

Return of Organization Exempt From Income Tax

2012

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 10/01, 2012, and ending 09/30, 2013

| | | | | | | |
|---|---|--|-------------------|---|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization WOUNDED WARRIOR PROJECT, INC. Doing Business As WOUNDED WARRIOR PROJECT | | | D Employer identification number 20-2370934 | | |
| | Number and street (or P.O. box if mail is not delivered to street address) 4899 BELFORT ROAD | | Room/suite 300 | E Telephone number (904) 296-7350 | | |
| | City, town or post office, state, and ZIP code JACKSONVILLE, FL 32256 | | | G Gross receipts \$ 258,689,400. | | |
| | F Name and address of principal officer: STEVEN NARDIZZI 4899 BELFORT ROAD STE 300 JACKSONVILLE, FL 32256 | | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | | | |
| J Website: WWW.WOUNDEDWARRIORPROJECT.ORG | | | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | | | | |
| L Year of formation: 2005 | | | | M State of legal domicile: VA | | |

Part I Summary

| | | | |
|---|--|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF WOUNDED WARRIOR PROJECT IS TO HONOR AND EMPOWER WOUNDED WARRIORS. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 12. |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12. |
| | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 5 | 340. |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 5,413. |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 148,185,045. | 225,418,220. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,929,092. | 2,394,868. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,844,764. | 6,869,855. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 154,958,901. | 234,682,943. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 5,528,278. | 17,702,785. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0 | 0 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 21,035,510. | 28,905,282. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 31,740,306. | 1,901,169. | 3,449,688. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 67,046,592. | 108,016,188. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 95,511,549. | 158,073,943. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 59,447,352. | 76,609,000. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 101,438,851. | 182,838,004. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20. | 11,201,098. | 16,439,984. |

Part II Signature Block

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

| | | | | |
|------------------------|--|--|---|--|
| Sign Here | Signature of officer RONALD W BURGESS Type or print name and title | | Date CFO | |
| | Print/Type preparer's name JOSEPHINE SCOTT | | Preparer's signature - <i>Josephine Scott, CPA</i> Date 3/11/14 | |
| Paid Preparer Use Only | Firm's name ▶ BDO USA, LLP | | Check <input type="checkbox"/> if self-employed PTIN P00444367 | |
| | Firm's address ▶ 1111 BRICKELL AVENUE, SUITE 2801 MIAMI, FL 33131 | | Firm's EIN ▶ 13-5381590 Phone no. 305-381-8000 | |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

[] Yes [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

[] Yes [X] 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 (Code:) (Expenses \$ 31,466,113. including grants of \$ 2,374,319.) (Revenue \$)

ALUMNI ASSOCIATION - THE ALUMNI PROGRAM OFFERS ASSISTANCE, COMMUNICATION, AND CAMARADERIE FOR WOUNDED WARRIORS AS THEY CONTINUE LIFE BEYOND INJURY. WWP ALUMNI STAY ENGAGED AND ACTIVE THROUGH WWP PROGRAMS AND EVENTS. THE ALUMNI PROGRAM OFFERS A WIDE RANGE OF ACTIVITIES INCLUDING EDUCATIONAL SESSIONS AND SPORTING AND SOCIAL EVENTS THAT PROVIDE INDIVIDUALS A CHANCE TO CONNECT WITH OTHER WOUNDED WARRIORS. THE ALUMNI PROGRAM ALSO IDENTIFIES, TRAINS, AND CHALLENGES LEADERS WITHIN THE WOUNDED WARRIOR POPULATION TO REPRESENT THEIR PEERS IN THEIR CONTINUED PATH TOWARD PHYSICAL HEALTH AND WELL-BEING.

4b (Code:) (Expenses \$ 16,127,622. including grants of \$ 1,877,181.) (Revenue \$)

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

4c (Code:) (Expenses \$ 8,824,978. including grants of \$ 45,000.) (Revenue \$)

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

4d Other program services (Describe in Schedule O.) ATTACHMENT 2 (Expenses \$ 60,780,024. including grants of \$ 13,343,200.) (Revenue \$)

4e Total program service expenses 117,198,737.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | | X |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | X |
| 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 | | X |
| 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 | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | 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 | | 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 | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | X | |
| b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | X |
| c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 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 | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 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 | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | X |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> | X | |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> | 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? <i>If "Yes," complete Schedule J.</i> | X | |
| 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> | | 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? <i>If "Yes," complete Schedule L, Part I.</i> | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> | | 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? <i>If "Yes," complete Schedule L, Part III.</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> | | 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? <i>If "Yes," complete Schedule R, Part I.</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> | X | |
| 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | 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? <i>If "Yes," complete Schedule R, Part VI.</i> | | 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 | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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 to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
18 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.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RONALD W. BURGESS 4899 BELFORD ROAD, SUITE 300 JACKSONVILLE, FL 32256 904-296-7350

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DAWN HALFAKER PRESIDENT, BOD | 5.00 | X | | | | | 0 | 0 | 0 | |
| (2) ANTHONY PRINCIPI VICE PRESIDENT, BOD | 5.00 | X | | | | | 0 | 0 | 0 | |
| (3) ANTHONY ODIERNO SECRETARY, BOD | 5.00 | X | | | | | 0 | 0 | 0 | |
| (4) CHARLES BATTAGLIA DIRECTOR, BOD | 5.00 | X | | | | | 0 | 0 | 0 | |
| (5) ROGER CAMPBELL DIRECTOR, BOD | 5.00 | X | | | | | 0 | 0 | 0 | |
| (6) JUSTIN CONSTANTINE DIRECTOR, BOD | 5.00 | X | | | | | 0 | 0 | 0 | |
| (7) KEVIN DELANEY DIRECTOR, BOD | 5.00 | X | | | | | 0 | 0 | 0 | |
| (8) RON DRACH DIRECTOR, BOD | 5.00 | X | | | | | 0 | 0 | 0 | |
| (9) JOHN LOOSEN DIRECTOR, BOD | 5.00 | X | | | | | 0 | 0 | 0 | |
| (10) GUY H. MICHAEL III DIRECTOR, BOD | 5.00 | X | | | | | 0 | 0 | 0 | |
| (11) MELISSA STOCKWELL DIRECTOR, BOD | 5.00 | X | | | | | 0 | 0 | 0 | |
| (12) ROBB VAN CLEAVE DIRECTOR, BOD | 5.00 | X | | | | | 0 | 0 | 0 | |
| (13) GORDON MANSFIELD DIRECTOR, BOD | 5.00 | X | | | | | 0 | 0 | 0 | |
| (14) CHARLES S. ABELL DIRECTOR, BOD | 5.00 | X | | | | | 0 | 0 | 0 | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) STEVEN NARDIZZI EXECUTIVE DIRECTOR | 60.00 | | | X | | | | 375,000. | 0 | 22,490. |
| (16) ALBION GIORDANO DEPUTY EXECUTIVE DIRECTOR | 60.00 | | | X | | | | 337,500. | 0 | 27,905. |
| (17) RONALD W. BURGESS CHIEF FINANCIAL OFFICER | 60.00 | | | X | | | | 182,615. | 0 | 19,588. |
| (18) JEREMY CHWAT CHIEF PROGRAM OFFICER | 60.00 | | | X | | | | 218,267. | 0 | 22,097. |
| (19) ADAM SILVA CHIEF DEVELOPMENT OFFICER | 60.00 | | | X | | | | 203,942. | 0 | 24,585. |
| (20) JOHN T. HAMRE III EVP DIRECT RESPONSE | 50.00 | | | | X | | | 160,750. | 0 | 9,483. |
| (21) CHRISTINE O. HILL EVP CONGRESSIONAL AFFAIRS | 40.00 | | | | | X | | 133,900. | 0 | 17,552. |
| (22) RALPH J. IBSON NATIONAL POLICY DIRECTOR | 40.00 | | | | | X | | 140,400. | 0 | 16,737. |
| (23) BRUCE G. NITSCHKE EVP, SPECIAL PROJECTS | 50.00 | | | | | X | | 144,000. | 0 | 11,297. |
| (24) JOHN W. ROBERTS EVP MENTAL HEALTH | 50.00 | | | | | X | | 140,400. | 0 | 23,202. |
| (25) JOHN M. MOLINO PROGRAMS CHIEF OF STAFF | 50.00 | | | | | X | | 160,750. | 0 | 802. |
| 1b Sub-total | | | | | | | | 0 | 0 | 0 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 2,197,524. | 0 | 195,738. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,197,524. | 0 | 195,738. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 11

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 4 | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 5

Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|--|---|---------------------------|----------------------|--|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a 5,751,324. | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c 872,696. | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) . . | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above . | 1f 218,794,200. | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | 7,629,668. | | | | |
| | h | Total. Add lines 1a-1f ▶ | | 225,418,220. | | | |
| Program Service Revenue | 2a | _____ | Business Code | | | | |
| | b | _____ | | | | | |
| | c | _____ | | | | | |
| | d | _____ | | | | | |
| | e | _____ | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f ▶ | | 0 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 5 ▶ | | 2,554,489. | | | 2,554,489. |
| | 4 | Income from investment of tax-exempt bond proceeds . . . ▶ | | 0 | | | |
| | 5 | Royalties ▶ | | 5,824,194. | | | 5,824,194. |
| | | | (i) Real (ii) Personal | | | | |
| | 6a | Gross rents | | | | | |
| | b | Less: rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) ▶ | | 0 | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | | |
| | | 22,939,440. | | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | |
| | | 23,099,061. | | | | | |
| | c | Gain or (loss) | | | | | |
| | | -159,621. | | | | | |
| | d | Net gain or (loss) ▶ | | -159,621. | | | -159,621. |
| 8a | Gross income from fundraising events (not including \$ 872,696. of contributions reported on line 1c). See Part IV, line 18 a | ATCH 6 1,358,585. | | | | | |
| b | Less: direct expenses b | 907,396. | | | | | |
| c | Net income or (loss) from fundraising events ▶ | ATCH 7 | 451,189. | | | 451,189. | |
| 9a | Gross income from gaming activities. See Part IV, line 19 a | | | | | | |
| b | Less: direct expenses b | | | | | | |
| c | Net income or (loss) from gaming activities ▶ | | 0 | | | | |
| 10a | Gross sales of inventory, less returns and allowances a | | | | | | |
| b | Less: cost of goods sold b | | | | | | |
| c | Net income or (loss) from sales of inventory ▶ | | 0 | | | | |
| | Miscellaneous Revenue | Business Code | | | | | |
| 11a | NAMELIST RENTAL INCOME | 900099 | | 594,472. | | 594,472. | |
| b | _____ | | | | | | |
| c | _____ | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d ▶ | | 594,472. | | | | |
| 12 | Total revenue. See instructions ▶ | | 234,682,943. | | | 9,264,723. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|---------------------------|--------------|------------------------|
| Assets | 1 Cash - non-interest-bearing | 10,988,377. | 1 | 16,992,651. |
| | 2 Savings and temporary cash investments | 3,477,286. | 2 | 302,286. |
| | 3 Pledges and grants receivable, net | 1,677,012. | 3 | 2,651,949. |
| | 4 Accounts receivable, net | 161,411. | 4 | 0 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 1,658,623. | 8 | 2,387,786. |
| | 9 Prepaid expenses and deferred charges | 1,930,555. | 9 | 7,912,091. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 18,292,934. | | |
| | b Less: accumulated depreciation | 10b 6,066,180. | 8,712,364. | 10c 12,226,754. |
| | 11 Investments - publicly traded securities | ATCH 9 72,095,703. | 11 | 138,515,276. |
| | 12 Investments - other securities. See Part IV, line 11 | 0 | 12 | 0 |
| | 13 Investments - program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 737,520. | 15 | 1,849,211. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 101,438,851. | 16 | 182,838,004. | |
| Liabilities | 17 Accounts payable and accrued expenses | 11,201,098. | 17 | 16,439,984. |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 0 | 19 | 0 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 0 | 25 | 0 |
| | 26 Total liabilities. Add lines 17 through 25 | 11,201,098. | 26 | 16,439,984. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 89,053,080. | 27 | 165,155,390. |
| | 28 Temporarily restricted net assets | 184,673. | 28 | 242,630. |
| | 29 Permanently restricted net assets | 1,000,000. | 29 | 1,000,000. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 90,237,753. | 33 | 166,398,020. |
| | 34 Total liabilities and net assets/fund balances | 101,438,851. | 34 | 182,838,004. |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 234,682,943. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 158,073,943. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 76,609,000. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 90,237,753. |
| 5 | Net unrealized gains (losses) on investments | 5 | -448,733. |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 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 | 166,398,020. |

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

| | | |
|--------|-----|----|
| | Yes | No |
| 11g(i) | | |
 - (ii) A family member of a person described in (i) above?

| | | |
|---------|-----|----|
| | Yes | No |
| 11g(ii) | | |
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | | |
|----------|-----|----|
| | Yes | No |
| 11g(iii) | | |
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2012

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|-------------|-------------|-------------|--------------|--------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 25,306,760. | 39,336,766. | 70,145,724. | 148,185,045. | 225,418,220. | 508,392,515. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 Total. Add lines 1 through 3. | 25,306,760. | 39,336,766. | 70,145,724. | 148,185,045. | 225,418,220. | 508,392,515. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | 0 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 508,392,515. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|-------------|-------------|-------------|--------------|--------------|--------------------------|
| 7 Amounts from line 4 | 25,306,760. | 39,336,766. | 70,145,724. | 148,185,045. | 225,418,220. | 508,392,515. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 139,909. | 232,108. | 3,083,956. | 4,460,643. | 8,378,673. | 16,295,289. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH 1 | 117,583. | 553,449. | 641,489. | 1,150,561. | 594,472. | 3,057,554. |
| 11 Total support. Add lines 7 through 10 | | | | | | 527,745,358. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 96.33 % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | 97.44 % |
| 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2012, 2011. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2011 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2012, 2011. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2008 | 2009 | 2010 | 2011 | 2012 | TOTAL |
|------------------------|-----------------|-----------------|-----------------|-------------------|-----------------|-------------------|
| NAMELIST RENTAL INCOME | 117,583. | 553,449. | 641,489. | 1,150,561. | 594,472. | 3,057,554. |
| TOTALS | <u>117,583.</u> | <u>553,449.</u> | <u>641,489.</u> | <u>1,150,561.</u> | <u>594,472.</u> | <u>3,057,554.</u> |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

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

▶ **See separate instructions.**

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

| | |
|---|--|
| Name of organization WOUNDED WARRIOR PROJECT, INC. | Employer identification number 20-2370934 |
|---|--|

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | ----- | | | |
| (2) | ----- | | | |
| (3) | ----- | | | |
| (4) | ----- | | | |
| (5) | ----- | | | |
| (6) | ----- | | | |

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
 ATCH 1
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|---|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1 a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 256,250. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 256,250. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 157,817,693. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 158,073,943. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0 | 0 | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0 | 0 | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| 2 a Lobbying nontaxable amount | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 6,000,000. |
| c Total lobbying expenditures | 63,500. | 115,000. | 200,000. | 256,250. | 634,750. |
| d Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| f Grassroots lobbying expenditures | 3,000. | 20,000. | 30,000. | | 53,000. |

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities like influencing legislation, media advertisements, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 2 columns: Question, Amount. Rows include questions about dues, non-deductible lobbying expenditures, and carryover.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information *(continued)*

Part IV Supplemental Information (continued)

ATTACHMENT 1

SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: WOUNDED WARRIOR PROJECT LT SUPPORT TRUST
 ADDRESS: 4899 BELFORT ROAD
 JACKSONVILLE, FL 32256
 EIN: 37-6558533
 GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT:
 TOTAL LOBBYING EXPENDITURES:
 OTHER EXEMPT PURPOSE EXPENDITURES:
 TOTAL EXEMPT PURPOSE EXPENDITURES:
 LOBBYING NONTAXABLE AMOUNT:
 GRASSROOTS NONTAXABLE AMOUNT:
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. See separate instructions.

Name of the organization WOUNDED WARRIOR PROJECT, INC.

Employer identification number 20-2370934

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees...

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

Form for Part II Conservation Easements. Includes checkboxes for: Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 8/17/06... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?... 9 In Part XIII, describe how the organization reports conservation easements...

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition... 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition... (i) Revenues included in Form 990, Part VIII, line 1... (ii) Assets included in Form 990, Part X... 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1... b Assets included in Form 990, Part X...

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

Schedule D (Form 990) 2012

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment 80.0000 %
c Temporarily restricted endowment 20.0000 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) _____ | | |
| (B) _____ | | |
| (C) _____ | | |
| (D) _____ | | |
| (E) _____ | | |
| (F) _____ | | |
| (G) _____ | | |
| (H) _____ | | |
| (I) _____ | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

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

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

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

| 1. (a) Description of liability | (b) Book value | |
|---|----------------|--|
| (1) Federal income taxes | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| (11) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | | |

2. FIN 48 (ASC 740) Footnote. 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.

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

| | | | | |
|----------|--|-----------------------|-----------|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 304,233,419. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains on investments | 2a -448,733. | | |
| b | Donated services and use of facilities | 2b 69,999,209. | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 69,550,476. |
| 3 | Subtract line 2e from line 1 | | 3 | 234,682,943. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 234,682,943. |

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

| | | | | |
|----------|---|-----------------------|-----------|--------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 218,973,152. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a 69,999,209. | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 69,999,209. |
| 3 | Subtract line 2e from line 1 | | 3 | 148,973,943. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b 9,100,000. | | |
| c | Add lines 4a and 4b | | 4c | 9,100,000. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 158,073,943. |

Part XIII Supplemental Information

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ORGANIZATION'S ENDOWMENT FUNDS

AS OF SEPTEMBER 30, 2013, THE ORGANIZATION HAS ONE ENDOWMENT, WHICH IS CLASSIFIED AS PERMANENTLY RESTRICTED. UNDER THE TERMS OF THE GOVERNING DOCUMENTS RELATED TO THIS ENDOWMENT, INVESTMENT INCOME AND GAINS AND LOSSES ARE TO BE ADDED TO THE BALANCE OF THE ENDOWMENT.

ANNUALLY UP TO 5% OF THE FAIR VALUE OF THE ENDOWMENT MAY BE APPROPRIATED FOR EXPENDITURE. HOWEVER, APPROPRIATIONS MAY NOT REDUCE THE FAIR VALUE FOR THE ASSETS TO AN AMOUNT LESS THAN THE ORIGINAL ENDOWMENT OF \$1,000,000. THE ENDOWMENT NET ASSETS ARE REFLECTED ON THE STATEMENT OF FINANCIAL POSITION AT SEPTEMBER 30, 2013:

PERMANENTLY RESTRICTED \$1,000,000

TEMPORARILY RESTRICTED \$242,630

SCHEDULE D, PART X, LINE 2

FIN 48 ASC 740 FOOTNOTE

THE ORGANIZATION FOLLOWS AUTHORITATIVE GUIDANCE WHICH REQUIRES THE ORGANIZATION TO EVALUATE ITS TAX POSITIONS FOR ANY UNCERTAINTIES BASED ON THE TECHNICAL MERITS OF THE POSITION TAKEN. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE UPHELD ON EXAMINATION BY TAXING AUTHORITIES. AS OF SEPTEMBER 30, 2013, THE ORGANIZATION DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS AS REQUIRED AND ALL OTHER APPLICABLE RETURNS

Part XIII Supplemental Information (continued)

IN THOSE JURISDICTIONS WHERE IT IS REQUIRED. THE ORGANIZATION BELIEVES THAT IT IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2010. HOWEVER, THE ORGANIZATION IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM FISCAL YEAR 2010 FORWARD. NO INTEREST OR PENALTIES HAVE BEEN RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS RELATED TO ANY UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART XII, LINE 4B

OTHER RECONCILING ITEMS

GRANTS AND OTHER ASSISTANCE PROVIDED TO THE WOUNDED WARRIOR LONG TERM SUPPORT TRUST ELIMINATED UPON CONSOLIDATION OF AUDITED FINANCIAL STATEMENTS. THE TRUST CONSISTS OF FUNDS SET ASIDE FOR THE LONG TERM CARE OF THE MOST SEVERELY DISABLED WARRIORS. THE TRUST IS RECORDED IN INVESTMENTS ON THE AUDITED FINANCIAL STATEMENTS AS THE TRUST WAS CONSOLIDATED WITH WOUNDED WARRIOR PROJECT, INC. - \$9,100,000

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) EUROPE | | 3. | PROGRAM SERVICES | SEE SUPPLEMENTAL INFO. | 6,053,049. |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | | 3. | | | 6,053,049. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | 3. | | | 6,053,049. |

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

Schedule F (Form 990) 2012

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

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

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

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

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
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| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

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

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 3, COLUMN (E)

DESCRIPTION OF ACTIVITY IN THE REGION

REGION: EUROPE

SPECIFIC TYPES OF SERVICES IN REGION:

INTERNATIONAL SUPPORT- THE INTERNATIONAL SUPPORT PROGRAM IS THE INITIAL CONTACT WOUNDED WARRIORS HAVE WITH WWP WHILE IN GERMANY AT LANDSTUHL REGIONAL MEDICAL CENTER AND RAMSTEIN AIR BASE. WWP PROVIDES COMFORT ITEMS (CLOTHING, BLANKETS, ETC.) TO THE WARRIORS BEFORE THEY RETURN TO THE UNITED STATES. FOR WARRIORS STATIONED AT THE WARRIOR TRANSITION UNITS IN EUROPE, WWP HAS MULTIPLE PROGRAMS IN PLACE INCLUDING BENEFITS COUNSELING, TRANSITION TRAINING ACADEMY, SOLDIER RIDE AND COMBAT STRESS RECOVERY. WWP ALSO RECOGNIZES THE EFFORTS OF THE HOSPITAL DOCTORS, NURSES, AND STAFF WITH MUCH NEEDED STRESS RELIEF EVENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
WOUNDED WARRIOR PROJECT, INC.

