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_{Form} 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2010
Open to Public inspection

A	For	the 20	010 calendar year, or tax year beginning and	ending				
В	Chec	k if cable	C Name of organization		D Employer identific	cation number		
إ	ch	idress ange ame	SPECIAL OPERATIONS WARRIOR FOUNDATION			100505		
Ļ	—jch ⊟Ini	ange	Doing Business As		- 	183585		
	ret	tum ermin- edi	Number and street (or P 0. box if mail is not delivered to street address) 4409 EL PRADO BLVD	Room/suit	E Telephone number 813-805-9400			
	lret	nended turn	City or town, state or country, and ZIP + 4		G Gross receipts \$	26,074,881.		
L	—ttò	optica- on ending	TAMPA, FL 33629		H(a) Is this a group re			
	ρ-	alulig	F Name and address of principal officer: JOHN T. CARNEY, JR	•	for affiliates?	Yes X No		
			SAME AS C ABOVE		H(b) Are all affiliates inc			
<u> </u>			ot status: X 501(c)(3)	or 52		list. (see instructions)		
			➤ WWW.SPECIALOPS.ORG Association	Ta vi	H(c) Group exemption			
	Part		lanization X Corporation Trust Association Other ►	L Yea	r of formation. 1900 N	State of legal domicile FL		
-				ROVID	E POST SECON	DARY		
	<u> </u>		CHOLARSHIPS TO THE SURVIVING CHILDREN O					
9	2		eck this box If the organization discontinued its operations or dispo					
3	3 3	Nu	mber of voting members of the governing body (Part VI, line 1a)		. 3	23		
-	1 4	Nu	mber of independent voting members of the governing body (Part VI, line 1b)		4	22		
5	5 5	Tot	al number of individuals employed in calendar year 2010 (Part V, line 2a)		5	12		
	6		al number of volunteers (estimate if necessary)		6	200		
	2 7		al unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
<u> </u>	-	b Ne	unrelated business taxable income from Form 990-T, line 34	-	7b	0.		
SCARRED WA	, 8	Co	ntributions and grants (Part VIII, line 1h) RECEIVED	-	Prior Year 5,796,819.	Current Year 13, 252, 343.		
à	9	Dro	oram service revenue (Part VIII line 2d) 55	<u> </u>	0.	13,232,343.		
	10	n Inv	estment income (Part VIII, column (A), ines 3, 4Mand 76) 3 2011	-	1,676,816.	1,938,423.		
2 0	1	1 Oth	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	<72,696.			
Ş	12		al revenue · add lines 8 through 11 (must equal Part)VIII, column;(A), line i12)		7,400,939.	13,002,525.		
n	1:		ants and similar amounts paid (Part IX, column (A), lines-1-3)		1,120,897.	1,299,424.		
	14	4 Bei	nefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
9	3 14	5 Sal	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		772,351.	868,879.		
9	2 10		fessional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
() ()	1		al fundraising expenses (Part IX, column (D), line 25) 374, 8	51.				
	1.		ner expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,383,291.	3,352,156.		
			al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,276,539.	5,520,459.		
<u> </u>	၂ 19 နှ	He	venue less expenses. Subtract line 18 from line 12		4,124,400. Seginning of Current Year	7,482,066.		
t Assets or	일 20) Tot	al assets (Part X, line 16)	-	30,152,798.	End of Year 42,515,635.		
Ass	E 2		al liabilities (Part X, line 26)		17,286,596.	19,873,408.		
Net	<u> </u>		t assets or fund balances. Subtract line 21 from line 20		12,866,202.	22,642,227.		
	art		Signature Block					
Uı	ider p	enalties	s of perjury, I declare that I have examined this return, including accompanying schedule	es and state	ments, and to the best of m	y knowledge and belief, it is		
trı	ie, co	rrect, ai	nd complete Declaration of preparer (other than officer) is based on all information of w	hich prepar	er has any knowledge			
			agrature of officer		4/28/11	·		
	gn		()		Date			
н	ere		Type or print name and title					
_		Dr	12 1 1/6 \ 1		Date , Check	PTIN		
Pa	id	''	intrivoe preparer's pame.		4/28/// self-employe			
	epare	r Fir	m's name RIVERO, GORDIMER & COMPANY, P.A	•	Firm's EIN			
	e Onl	_	m's address P. O. BOX 172359	· ·				
_			TAMPA, FL 33672		Phone no (813) 875-7774		
M	ay th	e IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No		
03	2001 (02-22-11	•			20 Form 990 (2010)		
		SEE	E SCHEDULE O FOR ORGANIZATION MISSION S	TATEM	ENT CONTIÑUA	TION		

4d	Other	program se	rvices. (C	escribe in	Sche	dule	0.)
		_					

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses

4,837,364.

