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AMENDED RETURN

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs gov/form990

2013

Open to Public Inspection

Α	For the	e 2013 calendar year, or tax year beginning and	ending	_	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre chang	wounded warriors family support inc.			
	Name chang			20-1	407520
	lnitial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	· ·
	Terminated	920 SOUTH 107TH AVE		402-	502-7557
_3	Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,262,289.
	Application	CHAIR, NE OOII4		H(a) Is this a group re	turn
	pendi	F Name and address of principal officer JOHN FOLSOM		for subordinates	? Yes X No
		920 S 107TH AVENUE, OMAHA, NE 68114		H(b) Are all subordinates in	cluded? Yes No
\perp	Tax-ex	empt status $X = 501(c)(3) = 501(c)(3)$ (insert no) 4947(a)(1) of	or 527	If "No," attach a	list (see instructions)
<u>J</u>	Websi	te: > WWW.WOUNDEDWARRIORSFAMILYSUPPORT.ORG		H(c) Group exemption	n number
_	Form of art I	organization X Corporation Trust Association Other ► Summary	L Year	of formation 2004 N	State of legal domicile, NE
ø	1	Briefly describe the organization's mission or most significant activities $\ \underline{TO} \ \underline{P1}$	ROVIDE	BETTER QUA	LITY OF
Activities & Governance		LIFE TO WOUNDED SOLDIERS AND THEIR FAMIL:	IES AN	D TO THE FAI	MILIES OF
eru	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	
- ত ত	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
ies	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	9
Ξ	6	Total number of volunteers (estimate if necessary)		6	0
Act		Total unrelated business revenue from Part VII, column Cuine 12/ED		7a	0.
	b	Net unrelated business taxable income from 990-T, line 34		7b	0.
	İ	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		4,637,360.	3,124,675.
Revenue	9	Trogram sorvice revenue (rate vin, inte 2g)		392.	1,215.
è é	10	Investment income (Part VIII, column (A), lines 3, 4 and Idi		18,164.	58,169.
3_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		69,784.	54,380.
1-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,725,700.	3,238,439.
≈ 4	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
Z	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ANNED JAN	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		264,999.	336,588.
چ ق	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	322,968.
隘	_ b	Total fundraising expenses (Part IX, column (D), line 25) 461,03	34.	2 020 110	2 (70 120
5	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,820,119.	2,670,120.
d	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		4,085,118.	3,329,676.
	19	Revenue less expenses Subtract line 18 from line 12		640,582.	-91,237.
ts	200	Total access (Don't V. Ivan 10)	Ве	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		1,800,408.	1,818,983.
let /	21	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20		32,848. 1,767,560.	132,290. 1,686,693.
	art II	Signature Block		1,767,560.	1,000,033.
		ilties of perjury, I declare that I have examined this return, including accompanying schedule:	c and etatem	ante and to the best of m	knowledge and belief it is
		it, and complete. Declaration of preparer (other than officer) is based on all <u>information of w</u>		•	/ Knowledge and Dellet, it is
uuc	,	it, and complete. Decial attorn of preparer (other than officer) is based on an information of wi	iicii hi ebarei	1-5-13	<u>-</u>
Sig		Signature of officer		Date	<u>-</u>
He		JOHN FOLSOM, PRESIDENT			
116	16	Type or print name and title			
		Print Type preparer's name Preparer's signature	. [0	Date Check	PTIN
Pai	d	JANET OSBORN	را رہ	a -31-14 of self-employe	
	parer	Firm's name HANCOCK & DANA PC		Firm's EIN	47-0710889
	Only	Firm's address 12829 WEST DODGE ROAD #100		7 11111 0 2114	
		OMAHA, NE 68154		Phone no 40	2-391-1065
— Ma	v the If	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No

		ge 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	<u></u>
•	TO PROVIDE BETTER QUALITY OF LIFE TO MILITARY PERSONNEL AND THEIR	
	FAMILIES WOUNDED, INJURED OR KILLED IN IRAQ AND AFGHANISTAN AND TO	
	PROVIDE FINANCIAL FUNDING TO OTHER VETERAN ORGANIZAITONS WITH SIMILAR	
	MISSIONS.	
2	Did the organization undertake any significant program services during the year which were not listed on	1
	the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O	1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations 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	0.000.001	0.1
	TO PURCHASE QUALITY-OF-LIFE ITEMS AND PROVIDE FAMILY SUPPORT FOR THOS	
	SOLDIERS, AIRMEN, SAILORS AND MARINES WOUNDED, INJURED OR KILLED IN	<u> </u>
	IRAQ AND AFGHANISTAN.	
	TRAY AND AFGRANISIAN.	
4b	(Code) (Expenses \$	<u> </u>
	(Vode) (Expenses 9) (Note that 9) (Note that 9)	— ′
4c	(Code) (Expenses \$	
40	(Code / (Expenses \$ including grants of \$ / (Revenue \$)	— ′
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ 2,700,781.	
	Form 990 /	20121

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		X
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		\mathbf{X}_{-}
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		v
نہ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	v	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	-	A_
13	complete Schedule G, Part III	19		X
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 -
	The state of the s		990	(2012)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		_X_
22	Did the organization report more than \$5,000 of grants or 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_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_ X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
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		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		_X_
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		_ X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2013)