Employer identification number
20-2370934

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|------------------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 CREATIVE DIRECT RESPONSE | COORDINATE DIRECT RESP | | X | 86,194,614. | 3,449,688. | 82,744,926. |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | 86,194,614. | 3,449,688. | 82,744,926. |

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

ALL STATES

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

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

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | |
|-----------------|---|---|---|---|---|-----|
| | | | | | | |
| Revenue | 1 | Gross revenue | | | | |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | () |
| | 8 | Net gaming income summary. Combine line 1, column d, and line 7 ▶ | | | | |

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

| | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B

(I)NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE

(I)ADDRESS OF FUNDRAISER: 16900 SCIENCE DR STE 210, BOWIE, MD 20715

(I)ACTIVITY OF FUNDRAISER; COORDINATION OF DIRECT RESPONSE SERVICES

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | ABLE FLIGHT INC 91 OAK LEAF LN CHAPEL HILL, NC 27516 | 20-5001037 | 501(C)(3) | 45,000. | | | | SEE SCH. O |
| (2) | ACHILLES INTERNATIONAL 42 WEST 38 ST NEW YORK, NY 10018 | 13-3318293 | 501(C)(3) | 50,000. | | | | SEE SCH. O |
| (3) | AIKEN TECHNICAL COLLEGE P.O. DRAWER 696 AIKEN, SC 29802 | 57-0523399 | 170(B)(1)(A)VI | 60,000. | | | | SEE SCH. O |
| (4) | AMERICAN COUNCIL ON EDUCATION 1 DUPONT CIRCLE NW WASHINGTON, DC 20036 | 53-0196573 | 501(C)(3) | 125,000. | | | | SEE SCH. O |
| (5) | AMERICAN NATIONAL RED CROSS 2025 E STREET NW WASHINGTON, DC 20006 | 53-0196605 | 501(C)(3) | 250,000. | | | | SEE SCH. O |
| (6) | ASHEVILLE BUNCOMBE COMMUNITY CHRISTIAN MINI 30 CUMBERLAND AVE ASHVILLE, NC 28801 | 56-0945001 | 501(C)(3) | 50,000. | | | | SEE SCH. O |
| (7) | AUGUSTA WARRIOR PROJECT 1190 INTERSTATE PARKWAY AUGUSTA, GA 30909 | 26-1176267 | 501(C)(3) | 150,000. | | | | SEE SCH. O |
| (8) | CAMARADERIE FOUNDATION, INC P.O. BOX 547276 ORLANDO, FL 32854 | 27-0593856 | 501(C)(3) | 40,000. | | | | SEE SCH. O |
| (9) | CATCH A LIFT FUND P.O. BOX 39622 BALTIMORE, MD 21212 | 27-3901149 | 501(C)(3) | 100,000. | | | | SEE SCH. O |
| (10) | COMMUNITY PARTNERS 1000 NORTH ALAMEDA ST | 95-4302067 | 501(C)(3) | 125,000. | | | | SEE SCH. O |
| (11) | COMMUNITY SERVICE COUNCIL OF GREATER TULSA 16 E 16 STREET TULSA, OK 74119 | 73-0580282 | 501(C)(3) | 200,000. | | | | SEE SCH. O |
| (12) | CONNECTICUT PUBLIC BROADCASTING, INC. 1049 ASYLUM AVE HARTFORD, CT 6105 | 06-0758938 | 501(C)(3) | 250,000. | | | | SEE SCH. O |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
- 3 Enter total number of other organizations listed in the line 1 table ▶ -----

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | CUYAHOGA COMMUNITY COLLEGE FOUNDATION 700 CARNEGIE AVE CLEVELAND, OH 44115 | 23-7320719 | 501(C)(3) | 10,000. | | | | SEE SCH. O |
| (2) | DARE2TRI PARATRIATHLON CLUB 847 N DAMEN 2R CHICAGO, IL 60622 | 45-3933200 | 501(C)(3) | 15,000. | | | | SEE SCH. O |
| (3) | DIGNITY U WEAR FOUNDATION INC 136 N MYRTLE AVE JACKSONVILLE, FL 32204 | 59-3635885 | 501(C)(3) | 65,000. | | | | SEE SCH. O |
| (4) | FAMILY SERVICES OF GREATER HOUSTON 3815 MONTROSE HOUSTON, TX 77006 | 74-1152613 | 501(C)(3) | 50,000. | | | | SEE SCH. O |
| (5) | FAMILY VIOLENCE PROJECT DBA HEROES & HEALTH 1575 E 17TH ST SANTA ANA, CA 92705 | 56-2282113 | 501(C)(3) | 50,000. | | | | SEE SCH. O |
| (6) | HENRY M. JACKSON FOUNDATION FOR THE ADVANCE MEDICINE, INC. BETHESDA, MD 20817 | 52-1317896 | 501(C)(3) | 545,180. | | | | SEE SCH. O |
| (7) | HONOLULU ACADEMY OF ARTS DBA HONOLULU MUSEU 900 S BERETANIA ST HONOLULU, HI 96814 | 99-0079713 | 501(C)(3) | 19,788. | | | | SEE SCH. O |
| (8) | LRMC FISHER HOUSES ATTN: VIVIAN L. WILSON APO, AE 9180 | 11-3158401 | 501(C)(3) | 170,000. | | | | SEE SCH. O |
| (9) | LUKE'S WINGS INC 1238 WISCONSIN AVE NW WASHINGTON, DC 20007 | 26-1691195 | 501(C)(3) | 50,000. | | | | SEE SCH. O |
| (10) | MINNESOTA ASSISTANCE COUNCIL FOR VETERANS 360 ROBERT ST N ST PAUL, MN 55101 | 41-1694717 | 501(C)(3) | 50,000. | | | | SEE SCH. O |
| (11) | NATIONAL MILITARY FAMILY ASSOCIATION 2500 N VAN DORN ST ALEXANDRIA, VA 22308 | 52-0899384 | 501(C)(3) | 30,000. | | | | SEE SCH. O |
| (12) | NATIONAL WORLD WAR II MUSEUM INC 945 MAGAZINE STREET NEW ORLEANS, LA 70130 | 72-1200790 | 501(C)(3) | 30,000. | | | | SEE SCH. O |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
- 3 Enter total number of other organizations listed in the line 1 table ▶ -----

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | NOT ALONE, LLC 1101 6TH AVENUE NORTH NASHVILLE, TN 37208 | 27-1934061 | 501(C)(3) | 422,000. | | | | SEE SCH. O |
| (2) | OREGON PARTNERSHIP, INC LINES FOR LIFE PORTLAND, OR 97239 | 93-0725294 | 501(C)(3) | 50,000. | | | | SEE SCH. O |
| (3) | PATTON VETERANS PROJECT INC 17 EAST 97TH STREET NEW YORK, NY 10029 | 46-0710726 | 501(C)(3) | 64,000. | | | | SEE SCH. O |
| (4) | PRINTMAKING CENTER OF NEW JERSEY 440 RIVER RD BRANCHBURG, NJ 8876 | 23-7425516 | 501(C)(3) | 125,000. | | | | SEE SCH. O |
| (5) | PROJECT HEALING WATERS FLY FISHING INC PO BOX 695 LA PLATA, MD 20646 | 61-1518154 | 501(C)(3) | 60,000. | | | | SEE SCH. O |
| (6) | REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES 10920 WILSHIRE BLVD LOS ANGELES, CA 90024 | 95-6006143 | 501(C)(3) | 100,000. | | | | SEE SCH. O |
| (7) | RESOUNDING JOY, INC. 11300 SORRENTO VALLEY RD | 75-3190962 | 501(C)(3) | 35,000. | | | | SEE SCH. O |
| (8) | RESOURCES FOR HUMAN DEVELOPMENT, INC 4700 WISSAHICKAN AVE PHILADELPHIA, PA 19144 | 23-1727133 | 501(C)(3) | 9,420. | | | | SEE SCH. O |
| (9) | ROCKAWAY POINT YACHT CLUB PO BOX 950045 FORT TILDEN, NY 11695 | 11-3047094 | 501(C)(3) | 15,000. | | | | SEE SCH. O |
| (10) | SHEPHERD CENTER FOUNDATION, INC. 2020 PEACHTREE ROAD NW ATLANTA, GA 30309 | 20-1238224 | 501(C)(3) | 250,000. | | | | SEE SCH. O |
| (11) | SIDE BY SIDE BRAIN INJURY CLUBHOUSE, INC. 1001 MAIN ST STONE MOUNTAIN, GA 30083 | 58-2448708 | 501(C)(3) | 50,000. | | | | SEE SCH. O |
| (12) | STUDENT VETERANS OF AMERICA 1625 K NW SUITE 320 WASHINGTON, DC 20006 | 26-1971279 | 501(C)(3) | 100,000. | | | | SEE SCH. O |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | SYRACUSE UNIVERSITY COMPTROLLER'S OFFICE SYRACUSE, NY 14322 | 15-0532081 | 501(C)(3) | 150,000. | | | | SEE SCH. O |
| (2) | TACOMA GOODWILL INDUSTRIES 714 S 27 STREET TACOMA, WA 98409 | 91-0573106 | 501(C)(3) | 49,319. | | | | SEE SCH. O |
| (3) | THE COMMUNITY FOUNDATION FOR THE CENTRAL SA P. O. BOX 31358 AUGUSTA, GA 30903 | 58-2184345 | 501(C)(3) | 2,000,000. | | | | SEE SCH. O |
| (4) | THE ELIZABETH DOLE FOUNDATION THE ELIZABETH DOLE FOUNDATION | 45-4292692 | 501(C)(3) | 600,000. | | | | SEE SCH. O |
| (5) | THE MISSION CONTINUES 1141 SOUTH 7TH STREET ST. LOUIS, MO 63104 | 20-8742553 | 501(C)(3) | 391,500. | | | | SEE SCH. O |
| (6) | THE PATHWAY HOME, A TIDES CENTER PROJECT PO BOX 3930 YOUNTVILLE, CA 94599 | 45-5350612 | 501(C)(3) | 41,000. | | | | SEE SCH. O |
| (7) | TROOPERS ASSISTING TROOPS P.O. BOX 091 TRENTON, NJ 80625 | 80-0586838 | 501(C)(3) | 7,000. | | | | SEE SCH. O |
| (8) | UNITED WAR VETERANS COUNCIL 346 BROADWAY SUITE 807 NEW YORK, NY 10013 | 13-3793337 | 501(C)(3) | 345,000. | | | | SEE SCH. O |
| (9) | USA CARES, INC 562B N DIXIE BLVD RADCLIFF, KY 40160 | 05-0588761 | 501(C)(3) | 100,000. | | | | SEE SCH. O |
| (10) | VETERANS ONE-STOP CENTER OF WNY, INC 1416 MAIN STREET BUFFALO, NY 14209 | 45-5098692 | 501(C)(3) | 50,000. | | | | SEE SCH. O |
| (11) | WALTER REED MEDICAL CENTER 8901 WISCONSIN AVE BETHESDA, MD 20889 | 52-1995734 | 501(C)(3) | 15,000. | | | | SEE SCH. O |
| (12) | WARRIOR GATEWAY, INC 2200 WILSON BLVD ARLINGTON, VA 22201 | 45-2157711 | 501(C)(3) | 100,000. | | | | SEE SCH. O |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | WOUNDED EOD WARRIOR FOUNDATION 33735 SNICKERSVILLE TURNPIKE | 20-8618412 | 501(C)(3) | 50,000. | | | | SEE SCH. O |
| (2) | WOUNDED WARRIOR PROJECT LT SUPPORT TRUST 4899 BELFORT ROAD SUITE 300 | 37-6558533 | 501(C)(3) | 9,100,000. | | | | SEE SCH. O |
| (3) | YELLOW RIBBON FUND, INC 4905 DEL RAY AVENUE BETHESDA, MD 20814 | 36-4567583 | 501(C)(3) | 50,000. | | | | SEE SCH. O |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 51.

