROJECT HEALING WATERS FLY FISHING INC PO BOX 695 LA PLATA,MD 20646	61-1518154	501(C)(3)	60,000				See Sch O

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
REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES 10920 WILSHIRE BLVD LOS ANGELES,CA 90024	95-6006143	501(C)(3)	100,000				See Sch O
RESOUNDING JOY INC 11300 SORRENTO VALLEY RD SAN DIEGO,CA 92121	75-3190962	501(C)(3)	35,000				See Sch O

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
RESOURCES FOR HUMAN DEVELOPMENTINC4700 WISSAHICKAN AVE PHILADELPHIA,PA 19144	23-1727133	501(C)(3)	9,420				See Sch O
ROCKAWAY POINT YACHT CLUBPO BOX 950045 FORT TILDEN,NY 11695	11-3047094	501(C)(3)	15,000				See Sch O

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 INC2020 PEACHTREE ROAD NW ATLANTA,GA 30309	20-1238224	501(C)(3)	250,000				See Sch O
SIDE BY SIDE BRAIN INJURY CLUBHOUSE INC 1001 MAIN ST STONE MOUNTAIN,GA 30083	58-2448708	501(C)(3)	50,000				See Sch O

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
STUDENT VETERANS OF AMERICA1625 K NW SUITE 320 WASHINGTON,DC 20006	26-1971279	501(C)(3)	100,000				See Sch O
SYRACUSE UNIVERSITY COMPTROLLERS OFFICE SYRACYSE,NY 14322	15-0532081	501(C)(3)	150,000				See Sch O

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
TACOMA GOODWILL INDUSTRIES714 S 27 STREET TACOMA,WA 98409	91-0573106	501(C)(3)	49,319				See Sch O
THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAHP O BOX 31358 AUGUSTA,GA 30903	58-2184345	501(C)(3)	2,000,000				See Sch O

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
THE ELIZABETH DOLE FOUNDATIONTHE ELIZABETH DOLE FOUNDATION WASHINGTON,DC 20037	45-4292692	501(C)(3)	600,000				See Sch O
THE MISSION CONTINUES 1141 SOUTH 7TH STREET ST LOUIS,MO 63104	20-8742553	501(C)(3)	391,500				See Sch O

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
THE PATHWAY HOME A TIDES CENTER PROJECTPO BOX 3930 YOUNTVILLE,CA 94599	45-5350612	501(C)(3)	41,000				See Sch O
TROOPERS ASSISTING TROOPSPO BOX 091 TRENTON,NJ 80625	80-0586838	501(C)(3)	7,000				See Sch O

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 SUITE 807 NEW YORK,NY 10013	13-3793337	501(C)(3)	345,000				See Sch O
USA CARES INC562B N DIXIE BLVD RADCLIFF,KY 40160	05-0588761	501(C)(3)	100,000				See Sch O

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)	50,000				See Sch O
WALTER REED MEDICAL CENTER8901 WISCONSIN AVE BETHESDA,MD 20889	52-1995734	501(C)(3)	15,000				See Sch O

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
WARRIOR GATEWAY INC 2200 WILSON BLVD ARLINGTON,VA 22201	45-2157711	501(C)(3)	100,000				See Sch O
WOUNDED EOD WARRIOR FOUNDATION33735 SNICKERSVILLE TURNPIKE BLUEMONT,VA 20135	20-8618412	501(C)(3)	50,000				See Sch O

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
WOUNDED WARRIOR PROJECT LT SUPPORT TRUST4899 BELFORT ROAD SUITE 300 JACKSONVILLE,FL 32256	37-6558533	501(C)(3)	9,100,000				See Sch O
YELLOW RIBBON FUND INC 4905 DEL RAY AVENUE BETHESDA,MD 20814	36-4567583	501(C)(3)	50,000				See Sch O

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

2012

Open to Public Inspection

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate 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			
	<div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div>	<div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	<div><input checked="" type="checkbox"/> Compensation committee</div> <div><input checked="" type="checkbox"/> Independent compensation consultant</div> <div><input checked="" type="checkbox"/> Form 990 of other organizations</div>	<div><input type="checkbox"/> Written employment contract</div> <div><input checked="" type="checkbox"/> Compensation survey or study</div> <div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div>		
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