a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable be Enter the number of Forms W-26 included in line 1a Enter -0- if not applicable color bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 be If at least one is reported to line 2a, did the organization file all required federal employment tax returns? b If at least one is reported to line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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)? 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a Was 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)? 5b Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization relate with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organization that may receive deductible contributions under section 170(c). 8b If "Yes," in finite at may receive deductible contributions in a express statement that s		Check if Schedule O contains a response or note to any line in this Part V			
16 Enter the number of Forms W25 Can Included in line 15 Enter 0 if not applicable 10 Did we organization comply with backup withholding rules for reportable payments to vendors and reportable gamning (gambling) writings to prize writines? 22 Enter the number of forms W25 Can Included in line 15 Enter 0 if not applicable 11 Did Did Did Can Included in line 2 in li				Yes	No
be finer the number of Forms W.GS included in line 1a. Enter O if not applicable 1b. 0	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 34			
Could be organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) with owners? 2 Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fet (see instructions). 3 Lift be organization have unrelated business gross income of \$1,000 or more dumpe the year? 3 Lift be organization have unrelated business gross income of \$1,000 or more dumpe the year? 3 Lift be organization have unrelated business gross income of \$1,000 or more dumpe the year? 3 Lift be organization have unrelated business gross income of \$1,000 or more dumpe the year? 3 Lift be organization have the form \$200 or more dumpe the year? 3 Lift be organization and foreign country (such as a bank account, securities account, or other financial accountry over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry. 4 Lift be such that the financial Accounts of the financial Accounts of the financial accountry. 5 Lift lift or the rame of the foreign country. 5 Lift lift lift lift lift lift lift lift l					
2a Eter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, led for the calendar year endorged with or within the year covered by this return. Note, If the sum of lines 1a and 2 as greater than 250, you may be required to e-file (see instructions). 3b Id the organization have unretated bourses gross encome of \$1,000 or more dumpt by ear? 3a X 3b If Yes, "has it filed a Form 990-1 for this year? If "No," to file 3b, provide an explanation in Schedule O. 3b If Yes, "has it filed a Form 990-1 for this year? If "No," to file 3b, provide an explanation in Schedule O. 3c If Yes, "has it filed a Form 990-1 for this year? If "No," to file 3b, provide an explanation in Schedule O. 3c If Yes, "has it filed a Form 990-1 for this year? If "No," to file 3b, provide an explanation in Schedule O. 3c If Yes, "has it filed a Form 990-1 for this year? If "No," to file 3b, provide an explanation on Schedule O. 3c If Yes, "to file 3b, and the foreign country (such as a bank account, securities account, or other financial account)? 5c If Yes, "to file 3b or 5b, did the organization that or Form TD F 90 22 1, Report of Foreign Bank and Financial Accounts 5c If Yes, "to file 3b or 5b, did the organization that Yes are as a party to a prohibered tax shelter transaction? 5c If Yes, "to file 3b or 5b, did the organization that or was not as party to a prohibered tax shelter transaction? 5c If Yes, "to file 3b or 5b, did the organization the Form 8886-17? 5c Does the organization bank and yeceive deductible as charitable contributions? 5c If Yes, "to file 3b or 5b, did the organization that organizati	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		.	
file all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. X.		(gambling) winnings to prize winners?	1c	Х	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5a At any time during the calendary year, of the organization have an inferent in, or a segnature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If *Yes,* rise the thing are quirements for Form TD F 9022 1. Report of Foreign Bank and Financial Accounts 5c Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization of party to a prohibited tax shelter transaction? 5c If *Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5d Dest the organization or anual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charatable contributions? 5d If *Yes,* to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organization receive a payment in access of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 7b If *Yes,* did the organization notify the donor of the value of the goods or services provided to the payor? 7b If the organization receive a payment in access of \$75 made party as a contribution of party for which it was required to the Form 88292? 6b If the organization received a contribution of qualfied intellectual property, of which it was required? 7c If If the organization in a payment in access of \$75 made party as a contribution of payment in the payment in	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2a signates then 250, your way be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it field a Form 990.1 for this year? If "No," to line 3b, provide an explanation or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? See instructions for filing requirements for Form TD F 902.2 1, Report of Foreign Bank and Financial Accounts Was the organization party to a prohibed tax shelter transaction? 5b Was the organization of the region country (such as a bank account, securities account, or other financial account? 5c Was the organization of the foreign country (such as a bank account, securities account, or other financial account? 5c Was the organization of the foreign country (such as a bank account, securities account, or other financial account? 5c Was the organization of the foreign country (such as a bank account, securities account, or other financial account? 5d Was the organization of the foreign country (such as a bank account, securities account, or other financial account? 5c Was the organization of the foreign country (such as a bank account, securities account, or other financial account? 5d Was the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible as charatable contributions? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor of the such organization include and payor the payor the payor the payor t		filed for the calendar year ending with or within the year covered by this return 2a 9			
3 by the organization have unreliated business gross income of \$1,000 or more during the year? by If "Yes," has it field a Form 990-ff for this year? If "No," to like 3b, provide an explanation in Schedule O dh 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?) See instructions for filling requirements for Form TD F 900-21, Report of Foreign Bank and Financial Accounts See instructions for filling requirements for Form TD F 900-21, Report of Foreign Bank and Financial Accounts See instructions for filling requirements for Form TD F 900-21, Report of Foreign Bank and Financial Accounts See instructions for filling requirements for Form TD F 900-21, Report of Foreign Bank and Financial Accounts See instructions for thing requirements for Form TD F 900-21, Report of Foreign Bank and Financial Accounts See instructions for thing requirements for Form TD F 900-21, Report of Foreign Bank and Financial Accounts See instructions for thing requirements for Form TD F 900-21, Report of Foreign Bank and Financial Accounts See instructions for thing requirements for Form TD F 900-21, Report of Foreign Bank and Financial Accounts See instructions for thing requirements for Form TD F 900-21, Report of Foreign Bank and Financial Accounts See instructions for thing requirements for Form TD F 900-21, Report of Foreign Bank and Financial Accounts See instructions for thing requirements for Form TD F 900-21, Report of Foreign Bank and Financial Accounts See instructions for thing requirements for Form TD F 900-21, Report of Foreign Bank and Financial Accounts See instructions for thing requirements for Form TD F 900-21, Report of Foreign Bank and Financial Accounts See Instructions for Instructions for Foreign Bank and Financial Accounts See Instructions for Instructions for Foreign Bank and Financial Accounts See Instructions for	b		2b	X	
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a			70		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				 	-
				 	 ^
	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		, 990	/2012

Form 990 (2013) WOUNDED WARRIORS FAMILY SUPPORT INC. 20-1407520 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1h 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? Х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7<u>a</u> b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a X Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? X 13 Х Did the organization have a written document retention and destruction policy? 14 14 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 Х 15a Х Other officers or key employees of the organization 15b 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? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed PAL, AK, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD 1

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

X Own website Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, physical address, and telephone number of the person who possesses the books and records of the organization HANCOCK & DANA PC - 402-391-1065

12829 W. DODGE RD, OMAHA, NE 68154

> SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2013)

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Form	990	(2013)	

WOUNDED WARRIORS FAMILY SUPPORT INC.

20-1407520

Page 7

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter ·0· in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this have if nother the arganization per any related arganization compensated any current officer, director, or trustee

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

Check this box if neither the organization n		l	111126			npei	isai		(E)	(E)
(A) Name and Title	(B) Average hours per week	box,	Position (do not check more to cox, unless person is officer and a director.				h an	(D) Reportable compensation from	Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ARTHUR C. JETTER, JR TREASURER	0.00	х						0.	0.	0.
(2) MAJOR GENERAL ARNOLD FIELDS, (RE DIRECTOR	0.00	х						0.	0.	0.
(3) CRAIG A. PIRTLE DIRECTOR	0.00	х						0.	0.	0.
(4) LT. GEN. JOHN B. SYLVESTER (RET) DIRECTOR	0.00	x						0.	0.	0.
(5) RONALD D. RAINS	0.00	x						0.	0.	0.
DIRECTOR (6) D.C. WOODY BRADFORD	0.00	X			-			0.	0.	0.
DIRECTOR (7) RYAN DOUGHERTY	0.00	X						0.	0.	
DIRECTOR (8) COLONEL JOHN D. FOLSOM, II (RET)	40.00	Λ		.,						0.
PRESIDENT (9) KATHRYN MCCAULEY	40.00			X				84,000.	0.	0.
SECRETARY				X				62,748.	0.	0.
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				-		-				
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Form **990** (2013)

