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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
WOUNDED WARRIOR PROJECT INC

Doing Business As

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

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

D Employer identification number
20-2370934

E Telephone number
(904) 296-7350

G Gross receipts $ 98,912,443

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

H(a) Is this a group return for affiliates? [ ] Yes [x] No

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

H(c) Group exemption number ▶

I Tax-exempt status [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW WOUNDEDWARRIORPROJECT ORG

K Form of organization [x] Corporation [ ] Trust [ ] Association [ ] Other ▶ | **L** Year of formation 2005 | **M** State of legal domicile VA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	147
6	Total number of volunteers (estimate if necessary)	**6**	1,600
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	40,326,307	70,145,724
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	343,201	689,901
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	274,086	3,222,723
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,943,594	74,058,348
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	943,021	3,035,031
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,228,455	14,563,085
	16a Professional fundraising fees (Part IX, column (A), line 11e)	907,188	1,796,697
	b Total fundraising expenses (Part IX, column (D), line 25) ▶13,883,984		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	23,309,834	38,362,501
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	34,388,498	57,757,314
	19 Revenue less expenses Subtract line 18 from line 12	6,555,096	16,301,034
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
	20 Total assets (Part X, line 16)	17,337,311	36,392,589
	21 Total liabilities (Part X, line 26)	2,771,786	6,035,145
	22 Net assets or fund balances Subtract line 21 from line 20	14,565,525	30,357,444

Part II Signature Block

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.

Sign Here

****** | 2012-06-25
Signature of officer | Date

RONALD W BURGESS CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
NEAL VON STEIN	NEAL VON STEIN		[ ]	

Firm's name ▶ LBA CERTIFIED PUBLIC ACCOUNTANTS PA | Firm's EIN ▶

Firm's address ▶ 501 RIVERSIDE AVENUE SUITE 800
JACKSONVILLE, FL 322024939 | Phone no ▶ (904) 396-4015

May the IRS discuss this return with the preparer shown above? (see instructions) [x] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 9,334,123 including grants of $ 200,360) (Revenue $)

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

4b (Code) (Expenses $ 4,661,271 including grants of $ 107,128) (Revenue $)

SOLDIER RIDE - SOLDIER RIDE PROVIDES ADAPTIVE CYCLING OPPORTUNITIES ACROSS THE COUNTRY FOR WOUNDED WARRIORS THE RIDES ARE TYPICALLY THREE TO FIVE DAYS LONG AND ARE GEARED TOWARD WARRIORS OF ALL ABILITIES ADAPTIVE AND STANDARD CYCLING EQUIPMENT IS PROVIDED TO WARRIORS BASED ON THE TYPE OF INJURY IN ADDITION TO THE PHYSICAL BENEFIT, SOLDIER RIDE HELPS RAISE PUBLIC AWARENESS OF THE CHALLENGES WARRIORS FACE TODAY THROUGH EVENTS HELD THROUGHOUT THE RIDE, WARRIORS WILL HAVE THE OPPORTUNITY TO TAKE PART IN ANNUAL EVENTS FROM THE SOUTH LAWN OF THE WHITE HOUSE TO LOCAL COMMUNITIES ACROSS THE NATION THAT WILL CHALLENGE THEM PHYSICALLY AND MENTALLY

4c (Code) (Expenses $ 3,766,047 including grants of $ 64,889) (Revenue $)

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

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 21,442,681 including grants of $ 2,662,654) (Revenue $)

4e **Total program service expenses** ▶ $ 39,204,122

Part IV Checklist of Required Schedules

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	48		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	147		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a** Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b** Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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		

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ Upon request

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY ODIERNO SECRETARY, BOD	5 00	X						0	0	0
(2) ANTHONY PRINCIPI VICE PRESIDENT, BOD	5 00	X						0	0	0
(3) CHARLES BATTAGLIA DIRECTOR	5 00	X						0	0	0
(4) CHARLES S ABELL DIRECTOR	5 00	X						0	0	0
(5) DAWN HALFAKER PRESIDENT, BOD	5 00	X						0	0	0
(6) GORDON MANSFIELD DIRECTOR	5 00	X						0	0	0
(7) GUY H MCMICHAEL III DIRECTOR	5 00	X						0	0	0
(8) JOHN LOOSEN DIRECTOR	5 00	X						0	0	0
(9) JUSTIN CONSTANTINE DIRECTOR	5 00	X						0	0	0
(10) KEVIN DELANEY DIRECTOR	5 00	X						0	0	0
(11) MELISSA STOCKWELL DIRECTOR	5 00	X						0	0	0
(12) ROBB VAN CLEAVE DIRECTOR	5 00	X						0	0	0
(13) ROGER CAMPBELL DIRECTOR	5 00	X						0	0	0
(14) RON DRACH DIRECTOR	5 00	X						0	0	0
(15) ADAM SILVA CHIEF DEVELOPMENT OFFICER	40 00			X				159,498	0	22,910
(16) ALBION GIORDANO DEPUTY EXECUTIVE DIRECTOR,	40 00			X				284,692	0	24,346

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) JEREMY CHWAT CHIEF PROGRAM OFFICER	40 00			X				171,657	0	22,108
(18) RONALD W BURGESS CFO	40 00			X				126,015	0	16,131
(19) STEVEN NARDIZZI CEO, EXECUTIVE DIRECTOR	40 00			X				319,692	0	21,118
(20) BRUCE NITSCHE EVP, SPECIAL PROJECTS	40 00					X		135,678	0	10,313
(21) JOHN ROBERTS EVP, MENTAL HEALTH	40 00					X		140,350	0	22,136
(22) RALPH J IBSON SENIOR FELLOW	40 00					X		151,125	0	16,319
(23) CHRISTINE HILL EVP, CONGRESSIONAL AFFAIRS	40 00					X		146,250	0	16,900
(24) VICTORIA NEMERSON EVP, GENERAL COUNSEL	40 00					X		157,303	0	12,150
(25) JEFFREY SEARCY DEVELOPMENT	40 00						X	0	0	0
(26) JOHN MELIA FORMER OFFICER							X	0	0	0
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,792,260	0	184,431