Software ID:
Software Version:
EIN: 20-2370934
Name: Wounded Warrior Project Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
STEVEN NARDIZZI	(i) (ii)	250,000 0	125,000 0	0 0	10,000 0	12,490 0	397,490 0	0 0
ALBION GIORDANO	(i) (ii)	225,000 0	112,500 0	0 0	10,000 0	17,905 0	365,405 0	0 0
RONALD W BURGESS	(i) (ii)	154,615 0	28,000 0	0 0	7,304 0	12,284 0	202,203 0	0 0
JEREMY CHWAT	(i) (ii)	178,267 0	40,000 0	0 0	4,323 0	17,774 0	240,364 0	0 0
ADAM SILVA	(i) (ii)	166,442 0	37,500 0	0 0	6,831 0	17,754 0	228,527 0	0 0
JOHN T HAMRE III	(i) (ii)	134,750 0	26,000 0	0 0	3,215 0	6,268 0	170,233 0	0 0
CHRISTINE O HILL	(i) (ii)	130,000 0	3,900 0	0 0	5,356 0	12,196 0	151,452 0	0 0
RALPH J IBSON	(i) (ii)	130,000 0	10,400 0	0 0	5,616 0	11,121 0	157,137 0	0 0
BRUCE G NITSCHKE	(i) (ii)	120,000 0	24,000 0	0 0	5,091 0	6,206 0	155,297 0	0 0
JOHN W ROBERTS	(i) (ii)	120,000 0	20,400 0	0 0	5,616 0	17,586 0	163,602 0	0 0
JOHN M MOLINO	(i) (ii)	134,750 0	26,000 0	0 0	0 0	802 0	161,552 0	0 0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	187	1,156,770	
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 ► (<u>SUPPLIES</u>)	X	297	606,632	FAIR MARKET VALUE
26 Other ► (<u>BACKPACKS</u>)	X	17	338,690	FAIR MARKET VALUE
27 Other ► (<u>PROMOTIONAL ITEMS</u>)	X	39	506,997	FAIR MARKET VALUE
28 Other ► (<u>EQUIPMENT</u>)	X	45	2,131,766	FAIR MARKET VALUE
29 Other ► (<u>AUCTION ITEMS</u>)	X	66	51,125	FAIR MARKET VALUE
30 Other ► (<u>SPORTS & CONCERTS</u>)	X	923	1,345,721	FAIR MARKET VALUE
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			
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	Yes	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 noncash contributions?	32a		No	
b If "Yes," describe in Part II				
33 If the organization did not report an amount 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

2012

Open to Public Inspection

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.

Name of the organization

Wounded Warrior Project Inc

Employer identification number

20-2370934

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES		<p>PHYSICAL HEALTH AND REHABILITATION - 8,788,354 INCLUDING GRANTS OF 608,920 THE PHYSICAL HEALTH AND 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, WWVP'S PHYSICAL FITNESS AND HEALTH PROMOTION PROGRAMS AIM TO ASSIST WARRIORS TO ADOPT A HEALTHY LIFESTYLE THAT WILL BENEFIT THEM THROUGHOUT THEIR LIFETIME</p> <p>BENEFITS SERVICES - 5,338,347 INCLUDING GRANTS OF 9,000 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 - 4,540,030 INCLUDING GRANTS OF 853,365 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 - 5,716,280 INCLUDING GRANTS OF 992,000 THE FAMILY SUPPORT PROGRAM PROVIDES SUPPORT AND RESPIRE 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 - 4,703,055 INCLUDING GRANTS OF 176,000 THE INTERNATIONAL SERVICES PROGRAM IS THE INITIAL CONTACT WOUNDED WARRIORS HAVE WITH WWVP WHILE IN GERMANY AT LANDSTUHL REGIONAL MEDICAL CENTER AND RAMSTEIN AIR BASE WWVP 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, WWVP HAS MULTIPLE PROGRAMS IN PLACE INCLUDING BENEFITS COUNSELING, TRANSITION TRAINING ACADEMY, SOLDIER RIDE AND COMBAT STRESS RECOVERY WWVP ALSO RECOGNIZES THE EFFORTS OF THE HOSPITAL DOCTORS, NURSES, AND STAFF WITH MUCH NEEDED STRESS RELIEF EVENTS WWVP PACKS - 1,596,987 INCLUDING GRANTS OF 7,500 WWVP 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 WWVP BACKPACK, TRANSITIONAL CARE PACKS, 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 - 7,214,394 INCLUDING GRANTS OF 789,500 WARRIORS TO WORK (WTOW) IS ONE OF THE CORNERSTONES OF WWVP'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,</p>