orm	1 990 (201 t VII Se	, 								PORT INC.	20-14	<u>07</u>	520	P	age 8
rar	, VIII Se	ection A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(do	not c	Pos heck	tion		one h an	ompensated Employe (D) Reportable compensation from	(E) Reportable compensation from related			(F) stimate mount other	
			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	5)	org ar	npensa from the ganizat ad relat anizati	e Ion ed
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					-						<u> </u>				
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С		al om continuation sheets to Part VI dd lines 1b and 1c)	II, Section A						> > >	146,748. 0. 146,748.		0. 0.			0. 0.
2		mber of individuals (including but n sation from the organization	not limited to th	ose	liste	ed al	oove	e) wl	no re	eceived more than \$100	,000 of reportable			Yes	<u>0</u> No
3		organization list any former officer, If "Yes," complete Schedule J for s		ıste	e, ke	ey er	nplo	yee	or h	nighest compensated e	mployee on		3	res	X
4	For any	individual listed on line 1a, is the su ted organizations greater than \$150	um of reportabl								the organization		4		x
5		person listed on line 1a receive or a d to the organization? If "Yes," com	•				-		elate	ed organization or indiv	dual for services		5	_	<u>x</u> _
Sec 1		dependent Contractors e this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	racto	ors tl	hat received more than	\$100,000 of comp	ens	ation	from	
_	the orga	nization Report compensation for (A) Name and business			endi ONI		vith (or w	ithin	the organization's tax (B) Description of s				C) ensatio	 n
				14(OIAI	<u>. </u>									
				•			-								
							<u>.</u>		_						
2	Total nu	mber of independent contractors (i	including but n	ot lı	mite	d to	tho	se li:	sted	above) who received n	nore than				
	\$100,00	0 of compensation from the organi	zation >				(0						990 /	0010

Form **990** (2013)

	,	Check if Schedule O cont		or note to any lu	ne in this Part VIII			
		Officer in Schedule O cont	airis a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, (С	Fundraising events	1c					
iar la	d	Related organizations	1d					
JS,	е	Government grants (contribut	ions) 1e					
rtior er S	f	All other contributions, gifts, gran						
훂		similar amounts not included abo	ve 1f 3 ,	124,675.				
dat	g	Noncash contributions included in lines	1a-1f \$					
<u>ā Č</u>	h	Total. Add lines 1a-1f		1	3,124,675.			<u> </u>
				Business Code				
ဦ	2 a							
e S	b	·					 	
E a	С							
gra Re	d							
Program Service Revenue	e	All other program service reve		900001	1,215.			1,215.
		Total. Add lines 2a-2f	inue	300001	1,215.			1,213.
\neg	3	Investment income (including	dividends intere	est and	1,210			
	Ū	other similar amounts)	dividends, intere	551, und	13,222.			13,222.
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties	,	>				
		•	(ı) Real	(II) Personal				
	6 a	Gross rents	18,230.					
	b	Less rental expenses	0.					
	С	Rental income or (loss)	18,230.					
	d	Net rental income or (loss)		>	18,230.	18,230.		
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	44,947.					
	b	Less cost or other basis						
		and sales expenses	0.					
	С	Gain or (loss)	44,947.		44 045			44 045
	d	• ,			44,947.			44,947.
e e	8 a	Gross income from fundraising including \$	•					
Other Revenu			of					
8		contributions reported on line Part IV, line 18		60,000.				
je	h	Less direct expenses	a b	23,850.				
δ		Net income or (loss) from fund	_	<u> </u>	36,150.			36,150.
		Gross income from gaming ac	-		30,2301			30,2300
	-	Part IV, line 19	а					
	b	Less direct expenses	b					
		Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less cost of goods sold	b					
- 1	С	Net income or (loss) from sale	s of inventory					
ļ		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	С							
	d	All other revenue		L		_	<u> </u>	
	e	Total. Add lines 11a-11d			2 220 420	10 030		05 534
33200	12	Total revenue See instructions.			3,238,439.	18,230.	_0	95,534.

	Check if Schedule O contains a respons	se or note to any line in t	this Part IX (B)	(C)	<u>(D)</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 4 6 7 4 7	00 472	40 274	
_	trustees, and key employees	146,747.	98,473.	48,274.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	156,670.	95,878.	15,273.	45,519
7	Other salaries and wages	150,070.	93,010.	13,213.	43,313
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,960.	6,380.	2,086.	1,494
10	Payroll taxes	23,211.	14,868.	4,861.	3,482
11	Fees for services (non-employees)	23,2110	14,000.	4,001.	3,402
''		4,316.	4,316.		
	· · · · · · · · · · · · · · · · · ·	9,288.	9,288.		
	, ·	19,470.	3/2001	19,470.	
	Lobbying			20/2/01	
e	Professional fundraising services. See Part IV, line 17	322,968.			322,968
f	Investment management fees	633.		633.	
g					
Ŭ	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	51,893.	25,453.	26,440.	
14	Information technology				
15	Royalties				·
16	Occupancy	21,600.		21,600.	
17	Travel	91,225.	91,225.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,770.		4,770.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	45,605.	33,513.	6,297.	5,795
23	Insurance	14,590.	14,590.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	COLDIED GIIDDODE	1,647,971.	1,647,971.		
b	DECREE CARE	371,929.	371,929.		
c	PROGRAM AWARENESS	220,680.	220,680.		·
d		81,774.			81,774
	All other expenses	84,376.	66,217.	18,159.	
25	Total functional expenses. Add lines 1 through 24e	3,329,676.	2,700,781.	167,863.	461,032
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	_			

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 360,841. 117,718. Cash · non-interest-bearing 1 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 464. 3,448. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 3,055. Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 1,111,883. basis Complete Part VI of Schedule D 10a 265,642. 888,178. 846,241. 10b 10c b Less accumulated depreciation 52,136. 455. 11 Investments - publicly traded securities 11 350,494. 410,804. 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 145,240. 440,317. Other assets See Part IV, line 11 15 15 818,983. 800,408. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 16,257. 121,302. 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 16,591. 10,988. Schedule D 25 132,290. 32,848. 26 Total liabilities, Add lines 17 through 25 26 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,767,560. 1,686,693. 27 27 Unrestricted net assets Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,767,560. 1,686,693. Total net assets or fund balances 1,800,408. 1,818,983. Total liabilities and net assets/fund balances

Form **990** (2013)