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 13

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CREATIVE DIRECT RESPONSE 16900 SCIENCE DR STE 210 BOWIE, MD 20715	DIRECT RESPONSE SERVICES	1,901,697
PLOWSHARE GROUP INC ONE DOCK STREET STAMFORD, CT 06902	PSA DISTRIBUTION	923,826
BIONDOLILLO ASSOCIATES INC P O BOX 812120 WELLESLEY, MA 02482	EVENT CONSULTANT	254,821
DATA MANAGEMENT INC P O BOX 846 STONEVILLE, NC 27048	DIRECT RESPONSE SERVICES	237,753
SOUTHWEST CAGING 5342 NW 25TH STREET TOPEKA, KS 66618	DIRECT RESPONSE SERVICES	224,782

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 13

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a	1,984,990				
	b Membership dues 1b					
	c Fundraising events 1c	1,857,667				
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	66,303,067				
	g Noncash contributions included in lines 1a-1f $	5,005,585				
	h **Total.** Add lines 1a-1f		70,145,724			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f					
	3 Investment income (including dividends, interest and other similar amounts)		586,401			586,401
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		2,455,376			2,455,376
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	24,315,364				
	b Less cost or other basis and sales expenses	24,121,234	90,630			
	c Gain or (loss)	194,130	-90,630			
	d Net gain or (loss)		103,500			103,500
Other Revenue	8a Gross income from fundraising events (not including $ 1,857,667 of contributions reported on line 1c) See Part IV, line 18 a	768,089				
	b Less direct expenses b	642,231				
	c Net income or (loss) from fundraising events		125,858			125,858
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	900099	641,489			641,489
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		641,489			
	12 **Total revenue.** See Instructions		74,058,348	0	0	3,912,624

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,244,075	2,244,075		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	790,956	790,956		
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	1,092,206	842,006	111,500	138,700
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	10,412,458	8,027,200	1,062,976	1,322,282
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	222,427	172,139	21,690	28,598
9 Other employee benefits	1,462,935	1,132,183	142,661	188,091
10 Payroll taxes	1,373,059	1,062,626	133,898	176,535
a Fees for services (non-employees) Management				
b Legal	226,450		226,450	
c Accounting	40,000		40,000	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*	1,796,697			1,796,697
f Investment management fees	42,179		42,179	
g Other	57,324	57,324		
12 Advertising and promotion	351,858	269,430		82,428
13 Office expenses	7,545,383	3,523,633	527,568	3,494,182
14 Information technology	2,281,502	1,414,531	501,931	365,040
15 Royalties				
16 Occupancy	1,349,815	816,099	389,717	143,999
17 Travel	3,138,148	2,577,577	222,065	338,506
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,274,160	673,939	435,870	164,351
23 Insurance	139,547	84,478	40,211	14,858
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a OUTSIDE SERVICES	8,018,421	4,954,091	452,511	2,611,819
b MEETINGS AND EVENTS	5,467,878	4,640,963	148,196	678,719
c DIRECT RESPONSE SERVICE	4,072,163	2,419,282		1,652,881
d PROMOTIONAL ITEMS	2,908,708	2,666,864	53,832	188,012
e MISCELLANEOUS	1,448,965	834,726	115,953	498,286
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	57,757,314	39,204,122	4,669,208	13,883,984
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	12,282,672	7,422,046	0	4,860,626

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		267,944	1	863,502
	2	Savings and temporary cash investments		4,320,018	2	3,202,553
	3	Pledges and grants receivable, net		339,006	3	1,759,113
	4	Accounts receivable, net		71,267	4	1,043,943
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		177,326	8	920,884
	9	Prepaid expenses and deferred charges		161,307	9	301,869
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 9,298,295			
	b	Less accumulated depreciation	10b 2,758,974	1,396,457	10c	6,539,321
	11	Investments—publicly traded securities		10,458,602	11	21,205,712
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		145,384	15	555,692
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		17,337,311	16	36,392,589
Liabilities	17	Accounts payable and accrued expenses		2,771,786	17	6,035,145
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		2,771,786	26	6,035,145
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		13,458,225	27	29,311,125
	28	Temporarily restricted net assets		107,300	28	46,319
	29	Permanently restricted net assets		1,000,000	29	1,000,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		14,565,525	33	30,357,444
	34	Total liabilities and net assets/fund balances		17,337,311	34	36,392,589

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	74,058,348
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,757,314
3	Revenue less expenses Subtract line 2 from line 1	3	16,301,034
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,565,525
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-509,115
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	30,357,444

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WOUNDED WARRIOR PROJECT INC

Employer identification number
20-2370934

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

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

1 ☐ 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 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	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	18,480,909	21,201,221	25,306,760	39,336,766	70,145,724	174,471,380
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	18,480,909	21,201,221	25,306,760	39,336,766	70,145,724	174,471,380
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						174,471,380

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	18,480,909	21,201,221	25,306,760	39,336,766	70,145,724	174,471,380
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	137,951	91,719	139,909	232,108	3,083,956	3,685,643
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)						178,157,023

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

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	**14**	97 930 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	**15**	97 370 %

16a **33 1/3% support test—2010.** 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—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

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

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	20,000	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	95,000	
c Total lobbying expenditures (add lines 1a and 1b)	115,000	
d Other exempt purpose expenditures	57,642,314	
e Total exempt purpose expenditures (add lines 1c and 1d)	57,757,314	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount		1,000,000	1,000,000	1,000,000	3,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
c Total lobbying expenditures		41,000	63,500	115,000	219,500
d Grassroots non-taxable amount		250,000	250,000	250,000	750,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f Grassroots lobbying expenditures		5,000	3,000	20,000	28,000

