Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions
C Name of organization: CSRA WOUNDED WARRIOR CARE PROJECT, INC.	D Employer identification number: 26-1176267
Number and street (or P.O. box, if mail is not delivered to street address): P.O. BOX 204227 — Room/suite	E Telephone number: 706-434-1708
City or town, state or country, and ZIP + 4: AUGUSTA, GA 30917	F Group Exemption Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: [X] Cash ☐ Accrual Other (specify) ▶

I Website: ▶ WWW.PROJECTAUGUSTA.ORG

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — [X] 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 243,188.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	243,188.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ ______ of contributions reported on line 1)	6a			
	b	Less: direct expenses other than fundraising expenses	6b			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe ▶)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9	243,188.
Expenses	10	Grants and similar amounts paid (attach schedule)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	83,751.
	13	Professional fees and other payments to independent contractors			13	30.
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe ▶ SEE STATEMENT 1)			16	18,355.
	17	**Total expenses.** Add lines 10 through 16 ▶			17	102,136.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	141,052.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	<6,683.>
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	134,369.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

	(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	3,317.	22	134,369.
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	3,317.	25	134,369.
26	**Total liabilities** (describe ▶ LOAN PAYABLE)	10,000.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	<6,683.>	27	134,369.

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

What is the organization's primary exempt purpose? SEE STATEMENT 3

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

			Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28	SEE STATEMENT 4 (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	141,052.
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	141,052.

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LAURIE OTT 1190 INTERSTATE PARKWAY, AUGUSTA, GA	EXECUTIVE DIRECTOR 40.00	82,500.	0.	0.
DOUG BARNARD AUGUSTA, GA	DIRECTOR 0.00	0.	0.	0.
JAMES HULL 1190 INTERSTATE PARKWAY, AUGUSTA, GA	DIRECTOR 0.00	0.	0.	0.
CLAY BOARDMAN AUGUSTA, GA	DIRECTOR 0.00	0.	0.	0.
JEAN ROPER AUGUSTA, GA	DIRECTOR 0.00	0.	0.	0.
BOONE KNOX AUGUSTA, GA	DIRECTOR 0.00	0.	0.	0.
PETE CAYE AUGUSTA, GA	DIRECTOR 0.00	0.	0.	0.

Part V **Other Information** (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ GA

42a The organization's books are in care of ▶ DEBBIE MOSLEY Telephone no. ▶ 706-855-4055

Located at ▶ 1190 INTERSTATE PARKWAY, AUGUSTA, GA ZIP + 4 ▶ 30909

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

		Line	Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

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

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

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

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Signature of officer — Date 5/17/10

▶ James Hull, President — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ PATRICK H. PERRY — Date 5/17/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (See instr)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BEDINGFIELD, MCCUTCHEON & PERRY, CPA, PC 828 GREENE STREET AUGUSTA, GA 30901 — EIN ▶ — Phone no. ▶ 706-724-8085

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

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SCHEDULE A
(Form 990 or 990-EZ)

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
2009
Open to Public Inspection

Name of the organization: CSRA WOUNDED WARRIOR CARE PROJECT, INC.
Employer identification number: 26-1176267

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I   b ☐ Type II   c ☐ Type III - Functionally integrated   d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			35,000.	80,000.	243,188.	358,188.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3			35,000.	80,000.	243,188.	358,188.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						358,188.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4			35,000.	80,000.	243,188.	358,188.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						358,188.

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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 100.00 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 100.00 %

16a **33 1/3% support test - 2009.** 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 - 2008.** 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 - 2009.** 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 - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 section 501(c)(3) organization, check this box and stop here ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | %

16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f)) | 17 | %

18 Investment income percentage from **2008** Schedule A, Part III, line 17 | 18 | %

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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 ▶ ☐

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1

DESCRIPTION	AMOUNT
SUPPLIES	223.
PAYROLL TAXES	5,948.
PERMITS/FEES/LICENSES	62.
TRANSITION ROUND TABLE/OTHER MEETINGS	7,364.
RESEARCH CONSORTIUM	597.
FEDERAL RECOVERY COORDINATOR	202.
TRAVEL EXPENSE, LODGING, CAR RENTAL, ETC.	2,758.
MILEAGE	136.
COMPUTER TRAINING PROGRAM EXPENSES (COMPUTER SOFTWARE)	1,000.
FEDERAL EXPRESS EXPENSE	11.
COMPUTER EXPENSES	54.
TOTAL TO FORM 990-EZ, LINE 16	18,355.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 2

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

The CSRA Wounded Warrior Care Project is focused on utilizing Augusta's unique warrior care assets, increasing information flow and coordination among agencies, communities, and individuals, and bringing our troops all the way home after combat. We have created an Augusta model of public-private partnerships that can serve other communities as they look for ways to tap into that "Sea of Goodwill" noted by the Chairman of the Joint Chiefs of Staff, Adm. Mike Mullen. There are thousands of resources available to wounded warriors, returning service members, veterans and their families. What the Augusta model offers is a *community-based* structure for coordinating those resources.

Best practices and innovation in warrior care and reintegration take place in Augusta because we *harness resources, increase coordination and information flow* among agencies and with the community, creating on-the-ground programs that meet the needs of our service members, veterans and their families to *reintegrate* them after combat.

The CSRA Wounded Warrior Care Project's initiatives are focused in three main areas: 1) coordination of care 2) family reintegration and 3) education and training that leads to employment.