Form	990 (2013) WOUNDED WARRIORS FAMILY SUPPORT INC.	_20-	1407	520	Pag	ge 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,23	3,4	<u> 39.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	, 329	9,6	<u> 76.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		-9:	L,2	37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_ 4	1	<u>, 76'</u>	7,5	60.
5	Net unrealized gains (losses) on investments	5		10),3	70.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	_				
	column (B))	10	1	, 68	5,6	<u>93.</u>
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			r		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	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		ļ	2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		ļ	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis				
	consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	1	ĺ		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	dit			
	Act and OMB Circular A-133?		ļ	3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	dit	1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2013)

332012 10-29-13

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Inspection

Name of t	the organizat	ion							Employer :	dentificati	on nu	mber
		WOUNDED	WARRIORS FA	MILY	SUPPO	RT IN	C.		20	<u> 1407</u>	<u>520</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t) See inst	tructions				
The organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	ox)					
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in s e	ction 170	(b)(1)(A)(i)).				
2 🔛	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🔲	A hospital or	a cooperative hospi	tal service organization o	described	in section	170(b)(1)	(A)(iiı).					
4	A medical res	search organization (operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)	(iii). Enter th	he hospital	's nam	ıe,
	city, and stat	te										
5	An organizat	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental ui	nıt describe	ed in		
F	section 170	(b)(1)(A)(ıv). (Comple	ete Part II)									
6 🖳	A federal, sta	ate, or local governm	ent or governmental unit	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from th	e general p	oublic desc	ribed i	n
	-	(b)(1)(A)(vi). (Comple	· · · · · · · · · · · · · · · · · · ·									
8 📙	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 📖	An organizat	ion that normally rec	eives (1) more than 33 1	1/3% of its	support f	rom contri	butions, n	nembersl	nıp fees, an	nd gross red	ceipts	from
			nctions - subject to certa		-	•				-		
			axable income (less sect	tion 511 ta	ıx) from bu	sinesses a	acquired b	y the org	anization a	after June 3	រ0, 197	′5
		509(a)(2). (Complete	•									
10			perated exclusively to te									
11			perated exclusively for the									or
			ations described in section				2) See sec	ction 509	9(a)(3). Che	ck the box	that	
		· · · · · · · · · · · · · · · · · · ·	organization and comple		•			. — –				
	a Type	-	•	-	nctionally	-		-	pe III - Non			-
e 🗀			it the organization is not									.n
			han one or more publicly)9(a)(1) or s	section 509	/(a)(2)	
f			ten determination from t	เกษ เหอ เกล	atitisa ty	pe i, Type	ii, or Type	3 111				
~		rganization, check th	organization accepted ar	ay aift or o	ontribution	from any	of the fell	ourna na	reone?			L
g			rectly controls, either al					_			Yes	No
			upported organization?	one or tog	Cuici with	persons	iescribed i	iii (ii) ai iu	(III) DEIOVV,	11g(i)	163	110
	_		n described in (i) above?							11g(ii)		
	` ,	·	person described in (i) of		e?					11g(iii)		
h	` '	•	about the supported or	` '						119(11)	L	
••		onoming information	about the supported of	gameanon	(0)							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	organization	(v) Did voi	u notify the	(vi)	Is the tion in col.	(vii) Amount	t of mou	netary
	anization	(11) 2114	(described on lines 1-9	ın col. (i) lı	sted in your	organizat	ion in col.	organiza	tion in col. \ ized in the		port	iciai y
9-			above or IRC section	governing	document?	(i) of you	r support?	(1) Organ	S.?	044	P U · · ·	
			(see instructions))	Yes	No	Yes	No	Yes	No			
									1			
Total				<u> </u>	<u></u>	<u> </u>	<u> </u>	L				
LHA For P	aperwork Re	duction Act Notice	, see the Instructions fo	or				Schedu	ıle A (Form	n 990 or 99	Ю-EZ)	2013

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990 EZ) 2013 WOUNDED WARRIORS FAMILY SUPPORT INC. 20-1407520 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	836,643.	1336246.	3227321.	4682652.	3184675.	13267537.
2	Tax revenues levied for the organ-						
	ization'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	836,643.	1336246.	3227321.	4682652.	3184675.	13267537.
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)						738,587.
6	Public support. Subtract line 5 from line 4					***	12528950.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	836,643.	1336246.	3227321.	4682652.		13267537.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	103,450.	41,102.	41,657.	37,120.	32,667.	255,996.
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						13523533.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
	organization, check this box and stop	here			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage		···		
14	Public support percentage for 2013 (I	ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	<u>92.65 %</u>
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	92.09 %
16a	33 1/3% support test - 2013. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this be	
	stop here. The organization qualifies	as a publicly supp	orted organization				►LX
b	33 1/3% support test - 2012. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pai	t IV how the orga	nization
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	dorganization		
b	10% -facts-and-circumstances test	t - 2012. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explain	in Part IV how the	e
	organization meets the "facts-and-circ	cumstances" test	The organization of	ualifies as a public	cly supported orga	inization	▶□
18	Private foundation. If the organization	n did not check a	<u>box on line 13, 16a</u>	a, 16b, 17a, or 17b	, check this box a	nd see instruction	ns 🕨 🗌
					Sche	dule A (Form 990	or 990-EZ) 2013

332022 09-25-13 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	ion, piodeo com	piotoralenj				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
•						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5					1	
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6				1	X-7	1.7
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)		<u></u>				
13 Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>					
14 First five years. If the Form 990 is for the	the organization'	s first, second, thir	d. fourth, or fifth t	ax vear as a sect	on 501(c)(3) organiz	ration.
check this box and stop here	5. gameation	o., ooong, am	_,, 01 111111	, 5 45 4 5001	55 (o)(o) organiz	_
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2013 (lir			column (fl)		15	9
16 Public support percentage from 2012		•	(.),		16	
Section D. Computation of Invest					<u> </u>	· · · · · · · · · · · · · · · · · · ·
17 Investment income percentage for 201			ne 13. column (fl)		17	
· •	•	•	ie 15, column (ijj			
18 Investment income percentage from 20			on line 4.4	a 1E ia ar ib	18	
19a 33 1/3% support tests - 2013. If the c						/ is not
more than 33 1/3%, check this box and	•	•				. ▶∟
b 33 1/3% support tests - 2012. If the c	_					and
line 18 is not more than 33 1/3%, chec				= -		▶ <u></u>
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see ii	nstructions	>

Oupplemental	Information. P	Tovide trie explana	lions required by	/ Part II, line 10, I	Part II, line 17a	or 176, and Parti	II, line 12
 Also complete this	part for any addition	onal information (S	See instructions)				,
		· · · · · · · · · · · · · · · · · · ·					
					-	_	
 						_	
 							
 					-		
							
 							
 							
							-
 ·							
-							
	-						
 - 	- 						

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs gov/form990.