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

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

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

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

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

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

Part IV **Supplemental Information**

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

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WOUNDED WARRIOR PROJECT INC

Employer identification number
20-2370934

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 95 570 %
- c Term endowment ▶ 4 430 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	3,373,968		1,046,964	2,327,004
d Equipment	5,571,244		1,529,811	4,041,433
e Other	353,083		182,199	170,884
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				6,539,321

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

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

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

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

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

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

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

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	74,058,348
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	57,757,314
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	16,301,034
4	Net unrealized gains (losses) on investments	4	-509,115
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-509,115
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	15,791,919

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

1	Total revenue, gains, and other support per audited financial statements			1	123,869,345
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-509,115		
b	Donated services and use of facilities	2b	50,320,112		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	49,810,997
3	Subtract line **2e** from line **1**			3	74,058,348
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	74,058,348

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

1	Total expenses and losses per audited financial statements			1	108,077,426
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	50,320,112		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	50,320,112
3	Subtract line **2e** from line **1**			3	57,757,314
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	57,757,314

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	AS OF SEPTEMBER 30, 2011, THE ORGANIZATION HAS ONE ENDOWMENT, WHICH IS CLASSIFIED AS PERMANENTLY RESTRICTED UNDER THE TERMS OF THE GOVERNING DOCUMENTS RELATED TO THIS ENDOWMENT, INVESTMENT INCOME AND GAINS AND LOSSES ARE TO BE ADDED TO THE BALANCE OF THE ENDOWMENT ANNUALLY UP TO 5% OF THE FAIR VALUE OF THE ENDOWMENT MAY BE APPROPRIATED FOR EXPENDITURE HOWEVER, APPROPRIATIONS MAY NOT REDUCE THE FAIR VALUE FOR THE ASSETS TO AN AMOUNT LESS THAN THE ORIGINAL ENDOWMENT OF $1,000,000 THE ENDOWMENT NET ASSETS ARE REFLECTED ON THE STATEMENT OF FINANCIAL POSITION AT SEPTEMBER 30, 2011 PERMANENTLY RESTRICTED $1,000,000 TEMPORARILY RESTRICTED $46,319
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION HAS RECEIVED A TAX DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CHAPTER 220 13 OF THE FLORIDA STATUTES, RESPECTIVELY AS SUCH, ONLY UNRELATED BUSINESS INCOME IS SUBJECT TO INCOME TAX THE ORGANIZATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION THE ORGANIZATION FOLLOWS AUTHORITATIVE GUIDANCE WHICH REQUIRES THE ORGANIZATION TO EVALUATE ITS TAX POSITIONS FOR ANY UNCERTAINTIES BASED ON THE TECHNICAL MERITS OF THE POSITION TAKEN THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE UPHELD ON EXAMINATION BY TAXING AUTHORITIES
		PART XII, LINE 2B AND PART XIII, LINE 2A DONATED ADVERTISING $ 8,411,122 TOTAL U-HAUL $ 6,040,900 OTHER VENDORS $ 2,370,222 DONATED MEDIA AD VALUE $ 41,630,358 TOTAL PLOWSHARE $ 41,560,342 OTHER VENDORS $ 70,016 OTHER DONATED SERVICES $ 278,632

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WOUNDED WARRIOR PROJECT INC

Employer identification number
20-2370934

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EUROPE	0	3	PROGRAM SERVICE	SEE SUPPLEMENTAL INFORMATIONINTERNATIONAL SUPPORT - THE INTERNATIONAL SUPPORT PROGRAM IS THE INITIAL CONTACT WOUNDED WARRIORS HAVE WITH WWP WHILE IN GERMANY AT LANDSTUHL REGIONAL MEDICAL CENTER AND RAMSTEIN AIR BASE WWP PROVIDES COMFORT ITEMS (CLOTHING, BLANKETS, ETC) TO THE WARRIORS BEFORE THEY RETURN TO THE UNITED STATES FOR WARRIORS STATIONED AT WARRIOR TRANSITION UNITS IN EUROPE, WWP HAS PROGRAMS IN PLACE AND PROVIDES BENEFITS COUNSELING WWP ALSO RECOGNIZES THE EFFORTS OF THE HOSPITAL DOCTORS, NURSES, AND STAFF WITH MUCH NEEDED STRESS RELIEF EVENTS	2,261,769
3a Sub-total	0	3			2,261,769
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	3			2,261,769

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

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

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

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

Part V **Supplemental Information**

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

Additional Data

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

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

4d. Other program services

(Code) (Expenses $ 21,442,681 including grants of $ 2,662,654) (Revenue $)