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 TRACK STUDENT GRANTS | 99. | 853,365. | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

MONITORING OF GRANTS

THE GRANTS/ASSISTANCE PAID ARE MONITORED BY THE PROGRAM DIRECTORS BASED ON THE CONTRACT/AGREEMENT. REPORTS AND UPDATES ARE GIVEN TO THE PROGRAM DIRECTOR BY THE ORGANIZATION RECEIVING THE FUNDS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2012

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 STEVEN NARDIZZI EXECUTIVE DIRECTOR | (i) | 250,000. | 125,000. | 0 | 10,000. | 12,490. | 397,490. | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 ALBION GIORDANO DEPUTY EXECUTIVE DIRECTOR | (i) | 225,000. | 112,500. | 0 | 10,000. | 17,905. | 365,405. | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 RONALD W. BURGESS CHIEF FINANCIAL OFFICER | (i) | 154,615. | 28,000. | 0 | 7,304. | 12,284. | 202,203. | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 JEREMY CHWAT CHIEF PROGRAM OFFICER | (i) | 178,267. | 40,000. | 0 | 4,323. | 17,774. | 240,364. | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 ADAM SILVA CHIEF DEVELOPMENT OFFICER | (i) | 166,442. | 37,500. | 0 | 6,831. | 17,754. | 228,527. | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 JOHN T. HAMRE III EVP DIRECT RESPONSE | (i) | 134,750. | 26,000. | 0 | 3,215. | 6,268. | 170,233. | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 CHRISTINE O. HILL EVP CONGRESSIONAL AFFAIRS | (i) | 130,000. | 3,900. | 0 | 5,356. | 12,196. | 151,452. | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 RALPH J. IBSON NATIONAL POLICY DIRECTOR | (i) | 130,000. | 10,400. | 0 | 5,616. | 11,121. | 157,137. | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 BRUCE G. NITSCHKE EVP, SPECIAL PROJECTS | (i) | 120,000. | 24,000. | 0 | 5,091. | 6,206. | 155,297. | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 JOHN W. ROBERTS EVP MENTAL HEALTH | (i) | 120,000. | 20,400. | 0 | 5,616. | 17,586. | 163,602. | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 JOHN M. MOLINO PROGRAMS CHIEF OF STAFF | (i) | 134,750. | 26,000. | 0 | 0 | 802. | 161,552. | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Name of the organization
WOUNDED WARRIOR PROJECT, INC.

Employer identification number
20-2370934

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 187. | 1,156,770. | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (<u>ATCH 1</u>) | | 1,387. | 4,980,931. | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

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

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

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

Schedule M (Form 990) (2012)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

| <u>DESCRIPTION</u> | <u>(A) CHECK</u> | <u>(B) NUMBER OF CONTRIBUTIONS</u> | <u>(C) REVENUES REPORTED</u> | <u>(D) METHOD OF DETERMINING</u> |
|--------------------|------------------|------------------------------------|------------------------------|----------------------------------|
| SUPPLIES | X | 297. | 606,632. | FAIR MARKET VALUE |
| BACKPACKS | X | 17. | 338,690. | FAIR MARKET VALUE |
| PROMOTIONAL ITEMS | X | 39. | 506,997. | FAIR MARKET VALUE |
| EQUIPMENT | X | 45. | 2,131,766. | FAIR MARKET VALUE |
| AUCTION ITEMS | X | 66. | 51,125. | FAIR MARKET VALUE |
| SPORTS & CONCERTS | X | 923. | 1,345,721. | FAIR MARKET VALUE |
| TOTALS | | <u>1,387.</u> | <u>4,980,931.</u> | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

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.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

20-2370934

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

PHYSICAL HEALTH & REHABILITATION- \$8,788,354 INCLUDING GRANTS OF
\$608,920

THE PHYSICAL HEALTH & REHABILITATION PROGRAM HAS THREE STRATEGIC
OBJECTIVES: 1) PROVIDE COMPREHENSIVE RECREATION AND SPORTS PROGRAMS TO
OPTIMIZE PHYSICAL AND PSYCHOLOGICAL WELL-BEING OF WARRIORS; 2) DEVELOP
PHYSICAL HEALTH PROMOTION STRATEGIES TO IMPROVE WARRIORS' PHYSICAL
HEALTH; 3) ENSURE WARRIORS WITH SEVERE PHYSICAL INJURIES HAVE ACCESS TO
SECONDARY PHYSICAL REHABILITATION AND THE LATEST TECHNOLOGY TO MAXIMIZE
THEIR INDEPENDENCE. THE PROGRAM IS INCLUSIVE OF ALL WARRIORS INCLUDING
THOSE WITH AMPUTATIONS, SPINAL CORD INJURIES, BURNS, VISUAL IMPAIRMENTS,
TRAUMATIC BRAIN INJURIES, POST-TRAUMATIC STRESS DISORDER, AND OTHER
COGNITIVE AND MENTAL HEALTH CONDITIONS. BY CHALLENGING THE WARRIOR
THROUGH PHYSICAL ACTIVITY, SUCH AS SPORTS AND RECREATION, HE/SHE MOVES
BEYOND REHABILITATION TO CONTINUE ON A PATH TOWARD PHYSICAL HEALTH AND
WELL-BEING. IN ADDITION, WWP'S PHYSICAL FITNESS AND HEALTH PROMOTION
PROGRAMS AIM TO ASSIST WARRIORS TO ADOPT A HEALTHY LIFESTYLE THAT WILL
BENEFIT THEM THROUGHOUT THEIR LIFETIME.

BENEFITS SERVICES - \$5,338,347 INCLUDING GRANTS OF \$9,000

THE BENEFITS SERVICES PROGRAM PROVIDES SUPPORT, EDUCATION, AND CLAIMS
REPRESENTATION TO WOUNDED WARRIORS. THIS INCLUDES ADVISING WARRIORS ON
BENEFITS AND PROVIDING INFORMATION ON HOW TO ACCESS THEM THROUGH THE

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

DEPARTMENT OF DEFENSE, DEPARTMENT OF VETERANS AFFAIRS, AND SOCIAL SECURITY. ACCESSING BENEFITS CAN BE THE FOUNDATION TO A WARRIOR'S FUTURE SUCCESS.

TRACK - \$4,540,030 INCLUDING GRANTS OF \$853,365

TRACK IS THE FIRST EDUCATION CENTER IN THE NATION DESIGNED SPECIFICALLY FOR WOUNDED WARRIORS. TRACK IS FOCUSED ON PROVIDING COLLEGE AND EMPLOYMENT ACCESS TO WOUNDED WARRIORS AND IS AN INTENSIVE AND HOLISTIC TRAINING EXPERIENCE FOR THE MIND, BODY, AND SPIRIT. IT IS A 12-MONTH PROGRAM WITH DUAL EMPHASIS ON COLLEGE PREP AND JOB PREPAREDNESS. THE FIRST HALF OF THE PROGRAM IS PRIMARILY ACADEMIC AND CLASSROOM BASED WHERE STUDENTS RECEIVE ANCILLARY SUPPORT SERVICES CONSISTING OF PEAK PERFORMANCE TRAINING THROUGH APEX PERFORMANCE, HEALTH AND WELLNESS TRAINING, PERSONAL FINANCE WORKSHOPS, AND RESUME AND INTERVIEW PREPARATION ASSISTANCE. FOR THE SECOND HALF OF TRACK, AN EXTERNSHIP COMPONENT WITH A LOCAL EMPLOYER IS ADDED, WHILE STUDENTS CONTINUE WITH ACADEMIC CLASSES AND SUPPORT SERVICES. THE VOCATIONAL TRAINING GAINED IN THE EXTERNSHIP PHASE IS INVALUABLE TO ASSIST IN THE TRANSITION OF WARRIORS FROM THE MILITARY TO A SUCCESSFUL CIVILIAN LIFE.