Open to Public Inspection

Internal Revenue Service

	WOUNDED WARRIORS FA		20-1407520
Pai			r Accounts. Complete if the
_	organization answered "Yes" to Form 990, Part IV, line		
		(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 v	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 ad	dvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose co	nferring
	impermissible private benefit?	_	Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, Part	t IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an histor	rically important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	` '	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the or	rganization during the tax
_	year >	, , , , , , , , , , , , , , ,	<u> </u>
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abov		
Ŭ	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	
3	include, if applicable, the text of the footnote to the organizat		
	conservation easements		o organization o docodining for
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		nd balance sheet works of art. historica
U	treasures, or other similar assets held for public exhibition, ec	•	
	relating to these items	24044611, or 100041011 III full floration of public	5 co. 1.50, provide the following amount
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
			\$
_	(ii) Assets included in Form 990, Part X	gourge or other condenses to force of	\$
2	If the organization received or held works of art, historical treations of the control of the co	_	am, provide
	the following amounts required to be reported under SFAS 1	10 (ASC 938) relating to these items	•
a	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

		WARRIORS						1 <u>40752</u>		<u> 2</u>
Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Oth	<u>er Similar As</u>	sets(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a s	significant use of	its collection	n items	
	(check all that apply)									
а	Public exhibition	•	a 🖳	Loan or exc	hange progr	ams				
b	Scholarly research	•	e L	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney further t	he organızat	ion's exe	empt purpose in I	Part XIII		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	ier simila	ır assets			
	to be sold to raise funds rather than to be m							Yes		No.
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the	organizatio	n answered	"Yes" to	Form 990, Part	IV, line 9, or		
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other as	ssets no	t included			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
								Amoun	t	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	217					Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete	f the organization ai	nswered	"Yes" to Fo	rm 990, Part	IV, line	10	1		
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three years ba	ick (e) Four	years bad	<u>ck</u>
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses								_	
g	End of year balance		<u> </u>							
2	Provide the estimated percentage of the cur	•	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should be should	•								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administe	ered for	the organization	ſ		_
	by							[Yes N	10
	(i) unrelated organizations							3a(ı)		—
_	(ii) related organizations		0.1					3a(II)		—
	If "Yes" to 3a(ii), are the related organizations	•						_3b_		—
Bar	t VI Land, Buildings, and Equipm		owment	tunas						—
Fai) Dort IV	lina 11a C	00 Form 000	Dort V	line 10			
	Complete if the organization answere Description of property					Γ		(d) Boo	L value	—
	Description of property	(a) Cost or of basis (investi			or other (other)	' '	ccumulated preciation	(a) Boo	k value	
	Land	Dasis (HIVEST	menty		· · · · · · · · · · · · · · · · · · ·	ue ue	preciation	1 /	0 621	
	Land				9,622. 6,519.		234,313.		<u>9,622</u> 2,206	
	Buildings			90	0,513.		<u>434,313.</u>	6 /	<u> </u>	<u></u>
	Leasehold improvements				2,461.		1,038.		1,423	
	Equipment				$\frac{2,461}{3,281}$		30,291.		2,990	
	Other Add lines 1a through 1e (Column (d) must e	aual Form 000 Por	t Y colum				<u>30,291.</u> ▶		$\frac{2,330}{6,241}$	
utal	. Aug mes la miough le (Column Ju) must e	quai ruiii 330, Pari	. A, COIUI.	iii (D), jiile l	U(U) /			<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>

Schedule D (Form 990) 2013

1.	(a) Description of liability	(b) Book value
(1) Fe	deral income taxes	
(2) P	AYROLL TAXES	1,013.
(3) P	AYABLE-OTHER	9,771.
(4) P	AYABLE-VICTORIAN RESORT	204.
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col	umn (b) must equal Form 990, Part X, col (B) line 25)	10,988.

^{2.} Liability for uncertain tax positions. In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

Sche Par	t XI Reconciliation of Revenue per Audited Financial Stateme				L407520 Page	<u>e 4</u>
L	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		, , , , , , , , , , , , , , , , , , ,	o tu	•	
1	Total revenue, gains, and other support per audited financial statements			1	3,272,659	9_
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				3,2,2,032	<u></u>
	Net unrealized gains on investments	2a	10,370.			
	Donated services and use of facilities	2b				
	Recoveries of prior year grants	2c				
	Other (Describe in Part XIII)	2d	23,850.			
	Add lines 2a through 2d		23,0300	2e	34,220	Λ.
3	Subtract line 2e from line 1			3	3,238,439	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				<u> </u>	
=	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII)	4b				
	Add lines 4a and 4b			4c	(Λ.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	3,238,439	9.
	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per			<u>-•</u>
L	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		· — · po···oco po·			
1	Total expenses and losses per audited financial statements			1	3,353,526	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			-	3,333,320	-
a	Donated services and use of facilities	2a				
_	Prior year adjustments	2b				
	Other losses	2c				
	Other (Describe in Part XIII)	2d	23,850.			
	Add lines 2a through 2d	Zu		0.	23,850	Λ
	Subtract line 2e from line 1			2e 3	3,329,676	5 .
3				3	3,323,010	<u> </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	45				
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a				
	Add lines 4a and 4b	4b			(Λ
				4c	3,329,676	<u>0.</u>
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.			5	3,343,070	<u> </u>
	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV lines 1h	and 2h Dart V line /	l Dort	/ line 2. Doct VI	—
				i, Pari	K, line 2, Part XI,	
iiiles i	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	idonai iniom	nation			
						—
PAR	T X, LINE 2:					
	a sof adata div					—
EXP	LANATION: WOUNDED WARRIORS FAMILY SUPPORT	. TNC.	TS EXEMPT	FRC	M FEDERAL	
	THE POLICE OF TH	7	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	—
AND	STATE INCOME TAXES UNDER INTERNAL REVENUE	E CODE	501(C)(3)	ANI),	
					•	_
THE	REFORE, NO PROVISION FOR FEDERAL AND STAT	E INCO	ME TAXES I	S RI	EQUIRED.	_
THE	ORGANIZATION IS NOT CLASSIFIED AS A PRIVA	አጥሮ ሮ()	TINIDA TITONI	THE	,	
1111	ONGANIZATION IS NOT CHASSIFIED AS A FRIVE	AIE FO	ONDATION.	1111		—
ORG	ANIZATION HAS ADOPTED AN ACCOUNTING FOR U	NCERTA	INTY IN IN	COME	TAXES	
						_
POL	ICY. AS A RESULT OF THE ANNUAL EVALUATION	N UNDE	R THE POLI	CY,	MANAGEMEN'	<u>r</u> _
HAS	DETERMINED THAT THERE WERE NO UNRECOGNIZE	ED TAX	BENEFITS	OR I	IABILITIES	<u>s_</u>
AS	OF DECEMBER 31, 2013.					_
						_
<u>FUN</u>	RAISING NOTE					
EXP	LANATION: FUNDRAISING EXPENSES ARE DEDUCT	ED FRO	א ייטייאז. אדי	VENI	IES PER	
332054 09-25-	***	<u> 11.0</u>	· · · · · · · · · · · · · · · · · · ·		ule D (Form 990) 20	<u> </u>
	24					-

Schedule Part X	D (Forr	n 990) 2 pplem	013 ental In t	WOUND formation (c	ED W. ontinued,	ARRIORS	FAMI	LY ST	UPPORT_	INC.	20-1407520	Page 5
							ES ON	THE	FINANC	IAL	STATEMENTS.	
												