PHYSICAL HEALTH & REHABILIATION - $3,228,002 INCLUDING GRANTS OF $1,213,586 - THE PHYSICAL HEALTH & REHABILITATION PROGRAM HAS THREE STRATEGIC OBJECTIVES 1) PROVIDE COMPREHENSIVE RECREATION AND SPORTS PROGRAMS TO OPTIMIZE PHYSICAL AND PSYCHOLOGICAL WELL-BEING OF WARRIORS, 2) DEVELOP PHYSICAL HEALTH PROMOTION STRATEGIES TO IMPROVE WARRIORS' PHYSICAL HEALTH, 3) ENSURE WARRIORS WITH SEVERE PHYSICAL INJURIES HAVE ACCESS TO SECONDARY PHYSICAL REHABILITATION AND THE LATEST TECHNOLOGY TO MAXIMIZE THEIR INDEPENDENCE THE PROGRAM IS INCLUSIVE OF ALL WARRIORS INCLUDING THOSE WITH AMPUTATIONS, SPINAL CORD INJURIES, BURNS, VISUAL IMPAIRMENTS, TRAUMATIC BRAIN INJURIES, POST-TRAUMATIC STRESS DISORDER, AND OTHER COGNITIVE AND MENTAL HEALTH CONDITIONS BY CHALLENGING THE WARRIOR THROUGH PHYSICAL ACTIVITY, SUCH AS SPORTS AND RECREATION, HE/SHE MOVES BEYOND REHABILITATION TO CONTINUE ON A PATH TOWARD PHYSICAL HEALTH AND WELL-BEING IN ADDITION, WWP'S PHYSICAL FITNESS AND HEALTH PROMOTION PROGRAMS AIM TO ASSIST WARRIORS TO ADOPT A HEALTHY LIFESTYLE THAT WILL BENEFIT THEM THROUGHOUT THEIR LIFETIME BENEFITS SERVICES - $3,012,685 INCLUDING GRANTS OF $29,978 - THE BENEFITS SERVICE PROGRAM PROVIDES SUPPORT, EDUCATION, AND CLAIMS REPRESENTATION TO WOUNDED WARRIORS THIS INCLUDES ADVISING WARRIORS ON BENEFITS AND PROVIDING INFORMATION ON HOW TO ACCESS THEM THROUGH THE DEPARTMENT OF DEFENSE, DEPARTMENT OF VETERANS AFFAIRS, AND SOCIAL SECURITY ACCESSING BENEFITS CAN BE THE FOUNDATION TO A WARRIOR'S FUTURE SUCCESS TRACK - $2,930,320 INCLUDING GRANTS OF $645,425 - TRACK IS THE FIRST EDUCATION CENTER IN THE NATION DESIGNED SPECIFICALLY FOR WOUNDED WARRIORS TRACK IS FOCUSED ON PROVIDING COLLEGE AND EMPLOYMENT ACCESS TO WOUNDED WARRIORS AND IS AN INTENSIVE AND HOLISTIC TRAINING EXPERIENCE FOR THE MIND, BODY, AND SPIRIT IT IS A 12-MONTH PROGRAM WITH DUAL EMPHASIS ON COLLEGE PREP AND JOB PREPAREDNESS THE FIRST HALF OF THE PROGRAM IS PRIMARILY ACADEMIC AND CLASSROOM BASED WHERE STUDENTS RECEIVE ANCILLARY SUPPORT SERVICES CONSISTING OF PEAK PERFORMANCE TRAINING THROUGH APEX PERFORMANCE, HEALTH AND WELLNESS TRAINING, PERSONAL FINANCE WORKSHOPS, AND RESUME AND INTERVIEW PREPARATION ASSISTANCE FOR THE SECOND HALF OF TRACK, AN EXTERNSHIP COMPONENT WITH A LOCAL EMPLOYER IS ADDED, WHILE STUDENTS CONTINUE WITH ACADEMIC CLASSES AND SUPPORT SERVICES THE VOCATIONAL TRAINING GAINED IN THE EXTERNSHIP PHASE IS INVALUABLE TO ASSIST IN THE TRANSITION OF WARRIORS FROM THE MILITARY TO A SUCCESSFUL CIVILIAN LIFE FAMILY SUPPORT SERVICES - $2,652,857 INCLUDING GRANTS OF $100,946 - THE FAMILY SUPPORT PROGRAM PROVIDES SUPPORT AND RESPITE PROGRAMS FOR A WOUNDED WARRIOR'S FAMILY MEMBERS AND/OR CAREGIVER WHEN A SERVICE MEMBER IS WOUNDED, THE INJURY PLACES TREMENDOUS STRESS ON THE INDIVIDUAL'S FAMILY MEMBERS, MANY OF WHOM FACE A NEW ROLE AS FULL-TIME CAREGIVER AND ADVOCATE FOR THEIR RECOVERY THESE CAREGIVERS ARE INTEGRAL TO THE WARRIOR'S SUCCESSFUL RECOVERY AND, AS SUCH, NEED SPECIAL PROGRAMS AND SERVICES TO ADDRESS THEIR UNIQUE CONCERNS AND NEEDS WE WILL CONTINUE TO STRENGTHEN OUR EXISTING CAREGIVER RETREAT PROGRAM, EXPANDING FROM SIX TO EIGHT RETREATS AND PROVIDING ADDITIONAL FOLLOW-ON SERVICES INTERNATIONAL SUPPORT - $2,261,769 INCLUDING GRANTS OF $570,496 - THE INTERNATIONAL SUPPORT PROGRAM IS THE INITIAL CONTACT WOUNDED WARRIORS HAVE WITH WWP WHILE IN GERMANY AT LANDSTUHL REGIONAL MEDICAL CENTER AND RAMSTEIN AIR BASE WWP PROVIDES COMFORT ITEMS (CLOTHING, BLANKETS, ETC) TO THE WARRIORS BEFORE THEY RETURN TO THE UNITED STATES FOR WARRIORS STATIONED AT WARRIOR TRANSITION UNITS IN EUROPE, WWP HAS PROGRAMS IN PLACE AND PROVIDES BENEFITS COUNSELING WWP ALSO RECOGNIZES THE EFFORTS OF THE HOSPITAL DOCTORS, NURSES, AND STAFF WITH MUCH NEEDED STRESS RELIEF EVENTS WWP PACKS - $1,867,104 INCLUDING GRANTS OF $19,985 - WWP PACKS CONTAIN ESSENTIAL CARE AND COMFORT ITEMS INCLUDING CLOTHING, TOILETRIES, PLAYING CARDS, AND MORE, ALL DESIGNED TO MAKE A WARRIOR'S HOSPITAL STAY MORE COMFORTABLE BACKPACKS ARE PROVIDED TO WOUNDED SERVICE MEMBERS ARRIVING AT MILITARY TRAUMA CENTERS ACROSS THE UNITED STATES A SMALLER VERSION OF THE WWP BACKPACK, TRANSITIONAL CARE PACKS (TCP'S), ARE SENT OVERSEAS TO PROVIDE IMMEDIATE COMFORT DURING A WARRIOR'S EVACUATION FROM FIELD HOSPITALS TO LARGER MILITARY TREATMENT FACILITIES STATESIDE AND OVERSEAS WARRIORS TO WORK - $1,677,810 INCLUDING GRANTS OF $27,465 - WARRIORS TO WORK (WTOW) IS ONE OF THE CORNERSTONES OF WWP'S EFFORTS TO ACHIEVE ITS STRATEGIC GOAL OF ECONOMICALLY EMPOWERING WOUNDED WARRIORS WTOW ASSISTS WOUNDED WARRIORS WITH THEIR TRANSITION TO THE WORKFORCE WTOW OFFERS A COMPLETE PACKAGE OF EMPLOYMENT ASSISTANCE SERVICES INCLUDING RESUME ASSISTANCE, INTERVIEWING SKILLS, NETWORKING, JOB TRAINING, AND JOB PLACEMENT WTOW PROGRAM STAFF PROVIDE CONTINUED INDIVIDUAL COUNSELING AND PERSONAL SUPPORT TO ALL PROGRAM PARTICIPANTS AS THEY STRIVE TO BUILD A CAREER IN THE CIVILIAN WORKFORCE WARRIORS SPEAK - $1,248,588 INCLUDING GRANTS OF $2,496 - OUR WARRIORS SPEAK PROGRAM IS A PRESTIGIOUS GROUP OF WOUNDED WARRIORS AND CAREGIVERS WHO HAVE BEEN SELECTED TO SHARE THEIR PERSONAL, INSPIRATIONAL STORIES OF COURAGE AND INTEGRITY WITH THE PUBLIC THE SPEAKERS ALSO DESCRIBE HOW WOUNDED WARRIOR PROJECT (WWP) HAS AIDED THEM IN THE RECOVERY PROCESS AND HELPED THEM TRANSITION BACK TO CIVILIAN LIFE PARTICIPANTS ARE TRAINED TO BECOME EFFECTIVE SPOKESPERSONS THROUGH THE WARRIORS SPEAK COURSE, WHICH INCLUDES TOOLS TO HELP THEM ORGANIZE THOUGHTS, COMPOSE PRESENTATIONS AND COMMUNICATE SUCCESSFULLY THE TRAINING PROVIDES IMPORTANT LIFE SKILLS THAT HELP WARRIORS SUCCEED SOCIALLY, AT THEIR WORKPLACE, AND AS COMMUNITY LEADERS WARRIORS SPEAK PARTICIPANTS SHARE THEIR COMPELLING STORIES BEFORE PUBLIC AUDIENCES SUCH AS CIVIC ORGANIZATIONS, SOCIAL CLUBS, BUSINESS GROUPS, AND CONFERENCES LOCAL MEDIA REPRESENTATIVES, WWP DONORS, AND CORPORATE SPONSERS ARE OFTEN INVITED TO THE SPEAKING ENGAGEMENTS AS WELL TRANSITION TRAINING ACADEMY - $1,275,066 INCLUDING GRANTS OF $17,460 - THE TRANSITION TRAINING ACADEMY (TTA) PROVIDES INNOVATIVE INFORMATION TECHNOLOGY (IT) TRAINING TO WOUNDED WARRIORS WHO ARE STILL ON ACTIVE DUTY TTA CLASSES ARE TAUGHT IN A MODIFIED CLASSROOM SETTING WITH FLEXIBLE CLASS SCHEDULES TO ACCOMMODATE PARTICIPANTS' MEDICAL AND DUTY REQUIREMENTS DURING REHABILITATION IN MILITARY TREATMENT FACILITIES COURSES INCLUDE COMPUTERS AND SOCIETY, COMPUTER HARDWARE, OPERATING SYSTEMS, COMPUTER APPLICATIONS, SMALL OFFICE/HOME OFFICE, THE INTERNET, MOBILE COMPUTING, AND SECURITY, ALL OF WHICH ALIGN TO INDUSTRY-RECOGNIZED CERTIFICATIONS TTA UTILIZES A WEB-BASED "VIRTUAL LEARNING ENVIRONMENT" (VLE), CREATED THIS PAST FISCAL YEAR TO SUPPORT SCALED PROGRAM GROWTH AND IMPACT MEASUREMENT VLE ALLOWS THE PROGRAM TO DEVELOP CONTENT CUSTOMIZED TO ITS TARGETED POPULATION ACROSS THE COUNTRY AND OVERSEAS TTA WAS DEVELOPED IN PARTNERSHIP WITH CISCO SYSTEMS, INC AND THE U S DEPARTMENT OF LABOR (DOL), CURRENT TTA SITES ARE LOCATED AT NAVAL MEDICAL CENTER SAN DIEGO (NMCSD), CALIFORNIA, CAMP PENDLETON MARINE BASE, CALIFORNIA, 32ND NAVAL BASE, SAN DIEGO, CALIFORNIA, FORT IRWIN, CALIFORNIA, BROOKE ARMY MEDICAL CENTER, FORT SAM HOUSTON, TEXAS, AND FORT BRAGG, NORTH CAROLINA PEER MENTORING - $732,265 INCLUDING GRANTS OF $17,418 - PEER MONITORING IS THE PROGRAMMATIC EMBODIMENT OF WWP'S LOGO, FOSTERING RELATIONSHIPS THAT ENABLE ONE WARRIOR TO HELP ANOTHER THROUGH THE RECOVERY PROCESS WWP PEER MENTORS ARE TRAINED TO BE RESOURCES, LISTENERS, AND "HOSPITAL BUDDIES," WHO CAN SHARE THEIR UNDERSTANDING AND PERSPECTIVE OVER THE PAST TWO YEARS, WWP HAS TRAINED AND CERTIFIED OVER 250 PEER MENTORS AROUND THE COUNTRY CAMPUS SERVICES - $556,215 INCLUDING GRANTS OF $17,399 - EDUCATION HAS THE UNIQUE ABILITY TO UPLIFT AND EMPOWER WOUNDED WARRIORS ON THE JOURNEY TO SELF-SUSTAINABILITY AND LONG-TERM PROSPERITY CAMPUS SERVICES PREPARES WARRIORS FOR SUCCESS BY HELPING THEM ACHIEVE THEIR EDUCATIONAL GOALS WOUNDED WARRIORS HAVE DIFFERENT NEEDS THAN TYPICAL STUDENTS BECAUSE OF THE INSTITUTIONAL AND SOCIAL OBSTACLES THEY MIGHT FACE DUE TO COMBAT STRESS, ACCESSIBLILITY TO LEARNING MODELS, AND SOCIAL INSTABILITY BECAUSE OF SOCIAL EXPERIENCES THEREFORE, COMPREHENSIVE POLICIES ARE NEEDED TO CREATE A STABLE AND SUPPORTIVE ENVIRONMENT TO OVERCOME THEIR ACADEMIC AND SOCIAL CHALLENGES BY WORKING DIRECTLY WITH WARRIORS' RESPECTIVE EDUCATIONAL INSTITUTIONS, WE EMPOWER WARRIORS TO SUCCESSFULLY COMPLETE THEIR CHOSEN ACADEMIC OR VOCATIONAL PROGRAMS WWP'S MIND, BODY, AND SPIRIT APPROACH TO CARE RECOGNIZES THAT EACH INDIVIDUAL WARRIOR'S NEEDS MAY EXTEND BEYOND CAMPUS SERVICES' OFFERINGS IN THOSE INSTANCES, WE CONNECT WARRIORS WITH OTHER APPROPRIATE WWP PROGRAMS AND SERVICES, SUCH AS PROJECT ODYSSEY OR WARRIORS TO WORKS AS PART OF OUR HOLISTIC APPROACH TO WWP CARE