FAMILY SUPPORT SERVICES - \$5,716,280 INCLUDING GRANTS OF \$992,000

THE FAMILY SUPPORT PROGRAM PROVIDES SUPPORT AND RESPITE PROGRAMS FOR A WOUNDED WARRIOR'S FAMILY MEMBERS AND/OR CAREGIVER. WHEN A SERVICE MEMBER IS WOUNDED, THE INJURY PLACES TREMENDOUS STRESS ON THE INDIVIDUAL'S FAMILY MEMBERS, MANY OF WHOM FACE A NEW ROLE AS FULL-TIME CAREGIVER AND

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

ADVOCATE FOR THEIR RECOVERY. THESE CAREGIVERS ARE INTEGRAL TO THE WARRIOR'S SUCCESSFUL RECOVERY AND, AS SUCH, NEED SPECIAL PROGRAMS AND SERVICES TO ADDRESS THEIR UNIQUE CONCERNS AND NEEDS.

INTERNATIONAL SERVICES - \$4,703,055 INCLUDING GRANTS OF \$176,000
THE INTERNATIONAL SERVICES PROGRAM IS THE INITIAL CONTACT WOUNDED WARRIORS HAVE WITH WWP WHILE IN GERMANY AT LANDSTUHL REGIONAL MEDICAL CENTER AND RAMSTEIN AIR BASE. WWP PROVIDES COMFORT ITEMS (CLOTHING, BLANKETS, ETC.) TO THE WARRIORS BEFORE THEY RETURN TO THE UNITED STATES. FOR WARRIORS STATIONED AT THE WARRIOR TRANSITION UNITS IN EUROPE, WWP HAS MULTIPLE PROGRAMS IN PLACE INCLUDING BENEFITS COUNSELING, TRANSITION TRAINING ACADEMY, SOLDIER RIDE AND COMBAT STRESS RECOVERY. WWP ALSO RECOGNIZES THE EFFORTS OF THE HOSPITAL DOCTORS, NURSES, AND STAFF WITH MUCH NEEDED STRESS RELIEF EVENTS.

WWP PACKS - \$1,596,987 INCLUDING GRANTS OF \$7,500
WWP PACKS CONTAIN ESSENTIAL CARE AND COMFORT ITEMS INCLUDING CLOTHING, TOILETRIES, PLAYING CARDS, AND MORE, ALL DESIGNED TO MAKE A WARRIOR'S HOSPITAL STAY MORE COMFORTABLE. BACKPACKS ARE PROVIDED TO WOUNDED SERVICE MEMBERS ARRIVING AT MILITARY TRAUMA CENTERS ACROSS THE UNITED STATES. A SMALLER VERSION OF THE WWP BACKPACK, TRANSITIONAL CARE PACKS, ARE SENT OVERSEAS TO PROVIDE IMMEDIATE COMFORT DURING A WARRIOR'S EVACUATION FROM FIELD HOSPITALS TO LARGER MILITARY TREATMENT FACILITIES STATESIDE AND OVERSEAS. FAMILY SUPPORT TOTES ARE DISTRIBUTED TO THE SPOUSE OR FAMILY CAREGIVER AS THEY STAND BY THEIR LOVED ONE WHILE IN THE HOSPITAL.

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

WARRIORS TO WORK - \$7,214,394 INCLUDING GRANTS OF \$789,500

WARRIORS TO WORK (WTOW) IS ONE OF THE CORNERSTONES OF WWP'S EFFORTS TO ACHIEVE ITS STRATEGIC GOAL OF ECONOMICALLY EMPOWERING WOUNDED WARRIORS. WTOW ASSISTS WOUNDED WARRIORS WITH THEIR TRANSITION TO THE WORKFORCE. WTOW OFFERS A COMPLETE PACKAGE OF EMPLOYMENT ASSISTANCE SERVICES INCLUDING RESUME ASSISTANCE, INTERVIEWING SKILLS, NETWORKING, JOB TRAINING, AND JOB PLACEMENT. WTOW PROGRAM STAFF PROVIDE CONTINUED INDIVIDUAL COUNSELING AND PERSONAL SUPPORT TO ALL PROGRAM PARTICIPANTS AS THEY STRIVE TO BUILD A CAREER IN THE CIVILIAN WORKFORCE.

WARRIORS SPEAK - \$1,697,746 INCLUDING GRANTS OF \$0

WARRIORS SPEAK PROGRAM IS A PRESTIGIOUS GROUP OF WOUNDED WARRIORS AND CAREGIVERS WHO HAVE BEEN SELECTED TO SHARE THEIR PERSONAL, INSPIRATIONAL STORIES OF COURAGE AND INTEGRITY WITH THE PUBLIC. THE SPEAKERS ALSO DESCRIBE HOW WOUNDED WARRIOR PROJECT (WWP) HAS AIDED THEM IN THE RECOVERY PROCESS AND HELPED THEM TRANSITION BACK TO CIVILIAN LIFE. PARTICIPANTS ARE TRAINED TO BECOME EFFECTIVE SPOKESPERSONS THROUGH THE WARRIORS SPEAK COURSE, WHICH INCLUDES TOOLS TO HELP THEM ORGANIZE THOUGHTS, COMPOSE PRESENTATIONS, AND COMMUNICATE SUCCESSFULLY. THE TRAINING PROVIDES IMPORTANT LIFE SKILLS THAT HELP WARRIORS SUCCEED SOCIALLY, AT THEIR WORKPLACE, AND AS COMMUNITY LEADERS. WARRIORS SPEAK PARTICIPANTS SHARE THEIR COMPELLING STORIES BEFORE PUBLIC AUDIENCES SUCH AS CIVIC ORGANIZATIONS, SOCIAL CLUBS, BUSINESS GROUPS, AND CONFERENCES.

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

TRANSITION TRAINING ACADEMY - \$4,424,903 INCLUDING GRANTS OF \$209,000

TRANSITION TRAINING ACADEMY(TTA) PROVIDES INNOVATIVE INFORMATION TECHNOLOGY (IT) TRAINING TO WOUNDED WARRIORS WHO ARE STILL ON ACTIVE DUTY. TTA CLASSES ARE TAUGHT IN A MODIFIED CLASSROOM SETTING WITH FLEXIBLE CLASS SCHEDULES TO ACCOMMODATE PARTICIPANTS' MEDICAL AND DUTY REQUIREMENTS DURING REHABILITATION IN MILITARY TREATMENT FACILITIES. COURSES INCLUDE: COMPUTERS AND SOCIETY, COMPUTER HARDWARE, OPERATING SYSTEMS, COMPUTER APPLICATIONS, SMALL OFFICE/HOME OFFICE, THE INTERNET, MOBILE COMPUTING, AND SECURITY, ALL OF WHICH ALIGN TO INDUSTRY-RECOGNIZED CERTIFICATIONS. TTA UTILIZES A WEB-BASED "VIRTUAL LEARNING ENVIRONMENT" (VLE), CREATED THIS PAST FISCAL YEAR TO SUPPORT SCALED PROGRAM GROWTH AND IMPACT MEASUREMENT. VLE ALLOWS THE PROGRAM TO DEVELOP CONTENT CUSTOMIZED TO ITS TARGETED POPULATION ACROSS THE COUNTRY AND OVERSEAS. TTA WAS DEVELOPED IN PARTNERSHIP WITH CISCO SYSTEMS, INC. AND THE U.S. DEPARTMENT OF LABOR(DOL). TTA SITES ARE LOCATED AT 17 BASES.

PEER SUPPORT - \$2,386,866 INCLUDING GRANTS OF \$104,915

PEER SUPPORT IS THE PROGRAMMATIC EMBODIMENT OF WWP'S LOGO, FOSTERING RELATIONSHIPS THAT ENABLE ONE WARRIOR TO HELP ANOTHER THROUGH THE RECOVERY PROCESS. WWP PEER MENTORS ARE TRAINED TO BE RESOURCES, LISTENERS, AND "HOSPITAL BUDDIES," WHO CAN SHARE THEIR UNDERSTANDING AND PERSPECTIVE.

EDUCATION SERVICES - \$1,835,413 INCLUDING GRANTS OF \$493,000

EDUCATION HAS THE UNIQUE ABILITY TO UPLIFT AND EMPOWER WOUNDED WARRIORS

| | |
|---|--|
| Name of the organization WOUNDED WARRIOR PROJECT, INC. | Employer identification number 20-2370934 |
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ON THE JOURNEY TO SELF-SUSTAINABILITY AND LONG-TERM PROSPERITY. EDUCATION SERVICES PREPARES WARRIORS FOR SUCCESS BY HELPING THEM ACHIEVE THEIR EDUCATIONAL GOALS. WOUNDED WARRIORS HAVE DIFFERENT NEEDS THAN TYPICAL STUDENTS BECAUSE OF THE INSTITUTIONAL AND SOCIAL OBSTACLES THEY MIGHT FACE DUE TO COMBAT STRESS, ACCESSIBILITY TO LEARNING MODELS, AND SOCIAL INSTABILITY BECAUSE OF SOCIAL EXPERIENCES. THEREFORE, COMPREHENSIVE POLICIES ARE NEEDED TO CREATE A STABLE AND SUPPORTIVE ENVIRONMENT TO OVERCOME THEIR ACADEMIC AND SOCIAL CHALLENGES. BY WORKING DIRECTLY WITH WARRIORS' RESPECTIVE EDUCATIONAL INSTITUTIONS, WE EMPOWER WARRIORS TO SUCCESSFULLY COMPLETE THEIR CHOSEN ACADEMIC OR VOCATIONAL PROGRAMS. WWP'S MIND, BODY, AND SPIRIT APPROACH TO CARE RECOGNIZES THAT EACH INDIVIDUAL WARRIOR'S NEEDS MAY EXTEND BEYOND CAMPUS SERVICES' OFFERINGS. IN THOSE INSTANCES, WE CONNECT WARRIORS WITH OTHER APPROPRIATE WWP PROGRAMS AND SERVICES, SUCH AS PROJECT ODYSSEY OR WARRIORS TO WORK AS PART OF OUR HOLISTIC APPROACH TO WWP CARE.

WWP TALK - \$1,046,184 INCLUDING GRANTS OF \$0.

WWP TALK PROVIDES TELEPHONIC, EMOTIONAL SUPPORT TO WOUNDED WARRIOR PROJECT ALUMNI AND HELPS BRIDGE THE GAP THAT MAY PREVENT PARTICIPATION IN OTHER PROGRAMS. THIS HELPLINE WAS CREATED FOR WOUNDED SERVICE MEMBERS LIVING WITH PTSD, DEPRESSION, COMBAT STRESS, OR OTHER MENTAL HEALTH CONDITIONS. TOGETHER, THE WARRIOR AND WWP TALK TEAMMATES DEVELOP COPING STRATEGIES TO OVERCOME CHALLENGES AND LEARN TO THRIVE AGAIN DESPITE INVISIBLE WOUNDS.