				···- ···-						_		
				·								
		····· <u> </u>										
									······································			···-
							<u>.</u>					
												
			-									
					<u>-</u>							
												
										_		
							_					

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open To Public

Department of the Treasury

▶ Attach to Form 990 or Form 990-EZ. Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs.gov/form 990.

Inspection Employer identification number Name of the organization WOUNDED WARRIORS FAMILY SUPPORT INC. 20-1407520 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply X Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations g X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (v) Amount paid (iii) Did (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) have custody or control of contributions? (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No FUNDRAISING STRATEGIES INC -1,138,967 45,463 1,093,504. 1420 SPRING HILL ROAD FUNDRAISING COUNSEL

Total	<u> </u>		1,13	18,967.	45,463.	<u>1,093,504.</u>
	all states in which the organization is registered or licensed to solicit contribution ensing	ns or I	has bee	n notified it is	s exempt from regis	tration
		-				
			-			
						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2013

332081 09-12-13

	edu I rt I	le G (Form 990 or 990-EZ) 2013 WOUNDED Fundraising Events. Complete if the	• WARRIORS FA e organization answered	MILY SUPPORT "Yes" to Form 990, Part	INC. 20 – IV, line 18, or reported	1407520 Page 2 more than \$15,000
	`	of fundraising event contributions and gr				ots greater than \$5,000
			(a) Event #1 SIERRA VIEW COUNTRY CLUB	(b) Event #2 MARINE CORPS MARATHON	(c) Other events NONE	(d) Total events (add col (a) through
ø.			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	20,000.	40,000.		60,000.
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	20,000.	40,000.		60,000.
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
۵	8	Entertainment				
	9	Other direct expenses		23,850.		23,850.
	_	Direct expense summary Add lines 4 through	n 9 ın column (d)		>	23,850.
	11	Net income summary Subtract line 10 from li				36,150.
Pa	ırt l		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a	I	I		I
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				Singo, progressive singe		cor (a) amough cor (c)
æ	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	□ No	☐ No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		<u> </u>	
		ter the state(s) in which the organization opera	_			
		he organization licensed to operate gaming ac				└─ Yes └─ No
b	It "	No," explain		.		
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax y	/ear?	Yes No
		Yes," explain				
	_					
			<u> </u>			
		2-12-13			Sabadula G (Fa	rm 990 or 990-FZ) 2013

Schedu	le G (Form 990 or 990 EZ) 2013 WOUNDED WARRIORS FAMILY SUPPORT INC. 20-	1 <u>407</u>	520	Page 3
	es the organization operate gaming activities with nonmembers?		Yes	□ No
12 ls t	the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
to a	administer charitable gaming?		Yes	No No
13 Ind	dicate the percentage of gaming activity operated in			
a The	e organization's facility	13a		<u>%</u>
	outside facility	13b		<u>%</u>
14 Ent	ter the name and address of the person who prepares the organization's gaming/special events books and records			
Na	me >			
Ad	dress ▶			
15a Do	es 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			
	gaming revenue retained by the third party > \$			
	Yes," enter name and address of the third party			
Na	me >			
Ad	dress ▶			
16 Ga	ming manager information			
Na	me >			
			_	
Ga	ming manager compensation > \$			
Des	scription of services provided 🕨			
_				
	Director/officer Employee Independent contractor			
	indatory distributions			
	the organization required under state law to make charitable distributions from the gaming proceeds to	<u> </u>		┌┐
	ain the state gaming license?	Ш,	Yes	No No
	ter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Part I	yanızatıon's own exempt activities during the tax year ► \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lings Q	9h 10)h 15h
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)		JD, 10	
SCHE	DULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:_		<u></u>
(I)	NAME OF FUNDRAISER: FUNDRAISING STRATEGIES INC			
<u>\ </u>	THE OF TOMBIGUEDING PROPERTY INC			
(I)	ADDRESS OF FUNDRAISER: 1420 SPRING HILL ROAD, MCLEAN, VA 23	2102		
				

SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open To Public

Internal Revenue Service Inspection Name of the organization Employer identification number WOUNDED WARRIORS FAMILY SUPPORT INC 20-1407520 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved (d) Loan to or (a) Name of (b) Relationship (c) Purpose (e) Original (f) Balance due (i) Written (g) In by board or interested person of loan principal amount default? agreement? with organization committee? organization? To From Yes No Yes No Yes No ▶ \$ Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (c) Amount of (e) Purpose of (a) Name of interested person (b) Relationship between (d) Type of assistance assistance interested person and assistance the organization

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

Schedule L (Form 990 or 990-EZ) 2013

Schedule L (Form 990 or 990-EZ) 2013 WOUND Part IV Business Transactions Invol	ving Interested Persons.		20-1407	<u>320 </u>	zage 2
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
D.C. WOODY BRADFORD	DIRECTOR	1.390.	PROVIDED LE	Yes	No X
B.C. NOODI ENEBIONE	DIRECTOR	1,350.	I KOVIDED BE		
		_			
			-		
Part V Supplemental Information					
	ponses to questions on Schedule L (see	instructions)			
SCH L, PART IV, BUSINESS	MD ANCACMTONG TARIOTUT	NC TNMEDERM	ED DEDCOMO.		
SCH L, PART IV, BUSINESS	IKANSACIIONS INVOLVI	NG INIERESI	ED PERSONS:		
(A) NAME OF PERSON: D.C.	WOODY BRADFORD			·	
(D) DESCRIPTION OF TRANSA	CTION: PROVIDED LEGA	L SERVICES	THROUGH HIS	FTRI	Μ
OF BRADFORD & COENEN, LLC	•				
		· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·					
,	7				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs gov/form990