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WOUNDED WARRIOR PROJECT INC

Employer identification number
20-2370934

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
CREATIVE DIRECT RESPONSE 16900 SCIENCE DR STE 210 BOWIE, MD 20715	COORDINATION OF DIRECT RESPONSE SERVICES		No	32,683,786	1,796,697	29,841,794
Total . . . . . ▶				32,683,786	1,796,697	29,841,794

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

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

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

		(a) Event #1 COURAGE AWARDS & BENEFIT DINNER (event type)	(b) Event #2 GREENWICH WWP BENEFIT (event type)	(c) Other Events 14 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	1,285,714	226,485	1,113,557	2,625,756
	2 Less Charitable contributions	658,950	209,057	989,660	1,857,667
	3 Gross income (line 1 minus line 2)	626,764	17,428	123,897	768,089
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	4,916		478	5,394
	6 Rent/facility costs	22,520	6,804	10,127	39,451
	7 Food and beverages	266,907	17,428	8,987	293,322
	8 Entertainment	800	1,350	2,850	5,000
	9 Other direct expenses	140,811	13,282	144,971	299,064
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				642,231
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				125,858

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WOUNDED WARRIOR PROJECT INC

Employer identification number
20-2370934

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

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

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 25

3 Enter total number of other organizations . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) TRACK STUDENT GRANTS	69	622,956			FINANCIAL ASSISTANCE TO TRACK STUDENTS ENROLLED IN THE 12-MONTH PROGRAM PART IS PAID ON A BIWEEKLY BASIS AND THEN $6,000 IS PAID AS A COMPLETION BONUS AT THE END
(2) COLLEGE SCHOLARSHIPS	6		168,000		UNIVERSITY OF PHOENIX-APOLLO GROUP 4025 S RIVERPOINT PKWY, CF-K901, PHOENIX, AZ 85040 - 6 SCHOLARSHIPS PROVIDED