Par	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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		Х
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 98-197 If "Yes," complete Schedule C, Part III	5	N/	Α
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide		-	
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	Х	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
ь	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		Х
С	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		Х
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		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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	Х	<u> </u>
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	ļ	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			v
25	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Λ
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
26	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(b)(13)? Organizations. Did the executation makes an absorbed by a section 501(b)(13)?			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_^
J U	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	20	Х	
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D	All On the Property of the Company o		<u> </u>	age e
Pai	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 12	i		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ı		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		Ī
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	(
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			•
	to file Form 8282?	7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_	ļ	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	İ		1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	 	
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the organization make any taxable distributions under section 4966? N/A		-	┼
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b	ļ	
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities N/A 10a			
b	, , , , , , , , , , , , , , , , , , , ,			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	ĺ		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l		
120	amounts due or received from them.) Section 4047(a)(1) non-execute aboritable arrests to the executed to filling Form 900 to the original form 10413	10-		Ì
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	-
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	ĺ		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	+	+
a	Note. See the instructions for additional information the organization must report on Schedule O.	134	 	
h	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	1		
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	T	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

032005 12-21-10

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

	to mile ed, etc, of rob below, describe the cheathstartees, processes, or charges in certification of ecc mistactions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
4.	5. n		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent 1b 23	-		
ь				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
_	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6_		<u></u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			v
	governing body?	7a		<u>X</u>
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		.,	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		'	
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DC, FI	, GA	,IL	,KS
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	\overline{X} Own website \overline{X} Another's website \overline{X} Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	incial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion:	-	
	JOHN T. CARNEY, JR 813-805-9400			
	4409 EL PRADO BLVD, TAMPA, FL 33629			

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, and 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.

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

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

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average hours per week	$\overline{}$		Posi	tion		oly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
JOHN T. CARNEY, JR.										
PRESIDENT/CEO	40.00	X		X	X	X	<u> </u>	216,300.	0.	0.
CARL W. STINER									_	
CHAIRMAN	3.00	X		Х			<u> </u>	0.	0.	0.
WILLIAM S. RONE										
TREASURER	3.00	X		Х		<u> </u>		0.	0.	0.
THOMAS D. ARTHUR										
SECRETARY	3.00	X		Х	_		<u> </u>	0.	0.	0.
EDWIN "ANDY" ANDERSON										
DIRECTOR	3.00	X				<u> </u>	<u> </u>	0.	0.	0.
BRYAN "DOUG" BROWN						1				
DIRECTOR	3.00	Х			<u> </u>	ļ	<u> </u>	0.	0.	0.
BARRON COLLIER II										
DIRECTOR	3.00	X						0.	0.	0.
GEORGE C. FERKES										
DIRECTOR	3.00	X			<u> </u>	_	┞	0.	0.	0.
CHARLES R. HOLLAND						ŀ				
DIRECTOR	3.00	X				ļ	↓	0.	0.	0.
MICHAEL I. LAMPE			İ				ŀ			
DIRECTOR	3.00	X	ļ			<u> </u>	 _	0.	0.	0.
JAMES E. MACDOUGALD				ŀ			ĺ			
DIRECTOR	3.00	X	-		1	-	_	0.	0.	0.
DR. MICHELE L. MALVESTI	2.00	١.,								
DIRECTOR	3.00	X	<u> </u>			!	\vdash	0.	0.	0.
WAYNE G. NORRAD	2.00	١,,	l							
DIRECTOR	3.00	X	<u> </u>			┼	╁	0.	0.	0.
RICHARD W. POTTER	2.00	.,								_
DIRECTOR	3.00	X	├-	├	 	 	-	0.	0.	0.
THOMAS D. QUINN	2.00			1				_		
DIRECTOR	3.00	╀┷	\vdash	<u> </u>	\vdash	├	+-	0.	0.	0.
ROBERT RIEVE	2.00	\ _U							0.	_
DIRECTOR	3.00	X	-	-	- -	+	+	0.	0.	0.
PETER J. SCHOOMAKER	3.00	v						0.	0.	0.
DIRECTOR	3.00	11	Ц.	Ц.	<u> </u>			<u> </u>	<u></u>	F 000 (2010)

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Form 990 (2010)

Form 990 (2010)

52-11831

(A)	(B)	mployees, and Highest (C) Position						(D)	(E)		(F		4
Name and title	Average hours per week	(cl				n app	ty)	Reportable compensation	Reportable compensation from related		Estim amou oth	ınt o	
	(describe hours for related	hours for related organizations in Schedule		from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compensa from the organizati and relate organization		on ed				
HAROLD Z. STEINBRENNER DIRECTOR	3.00	х						0.	0				0.
FRED THOMAS	3.00	<u> </u>				_							
DIRECTOR	3.00	X			<u> </u>	<u> </u>	<u> </u>	0.	0	4			0.
EARLE C. WILLIAMS	3.00	X						0.	0				0.
DIRECTOR GEORGE R. WORTHINGTON	3.00	Α.	-	-		╁─		0.		+			••
DIRECTOR	3.00	X						0.	0				0.
RICHARD DAVIS					ĺ								•
DIRECTOR	3.00	Х				-	-	0.	0	+			0.
JAMES SAXTON DIRECTOR	3.00	х						0.	0				0.
STEVEN MCLEARY EXECUTIVE DIRECTOR	40.00			Х		x		120,000.	0				0.
BABCULIVE DIRECTOR	10.00			-		**		120,0001		-			
								-					
1b Sub-total		<u> </u>	<u> </u>	<u>. </u>	1		ــــــــــــــــــــــــــــــــــــــ	336,300.					0.
c Total from continuation sheets to Pa	rt VII, Section A							0.		•			0.
d Total (add lines 1b and 1c) Total number of individuals (including b			المارا		. <u>.</u>	<u> </u>	.	336,300.					0.
2 Total number of individuals (including to compensation from the organization)		iose	ıısı	eo a	IDOV	e) w	no r	eceived more than \$100	,,000 in reportable				2
											Υ	es	No
3 Did the organization list any former off			e, ke	y er	nplo	yee,	or I	highest compensated ei	mployee on				v
line 1a? If "Yes," complete Schedule J					~* ! ~		-d +	har assumption from	the example tion	-	3		X
4 For any individual listed on line 1a, is the and related organizations greater than									the organization		4	x	
5 Did any person listed on line 1a receive									idual for services				
rendered to the organization? If "Yes,"	complete Schedu	le J	for s	uch	per	rson					5		<u>X</u>
Section B. Independent Contractors 1 Complete this table for your five higher	st compensated in	den	end	ent (cont	tract	ors	that received more than	\$100,000 of compe	ensat	ion fro	m	
the organization. NONE													
(A) Name and busi								(B) Description of	conuces	Co	(C) mpens	atio	n
Name and odsi	ness address							Description of	Services		- Inpens	atio	
 									-				
						<u>-</u>							
<u>.</u>											<u> </u>		
						•							
2 Total number of independent contract	·	not l	ımıt	ed to	o th	ose I	ıste	d above) who received i	more than				
\$100,000 in compensation from the or	yanization 🚩		-					-		F	orm 9	90 (2010