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES		<p>697,746 INCLUDING GRANTS OF 0 WARRIORS SPEAK PROGRAM IS A PRESTIGIOUS GROUP OF WOUNDED WAR RIORs 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 CI VILIAN LIFE PARTICIPANTS ARE TRAINED TO BECOME EFFECTIVE SPOKESPERSONS THROUGH THE WARRIO RS SPEAK COURSE, WHICH INCLUDES TOOLS TO HELP THEM ORGANIZE THOUGHTS, COMPOSE PRESENTATION S, AND COMMUNICATE SUCCESSFULLY THE TRAINING PROVIDES IMPORTANT LIFE SKILLS THAT HELP WAR RIORs SUCCEED SOCIALLY, AT THEIR WORKPLACE, AND AS COMMUNITY LEADERS WARRIORS SPEAK PARTI CIPANTS SHARE THEIR COMPELLING STORIES BEFORE PUBLIC AUDIENCES SUCH AS CIVIC ORGANIZATIONS , SOCIAL CLUBS, BUSINESS GROUPS, AND CONFERENCES TRANSITION TRAINING ACADEMY - 4,424,903 INCLUDING GRANTS OF 209,000 TRANSITION TRAINING ACADEMY (TTA) PROVIDES INNOVATIVE INFORMATI ON 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 PA RTICIPANTS' MEDICAL AND DUTY REQUIREMENTS DURING REHABILITATION IN MILITARY TREATMENT FACI LITIES COURSES INCLUDE COMPUTERS AND SOCIETY , COMPUTER HARDWARE, OPERATING SYSTEmS, COMP UTER APPLICATIONS, SMALL OFFICE/HOME OFFICE, THE INTERNET, MOBILE COMPUTING, AND SECURITY , ALL OF WHICH ALIGN TO INDUSTRY -RECOGNIZED CERTIFICATIONS TTA UTILIZES A WEB-BASED "VIRTU AL LEARNING ENVIRONMENT" (VLE), CREATED THIS PAST FISCAL YEAR TO SUPPORT SCALED PROGRAM GR OWTH AND IMPACT MEASUREMENT VLE ALLOWS THE PROGRAM TO DEVELOP CONTENT CUSTOMIZED TO ITS T ARGETED POPULATION ACROSS THE COUNTRY AND OVERSEAS TTA WAS DEVELOPED IN PARTNERSHIP WITH CISCO SYSTEmS, INC AND THE U S DEPARTMENT OF LABOR(DOL) TTA SITES ARE LOCATED AT 17 BAS ES</p>

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES (CONTINUED)		<p>PEER SUPPORT - \$2,386,866 INCLUDING GRANTS OF \$104,915 PEER SUPPORT 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</p> <p>EDUCATION SERVICES - 1,835,413 INCLUDING GRANTS OF 493,000 EDUCATION HAS THE UNIQUE ABILITY TO UPLIFT AND EMPOWER WOUNDED WARRIORS ON THE JOURNEY TO SELF-SUSTAINABILITY AND LONG-TERM PROSPERITY EDUCATION 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, ACCESSIBILITY 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 WORK AS PART OF OUR HOLISTIC APPROACH TO WWP CARE WWP TALK - 1,046,184 INCLUDING GRANTS OF 0 WWP Talk provides telephonic, emotional support to Wounded Warrior Project Alumni and helps bridge the gap that may prevent participation in other programs This helpline was created for wounded service members living with PTSD, depression, combat stress, or other mental health conditions Together, the warrior and WWP Talk teammates develop coping strategies to overcome challenges and learn to thrive again despite invisible wounds</p> <p>INDEPENDENCE PROGRAM - 11,491,465 INCLUDING GRANTS OF 9,100,000 Independence Program - A program for warriors who depend on their families and caregivers due to a moderate to severe traumatic brain injury (TBI), spinal-cord injury, or other neurological conditions The Independence Program works with the warrior and their full support team while creating an individualized plan for each warrior focusing on goals that provide a future with purpose at no cost to the warrior and his or her support team The services covered can include a literacy tutor, life skills coach, community support worker, rehabilitative care, etc The grant to the Long-Term Support Trust provides funds to ensure services including life-skills training, home care, transportation, residential options, etc remain available to the severely wounded, who upon the loss of their caregiver, is at risk for institutionalization The goal is to empower each warrior to live as independently as possible, with the highest quality of life and finest, most compassionate care possible TOTAL EXPENSES 60,780,024 INCLUDING GRANTS OF 13,343,200 REVENUE 0</p>