Open to Public Inspection

Employer identification number

	WOUNDED WARRIORS FAMILY SUPPORT INC. 20-140752											
Pai	t I Types of Property											
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on		(d) nod of determi contribution a		ts			
1	Art - Works of art											
2	Art - Historical treasures				·		•					
3	Art - Fractional interests											
4	Books and publications											
5	Clothing and household goods											
6	Cars and other vehicles	X	3	280	.000.	MARKET	VALUE	-				
7	Boats and planes											
8	Intellectual property											
9	Securities - Publicly traded											
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												
16												
17												
18	Collectibles											
19	Food inventory											
20	Drugs and medical supplies			-								
21	Taxidermy											
22												
23	Scientific specimens											
24	Archeological artifacts											
25	Other ()											
26	Other • ()			-								
27	Other • ()											
28	Other ()	[, , , , , ,				_			
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions								
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledo	gement	29							
								Yes	No			
30a	During the year, did the organization receive b	y contributio	on any property rep	orted in Part I, Iir	ies 1 - 28, t	hat it must ho	ld for					
	at least three years from the date of the initial	contribution,	, and which is not i	required to be use	ed for exem	pt purposes	for					
	the entire holding period?						30a		X			
b	If "Yes," describe the arrangement in Part II						-					
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standa	ard contribu	ıtıons?	31	X				
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or se	ll noncash							
	contributions?						32a		X			
b	If "Yes," describe in Part II											
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which colu	nn (a) is ch	ecked,						
	describe in Part II											
LIA	E. B I B. I. A. A. A. A. A.			_								

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

Schedule M (Form 990) (2013)

Schedule M	(Form 990) (2013)	WOUNDED	WARRIORS	FAMILY	SUPPORT	INC.	20-1407520	Page 2
Part II	Supplemental is reporting in Part this part for any actions.	I Information t I, column (b), th	 Provide the info e number of cont 	rmation require ributions, the r	ed by Part I, lines number of items	s 30b, 32b, a received, or	nd 33, and whether the organiza a combination of both Also com	ation plete
		··						
								
		-	 					
			· · · · · · · · · · · · · · · · · · ·					
		· <u>-</u> ···						
	···							
						- <u>-</u>		=
								
						-		
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				 			.	
								
			<u> </u>	 -				

332142 09-03-13

Schedule M (Form 990) (2013)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number WOUNDED WARRIORS FAMILY SUPPORT INC. 20-1407520 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SOLDIERS KILLED IN COMBAT AND PROVIDE FINANCIAL FUNDING TO OTHER VETERAN ORGANIZATIONS WITH SIMILAR MISSIONS. PAGE 1 PART B EXPLANATION: THIS RETURN IS BEING AMENDED FOR THE FOLLOWING: TO CORRECT THE NUMBER OF VOTING MEMBERS OF THE GOVERNING BODY AT THE END OF THE TAX YEAR ON PART VI SECTION A LINE 1A. TO LIST THE STATES THAT REQUIRE REGISTRATION ON PART VI SECTION C LINE 17. FORM 990, PART VI, SECTION A, LINE 8B: EXPLANATION: NO SEPARATE COMMITTEES OF THE GOVERNING BOARD EXIST SINCE THE BOARD IS SMALL. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW AND DISCUSSION PRIOR TO IT BEING FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: THE BOARD SIGNS THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ANNUALLY AND REVIEWS IT FOR POTENTIAL CONFLICTS.

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

Schedule O (Form 990 or 990-EZ) (2013)

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Schedule O (Form 990 or 990-EZ) (2013) Page 2 Name of the organization Employer identification number WOUNDED WARRIORS FAMILY SUPPORT INC. 20-1407520 FORM 990, PART VI, SECTION B, LINE 15A: EXPLANATION: AN INDEPENDENT BOARD APPROVES THE PRESIDENT'S COMPENSATION CONSIDERING DUTIES AND RESPONSIBILITIES COMPARATIVE WITH DATA FROM OTHER NON-PROFIT ORGANIZATIONS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OK, OR, PA RI, SC, TN, UT, VA, WV, WI FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: THE AUDITED FINANCIAL STATEMENTS, FORM 990 AND FORM 1023 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: ARTHUR C. JETTER, JR - 11305 CHICAGO CIRCLE, OMAHA, NE 68154 MAJOR GENERAL ARNOLD FIELDS, (RET) - 590 15TH STREET SOUTH, APT 238 ARLINGTON, VA 22202 CRAIG A. PIRTLE - 192 WOOD LANDING ROAD, FREDERICKSBURG, VA 22405 LT. GEN. JOHN B. SYLVESTER (RET) - 11601 TORI GLEN COURT, HERNDON, VA 20170 RONALD D. RAINS - PO BOX 1386, ODESSA, TX 79760 D.C. WOODY BRADFORD - 1620 DODGE ST., STE 1800, OMAHA, NE 68102 RYAN DOUGHERTY - 1620 DODGE ST., STE 1800, OMAHA, NE 68102

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE AUDIT OVERSIGHT COMMITTEE ASSUMES RESPONSIBILITY FOR

THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT

ACCOUNTANT.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

➤ Attach to your tax return.

990

Attachment Sequence No 179

► See separate instructions. Business or activity to which this form relates

Identifying number

Part II Election To Expense Certain Property Under Section 179 Note; If you have any listed property, complete Part I. 1
2 3 Threshold cost of section 179 property placed in service (see instructions) 3 2 3 2 000
3 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 if zero or less, enter -0- 5 Dellar imitation for tax year Subtract line 3 from line 2 if zero or less, enter -0- if married ling separately, see matructions 6 (a) Description of property 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 11 Business income limitation Enter the smaller of business income from line 13 of your 2012 Form 4562 11 Business income limitation Enter the smaller of business moreon (not less than zero) or line 5 11 2 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2014 Add lines 9 and 10, lies line 12 Note: Do not use Part if or Part III below for listed property Instead, use Part V Part III Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance and Other Depreciation (Do not include listed property) 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 17 MACRS Depreciation (Do not include listed property) (See instructions) Section B - Assets Placed in service in tax years beginning before 2013 18 If you are electing to group any assets placed in service in tax years beginning before 2013 19 Jeps property 10 Jeps property 10 Jeps property 10 Jeps property 11 Jeps property 12 Syear property 13 Jeps property 14 Jeps property 15 Jeps property 16 Jeps property 17 Jeps property 18 Jeps property 19 Jeps property 19 Jeps property 20 Jeps property 21 Jeps property 22 Jeps property 23 Jeps property 25 Jeps property 25 Jeps property 4 Jeps property 4 Jeps property 4 Jeps property 4 Jeps property 4 Jeps property 4 Jeps property 4 Jeps property 4 Jeps property 4 Jeps property 4 Jeps property 4 Jeps property 4 Jeps property 4 Jeps property 4 J
4 Secular Institution Subtract line 3 from line 2 if zero or less, enter -0- 5 Collaboration for tax year Subtract line 4 from line 1 if zero or less, enter -0- 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Total taive deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 13 14 Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation Allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (Robustion (Do not include listed property) (See instructions) 17 18 If you are electing to goop ary assets placed in service in tax years beginning before 2013 17 19 MACRS deductions for assets placed in service in tax years beginning before 2013 17 19 Typu are electing to goop ary assets placed in Service During 2013 Tax Year Using the General Depreciation deduction (Do not include listed property) 20 3 3 4 4 5 6 6 6 6 6 6 6 6 6
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Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery period (e) Convention (f) Method (g) Depreciation deduction (g) Depreciation
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(a) Classification of property year placed in service (business/investment use only - see instructions) (c) Convention (d) Method (e) Convention (f) Method (g) Depreciation deduction (g) Depreciation deduction (h) Method (g) Depreciation deduction (h) Method (g) Depreciation deduction (h) Method (g) Depreciation deduction (h) Method (g) Depreciation deduction (h) Method (g) Depreciation deduction (h) Method (g) Depreciation deduction (h) Method (g) Depreciation deduction (h) Method (g) Depreciation deduction (h) Method (g) Depreciation deduction (h) Method (g) Depreciation deduction (h) Method (g) Depreciation deduction (h) Method (g) Depreciation deduction (h) Method (g) Depreciation deduction (h) Method (g) Depreciation deduction (h) Method (g) Depreciation deduction (h) Method (h) Metho
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property / 27 5 yrs MM / 27 5 yrs MM S/L 27 5 yrs MM
c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property / 27 5 yrs MM S/L 27 5 yrs MM S/L 27 5 yrs
d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property / 27 5 yrs MM S/L 27 5 yrs MM S/L 27 5 yrs
e 15-year property f 20-year property g 25-year property h Residential rental property / 27 5 yrs MM S/L h Residential rental property / 27 5 yrs MM S/L
f 20-year property 25 yrs S/L g 25-year property 25 yrs S/L h Residential rental property / 27 5 yrs MM S/L 27 5 yrs MM S/L
g 25-year property 25 yrs S/L h Residential rental property / 27 5 yrs MM S/L / 27 5 yrs MM S/L
h Residential rental property / 27 5 yrs MM S/L / 27 5 yrs MM S/L
h Residential rental property / 27 5 yrs MM S/L
/ 2/ 5 yrs MM S/L
/ 30 yrs MM S/I
/ 39 yrs MM S/L
Nonresidential real property / MM S/L
Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System
20a Class life S/L
b 12-year 12 yrs S/L
c 40-year / 40 yrs MM S/L
Part IV Summary (See instructions)
Late Summary (See instructions)
21 Listed property Enter amount from line 28
21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21
21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations see instr. 21 21 22 25,605
21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21