<u> </u>	rt VII	Statement of Revenu		(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	b c d e	Fundraising events Related organizations Government grants (contributio All other contributions, gifts, grants	1b 1c 7,219,863 1d ns) 1e				
Contrib and ot	g h	similar amounts not included above Noncash contributions included in lines 1a Total. Add lines 1a-1f	20E 160	13252343.			
ervice 1e	2 a b	1,		e			
Program Service Revenue	c d e		· · · · · · · · · · · · · · · · · · ·			***************************************	
4	f	All other program service revent Total. Add lines 2a-2f	ue 🕨				
	3 4 5	Investment income (including dother similar amounts) Income from investment of tax-e	ividends, interest, and	1,045,484.			1045484.
	6 a	Gross Rents	(i) Real (ii) Personal				
	d	Net rental income or (loss) Gross amount from sales of	(i) Securities (ii) Other . 1508855				
	С	Gain or (loss)	0615916				
Other Revenue		Net gain or (loss) Gross income from fundraising including \$ 7,219,86 contributions reported on line 1 Part IV, line 18	53. of	892,939.			892,939.
Othe	c	Less: direct expenses Net income or (loss) from fundra Gross income from gaming active	b 2456440 aising events	<2188241.	>		<2188241.
		Part IV, line 19 Less: direct expenses Net income or (loss) from gamin	a b b				
	b	Gross sales of inventory, less re and allowances Less. cost of goods sold Net income or (loss) from sales	. a				
	11 a	Miscellaneous Revenue	Business Cod	e			
	b c d	All other revenue					
03200 12-21	12	Total. Add lines 11a-11d Total revenue. See instructions	>	13002525.	0.	0	.<249,818. Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must composite include amounts reported on lines 6b, 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 U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	1,299,424.	1,299,424.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	330,000.	165,000.	69,000.	96,000
6	Compensation not included above, to disqualified				-
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	462,984.	302,070.	69,913.	91,001
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	21,852.	12,871.	3,828.	5,153
9	Other employee benefits				
10	Payroll taxes	54,043.	31,832.	9,467.	12,744
11	Fees for services (non-employees):				
а	Management				
b	Legal .				
С	Accounting	18,000.		18,000.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other .	22,608.	2,837.	18,825.	946
12	Advertising and promotion	124,491.	74,695.		49,796
13	Office expenses	172,173.	102,905.	34,634.	34,634
14	Information technology	12,454.	7,472.	2,491.	2,491
15	Royalties				
16	Occupancy	52,786.	31,672.	10,557.	10,557
17	Travel	135,255.	81,153.	27,051.	27,051
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,748.	3,448.	1,150.	1,150
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,579.	27,947.	9,316.	9,316
23	Insurance	27,416.	16,450.	5,483.	5,483
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0)				
а	ACCRUED SCHOLARSHIPS PA	2,592,000.	2,592,000.		
b	BANKING & INVESTMENT FE	142,646.	85,588.	28,529.	28,529
c		· · ·		·	
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	5,520,459.	4,837,364.	308,244.	374,851
26	Joint costs. Check here ▶ ☐ If following SOP				
-	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Pa	πX	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			273,291.	1	961,609.
	2	Savings and temporary cash investments			853,363.	2	101,305.
	3	Pledges and grants receivable, net			459,852.	3	614,433.
	4	Accounts receivable, net			89,995.	4	92,376.
	5	Receivables from current and former officers, di	rectors	, trustees, key			
		employees, and highest compensated employee					
	ı	of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined	d under section	**************************************		
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instru				6	
ets	7	Notes and loans receivable, net	,	• •		7	
Assets	8	Inventories for sale or use			-	8	
٩	9	Prepaid expenses and deferred charges			39,825.	9	25,911.
		Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	861,944.			
	h	Less: accumulated depreciation	10b	242,431.	628,660.	10c	619,513.
	11	Investments - publicly traded securities	27,807,812.	11	619,513. 40,100,488.		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line	· · · · · ·	13			
	14	Intangible assets	·-	14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	30,152,798.	16	42,515,635.
	17	Accounts payable and accrued expenses	91,796.	17	89,408.		
	18	Grants payable		•		18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	<i>"</i>
s	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director					
ige		highest compensated employees, and disqualifi					
Ë		of Schedule L		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22	
	23	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities. Complete Part X of Schedule D		·	17,194,800.	25	19,784,000.
	26	Total liabilities. Add lines 17 through 25			17,286,596.	26	19,873,408.
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete			
Ş		lines 27 through 29, and lines 33 and 34.		•			
ĕ	27	Unrestricted net assets			12,866,202.	27	22,642,227.
ele	28	Temporarily restricted net assets				28	
9	29	Permanently restricted net assets		-		29	
Ë		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 🔲 and			
or 1		complete lines 30 through 34.					
ets.	30	Capital stock or trust principal, or current funds			30		
SSE	31	Paid-in or capital surplus, or land, building, or ed		nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances	·		12,866,202.	33	22,642,227.
	34	Total liabilities and net assets/fund balances			30,152,798.		42,515,635.