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| Name of the organization WOUNDED WARRIOR PROJECT, INC. | Employer identification number 20-2370934 |
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INDEPENDENCE PROGRAM - \$11,491,465 INCLUDING GRANTS OF \$9,100,000.

INDEPENDENCE PROGRAM - A PROGRAM FOR WARRIORS WHO DEPEND ON THEIR FAMILIES AND CAREGIVERS DUE TO A MODERATE TO SEVERE TRAUMATIC BRAIN INJURY (TBI), SPINAL-CORD INJURY, OR OTHER NEUROLOGICAL CONDITIONS. THE INDEPENDENCE PROGRAM WORKS WITH THE WARRIOR AND THEIR FULL SUPPORT TEAM WHILE CREATING AN INDIVIDUALIZED PLAN FOR EACH WARRIOR FOCUSING ON GOALS THAT PROVIDE A FUTURE WITH PURPOSE AT NO COST TO THE WARRIOR AND HIS OR HER SUPPORT TEAM. THE SERVICES COVERED CAN INCLUDE A LITERACY TUTOR, LIFE SKILLS COACH, COMMUNITY SUPPORT WORKER, REHABILITATIVE CARE, ETC. THE GRANT TO THE LONG-TERM SUPPORT TRUST PROVIDES FUNDS TO ENSURE SERVICES INCLUDING LIFE-SKILLS TRAINING, HOME CARE, TRANSPORTATION, RESIDENTIAL OPTIONS, ETC. REMAIN AVAILABLE TO THE SEVERELY WOUNDED, WHO UPON THE LOSS OF THEIR CAREGIVER, IS AT RISK FOR INSTITUTIONALIZATION. THE GOAL IS TO EMPOWER EACH WARRIOR TO LIVE AS INDEPENDENTLY AS POSSIBLE, WITH THE HIGHEST QUALITY OF LIFE AND FINEST, MOST COMPASSIONATE CARE POSSIBLE.

TOTAL EXPENSES \$60,780,024 INCLUDING GRANTS OF \$13,343,200 REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2

A BUSINESS RELATIONSHIP EXISTS BETWEEN WOUNDED WARRIOR PROJECT BOARD DIRECTORS CHARLES BATTAGLIA AND ANTHONY PRINCIPI.

FORM 990 PART VI, SECTION B, LINE 11

THE AUDIT COMMITTEE REVIEWS THE FORM 990 AND IF THEY APPROVE IT, IT IS RECOMMENDED TO THE FULL BOARD FOR APPROVAL. FOLLOWING FULL BOARD APPROVAL, THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE.

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|---|--|
| Name of the organization WOUNDED WARRIOR PROJECT, INC. | Employer identification number 20-2370934 |
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FORM 990, PART VI, SECTION B, LINE 12C

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH POWERS DELEGATED BY THE BOARD SHALL ANNUALLY SIGN A STATEMENT THAT AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CORPORATION'S CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE CORPORATION'S POLICY, HAS AGREED TO COMPLY WITH THE CORPORATION'S POLICY AND UNDERSTANDS THE CORPORATION IS A NONPROFIT CORPORATION AND, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. NONCOMPLIANCE WITH THE POLICY IS DEALT WITH EXPEDITIOUSLY.

FORM 990, PART VI, SECTION B, LINE 15

COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR AND DEPUTY EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. COMPARABILITY DATA IS USED IN DETERMINING THESE SALARIES. COMPENSATION FOR ALL OTHER OFFICERS IS APPROVED BY THE EXECUTIVE DIRECTOR AND DEPUTY EXECUTIVE DIRECTOR IN CONJUNCTION WITH THE HUMAN RESOURCES DEPARTMENT. COMPARABILITY DATA IS ALSO USED IN DETERMINING THESE SALARIES. THE ORGANIZATION DOCUMENTS THE BASIS FOR ITS COMPENSATION DETERMINATIONS IN THE ORGANIZATION'S MEETING MINUTES OR OTHER INTERNAL DOCUMENTS, WHICH ARE CREATED AT THE TIME COMPENSATION IS APPROVED AND REFLECT THE REASONS UNDERLYING PARTICULAR COMPENSATION DETERMINATIONS.

FORM 990, PART VI, SECTION C, LINE 19

FORM 990 AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE. ALL OTHER DATA IS AVAILABLE UPON REQUEST FROM

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|---|--|
| Name of the organization WOUNDED WARRIOR PROJECT, INC. | Employer identification number 20-2370934 |
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THE CORPORATE HEADQUARTERS AT 4899 BELFORT ROAD, SUITE 300, JACKSONVILLE,
FL 32256.

FORM 990, PART XII, LINE 2C

YES, THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY
FOR OVERSIGHT OF THE AUDIT, REVIEW OR COMPILATION OF ITS FINANCIAL
STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

THE AUDIT COMMITTEE HAS NOT UNDERGONE ANY CHANGES SINCE THE PREVIOUS
YEAR.

SCH. I GRANTS PAID TO A GOVERNMENT OR ORGANIZATION IN THE U.S.

ABLE FLIGHT INC

20-5001037

91 OAK LEAF LN CHAPEL HILL NC 27516

501(C)(3)

45,000.00

EMPOWERS WOUNDED VETERANS TO PARTICIPATE IN AVIATION CAREER TRAINING.

ACHILLES INTERNATIONAL

13-3318293

42 WEST 38 ST NEW YORK NY 10018

501(C)(3)

50,000.00

VETERAN'S REINTEGRATION AND EMPLOYMENT PROGRAM.

AIKEN TECHNICAL COLLEGE

| | |
|---|--|
| Name of the organization WOUNDED WARRIOR PROJECT, INC. | Employer identification number 20-2370934 |
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57-0523399

P.O. DRAWER 696 AIKEN SC 29802-0696

170(B)(1)(A)(VI)

60,000.00

PROVIDES SERVICES TO AID IN BUILDING PHYSICAL STRENGTH AND CONFIDENCE.

AMERICAN CHARITIES FOR REASONABLE FUNDRAISING REGULATION

22-3096395

333 CHURCH AVE SW ROANOKE VA 24016-5007

501(C)(3)

5,000.00

COMBATS EXCESSIVE REGULATION OF NONPROFITS AND OF FUNDRAISING BY MEANS OF
LITIGATION.

AMERICAN COUNCIL ON EDUCATION

53-0196573

1 DUPONT CIRCLE NW WASHINGTON DC 20036

501(C)(3)

125,000.00

PROVIDES FREE TRAINING TO COLLEGE AND UNIVERSITY MENTAL HEALTH COUNSELING
CENTERS.

AMERICAN NATIONAL RED CROSS

53-0196605

2025 E STREET NW WASHINGTON, DC 20006

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| Name of the organization WOUNDED WARRIOR PROJECT, INC. | Employer identification number 20-2370934 |
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501(C)(3)

250,000.00

HURRICANE SANDY RELIEF

ASHEVILLE BUNCOMBE COMMUNITY CHRISTIAN MINISTRY, INC

56-0945001

30 CUMBERLAND AVE ASHVILLE NC 28801

501(C)(3)

50,000.00

PROVIDE HOMELESS VETERANS THE EDUCATION AND TRAINING THAT LEADS TO
EMPLOYMENT.

AUGUSTA WARRIOR PROJECT

26-1176267

1190 INTERSTATE PARKWAY AUGUSTA GA 30909

501(C)(3)

150,000.00

PROVIDES OUTREACH ADVOCACY AND CASE COORDINATION TO WARRIORS

CAMARADERIE FOUNDATION, INC

27-0593856

P.O. BOX 547276 ORLANDO FL 32854

501(C)(3)

40,000.00

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| Name of the organization WOUNDED WARRIOR PROJECT, INC. | Employer identification number 20-2370934 |
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PROVIDES COUNSELING FOR WARRIORS LIVING WITH INVISIBLE WOUNDS OF WAR.

CATCH A LIFT FUND

27-3901149

P.O. BOX 39622 BALTIMORE MD 21212

501(C)(3)

100,000.00

PROMOTES PHYSICAL AND MENTAL HEALING BY PROVIDING FREE GYM MEMBERSHIP.

COMMUNITY PARTNERS

95-4302067

1000 NORTH ALAMEDA ST LOSA ANGELES CA 90012

501(C)(3)

125,000.00

THE MISSION OF THE FARMER VETERAN COALITION IS TO MOBILIZE VETERANS TO
FEED AMERICA.

COMMUNITY SERVICE COUNCIL OF GREATER TULSA

73-0580282

16 E 16 STREET TULSA OK 74119

501(C)(3)

200,000.00

ASSISTS VETERANS IN CREATING PARTICIPANT-ORIENTED GOALS TO GUIDE THEM TO
SELF-SUFFICIENCY.

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| Name of the organization WOUNDED WARRIOR PROJECT, INC. | Employer identification number 20-2370934 |
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CONNECTICUT PUBLIC BROADCASTING, INC.

06-0758938

1049 ASYLUM AVE HARTFORD CT 06105

501(C)(3)

250,000.00

PROVIDES TRAINING IN MEDIA ARTS AND VIDEO PRODUCTION.

CUYAHOGA COMMUNITY COLLEGEFOUNDATION

23-7320719

700 CARNEGIE AVE CLEVELAND OH 44115

501(C)(3)

10,000.00

DEVELOPS PROGRAMS AND STRATEGIC TRANSITION SERVICES TO CONTINUE THEIR
EDUCATION.

DARE2TRI PARATRIATHLON CLUB

45-3933200

847 N DAMEN 2R CHICAGO IL 60622

501(C)(3)

15,000.00

TO POSITIVELY IMPACT THE LIVES OF ATHLETES WITH PHYSICAL DISABILITIES OR
VISUAL IMPAIRMENTS BY PROVIDING OPPORTUNITIES TO DEVELOP THEIR SKILLS IN
THE SPORT OF PARATRIATHLON WHILE INSPIRING THE COMMUNITY AT LARGE.

DIGNITY U WEAR FOUNDATION INC

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| Name of the organization WOUNDED WARRIOR PROJECT, INC. | Employer identification number 20-2370934 |
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59-3635885

136 N MYRTLE AVE JACKSONVILLE FL 32204

501(C)(3)

65,000.00

PROVIDES CLOTHING TO THOSE IN NEED, AND AIMS TO DISTRIBUTE CLOTHING ITEMS
IN A WAY THAT MAXIMIZES THE IMPACT HAS ON LIVES.