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

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

Additional Data

Return to Form

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DISABLED SPORTS USA 451 HUNGERFORD DRIVE STE 100 ROCKVILLE,MD 20850	94-6174016	501(C)(3)	150,000				PHYSICAL HEALTH & REHABILITATION
VAIL VETERANS PROGRAM PO BOX 6473 VAIL,CO 81658	20-5254885	501(C)(3)	100,000				PROVIDE PARTICIPANTS WITH A VARIETY OF UNIQUE SPORTS OPPORTUNITIES TO ENCOURAGE REHABILITATION AND REINTRODUCTION TO POST-WAR LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROJECT MOBILITY CYCLES FOR LIFE2930 CAMPTON HILLS ROAD ST CHARLES,IL 60175	30-0143832	501(C)(3)	25,000				PROVIDE EXPERIENCE, EXPERTISE AND RESOURCES TO ASSIST WWP IN ITS ADAPTIVE CYCLING CAMPAIGN
ADAPTIVE ADVENTURES 27882 MEADOW DRIVE EVERGREEN,CO 80439	84-1512653	501(C)(3)	200,000				PROVIDE PARTICIPANTS WITH ADAPTIVE SPORTS CAMPS TO HELP INTEGRATE WOUNDED MEMBERS OF THE MILITARY WITH CIVILIANS THAT LIVE WITH PHYSICAL DISABILITIES, AND HELP PHYSICALLY DISABLED SKIERS LOOKING TO IMPROVE THEIR SKILLS, CHALLENGE THEMSELVES, SOCIALIZE, AND BECOME INTRODUCED TO RACING TECHNIQUES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADAPTIVE SPORTS FOUNDATIONPO BOX 266 WINDHAM,NY 12496	14-1823155	501(C)(3)	200,000				PROVIDE PARTICIPANTS WITH A BASIC UNDERSTANDING OF WELLNESS AND THE IMPORTANCE OF LIFELONG HEALTHFUL LIVING AND TEACH PARTICIPANTS TO USE THEIR EXPERIENCES AND THE STRENGTH GAINED THROUGH REHABILITATION TO HELP OTHER SERIOUSLY INJURED TROOPS NAVIGATE THROUGH THEIR PERSONAL STRUGGLES
THE ALEETHIA FOUNDATION1718 M STREET NW BOX 1170 WASHINGTON,DC 20036	51-0529300	501(C)(3)	33,600				PROVIDE MEALS TO PATIENTS & FAMILIES AT WALTER REED ARMY MEDICAL CENTER & NATIONAL NAVY MEDICAL CENTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS2025 E STREET NW WASHINGTON,DC 20006	53-0196605	501(C)(3)	400,000				PROVIDE SERVICES & PROGRAMS IN FURTHERANCE OF WWP, SUPPORT WWP PROGRAMS AT MILITARY INSTALLATIONS IN THE EUROPEAN REGION, IN RED CROSS OFFICE LOCATIONS, COLLABORATE AND JOIN EFFORTS WITH WWP TO SUPPORT ILL OR INJURED SERVICE MEMBERS, VETERANS AND THEIR FAMILIES
AMERICA'S VET DOGS371 E JERICHO TURNPIKE SMITHTOWN,NJ 11787	20-8814368	501(C)(3)	10,000				BREED, TRAIN, AND PLACE 50 ASSISTANCE DOGS WITH WOUNDED VETERANS AND MILITARY PERSONNEL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AUGUSTA WARRIOR PROJECT1190 INTERSTATE PARKWAY AUGUSTA,GA 30909	26-1176267	501(C)(3)	10,000				PROVIDE HOUSING, EDUCATION, TRANSPORTATION, AND OTHER FINANCIAL ASSISTANCE TO AUGUSTA WOUNDED VETERANS
BRECKENRIDGE OUTDOOR EDUCATION CENTERPO BOX 697 BRECKENRIDGE,CO 80424	84-0725560	501(C)(3)	10,000				PROVIDE SKI RETREAT FOR 11 WOUNDED WARRIORS AND FAMILIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DIVERS 4 HEROS7934 INDIAN HEIGHTS DR LAKELAND,FL 33810	26-2720594	501(C)(3)	16,378				PROVIDE SCUBA CERTIFICATION PROGRAM FOR WOUNDED WARRIORS
FIRE FAMILY TRANSPORT FOUNDATIONPO BOX 34049 BROOKLYN,NY 11234	11-3154956	501(C)(3)	8,000				PROVIDE NOTRE DAME FOOTBALL WEEKEND HONORING WOUNDED WARRIORS

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

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INSTALLATION MORALE WELFARE & RECREATION FUNDBUILDING 4-T-1367 FORT BRAGG,NC 28310	56-1602987	501(C)(3)	16,126				PROVIDE SLED HOCKEY PROGRAM FOR WOUNDED WARRIORS
INTREPID MUSEUM FOUNDATIONONE INTREPID SQUARE WEST 46TH STREET 12TH AVENUE NEW YORK,NY 10036	13-3062419	501(C)(3)	5,000				PROVIDE SUPPORT FOR TRAVELING VIETNAM WALL

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

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K9S FOR WARRIORS88 CAT ROAD PONTE VEDRA BEACH,FL 32082	27-5219467	501(C)(3)	80,000				PROVIDE ASSISTANCE DOGS FOR WOUNDED WARRIORS
LAKESHORE FOUNDATION 4000 RIDGEWAY DRIVE BIRMINGHAM,AL 35029	63-0288847	501(C)(3)	200,000				PROVIDE PARTICIPANTS WITH FITNESS, RECREATION, SPORT AND TRANSITION SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEGENDS IN VALOR INC 147 BEACH 134TH STREET BELL HARBOR, NY 11694	45-0956220	501(C)(3)	20,000				PROVIDE SUPPORT FOR POLICE OFFICERS AND FIRE FIGHTERS WHO WERE WOUNDED IN THE WAR ON TERROR
LIFE QUEST TRANSITIONS PO BOX 77020 COLORADO SPRINGS, CO 80970	27-1079123	501(C)(3)	50,000				PHYSICAL HEALTH & REHABILITATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LRMC FISHER HOUSESCRM 402 APO,AE 09180	11-3158401	501(C)(3)	153,000				PROVIDE SUPPORT TO HOUSING FOR WOUNDED WARRIORS WHILE AT THE MILITARY HOSPITAL
NATIONAL ABILITY CENTERADVENTURE LEARNING PROGRAM PO BOX 682799 PARK CITY,UT 84068	94-3025807	501(C)(3)	200,000				PROVIDE PARTICIPANTS WITH ADPATIVE SPORTS CAMPS TO HELP INTEGRATE WOUNDED MEMBERS OF THE MILITARY WITH CIVILIANS THAT LIVE WITH PHYSICAL DISABILITIES, AND HELP PHYSICALLY DISABLED SKIERS LOOKING TO IMPROVE THEIR SKILLS, CHALLENGE THEMSELVES, SOCIALIZE, AND BECOME INTRODUCED TO RACING TECHNIQUES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROW NEW YORK INC10-27 46TG AVENUE SUITE 101 LONG ISLAND,NY 11101	11-3632924	501(C)(3)	25,000				TEACH PARTICIPANTS THE BASICS OF ADAPTIVE EQUIPMENT CONFIGURATIONS AND THE FUNDAMENTALS OF THE ROWING STROKE AS APPROPRIATE TO EACH PARTICIPANT'S ABILITIES AND/OR DISABILITIES
SONS OF ITALY FOUNDATION219 E STREET NE WASHINGTON,DC 20002	23-6276526	501(C)(3)	5,000				NATIONAL LEADERSHIP GRANT SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEAM 4 MIL INC1157 RIVERVIEW DRIVE ANNAPOLIS,MD 21409	27-3156634	501(C)(3)	32,000				PARTICIPATION OF WOUNDED WARRIORS IN THE RACE ACROSS AMERICA CYCLING EVENT
UNITED WAR VETERANS COUNCIL346 BROADWAY ROOM 807 NEW YORK,NY 10013	13-3793337	501(C)(3)	250,000				VETERANS DAY, 2011 PARADE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
USO 2111 WILSON BLVD SUITE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	15,000				USO GALA
							6 MASTER'S SCHOLARSHIPS FOR WOUNDED WARRIORS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WOUNDED WARRIOR PROJECT INC