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

Identifier	Return Reference	Explanation
FORM 990 PART VI, SECTION B, LINE 11		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 WITH THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C		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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15		COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR AND DEPUTY EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. COMPARABILITY DATA IS USED IN DETERMINING THESE SALARIES. COMPENSATION FOR ALL THE 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. THE ORGANIZATION DOCUMENTS THE BASIS FOR ITS COMPENSATION DETERMINATIONS IN THE ORGANIZATION'S MEETING MINUTES OR OTHER INTERNAL DOCUMENTS, WHICH ARE CREATED AT THE TIME COMPENSATION IS APPROVED AND REFLECT THE REASONS UNDERLYING PARTICULAR COMPENSATION DETERMINATIONS.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19		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

Identifier	Return Reference	Explanation
FORM 990, PART XII, LINE 2C		YES, THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW OR COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THE AUDIT COMMITTEE HAS NOT UNDERGONE ANY CHANGES SINCE THE PREVIOUS YEAR

Identifier	Return Reference	Explanation
SCH I GRANTS PAID TO A GOVERNMENT OR ORGANIZATION IN THE U S		<p>ABLE FLIGHT INC 20-5001037 91 OAK LEAF LN CHAPEL HILL NC 27516 501(C)(3) 45,000 00 Empower s wounded veterans to participate in aviation career training</p> <p>ACHILLES INTERNATIONAL 13-3 318293 42 WEST 38 ST NEW YORK NY 10018 501(C)(3) 50,000 00 Veteran's reintegration and emp loyment program</p> <p>AIKEN TECHNICAL COLLEGE 57-0523399 P O DRAWER 696 AIKEN SC 29802-0696 17 0(B)(1)(A)(VI) 60,000 00 Provides services to aid in building physical strength and confid ence</p> <p>AMERICAN CHARITIES FOR REASONABLE FUNDRAISING REGULATION 22-3096395 333 CHURCH AVE S W ROANOKE VA 24016-5007 501(C)(3) 5,000 00 Combats excessive regulation of nonprofits and of fundraising by means of litigation</p> <p>AMERICAN COUNCIL ON EDUCATION 53-0196573 1 DUPONT C IRCLE NW WASHINGTON DC 20036 501(C)(3) 125,000 00 Provides free training to college and un iversity mental health counseling centers</p> <p>AMERICAN NATIONAL RED CROSS 53-0196605 2025 E S TREET NW WASHINGTON, DC 20006 501(C)(3) 250,000 00 Hurricane Sandy relief</p> <p>ASHEVILLE BUNCOM BE COMMUNITY CHRISTIAN MINISTRY, INC 56-0945001 30 CUMBERLAND AVE ASHVILLE NC 28801 501(C) (3) 50,000 00 Provide homeless veterans the education and training that leads to employmen t</p> <p>AUGUSTA WARRIOR PROJECT 26-1176267 1190 INTERSTATE PARKWAY AUGUSTA GA 30909 501(C)(3) 1 50,000 00 Provides outreach advocacy and case coordination to warriors</p> <p>CAMARADERIE FOUNDAT ION, INC 27-0593856 P O BOX 547276 ORLANDO FL 32854 501(C)(3) 40,000 00 Provides counseli ng for warriors living with invisible wounds of war</p> <p>CATCH A LIFT FUND 27-3901149 P O BOX 39622 BALTIMORE MD 21212 501(C)(3) 100,000 00 Promotes physical and mental healing by pro viding free gym membership</p> <p>COMMUNITY PARTNERS 95-4302067 1000 NORTH ALAMEDA ST LOSA ANGEL ES CA 90012 501(C)(3) 125,000 00 The mission of the Farmer Veteran Coalition is to Mobiliz e Veterans to Feed