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

X

Act and OMB Circular A-133?

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

2010

Open to Public Inspection

Name of the organization

SPECIAL OPERATIONS WARRIOR FOUNDATION

Employer identification number

Part I	Reason		rity Status (All organiz					tructions	32	-1183	383	
L			because it is: (For lines					uucuons.				
1			s, or association of chur									
2			70(b)(1)(A)(ii). (Attach Sc			cuon 170	I(D)(I)(A)(I)).				
3 🗔			rtal service organization			470/6\/4\	/A\/:::\					
4			operated in conjunction					/L\/4\/A\/::	3		·	
7	city, and sta		operated in conjunction	Willi a 110s	spital descr	ibed ili se	ection 170	(D)(T)(A)(II	ı). Enter tn	e nospital	's nam	ie,
5			benefit of a college or u	niveretty o	wood or or	orated by		montal unit				
<u> </u>		0(b)(1)(A)(iv). (Comple		iliversity O	wiled of of	Delated Dy	a govern	mentai uni	describe	a in		
6			ete i ait ii.) ient or governmental uni	•		- 470/h\/	43/43/63					
7 X												
, res	J	(b)(1)(A)(vi). (Comple	ceives a substantial part	or its supp	ort from a	governme	entai unit c	or trom the	general p	ublic desc	npea i	n
8			section 170(b)(1)(A)(vi).	/Complete	Dort IL)							
9 🗆			elves: (1) more than 33			rom oantr	مممافييطا					£
	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.											
		509(a)(2). (Complete		uon o i i ta	ix) IIOIII Du	511105505	acquireo b	y trie orga	nization ai	ter June 3	0, 197	Э.
10			perated exclusively to te	st for publ	ic safety S	See sectio	n 509/a)//	1\				
11			perated exclusively for the						out the r	urnoege c	of one	or
			ations described in secti									OI .
			organization and comple				-). Occ 30		.,,(0). One	ok the box	tilat	
	а Туре		7		e III - Func		tegrated		d□	Type III - C	Other	
е 🔲			at the organization is not			-	-	r more disc				n
			han one or more publicly									
f			tten determination from t						(4)(1) 01 0	000,011	(4)(4)	
		rganization, check th			a	po 1, 1, po	, 0, 1, 6	<i>-</i>				
g		-	organization accepted ar	ov aift or c	ontribution	from any	of the follo	owing pers	ons?		•	
			lirectly controls, either al								Yes	No
			upported organization?		,	,		() (.	., 20.011,	11g(i)	1.00	
	(ii) A famıly	member of a persor	n described in (i) above?							11g(ii)		
			person described in (i) o		e?			·		11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).						<u> </u>	
			••	-	. ,							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) is the o	organization	(v) Did vo	u notify the	(vi) Is	the	(vii) An	anunt o	
	anization	(, =	organization (described on lines 1-9		sted in your		tion in col	organizatio	n in col l	sup		''
			above or IRC section	governing	document?	(i) of you	r support?	US	2 (110	000	Poit	
			(see instructions))	Yes	No	Yes	No	Yes	No			
						.,,,,						
	·											
<u>Total</u>		l		<u>L</u>	L.,		<u> </u>	<u> </u>				
LUA Cant	Paperwork Re	duction Act Notice	, see the Instructions f	or				Schadul	A (Earm	990 or 99	η-E7\	2010

032021 12-21-10

Form 990 or 990-EZ.

13

2010.03040 SPECIAL OPERATIONS WARRIOR 52-11831

11220412 795320 52-1183585

Schedule A (Form 990 or 990-EZ) 2010 SPECIAL OPERATIONS WARRIOR FOUNDATION 52-1183585 Page 2

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.)

Se	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and			137.7.2			1,7,5,5,5,5
	membership fees received. (Do not						
	include any "unusual grants.")	5110500.	5678030.	5838415.	5796819.	13252343.	35676107.
2	Tax revenues levied for the organ-						
	ızatıon'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	5110500.	5678030.	5838415.	5796819.	13252343.	35676107.
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						35676107.
<u>Se</u>	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	5110500.	5678030.	5838415.	5796819.	13252343.	35676107.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	592,810.	741,396.	790,960.	647,089.	1045484.	3817739.
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						1
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						39493846.
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	rthe organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor		-	·	·		<u>.</u> ▶∟_
	ction C. Computation of Publ		-			· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2010 (I		•	olumn (f))		14	90.33 %
	Public support percentage from 2009			-		15	90.03 %
16a	33 1/3% support test - 2010.If the o				14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies						$\blacktriangleright X$
b	33 1/3% support test - 2009.If the o				line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the orga	
	meets the "facts-and-circumstances"						▶∟_
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the				•		e
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	-		-
					Sche	edule A (Form 99)	0 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	siow, please com	piete i art ii.)				
Cale	indar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and		1	• •			
	membership fees received. (Do not			ı			
	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		 				
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-					-	,
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities					 	
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						1
	3 received from disqualified persons 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						
•	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	·					
<u>Se</u>	ction B. Total Support			-			
Cale	ındar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
•	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)			1		<u> </u>	<u> </u>
14	First five years. If the Form 990 is for	the organization	's first, second, the	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here				· · · · · · · · · · · · · · · · · · ·		▶
<u>Se</u>	ction C. Computation of Publ	<u>ic Support Pe</u>	ercentage	···			<u>-</u>
15	Public support percentage for 2010 (I	ine 8, column (f) o	divided by line 13,	column (f))		15	%
16						16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	ne Percentage				
17	Investment income percentage for 20	10 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	
18	Investment income percentage from 2	2009 Schedule A,	, Part III, line 17			18	%
19	a 33 1/3% support tests - 2010. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						▶□
- 1	o 33 1/3% support tests - 2009. If the						
	line 18 is not more than 33 1/3%, che						▶∟
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	nstructions_	<u>▶</u>