Employer identification number
20-2370934

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ADAM SILVA	(i)	129,846	29,652	0	6,380	16,530	182,408	0
	(ii)	0	0	0	0	0	0	0
(2) ALBION GIORDANO	(i)	164,692	120,000	0	8,881	15,465	309,038	0
	(ii)	0	0	0	0	0	0	0
(3) JEREMY CHWAT	(i)	140,005	31,652	0	6,651	15,457	193,765	0
	(ii)	0	0	0	0	0	0	0
(4) STEVEN NARDIZZI	(i)	184,692	135,000	0	9,800	11,318	340,810	0
	(ii)	0	0	0	0	0	0	0
(5) JOHN ROBERTS	(i)	117,323	23,027	0	5,614	16,522	162,486	0
	(ii)	0	0	0	0	0	0	0
(6) RALPH J IBSON	(i)	130,000	21,125	0	6,045	10,274	167,444	0
	(ii)	0	0	0	0	0	0	0
(7) CHRISTINE HILL	(i)	130,000	16,250	0	5,600	11,300	163,150	0
	(ii)	0	0	0	0	0	0	0
(8) VICTORIA NEMERSON	(i)	81,335	20,318	55,650	0	12,150	169,453	0
	(ii)	0	0	0	0	0	0	0
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 4A	VICTORIA NEMERSON - SEVERANCE PAY $55,650
SUPPLEMENTAL INFORMATION	PART III	BONUS AMOUNTS FOR ALBION GIORDANO AND STEVEN NARDIZZI WERE BASED ON AN 18-MONTH PERIOD OF TIME

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WOUNDED WARRIOR PROJECT INC

Employer identification number
20-2370934

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	10	165,204	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )		See Add'l Data		
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 0

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

Part II

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

Identifier	Return Reference	Explanation
NON REPORTING OF REVENUE	PART I, LINE 33	THE ORGANIZATION RECEIVED DONATED SERVICES AT NO CHARGE OR SUBSTANTIALLY LESS THAN FAIR MARKET RENTAL VALUE FOR AIRTIME FOR PUBLIC SERVICE ANNOUNCEMENTS TOTALING $41,630,358 AND ADVERTISING TOTALING $8,411,122 THE ORGANIZATION ALSO RECEIVED OTHER DONATED SERVICES VALUED AT $278,632

Additional Data

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

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
Other ► (SPORTS/CONCERT EVENT TICKETS)	X	40	1,278,172	FAIR MARKET VALUE
Other ► (SUPPLIES)	X	4	436,184	FAIR MARKET VALUE
Other ► (MEMBERSHIPS)	X	2	487,436	FAIR MARKET VALUE
Other ► (EQUIPMENT)	X	10	1,552,190	FAIR MARKET VALUE
Other ► (AUCTION ITEMS)	X	35	223,102	FAIR MARKET VALUE
Other ► (SCHOLARSHIPS)	X	1	168,000	FAIR MARKET VALUE
Other ► (BACKPACKS)	X	1	439,950	FAIR MARKET VALUE
Other ► (PROMOTIONAL ITEMS)	X	1	255,347	FAIR MARKET VALUE
Other ► (PUBLIC SERVICE ANNOUNCEMENTS)	X	1	0	NONE
Other ► (SUPERGRAPHIC DISPLAYED ON U-HAUL TRUCKS)	X	1	0	NONE

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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Name of the organization
WOUNDED WARRIOR PROJECT INC

Employer identification number
20-2370934

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	TWO NEW PROGRAMS, WARRIORS SPEAK AND CAMPUS SERVICES, WERE ADDED DURING THE YEAR ADDITIONAL INFORMATION ON THE PROGRAMS IS INCLUDED IN THE DESCRIPTIONS OF PROGRAM SERVICES ON SCHEDULE O

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		WAS A COPY OF THE 990 PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED? DESCRIBE THE PROCESS USED TO REVIEW THE FORM 990 THE AUDIT COMMITTEE REVIEWS THE FORM 990 AND IF THEY APPROVE IT, IT IS RECOMMENDED TO THE FULL BOARD FOR APPROVAL FOLLOWING FULL BOARD APPROVAL, THE FORM 990 IS FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	DOES THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY? DESCRIBE HOW THIS IS DONE. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH POWERS DELEGATED BY THE BOARD SHALL ANNUALLY SIGN A STATEMENT THAT AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CORPORATION'S CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE CORPORATION'S POLICY, HAS AGREED TO COMPLY WITH THE CORPORATION'S POLICY AND UNDERSTANDS THE CORPORATION IS A NONPROFIT CORPORATION AND, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. NONCOMPLIANCE WITH THE POLICY IS DEALT WITH EXPEDITIOUSLY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR AND DEPUTY EXECUTIVE DIRECTOR ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS COMPARABILITY DATA IS USED IN DETERMINING THESE SALARIES COMPENSATION FOR ALL OTHER OFFICERS IS APPROVED BY THE EXECUTIVE DIRECTOR IN CONJUNCTION WITH THE HUMAN RESOURCES DEPARTMENT COMPARABILITY DATA IS ALSO USED IN DETERMINING THESE SALARIES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	DESCRIBE HOW THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC FORM 990 AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE. ALL OTHER DATA IS AVAILABLE UPON REQUEST FROM THE CORPORATE HEADQUARTERS AT 4899 BELFORT ROAD, SUITE 300, JACKSONVILLE, FL 32256

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -509,115

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