FAMILY SERVICES OF GREATER HOUSTON

74-1152613

3815 MONTROSE HOUSTON TX 77006-1110

501(C)(3)

50,000.00

PROVIDES FINANCIAL ASSISTANCE TO IRAQ AND AFGHANISTAN VETERANS AND THEIR
FAMILIES.

FAMILY VIOLENCE PROJECT DBA HEROES & HEALTHY FAMILIES

56-2282113

1575 E 17TH ST SANTA ANA CA 92705

501(C)(3)

50,000.00

ASSIST IN HEALING THE "INVISIBLE WOUNDS OF WAR" BY PRESENTING COMBAT
OPERATIONAL STRESS CONFERENCES AND MARRIAGE RETREATS.

HENRY M. JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE

52-1317896

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| Name of the organization WOUNDED WARRIOR PROJECT, INC. | Employer identification number 20-2370934 |
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6720 ROCKLEDGE DRIVE BETHESDA MD 20817

501(C)(3)

545,180.00

A GLOBAL ORGANIZATION DEDICATED TO ADVANCING MILITARY MEDICAL RESEARCH.

HONOLULU ACADEMY OF ARTS DBA HONOLULU MUSEUM OF ART

99-0079713

900 S BERETANIA ST HONOLULU HAWAII 96814

501(C)(3)

19,788.00

PROVIDES MUSEUM TOUR AND ART-MAKING SESSION THAT HELPS WARRIORS RESOLVE
PERSONAL ISSUES.

LRMC FISHER HOUSES

11-3158401

CMR 402, BOX 669, APO AE 09180

501(C)(3)

170,000.00

PROVIDE FINANCIAL ASSISTANCE TO CURRENT MEMBERS OF THE UNITED STATES
ARMED SERVICES, VETERANS, AND THEIR FAMILIES.

LUKE'S WINGS INC

26-1691195

1238 WISCONSIN AVE NW WASHINGTON DC 20007

501(C)(3)

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50,000.00

PROVIDES AIRLINE TICKETS TO FAMILIES OF WOUNDED WARRIORS.

MINNESOTA ASSISTANCE COUNCIL FOR VETERANS

41-1694717

360 ROBERT ST N ST PAUL MN 55101

501(C)(3)

50,000.00

TO PROVIDE ASSISTANCE THROUGHOUT MINNESOTA TO POSITIVELY MOTIVATED
VETERANS AND THEIR FAMILIES WHO ARE HOMELESS OR EXPERIENCING OTHER LIFE
CRISES.

NATIONAL MILITARY FAMILY ASSOCIATION

52-0899384

2500 N VAN DORN ST ALEXANDRIA VA 22308

501(C)(3)

30,000.00

PROVIDES FAMILIES OF WOUNDED SERVICE MEMBERS TRAVEL SERVICES AND
ACCOMMODATIONS DURING THEIR WARRIOR'S HOSPITALIZATION AND REHABILITATION

NATIONAL WORLD WAR II MUSEUM INC

72-1200790

945 MAGAZINE STREET NEW ORLEANS LA 70130

501(C)(3)

30,000.00

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| Name of the organization WOUNDED WARRIOR PROJECT, INC. | Employer identification number 20-2370934 |
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PROVIDE INTERNSHIPS TO WARRIORS.

NOT ALONE, LLC

27-1934061

1101 6TH AVENUE NORTH NASHVILLE TN 37208

501(C)(3)

422,000.00

PROVIDE GUIDANCE AND COORDINATION TO VETERANS AND THEIR FAMILIES.

OREGON PARTNERSHIP, INC

93-0725294

LINES FOR LIFE 5100 SW MACADAM AVENUE, SUITE 400 PORTLAND OR

97239

501(C)(3)

50,000.00

THE MILITARY HELPLINE SERVES MEMBERS OF THE MILITARY, VETERANS AND THEIR FAMILIES ANONYMOUSLY 24-HOURS A DAY WITH A TEAM OF VETERANS AND TRAINED VOLUNTEER CRISIS WORKERS.

PATTON VETERANS PROJECT INC

46-0710726

17 EAST 97TH STREET NEW YORK NY 10029

501(C)(3)

64,000.00

UTILIZES FILM WORKSHOPS TO ASSIST ACTIVE DUTY SERVICE MEMBERS WITH

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| Name of the organization WOUNDED WARRIOR PROJECT, INC. | Employer identification number 20-2370934 |
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POST-TRAUMATIC STRESS DISORDER AND/OR TRAUMATIC BRAIN INJURIES BY
PRODUCING SHORT FILMS.

PRINTMAKING CENTER OF NEW JERSEY

23-7425516

440 RIVER RD BRANCHBURG NJ 08876

501(C)(3)

125,000.00

ASSIST SERVICE MEMBERS IN THEIR PSYCHOLOGICAL, EMOTIONAL, AND PHYSICAL
RECOVERY THROUGH PRINTMAKING AND HANDMADE PAPERMAKING.

PROJECT HEALING WATERS FLY FISHING INC

61-1518154

PO BOX 695 LA PLATA MD 20646

501(C)(3)

60,000.00

PROMOTES CAMARADERIE AND SUPPORT AMONG WOUNDED VETERANS THROUGH
THERAPEUTIC RECREATIONAL FLY FISHING ACTIVITIES.

REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES

95-6006143

10920 WILSHIRE BLVD LOS ANGELES CA 90024-6502

501(C)(3)

100,000.00

PROVIDE SERVICES TO HELP FAMILIES BECOME MORE RESILIENT IN THE FACE OF

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| Name of the organization WOUNDED WARRIOR PROJECT, INC. | Employer identification number 20-2370934 |
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CHALLENGES.

RESOUNDING JOY, INC.

75-3190962

11300 SORRENTO VALLEY RD SAN DIEGO CA 92121

501(C)(3)

35,000.00

PROVIDES PROFESSIONAL MUSIC THERAPY FOR VETERANS AND FAMILIES TO PROMOTE HEALING.

RESOURCES FOR HUMAN DEVELOPMENT, INC

23-1727133

4700 WISSAHICKAN AVE PHILADELPHIA PA 19144

501(C)(3)

9,420.00

PROVIDES PSYCHO-EDUCATIONAL GROUPS AND PEER SUPPORT TO VETERANS AND THEIR FAMILIES TO LEARN POST-TRAUMATIC STRESS DISORDER COPING SKILLS.

ROCKAWAY POINT YACHT CLUB

11-3047094

PO BOX 950045 FORT TILDEN NY 11695

501(C)(3)

15,000.00

REPAIRS NEEDED TO CONDUCT THE ANNUAL BREEZY POINT ADAPTIVE WATER SPORTS EVENT FOR OVER 50 WOUNDED WARRIORS AND THEIR FAMILIES.

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SHEPHERD CENTER FOUNDATION, INC.

20-1238224

2020 PEACHTREE ROAD NW ATLANTA GA 30309

501(C)(3)

250,000.00

SPECIALIZES IN MEDICAL TREATMENT, RESEARCH AND REHABILITATION FOR PEOPLE WITH SPINAL CORD INJURY AND BRAIN INJURY.

SIDE BY SIDE BRAIN INJURY CLUBHOUSE, INC.

58-2448708

1001 MAIN ST STONE MOUNTAIN GA 30083

501(C)(3)

50,000.00

SUPPORTS VETERANS TO ASSIST THEM FIND AND KEEP JOBS, AND TO LIVE OUT IN THEIR COMMUNITIES INSTEAD OF INSTITUTIONS.

STUDENT VETERANS OF AMERICA

26-1971279

1625 K NW SUITE 320 WASHINGTON DC 20006

501(C)(3)

100,000.00

PEER ADVISORS FOR VETERAN EDUCATION (PAVE) IS A PEER SUPPORT PROGRAM THAT CONNECTS INCOMING VETERANS WITH STUDENT VETERANS ON CAMPUSES.

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SYRACUSE UNIVERSITY

15-0532081

COMPTROLLER'S OFFICE SYRACUSE NY 14322-5300

501(C)(3)

150,000.00

THE PROGRAM LEVERAGES THE FLEXIBILITY INHERENT IN SMALL BUSINESS OWNERSHIP TO PROVIDE A VOCATIONAL AND ECONOMIC "PATH-FORWARD" FOR MILITARY FAMILY MEMBERS.

TACOMA GOODWILL INDUSTRIES

91-0573106

714 S 27 STREET TACOMA WA 98409

501(C)(3)

49,319.00

TACOMA GOODWILL PARTICIPATES IN VETERAN'S TRANSITION FROM MILITARY LIFE TO A SUCCESSFUL CIVILIAN LIFE.

THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA

58-2184345

P. O. BOX 31358 AUGUSTA GA 30903

501(C)(3)

2,000,000.00

COMMUNITY ENDOWMENT, A COLLECTION OF GIFTS, GIVEN TO ENHANCE THE QUALITY OF LIFE FOR THE CITIZENS OF RICHMOND.

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| Name of the organization WOUNDED WARRIOR PROJECT, INC. | Employer identification number 20-2370934 |
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THE ELIZABETH DOLE FOUNDATION

45-4292692

600 NEW HAMPSHIRE AEVENUE, NW WASHINGTON, DC 20037

501(C)(3)

600,000.00

TO ASSIST THE ORGANIZATIONS AND AGENCIES THAT SERVE CAREGIVERS - SPOUSES,
PARENTS, AND OTHERS - RESPONSIBLE FOR AN INJURED MILITARY MEMBER.

THE MISSION CONTINUES

20-8742553

1141 SOUTH 7TH STREET ST. LOUIS MO 63104

501(C)(3)

391,500.00

EMPOWERS VETERANS FACING THE CHALLENGE OF ADJUSTING TO LIFE AT HOME TO
FIND NEW MISSIONS.

THE PATHWAY HOME, A TIDES CENTER PROJECT

45-5350612

PO BOX 3930 YOUNTVILLE CA 94599

501(C)(3)

41,000.00

PROVIDES COMPREHENSIVE TREATMENT FOR OUR NATION'S MILITARY PERSONNEL WHO
HAVE SERVED IN IRAQ AND AFGHANISTAN.

TROOPERS ASSISTING TROOPS

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| Name of the organization WOUNDED WARRIOR PROJECT, INC. | Employer identification number 20-2370934 |
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80-0586838

P.O. BOX 091 TRENTON NJ 80625

501(C)(3)

7,000.00

TROOPERS ASSISTING TROOPS PROVIDES SUPPORT TO RETURNING WOUNDED
WARRIORS.