BOARD OF DIRECTORS

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2[™] Commander-in-Chief
U S Special Operations Command

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Edwin "Andy" Anderson Colonel, USA (Ret) Special Forces

Thomas D Arthur, **Secretary** President, ASAP Capital Partners

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Roger A Klein, General Counsel Sheppard Multin Richter & Hampton

Rivero, Gordimer & Company, PA, Auditor Steven L. McLeary, Executive Director Major, USAF (Ret.)

P.O Box 13483 • Tampa, Florida 33681 • Phone: (813) 805-9400 • Fax: (813) 805-0567 E-mail· warnor@specialops.org • Web Site: www.specialops.org

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public

Name of the organization

Employer identification number 52-1183585

	SPECIAL OPERATIONS	WARRIOR FOUNDATION		52-1183585
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accou	Ints. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.		•
		(a) Donor advised funds	(b) Fur	ids 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			Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose cor	ferring	
	Impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part	IV, line 7	•
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or	education) Preservation of an histori	cally imp	ortant land area
	Protection of natural habitat	Preservation of a certified	d historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conserv	ation easement on the last
	day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
Ь	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganızatıo	n during the tax
_	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe	• • •		
_	violations, and enforcement of the conservation easements			└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, and	-	-	\$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)(4)(B)(I)	
	and section 170(h)(4)(B)(ii)?		_4 4	Yes No
9	In Part XIV, describe how the organization reports conservat include, if applicable, the text of the footnote to the organiza	•		
	conservation easements.	mon s illianciai statements that describes the	organiza	tion's accounting for
Pa	t III Organizations Maintaining Collections of	of Art. Historical Treasures, or Other	er Simi	lar Assets
L	Complete if the organization answered "Yes" to Form		J. J	iai 7.000to.
	If the organization elected, as permitted under SFAS 116 (A)		t and hal	ance sheet works of art
	historical treasures, or other similar assets held for public ex			
	the text of the footnote to its financial statements that descri		or poom	, 00, 1100, provide, iii 1 di (/ ii 1 ,
ь	If the organization elected, as permitted under SFAS 116 (A		d balanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e			
	relating to these items:		,	promos uno romo miligramo anno a
	(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 tre	easures, or other similar assets for financial or	ain, provid	 de
-	the following amounts required to be reported under SFAS 1		, ۵،۵۷۱۰	
а	Revenues included in Form 990, Part VIII, line 1	to the second to	•	\$
b	Assets included in Form 990, Part X		•	\$ \$
_	. ,		-	

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

Schedule D (Form 990) 2010

		OPERATION	S WARRIOR	FOUNDA	TION	52-11	8358	5 Pε	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, o	or Other S	imilar Asse	ets (conti	nued)	
3	Using the organization's acquisition, accessi								
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange progra	ams				
ь	Scholarly research	e	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organizati	on's exempt (purpose in Pa	rt XIV.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or oth	er sımılar ass	ets			
	to be sold to raise funds rather than to be ma					. [Yes		No
Par	Escrow and Custodial Arran reported an amount on Form 990, Pai	gements. Comple rt X. line 21.	ete if the organization	on answered	"Yes" to Forn	n 990, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod		lany for contribution	o or other an	posto not Incli	ıdad			
	on Form 990, Part X?	an or other intermed	iary for contribution	is of officer as	sets not more		Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fol	llouana table:				res		1110
_	too, oxplain the arrangement in taction	and domplete the lo	nowing table.		Г		Amount		
c	Beginning balance				<u> </u>	1c	Amount		
	Additions during the year	•			<u> </u>	1d			
	Distributions during the year	• •			F	1e			
f	Ending balance			•		1f			
2a	Did the organization include an amount on Fe	orm 990. Part X. line	217		L	··	Yes	\top	No
	If "Yes," explain the arrangement in Part XIV.			•		. –	03	L	,
Par			swered "Yes" to Fo	rm 990, Part	IV, line 10.		-		
		(a) Current year	(b) Prior year	(c) Two year		hree years back	(e) Four	vears	back
1a	Beginning of year balance	27,807,812.	18,820,181.	21,80			1 (5) . 52.	7.5	
b	Contributions	8,197,553.	3,846,973.	1	6,791.	, , , , , , , , , , , , , , , , , , , 	 	**********	-1-1-1111
С	Net investment earnings, gains, and losses	4,232,382.	5,241,604.		9,943.	······································	†		*********
d	Grants or scholarships	, , , , , ,				·{!!!!!!!-!·i·	, , , , , , , , , , , , , , , , , , , 		
е	Other expenditures for facilities					***************************************	1	*********	
	and programs								
f	Administrative expenses	137,259.	100,946.	10	0,370.	***************************************			*********
g	End of year balance	40,100,488.	27,807,812.	1				*********	**********
2	Provide the estimated percentage of the year	r end balance held a							
а	Board designated or quasi-endowment	100.00	%						
b	Permanent endowment ▶	%	_						
C	Term endowment ▶	%							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	ınd admınıste	red for the or	ganızation	_		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations				•		3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations						3b_		
4	Describe in Part XIV the intended uses of the								
Par		ient. See Form 990	, Part X, line 10.						
	Description of investment	(a) Cost or of		or other	(c) Accum		(d) Bool	k value	e
		basis (investr		(other)	depreci	ation			
1a	Land			5,000.				5,0	
b	Buildings		61	5,936.	98	,648.	51	7,2	88.
С	Leasehold improvements			1 000		700			
	Equipment		17	1,008.	143	783.	2	7,2	<u> 25.</u>
	Other .								
otal	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, column (B), line 1	10(c))		🕨	61	9,5	<u> 13.</u>