America</p> <p>COMMUNITY SERVICE COUNCIL OF GREATER TULSA 73-0580282 16 E 16 STREET TULSA OK 74119 501(C)(3) 200,000 00 Assists veterans in creating participant-orient ed goals to guide them to self-sufficiency</p> <p>CONNECTICUT PUBLIC BROADCASTING, INC 06-07589 38 1049 ASYLUM AVE HARTFORD CT 06105 501(C)(3) 250,000 00 Provides training in Media Arts and Video Production</p> <p>CUYAHOGA COMMUNITY COLLEGEFOUNDATION 23-7320719 700 CARNEGIE AVE CLE VELAND OH 44115 501(C)(3) 10,000 00 Develops programs and strategic transition services to continue their education</p> <p>DARE2TRI PARATRIATHLON CLUB 45-3933200 847 N DAMEN 2R CHICAGO I L 60622 501(C)(3) 15,000 00 To positively impact the lives of athletes with physical disab ilities or visual impairments by providing opportunities to develop their skills in the sp ort of Paratriathlon while inspiring the community at large</p> <p>DIGNITY U WEAR FOUNDATION INC 59-3635885 136 N MYRTLE AVE JACKSONVILLE FL 32204 501(C)(3) 65,000 00 Provides clothing t o those in need, and aims to distribute clothing items in a way that maximizes the impact has on lives</p> <p>FAMILY SERVICES OF GREATER HOUSTON 74-1152613 3815 MONTROSE HOUSTON TX 77006 -1110 501(C)(3) 50,000 00 Provides financial assistance to Iraq and Afghanistan veterans a nd their families</p> <p>FAMILY VIOLENCE PROJECT DBA HEROES & HEALTHY FAMILIES 56-2282113 1575 E 17TH ST SANTA ANA CA 92705 501(C)(3) 50,000 00 Assist in healing the "invisible wounds of war" by presenting combat operational stress conferences and marriage retreats</p> <p>HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE 52-1317896 6720 ROCKLEDGE DRIV E BETHESDA MD 20817 501(C)(3) 545,180 00 A global organization dedicated to advancing mili tary medical research</p> <p>HONOLULU ACADEMY OF ARTS DBA HONOLULU MUSEUM OF ART 99-0079713 900 S BERETANIA ST HONOLULU HAWAII 96814 501(C)(3) 19,788 00 Provides museum tour and art-maki ng session that helps warriors resolve personal issues</p> <p>LRMC FISHER HOUSES 11-3158401 CMR 402, BOX 669, APO AE 09180 501(C)(3) 170,000 00 Provide financial assistance to current me mbers of the United States Armed Services, veterans, and their families</p> <p>LUKE'S WINGS INC 26-1691195 1238 WISCONSIN AVE NW WASHINGTON DC 20007 501(C)(3) 50,000 00 Provides airline tickets to families of Wounded Warriors</p> <p>MINNESOTA ASSISTANCE COUNCIL FOR VETERANS 41-1694 717 360 ROBERT ST N ST PAUL MN 55101 501(C)(3) 50,000 00 To provide assistance throughout Minnesota to positively motivated veterans and their families who are homeless or experien cing other life crises</p> <p>NATIONAL MILITARY FAMILY ASSOCIATION 52-0899384 2500 N VAN DORN ST ALEXANDRIA VA 22308 501(C)(3) 30,000 00 Provides families of wounded service members trav el services and accommodations during their warrior's hospitalization and rehabilitation</p> <p>N ATIONAL WORLD WAR II MUSEUM INC 72-1200790 945 MAGAZINE STREET NEW ORLEANS LA 70130 501(C) (3) 30,000 00 Provide internships to warriors</p> <p>NOT ALONE, LLC 27-1934061 1101 6TH AVENUE NORTH NASHVILLE TN 37208 501(C)(3) 422,000 00 Provide guidance and coordination to Veterans and their families</p> <p>OREGON PARTNERSHIP, INC 93-0725294 LINES FOR LIFE 5100 SW MACADAM AVE NUE, SUITE 400 PORTLAND OR 97239 501(C)(3) 50,000</p>