Accomplishments to date include:

- Launched first-in-the-nation **Veterans Curation Project,** an award-winning training and employment program with the US Army Corps of Engineers, the Warrior Transition Battalion (Fort Gordon), the Charlie Norwood VA Medical Center, and the Georgia Department of Labor Vocational Rehabilitation. This program provides valuable job skills in computers, high resolution photography, document management and scanning and artifact categorization to Iraq and Afghanistan returnees in a supportive environment. The CSRA Wounded Warrior Care Project also organized community volunteers to assist with resume preparation, job interview skills, and networking to help veterans with job placement. The Veterans Curation Project won the Chairman's Award from the National Council on Historic Preservation in December 2009, with the CSRA Wounded Warrior Care Project recognized as a partner.

- Formation of a **Transition Round Table**, where the process of transitioning a service member from active duty to veteran status is being improved and streamlined for the benefit of service members and their families. This Transition Round Table assembles the Army, Marine Corps and other Department of Defense resources, along with the VA, the Department of Labor, educational institutions, veterans service organizations, nonprofits and community organizations for the purposes of improving communication and the ability to work in concert on systematic improvement of the transition process for service members and their families. Initiatives include conducting a collaborative job fair for service members in the Warrior Transition Battalion on Fort Gordon and veterans, formation of a substance abuse/pain management subgroup that brought in a civilian pain management provider to conduct grand rounds at Eisenhower Army Medical Center.

- Launched **a computer training lab** for veterans at the Charlie Norwood VA Medical Center Transition Services Center in collaboration with CompTIA's Creating Futures program and the national Cristina Foundation. This lab features internet access provided by the American Red Cross, with technology refurbished by CSRA Wounded Warrior Care Project volunteers, and software purchased by the CSRA Wounded Warrior Care Project.

- Formed a Medical **Research Consortium** with partners including Eisenhower Army Medical Center, the Charlie Norwood VA Medical Center, the Medical College of Georgia and its School of Nursing, Savannah River National Laboratory and Telemedicine and Advanced Technology Research Center-South on Fort Gordon. To date, a Joint Incentive Fund Tele-TBI proposal has been submitted, as well as several grants in telemedicine and multiple AMEDD Advanced Medical Technology Initiative grants submitted (with several funded) through TATRC. In addition, the CSRA Wounded Warrior Care Project used this Research Consortium as the platform for organizing another $19.6 million grant submission for Augusta-area health care providers, the Beacon communities grant. This purpose of this grant was to link up electronic medical records.

- Formed a partnership to co-host the statewide initiative, **"From Front Lines to Front Lawns, Paving the Way Home."** This collaboration with the state of Georgia's Department of Behavioral Health and Developmental Disabilities led to a two-day conference featuring participation and input from the Army and other Department of Defense entities, the Warrior Transition Battalion, the VA, the Department of Labor, state and local agencies,

- nonprofits, service members, veterans, families, and veterans service organizations to streamline statewide warrior care efforts and develop a statewide action plan to harness resources, simplify the process of reintegration into the community after combat, eliminate or reduce the tendency of agencies to stove pipe, and to develop cross state and cross agency connectivity.

- Continuing to conduct and fund collaborative **marriage enrichment workshops** with the Army and VA chaplains for combat-returned Iraq and Afghanistan veterans and their spouses, and Warrior Transition Battalion soldiers on Fort Gordon. The Charlie Norwood VAMC Chaplains won a "Best Practice" Award for the collaborative workshops started with the CSRA Wounded Warrior Care Project.

- Launched an initiative with Augusta State University, Augusta Technical College and Paine College to hire and support a **Veterans Education Coordinator** to conduct outreach, recruiting and retention of active duty personnel, veterans and their dependents in higher education programs to help them understand, access and use their education benefits.

- Successfully advocated for the assignment of three of the first 20 **Federal Recovery Coordinators** to Augusta. These Federal Recovery Coordinators provide benefit and care delivery in a timely fashion for wounded warriors and their families.

- Helped complete the **Fisher House campaign** to help wounded warriors and their families by bringing them together during the healing phase. The Augusta community was asked to raise $1.8 million toward the construction of the 20-suite home for the Charlie Norwood VA Medical Center and the CSRA Wounded Warrior Care Project assisted in the completion of the fundraising campaign by directing donations to the Community Foundation fund designated for the Fisher House. The Fisher House broke ground on December 9th, 2009.

- Launched a **computer initiative** with American Legion Posts in Georgia in collaboration with the Cristina Foundation. This technology program provides computers to Posts across Georgia through the Cristina Foundation. Volunteers with the CSRA Wounded Warrior Care Project refurbish the computers, and load software purchased by the CSRA Wounded Warrior Care Project, along with operating systems, onto the computers. This initiative is aimed at modernizing American Legion Posts to help them conduct outreach to younger veterans, and help them conduct job searches and complete their resumes on the computers.

- Assisted in the continuing development of the **Veterans Court** program to allow for treatment rather than incarceration of veterans who have law enforcement encounters.

- Briefed members of Congress and Department of Defense and VA leadership on **Augusta's capabilities and capacities, including the unique Department of Defense/VA collaborations in Augusta**, the Active Duty Rehab Unit at the Charlie Norwood VA Medical Center, and the behavioral health niche at Eisenhower Army Medical Center, along with collaborative training opportunities for Federal Recovery Coordinators at the Medical College of Georgia School of Nursing. Spoke at national meetings and conventions to include the American Legion National Convention, and the VA's "Evolving Paradigms."