Schedule D (Form 990) 2010

Sche	dule D (Form 990) 2010 SPECIAL OPERATIONS WARRIOR FOUNDATION	N	52-	183585	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial Sta	tement	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		13,002,	525.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		5,520,	459.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		7,482,	066.
4	Net unrealized gains (losses) on investments	4		2,293,	
5	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV.)	8		-	
9	Total adjustments (net). Add lines 4 through 8	9		2,293,	959.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		9,776,	
Par	XII Reconciliation of Revenue per Audited Financial Statements With Reve	nue per	Return		
1	Total revenue, gains, and other support per audited financial statements		1	15,296	484.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	3,959	9.		
b	Donated services and use of facilities . 2b				
С	Recoveries of prior year grants				
ď	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d		2e	2,293,	959.
3	Subtract line 2e from line 1		3	2,293,	525.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)				
С	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	13,002	525.
Par	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	enses p	er Retu	rn	
1	Total expenses and losses per audited financial statements		1	5,520	459.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments 2b				
С	Other losses 2c				
d	Other (Describe in Part XIV.)		\neg		
	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	5,520	459.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)				
	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,520	,459.
Par	t XIV Supplemental Information		•		
Comp	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part IIIIII, li	art IV, line	s 1b and :	2b; Part V, line	4; Part
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro			information.	
PAF	T V, LINE 4: BOARD DESIGNATED ENDOWMENT FUND IS TO	PROV.	IDE		
SCE	OLARSHIPS TO THE CHILDREN OF SPECIAL OPERATIONS MEN	<u>IBERS</u>	KILL	ED IN	····
CON	BAT OR DURING TRAINING ACCIDENTS AND TO PROVIDE GRA	יאושכ נ	חט כבי	urdet v	
COI	DAT ON BOXING INATINING ACCIDENTS AND TO PROVIDE GRA	шито .	ro se	VERELY	
COM	BAT WOUNDED SPECIAL OPERATIONS SOLDIERS RECOVERING	TN II	.S. H	OSPTTAT.	S .
	BILL WOODED BIRGIE OF BRIEFICAND BORDIERO RECOVERING	111 0	• • • •	ODI TIME	
PAF	T X, LINE 2: THE ORGANIZATION HAS DOCUMENTED ITS CO	ONSID	ERATI	ON OF	
					_
FAS	B ASC 740-10 FOR THE YEAR ENDED DECEMBER 31, 2010 A	AND DI	ETERM	INED THE	AT
NO	MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER	RECO	ЭСИТТ	TON NOR	
	on observation and rootilions gondin row Billien	· ALLICI		lule D (Form 9	90) 2010
032054 12-20-	10			•	

Schedule D (Form 99 Part XIV Suppl	0) 201	ntal In	SPECIAL formation (control	OPERATIONS	WARRIOR	FOUNDATION	52-1183585	Page 5
					·			
DISCLOSURE	IN	THE	FINANCIAL	STATEMENTS	•			
				V-#				
•				· "·				
						 		
			. ,					
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							······································	
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SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization						Employer ide	ntification number
SPECIAL	OPERATIONS WARRIO	R F	<u>OUN</u>	DATION		52-1183	585
Part I Fundraising Activities. required to complete this part	. Complete if the organization answe t.	ered "Y	'es" to	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual	tion of tion of fundra (includ	non-g gover iising o	overnment grants nment grants events fficers, directors, tru:	stees		. □ No
key employees listed in Form 990, Pb If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	viduals or entities (fundraisers) purs			-		Yesl Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or con contrib	ustody trol of	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			<u> </u>				
List all states in which the organization or licensing.	in is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is	exempt from r	egistration
LHA Paperwork Reduction Act Notice,	see the Instructions for Form 990	or 990)-EZ.			Schedule G (For	m 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 SPECIAL OPERATIONS WARRIOR FOUNDATION 52-1183585 Page 2