Forr	n 4562 (2013)	WOU	NDED WA	RRIC	RS F	AMII	Y SU	<u> IPPO</u>	RT IN	C.		20-	1407	520	Page 2
Pa	Listed Property	•	,			•		•		•					
	Note: For any through (c) of S	venicie for wi Section A, all	nich you are u of Section B,	sing the and Sec	standard ction C if	i mileag applica	je rate oi ible	r dedu	cting lease	expense	e, comp	ilete oni _	y 24a, 24	4b, colur	nns (a)
	Section A -	Depreciation	on and Other	Informa	ation (Ca	ution:	See the i	nstruc	tions for li	mits for p	asseng	er autor	nobiles)		
24a Do you have evidence to support the business/investment use claimed? Yes								□ No	24b If "Y	es," is th	e evidei	nce writ	ten?	Yes [No_
	(a)	(b) Date	(c) Business/		(d)		(e)		(f)	(9	J)		(h)		(i)
	Type of property (list vehicles first)	investment	01	Cost or ther basis		sis for depr isiness/inve		Recovery period	Meti Conve			eciation uction		cted on 179	
		service	use percenta	Je		ļ	use only	<u>''</u>		l	1	- 000		C	ost
	Special depreciation allo	•		property	y placed i	ın servi	ce durin	g the ta	ax year an	d					
	used more than 50% in				-						25	L			
26	Property used more tha	n 50% in a q		. 1					1	i		ı — —		I	
				6											
				% %	_		-		<u> </u>					<u> </u>	
27	Property used 50% or le	es in a quali											-	l	
	rioperty asea 30% or k	Jos III a quali		6						S/L -		Ι		[
	·····			6						S/L		_		1	
	· <u> </u>			6					-	S/L ·					
28	Add amounts in column	(h), lines 25		-	e and on	line 21	, page 1		I		28			1	
	Add amounts in column		-									•	29		
					B - Infor		on Use	of Ver	ncles						
Con	plete this section for ve	hicles used	by a sole prop	rietor, p	artner, o	r other	"more th	an 5%	owner," o	or related	person	If you	provided	l vehicle:	S
to y	our employees, first ans	wer the ques	stions in Secti	on C to	see if you	ı meet a	an excep	otion to	completi	ng this se	ection f	or those	vehicles	3	
								·							
				(a)		(b)		l	(c)	(d)	((e)	(1	7)
	30 Total business/investment miles driven during the			Vel	hicle	Ve	hicle	Vehicle		Vehicle		Ve	hicle	Vehicle	
	year (do not include comr														
	Total commuting miles o	-	•	-				-							
	Total other personal (no	ncommuting) miles												
driven											_				
33 Total miles driven during the year															
Add lines 30 through 32 34 Was the vehicle available for personal use Yes No									Yes	No					
	during off-duty hours?	ie ioi person	ai use	162	NO	162	NO	162	NO	165	NU	162	140	162	140_
	Was the vehicle used p	rımarıly by a	more												
	than 5% owner or relate		.,,,,,,					İ							
	ls another vehicle availa	•	nal				1								
	use?	•					1								
	•	Section C	- Questions	or Emp	loyers W	ho Pro	vide Vel	hicles	for Use by	y Their E	mploye	es	•		
Ans	wer these questions to	determine if y	you meet an e	xceptioi	n to comp	oleting	Section	B for v	ehicles us	ed by em	ployee	s who a	re not m	ore than	5%
own	ers or related persons														
37	Do you maintain a writte	en policy stat	ement that pr	ohibits a	all person	al use	of vehicl	es, ınc	luding cor	nmuting,	by you	r		Yes	No
employees?															
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your															
	employees? See the ins					ficers, c	directors	, or 1%	or more	owners					
39 Do you treat all use of vehicles by employees as personal use?															
	Do you provide more the		•			nforma	tion from	ı your (employees	s about					
	the use of the vehicles,														-
	Do you meet the require		• .							h					1
	Note: If your answer to a Irt VI Amortization	37, 38, 39, 4	<u>U, OF 4 FIS TE</u>	s, ao n	<u>ot comple</u>	ete Sec	шоп в п	or the c	coverea ve	nicies					
Га	(a)			(b)	T	(c)		-	(d)		(e)			(f)	
	Description of	fcosts	Date	amortization begins		Amortizal amoun			Code section		Amortiza neg to bone		Aı fo	mortization or this year	
42	Amortization of costs th	at begins du	ring your 201	-	ar										
43	Amortization of costs th	at began bet	fore your 2013	3 tax yea	ar							43			
44	Total Add amounts in a	column (f) Se	a the inetrict	ione for	where to	renort						44			

316252 12-19-13

Form **4562** (2013)