Identifier	Return Reference	Explanation
SCH I GRANTS PAID TO A GOVERNMENT OR ORGANIZATION IN THE U S		<p>00 The Military Helpline serves members of the military, veterans and their families anonymously 24-hours a day with a team of veterans and trained volunteer crisis workers PATTON VETERANS PROJECT INC 46-0710726 17 EAST 97TH STREET NEW YORK NY 10029 501(C)(3) 64,000 00 Utilizes film workshops to assist active duty service members with post-traumatic stress disorder and/or traumatic brain injuries by producing short films PRINTMAKING CENTER OF NEW JERSEY 23-7425516 440 RIVER RD BRANCBURG NJ 08876 501(C)(3) 125,000 00 Assist service members in their psychological, emotional, and physical recovery through printmaking and handmade papermaking PROJECT HEALING WATERS FLY FISHING INC 61-1518154 PO BOX 695 LA PLATA MD 20646 501(C)(3) 60,000 00 Promotes camaraderie and support among wounded veterans through therapeutic recreational fly fishing activities REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES 95-6006143 10920 WILSHIRE BLVD LOS ANGELES CA 90024-6502 501(C)(3) 100,000 00 Provide services to help families become more resilient in the face of challenges RESOUNDING JOY, INC 75-3190962 11300 SORRENTO VALLEY RD SAN DIEGO CA 92121 501(C)(3) 35,000 00 Provides professional music therapy for veterans and families to promote healing RESOURCES FOR HUMAN DEVELOPMENT, INC 23-1727133 4700 WISSAHICKAN AVE PHILADELPHIA PA 19144 501(C)(3) 9, 420 00 Provides psycho-educational groups and peer support to veterans and their families to learn post-traumatic stress disorder coping skills ROCKAWAY POINT YACHT CLUB 11-304709 4 PO BOX 950045 FORT TILDEN NY 11695 501(C)(3) 15,000 00 Repairs needed to conduct the Annual Breezy Point Adaptive Water Sports event for over 50 Wounded Warriors and their families SHEPHERD CENTER FOUNDATION, INC 20-1238224 2020 PEACHTREE ROAD NW ATLANTA GA 30309 501(C)(3) 250,000 00 Specializes in medical treatment, research and rehabilitation for people with spinal cord injury and brain injury SIDE BY SIDE BRAIN INJURY CLUBHOUSE, INC 58-2 448708 1001 MAIN ST STONE MOUNTAIN GA 30083 501(C)(3) 50,000 00 Supports veterans to assist them find and keep jobs, and to live out in their communities instead of institutions STUDENT VETERANS OF AMERICA 26-1971279 1625 K NW SUITE 320 WASHINGTON DC 20006 501(C)(3) 10 0,000 00 Peer Advisors for Veteran Education (PAVE) is a peer support program that connects incoming veterans with student veterans on campuses SYRACUSE UNIVERSITY 15-0532081 COMPTROLLER'S OFFICE SYRACUSE NY 14322-5300 501(C)(3) 150,000 00 The program leverages the flexibility inherent in small business ownership to provide a vocational and economic "path-forward" for military family members TACOMA GOODWILL INDUSTRIES 91-0573106 714 S 27 STREET TACOMA WA 98409 501(C)(3) 49,319 00 Tacoma Goodwill participates in veteran's transition from military life to a successful civilian life THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA 58-2184345 P O BOX 31358 AUGUSTA GA 30903 501(C)(3) 2,000,000 00 Community endowment, a collection of gifts, given to enhance the quality of life for the citizens of Richmond THE ELIZABETH DOLE FOUNDATION 45-4292692 600 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20037 501(C)(3) 600,000 00 To assist the organizations and agencies that serve caregivers - spouses, parents, and others - responsible for an injured military member</p>