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 gre	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receip	ts greater than \$5,000.
-			(a) Event #1	(b) Event #2	(c) Other events	
			WASHINGTON	EAGLE CLAW		(d) Total events
			DC RALLY	DINNER	8	(add col. (a) through
Ф			(event type)	(event type)	(total number)	col. (c))
eun						
Revenue	1	Gross receipts	5,936,567.	643,523.	907,972.	7,488,062.
	2	Less: Charitable contributions	5,809,793.	601,898.	808,172.	7,219,863.
	3	Gross income (line 1 minus line 2)	126,774.	41,625.	99,800.	268,199.
	4	Cash prizes .				
ses	5	Noncash prizes .			200.	200.
Direct Expenses	6	Rent/facility costs			2,875.	2,875.
Direct	7	Food and beverages	82,374.	106,670.	55,385.	244,429.
	8	Entertainment	66,618.	600.	350.	67,568.
	9	Other direct expenses	2,015,000.		77,410.	2,141,368.
	10			·		(2,456,440)
		Net Income summary. Combine line 3, column	n (d), and line 10			<2,188,241.>
Pa	ırt l	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	· · · · · · · · · · · · · · · · · · ·			
9			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
æ						
	1	Gross revenue .				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
			Yes %	Yes%	Yes %	
	6	Volunteer labor .	No No	□ No	☐ No	
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		. •	()
	8	Net gaming income summary. Combine line 1	Lookuma di and has 7		_	
	0	iver garning income summary. Combine line	r, column d, and line 7			<u> </u>
9	Ent	ter the state(s) in which the organization opera	tee gaming activities.			
-		the organization licensed to operate gaming ac		states?		Yes No
		No," explain:			•	
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax y	rear?	Yes No
b	If "	Yes," explain:				
	_					
	_					
0320	82 O	1-13-11			Schedule G (Fo	rm 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 SPECIAL OPERATIONS WARRIOR FOUNDATION 52-1183585 Page 3
11 Does the organization operate gaming activities with nonmembers?
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?
13 Indicate the percentage of gaming activity operated in:
a The organization's facility b An outside facility 13a %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
21107 the haire and address of the person who prepares the organization's garning 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?
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:
c in Tes, 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?
b Enter the amount of distributions required under state law to be 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).

HEDULE	rm 990)
SCHE	(Form

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

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

° N Employer identification number 52-1183585 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part ii can be duplicated if additional space is needed ame and address of organization

(a) Amount of an abund of cash grant in an analysis of organization in a sistance or government assistance assistance or government. 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. FOUNDATION WARRIOR Enter total number of section 501(c)(3) and government organizations SPECIAL OPERATIONS General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Parti Part #

Schedule I (Form 990) (2010)

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

Enter total number of other organizations

SPECIAL OPERATIONS WARRIOR FOUNDATION

Schedule I (Form 990) (2010) SPECIAL OPERATIONS WARKLUK FUUNDALLUN

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.

Page 2

52-1183585

(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
			•		
COLLEGE SCHOLARSHIPS	144	1,015,426.	0		
WOUNDED WARRIORS	142	283,000.	0.		
Part W Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I, II	ine 2, and any other	additional information.	
, i	INITIAL CON	CONTACT FOR	ELIGIBLE CI	CHILDREN IS	
THE SPECIAL OPERATIONS C	COMMAND. THE	FOUNDATI	ON REVIEWS	THE	
FION TO VERIFY THAT THE	CHILDREN ARE	ELIGIBLE	FOR	SCHOLARSHIPS.	
RECEIPIENTS' PROGRESS	IS MONITORED	1	BI-ANNUALLY (EACH	CH SEMESTER)	
HEY MAINTAIN THE REQUIR	1		AVERAGE AND TO		
SIR FINANCIAL NEEDS. SCHOI	S ARE PAID	BY	THE FOUNDATION DIRECTLY	DIRECTLY TO	
1 .					
ļ					

SURVIVING CHILDREN OF SPECIAL OPERATIONS PEOPLE WHO DIE IN COMBAT OR

032102 01-13-11

Schedule (Form 990) 2010 SPECIAL OPERATIONS WARRIOR FOUNDATION 52-1183585 Page 2 Part IV Supplemental Information
TRAINING ARE AUTOMATICALLY ELIGIBLE FOR FULL POST SECONDARY EDUCATIONAL
SCHOLARSHIPS. WE MAINTAIN CONTACT WITH THE FAMILIES FROM THE DEATH
THROUGH THE POST SECONDARY GRADUATION OF THE CHILDREN. MANY TIMES THIS
IS MORE THAN 15 YEARS. CHILDREN MUST MEET AN ACADEMIC STANDARD OF
MAINTAINING A 2.0 GRADE POINT AVERAGE. FULL COST OF THE EDUCATION WILL
BE COVERED, INCLUDING TUITION, BOOKS, FEES, ROOM, BOARD, TRANSPORTATION
AND PERSONAL EXPENSES.
SEVERELY COMBAT WOUNDED SPECIAL OPERATIONS PEOPLE WHO ARE TRANSFERRED
TO U. S. GOVERNMENT HOSPITALS RECEIVE \$2,000 TO DEFRAY THE COSTS THEIR
FAMILIES INCUR DURING THE INITIAL PHASE OF RECOVERY.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990. Part IV, line 23.

SPECIAL OPERATIONS WARRIOR FOUNDATION

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Inspection

Employer identification number

Schedule J (Form 990) 2010

Name of the organization

Department of the Treasury

Internal Revenue Service

52-1183585 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. Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on 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 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 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations Approval by the board or compensation committee 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 from the organization or a related organization? $\overline{\mathbf{x}}$ b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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 X b Any related organization? 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 X **b** Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments Х not described in lines 5 and 6? If "Yes," describe in Part III 7 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 Х 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

SPECIAL OPERATIONS WARRIOR FOUNDATION 52-1183585

Page 2

Schedule J (Form 990) 2010 SPECIAL OPERATIONS WARRIOR FOUND)

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. Part It Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

			(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
(A) Name	ате		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	Hettrement and other deferred compensation	Nontaxable benefits	lotal of columns (B)(i)-(D)	compensation reported in prior Form 990 or Form 990-EZ
		(9)	210,000.	0	6,300.	0	0	216,300.	0.
1 JOHN T. CARNEY,	NEY, JR.	Ξ		0	0	0	0	0	• 0
	l	Θ							
2		(ii)							
		Θ							
3		(ii)							
		Θ				3			
4		<u>(i)</u>							
		(9)							
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9		€							
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7		Ξ							
		(3)							
8		(ii)							
		Ξ							
6		(1)							
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		€							
11		€							
		8							
12		(1)							
		€							
13		(ii)							
		(3)							
14		(ii)							
		€							
15		(1)							
		Ξ							
16		(ii)							