UNITED WAR VETERANS COUNCIL

13-3793337

346 BROADWAY SUITE 807 NEW YORK NY 10013

501(C)(3)

345,000.00

SUPPORTING AND PROMOTING A WIDE RANGE OF INITIATIVES THAT PROVIDE VITAL
SERVICES TO OUR VETERAN'S COMMUNITY.

USA CARES, INC

05-0588761

562B N DIXIE BLVD RADCLIFF KY 40160

501(C)(3)

100,000.00

USA CARES PROVIDES FINANCIAL SUPPORT AND TRAINING LEADING TO
CERTIFICATION IN A NUMBER OF SKILLED TRADES.

VETERANS ONE-STOP CENTER OF WNY, INC

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

45-5098692

1416 MAIN STREET BUFFALO NY 14209

501(C)(3)

50,000.00

CONNECTS PEOPLE, ORGANIZATIONS, AND RESOURCES TOGETHER TO EFFECTIVELY
IMPROVE THE WELL-BEING OF THE U.S. ARMED FORCES AND THEIR IMMEDIATE
FAMILIES.

WALTER REED MEDICAL CENTER

52-1995734

8901 WISCONSIN AVE BETHESDA MD 20889

501(C)(3)

15,000.00

MEDICAL CARE AND SUPPORT.

WARRIOR GATEWAY, INC

45-2157711

2200 WILSON BLVD ARLINGTON VA 22201

501(C)(3)

100,000.00

TO CONNECT THE MILITARY, VETERANS AND THEIR FAMILY MEMBERS TO GOVERNMENT
AND NON-PROFIT PROGRAMS IN THEIR LOCAL COMMUNITY.

WOUNDED EOD WARRIOR FOUNDATION

20-8618412

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| Name of the organization WOUNDED WARRIOR PROJECT, INC. | Employer identification number 20-2370934 |
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33735 SNICKERSVILLE TURNPIKE BLUEMONT VA 20135

501(C)(3)

50,000.00

THE EOD WARRIOR FOUNDATION (EODWF) SERVES THE EOD COMMUNITY BY PROVIDING
FINANCIAL ASSISTANCE AND SUPPORT.

WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST

37-6558533

4899 BELFORT ROAD SUITE 300 JACKSONVILLE FL 32256

501(C)(3)

9,100,000.00

PROVIDE LONG TERM CARE FOR THE MOST SEVERELY WOUNDED WARRIORS.

YELLOW RIBBON FUND, INC

36-4567583

4905 DEL RAY AVENUE BETHESDA MD 20814

501(C)(3)

50,000.00

PROVIDE RETREATS FOR CAREGIVERS.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

WOUNDED WARRIOR PROJECT, INC. (THE ORGANIZATION) IS A NOT-FOR-PROFIT
501 (C)(3) CORPORATION INCORPORATED FEBRUARY 23, 2005, FOR THE
PURPOSES OF PROVIDING VITAL PROGRAMS AND SERVICES TO SEVERELY WOUNDED

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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SERVICE MEMBERS AND VETERANS IN ORDER TO SUPPORT THEIR TRANSITION TO CIVILIAN LIFE AS WELL-ADJUSTED CITIZENS, BOTH PHYSICALLY AND MENTALLY. THE MISSION OF THE ORGANIZATION IS TO HONOR AND EMPOWER THE WOUNDED WARRIOR THROUGH MIND, BODY, AND SPIRIT. OUR PURPOSE IS THREEFOLD: TO RAISE AWARENESS AND ENLIST THE PUBLIC'S AID FOR THE NEEDS OF SEVERELY INJURED SERVICE MEN AND WOMEN; TO HELP SEVERELY INJURED SERVICE MEMBERS AID AND ASSIST EACH OTHER; AND TO PROVIDE UNIQUE, DIRECT PROGRAMS AND SERVICES TO MEET THEIR NEEDS. CONTRIBUTIONS ARE RECEIVED PRIMARILY THROUGH INDIVIDUAL DONATIONS AND SPONSORSHIPS.

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| <u>DESCRIPTION</u> | <u>GRANTS</u> | <u>EXPENSES</u> | <u>REVENUE</u> |
|----------------------------------|---------------|-----------------|----------------|
| PHYSICAL HEALTH & REHABILITATION | 608,920. | 8,788,354. | |
| BENEFITS SERVICES | 9,000. | 5,338,347. | |
| TRACK | 853,365. | 4,540,030. | |
| FAMILY SUPPORT | 992,000. | 5,716,280. | |
| INTERNATIONAL SERVICES | 176,000. | 4,703,055. | |
| WWP PACKS | 7,500. | 1,596,987. | |
| WARRIORS TO WORK | 789,500. | 7,214,394. | |
| WARRIORS SPEAK | 0 | 1,697,746. | |
| TRANSITION TRAINING ACADEMY | 209,000. | 4,424,903. | |
| PEER SUPPORT | 104,915. | 2,386,866. | |
| EDUCATION SERVICES | 493,000. | 1,835,413. | |
| WWP TALK | 0 | 1,046,184. | |

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|---|--|

ATTACHMENT 2 (CONT'D)

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

| <u>DESCRIPTION</u> | <u>GRANTS</u> | <u>EXPENSES</u> | <u>REVENUE</u> |
|----------------------|--------------------|--------------------|----------------|
| INDEPENDENCE PROGRAM | 9,100,000. | 11,491,465. | |
| TOTALS | <u>13,343,200.</u> | <u>60,780,024.</u> | |

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT,

DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| CREATIVE DIRECT RESPONSE 16900 SCIENCE DR STE 210 BOWIE, MD 20715 | DIRECT RESPONSE | 3,449,688. |
| MCGLADREY 5155 PAYSHPERE CIRCLE CHICAGO, IL 60674 | IT SERVICES | 1,370,028. |
| PLOWSHARE GROUP ONE DOCK STREET STAMFORD, CT 06902 | PSA DISTRIBUTION | 866,783. |
| BIS GLOBAL 8200 GREENSBORO DRIVE MCLEAN, VA 22102 | GATEWAY SERVICES | 828,107. |
| PAYMENT SOLUTIONS P.O. BOX 30217 BETHESDA, MD 20824 | DONATION PROCESSING | 434,901. |

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

ATTACHMENT 5

FORM 990, PART VIII - INVESTMENT INCOME

| <u>DESCRIPTION</u> | (A) <u>TOTAL REVENUE</u> | (B) <u>RELATED OR EXEMPT REVENUE</u> | (C) <u>UNRELATED BUSINESS REV.</u> | (D) <u>EXCLUDED REVENUE</u> |
|------------------------|-----------------------------|---|---------------------------------------|--------------------------------|
| DIVIDENDS AND INTEREST | 2,554,489. | | | 2,554,489. |
| TOTALS | <u>2,554,489.</u> | | | <u>2,554,489.</u> |

ATTACHMENT 6

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|--------------------------------|-----------------|
| FUNDRAISING INCLUDED IN CONTB. | 872,696. |
| TOTAL | <u>872,696.</u> |

ATTACHMENT 7

FORM 990, PART VIII - FUNDRAISING EVENTS

| <u>DESCRIPTION</u> | <u>GROSS INCOME</u> | <u>DIRECT EXPENSES</u> | <u>NET INCOME</u> |
|--------------------------------|---------------------|------------------------|-------------------|
| FUNDRAISING INCLUDED IN CONTB. | 1,358,585. | 907,396. | 451,189. |
| TOTALS | <u>1,358,585.</u> | <u>907,396.</u> | <u>451,189.</u> |

ATTACHMENT 8

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> |
|--------------------|--------------------------|
| PREPAID EXPENSES | 6,867,201. |
| ADVANCED BILLINGS | 1,044,890. |
| TOTALS | <u>7,912,091.</u> |

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

ATTACHMENT 9

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> |
|--------------------|--------------------------|
| INVESTMENTS | 138,515,276. |
| TOTALS | <u>138,515,276.</u> |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization
WOUNDED WARRIOR PROJECT, INC.

Employer identification number
20-2370934

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) ----- | | | | | |
| (2) ----- | | | | | |
| (3) ----- | | | | | |
| (4) ----- | | | | | |
| (5) ----- | | | | | |
| (6) ----- | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) WOUNDED WARRIOR PROJECT LT SUPPORT TRUST 37-6558533 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256 | TRUST | FL | 501(C)3 | 501(C)3 | WOUNDED WARR | X | |
| (2) ----- | | | | | | | |
| (3) ----- | | | | | | | |
| (4) ----- | | | | | | | |
| (5) ----- | | | | | | | |
| (6) ----- | | | | | | | |
| (7) ----- | | | | | | | |

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

Schedule R (Form 990) 2012

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) ----- | | | | | | | | | | | | |
| (2) ----- | | | | | | | | | | | | |
| (3) ----- | | | | | | | | | | | | |
| (4) ----- | | | | | | | | | | | | |
| (5) ----- | | | | | | | | | | | | |
| (6) ----- | | | | | | | | | | | | |
| (7) ----- | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) ----- | | | | | | | | | |
| (2) ----- | | | | | | | | | |
| (3) ----- | | | | | | | | | |
| (4) ----- | | | | | | | | | |
| (5) ----- | | | | | | | | | |
| (6) ----- | | | | | | | | | |
| (7) ----- | | | | | | | | | |

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

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

| | Yes | No |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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

| (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) WOUNDED WARRIOR PROJECT LT SUPPORT TRUST | B | 9,100,000. | FMV |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under section 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|---|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) ----- | | | | | | | | | | | | | |
| (2) ----- | | | | | | | | | | | | | |
| (3) ----- | | | | | | | | | | | | | |
| (4) ----- | | | | | | | | | | | | | |
| (5) ----- | | | | | | | | | | | | | |
| (6) ----- | | | | | | | | | | | | | |
| (7) ----- | | | | | | | | | | | | | |
| (8) ----- | | | | | | | | | | | | | |
| (9) ----- | | | | | | | | | | | | | |
| (10) ----- | | | | | | | | | | | | | |
| (11) ----- | | | | | | | | | | | | | |
| (12) ----- | | | | | | | | | | | | | |
| (13) ----- | | | | | | | | | | | | | |
| (14) ----- | | | | | | | | | | | | | |
| (15) ----- | | | | | | | | | | | | | |
| (16) ----- | | | | | | | | | | | | | |

Part VII **Supplemental Information**

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