Identifier	Return Reference	Explanation
SCH I GRANTS PAID TO A GOVERNMENT OR ORGANIZATION IN THE U S (CONTINUED)		<p>THE MISSION CONTINUES 20-8742553 1141 SOUTH 7TH STREET ST LOUIS MO 63104 501(C)(3) 391,500 00 Empowers veterans facing the challenge of adjusting to life at home to find new missions THE PATHWAY HOME, A TIDES CENTER PROJECT 45-5350612 PO BOX 3930 YOUNTVILLE CA 94599 501(C)(3) 41,000 00 Provides comprehensive treatment for our Nation's military personnel who have served in Iraq and Afghanistan TROOPERS ASSISTING TROOPS 80-0586838 P O BOX 091 TRENTON NJ 80625 501(C)(3) 7,000 00 Troopers Assisting Troops provides support to returning Wounded Warriors UNITED WAR VETERANS COUNCIL 13-3793337 346 BROADWAY SUITE 807 NEW YORK NY 10013 501(C)(3) 345,000 00 Supporting and promoting a wide range of initiatives that provide vital services to our veteran's community USA CARES, INC 05-0588761 562B N DIXIE BLVD RADCLIFF KY 40160 501(C)(3) 100,000 00 USA Cares provides financial support and training leading to certification in a number of skilled trades VETERANS ONE-STOP CENTER OF WNY, INC 45-5098692 1416 MAIN STREET BUFFALO NY 14209 501(C)(3) 50,000 00 Connects people, organizations, and resources together to effectively improve the well-being of the U S Armed Forces and their immediate families WALTER REED MEDICAL CENTER 52-1995734 8901 WISCONSIN AVE BETHESDA MD 20889 501(C)(3) 15,000 00 Medical care and support WARRIOR GATEWAY, INC 45-2157711 2200 WILSON BLVD ARLINGTON VA 22201 501(C)(3) 100,000 00 To connect the military, veterans and their family members to government and non-profit programs in their local community WOUNDED EOD WARRIOR FOUNDATION 20-8618412 33735 SNICKERSVILLE TURNPIKE BLUEMONT VA 20135 501(C)(3) 50,000 00 The EOD Warrior Foundation (EODWF) serves the EOD community by providing financial assistance and support WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST 37-6558533 4899 BELFORT ROAD SUITE 300 JACKSONVILLE FL 32256 501(C)(3) 9,100,000 00 Provide long term care for the most severely wounded warriors YELLOW RIBBON FUND, INC 36-4567583 4905 DEL RAY AVENUE BETHESDA MD 20814 501(C)(3) 50,000 00 Provide retreats for caregivers</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Wounded Warrior Project LT Support Trust 4899 Belfort Road suite 300 Jacksonville, FL 32256 37-6558533	Trust	FL	501(c)3	501(c)3	wounded warr	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

Yes

2

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) wounded warrior project lt support trust	b	9,100,000	FMV

Schedule R (Form 990) 2012

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Software ID:
Software Version:
EIN: 20-2370934
Name: Wounded Warrior Project Inc

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--

-->

TY 2012 Affiliated Group Schedule**Name:** Wounded Warrior Project Inc**EIN:** 20-2370934**Affiliated Group Business Name:**

Wounded Warrior Project LT S

Address. Either US or Foreign

4899 Belfort Road

Type:

Jacksonville, FL 32256

EIN:

37-6558533

Electing Organization Checkbox:**Total Grassroots Lobbying:** 0**Total Direct Lobbying:** 0**Total Lobbying Expenditures:** 0**Other Exempt Purpose** 0**Expenditures:****Total Exempt Purpose** 0**Expenditures:****Lobbying Nontaxable Amount:** 0**Grassroots Nontaxable Amount:** 0**Tot Lobbying Grassroot Minus Non** 0**Tx:****Tot Lobby Expend Mns Lobbying** 0**Non Tx:****Share Of Excess Lobbying:** 0

Additional Data

Software ID:

Software Version:

EIN: 20-2370934

Name: Wounded Warrior Project Inc

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.				
(Code) (Expenses \$ 8,788,354 including grants of \$ 608,920) (Revenue \$)	PHYSICAL HEALTH & REHABILITATION			
(Code) (Expenses \$ 5,338,347 including grants of \$ 9,000) (Revenue \$)	BENEFITS SERVICES			

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.				
(Code)	(Expenses \$	4,540,030	including grants of \$	853,365) (Revenue \$)
TRACK				
(Code)	(Expenses \$	5,716,280	including grants of \$	992,000) (Revenue \$)
FAMILY SUPPORT				

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code) (Expenses \$ 4,703,055 including grants of \$ 176,000) (Revenue \$)
INTERNATIONAL SERVICES
(Code) (Expenses \$ 1,596,987 including grants of \$ 7,500) (Revenue \$)
WWP PACKS

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.				
(Code)	(Expenses \$	7,214,394	including grants of \$	789,500) (Revenue \$)
WARRIORS TO WORK				
(Code)	(Expenses \$	1,697,746	including grants of \$	0) (Revenue \$)
WARRIORS SPEAK				

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code) (Expenses \$ 4,424,903 including grants of \$ 209,000) (Revenue \$)
TRANSITION TRAINING ACADEMY
(Code) (Expenses \$ 2,386,866 including grants of \$ 104,915) (Revenue \$)
PEER SUPPORT

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.				
(Code)	(Expenses \$	1,835,413	including grants of \$	493,000) (Revenue \$)
EDUCATION SERVICES				
(Code)	(Expenses \$	1,046,184	including grants of \$	0) (Revenue \$)
WWP TALK				

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.				
(Code) (Expenses \$	11,491,465	including grants of \$	9,100,000) (Revenue \$
INDEPENDENCE PROGRAM				