Schedule J (Form 990) 2010

032112 12-21-10

SCHEDULE M (Form 990)

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service Name of the organization

SPECIAL OPERATIONS WARRIOR FOUNDATION

Employer identification number

	SPECIAL OPERATIONS WARRIOR FOUNDATION 52-						585	
Pa	t 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	Method of noncash contr		_	s
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	16		QUOTED STO	OCK P	RIC	<u>E</u>
10	Securities - Closely held stock	·						
11	Securities - Partnership, LLC, or				<u> </u>			
	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 ► (SILENT AUCTIO)	X	78	19,603.	FAIR MARKE	ET VA	<u>LUE</u>	<u>BA</u>
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organ			l t				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
						<u></u>	Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1-28 th	at it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exe	mpt purposes for			
	the entire holding period?	•		-		30a		X
b	If "Yes," describe the arrangement in Part II.							1
31	Does the organization have a gift acceptance	-	•	•		31	Х	<u> </u>
32a	Does the organization hire or use third parties	or related of	rganızatıons to sol	ıcıt, process, or sell noncasl	า			
	contributions?	-				. 32a	ļ	X
b	If "Yes," describe in Part II.					1		
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is c	hecked,			
	describe in Part II.	<u></u>					<u> </u>	<u> </u>
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	90.	Schedule	M (Form	990)	(2010)

032141 12-23-10

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SPECIAL OPERATIONS WARRIOR FOUNDATION

Employer identification number 52-1183585

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PERSONNEL WHO DIE IN COMBAT OR TRAINING AND TO PROVIDE IMMEDIATE FINANCIAL ASSISTANCE TO WOUNDED (IN COMBAT) SPECIAL OPERATIONS PEOPLE AND THEIR FAMILIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BENEFACTOR SERVICES: HOSTING FAMILY MEMBERS AT EVENTS THAT HONOR AND PAY TRIBUTE TO FALLEN WARRIORS. PLANNING, COORDINATING, AND PROVIDING SERVICES AND PUBLICATIONS TO BENEFACTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE MEMBERS OF THE EXECUTIVE COMMITTEE AND THE AUDIT AND FINANCE COMMITTEE REVIEW THE IRS FORM 990 PRIOR TO BEING SENT TO ALL BOARD MEMBERS. AFTER THEIR REVIEW, A DRAFT COPY OF FORM 990, INCLUDING ALL REQUIRED SCHEDULES, IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING THE FORM WITH THE IRS. COPIES ARE PROVIDED TO ALL BOARD MEMBERS AFTER THE 990 IS SIGNED.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS ARE PROVIDED A COPY OF THE FOUNDATION'S BOARD INDEPENDENCE AND CONFLICT OF INTEREST POLICY. THE POLICY IS REVIEWED AND RENEWED ANNUALLY BY VOTE. ALL BOARD MEMBERS ARE REQUIRED TO REPORT ALL BUSINESS RELATIONSHIPS AND TRANSACTIONS THAT MAY POSE A CONFLICT VIA AN ANNUAL SURVEY.

FORM 990, PART VI, SECTION B, LINE 15: IN ACCORDANCE WITH THE FOUNDATION'S BY-LAWS, THE EXECUTIVE COMMITTEE ("EC") EXERCISES THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE CORPORATION AND SERVES AS THE COMPENSATION LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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11220412 795320 52-1183585

34

2010.03040 SPECIAL OPERATIONS WARRIOR 52-11831

Schedule O (Form 990 or 990-EZ) (2010)

SPECIAL OPERATIONS WARRIOR FOUNDATION

Employer identification number 52-1183585

COMITTEE. THE EC REVIEWS NATIONAL CHARITY RATING ORGANIZATION'S

COMPENSATION REPORTS AND INTERNET BASED NON PROFIT AND SALARY WEB SITES TO

OBTAIN SALARY INFORMATION FOR BOTH TAXABLE AND TAX EXEMPT ORGANIZATIONS FOR

FUNCTIONALLY COMPARABLE POSITIONS OF SIMILAR SERVICES IN THE GEOGRAPHIC

AREA. FULL DISCLOSURE IS PROVIDED TO THE BOARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, IL, KS, KY, MA, MD, ME, MI, MO, MS, NC, ND, NH, NJ, NM, NY

OH, OK, OR, PA, RI, TN, TX, UT, WA, WI, WV, SC

FORM 990, PART VI, SECTION C, LINE 18: THE FOUNDATION PROVIDES A COPY OF
THE IRS FORM 990 AND FORM 1023 TO ANYONE REQUESTING THE DOCUMENTS. THE MOST
RECENT FORM 990 IS ALSO AVAILABLE ON THE FOUNDATION'S WEB SITE.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S CONFLICT OF

INTEREST POLICY, ANNUAL REPORT, IRS DETERMINATION LETTER, AND

CONFIDENTIALITY/PRIVACY POLICY ARE AVAILABLE ON THE ORGANIZATION'S WEB

SITE. THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

2,293,959.

FORM 990, PART XII, LINE 2C

THE AUDIT AND FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE

SELECTION AND ENGAGEMENT OF THE INDEPENDENT AUDITORS. THE COMMITTEE IS

KEPT ABREAST OF ANY SIGNIFICANT AUDIT FINDINGS AND REVIEWS AND APPROVES

THE AUDIT REPORT PRIOR TO ITS PRESENTATION TO THE FULL BOARD.