

Return of Organization Exempt From Income Tax

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

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

A For the 2008 calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization WWP, INC AKA WOUNDED WARRIOR PROJECT, INC. Doing Business As		D Employer identification number 20-2370934
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7020 A C SKINNER PKWY 100		E Telephone number 904-296-7350
		City or town, state or country, and ZIP + 4 JACKSONVILLE, FL 32256-6938		G Gross receipts \$ 26,519,680.
		F Name and address of principal officer: STEVEN NARDIZZI SAME AS C ABOVE		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) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.WOUNDEDWARRIORPROJECT.ORG				
K Type 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 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 assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of employees (Part V, line 2a)	5	86
	6	Total number of volunteers (estimate if necessary)	6	118
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	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 21,201,221.	Current Year 26,016,842.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,398.	182,187.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	216,912.	-96,155.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,483,531.	26,102,874.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	647,967.	1,155,294.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,688,843.	7,119,811.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		304,283.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,294,354.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	14,948,099.	18,069,461.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,284,909.	26,648,849.	
19	Revenue less expenses. Subtract line 18 from line 12	2,198,622.	-545,975.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 9,833,719.	End of Year 9,610,688.
	21	Total liabilities (Part X, line 26)	1,550,509.	1,783,988.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,283,210.	7,826,700.

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	Date 4/20/2010		
	RONALD BURGESS, CFO Type or print name and title	PREPARED BY LBA Certified Public Accountants, PA		
Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 LBA CERTIFIED PUBLIC ACCOUNTANTS PA 501 RIVERSIDE AVENUE, SUITE 800 JACKSONVILLE, FLORIDA 32202-4939	EIN ▶	Phone no. ▶ 904-396-4015	

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: **SEE SCHEDULE O**

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

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

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

If "Yes", describe these changes on Schedule O.

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ **5,058,727.** including grants of \$) (Revenue \$)
PUBLIC AWARENESS AND EDUCATION - SEE SCHEDULE O

4b (Code:) (Expenses \$ **1,837,712.** including grants of \$ **372,944.**) (Revenue \$)
TRACK - SEE SCHEDULE O

4c (Code:) (Expenses \$ **1,441,769.** including grants of \$) (Revenue \$)
OFFICE OF POLICY AND GOVERNMENT - SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.)
(Expenses \$ **8,102,996.** including grants of \$ **782,350.**) (Revenue \$)

4e Total program service expenses **\$ 16,441,204.** (Must equal Part IX, Line 25, column (B).)

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 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?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <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, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	X	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	29	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	86	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		13
1b	Enter the number of voting members that are independent		13
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization?	X	
Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CINDY MCDONALD - 904-296-7350**
7020 A C SKINNER PKWY, JACKSONVILLE, FL 32256-6938

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY PRINCIPI DIRECTOR	5.00	X					0.	0.	0.	
CHARLES BATTAGLIA DIRECTOR	5.00	X					0.	0.	0.	
CHARLES S. ABELL DIRECTOR	5.00	X					0.	0.	0.	
DAWN HALFAKER VICE PRESIDENT OF THE BO	5.00	X					0.	0.	0.	
GUY H. MCMICHAEL III DIRECTOR	5.00	X					0.	0.	0.	
JOHN LOOSEN DIRECTOR	5.00	X					0.	0.	0.	
KEVIN DELANEY DIRECTOR	5.00	X					0.	0.	0.	
MELISSA STOCKWELL TREASURER/SECRETARY	5.00	X					0.	0.	0.	
RON DRACH PRESIDENT OF THE BOD	5.00	X					0.	0.	0.	
GORDON MANSFIELD DIRECTOR	5.00	X					0.	0.	0.	
ANDREW KINARD DIRECTOR	5.00	X					0.	0.	0.	
ANTHONY ODIERNO DIRECTOR	5.00	X					0.	0.	0.	
ROGER CAMPBELL DIRECTOR	5.00	X					0.	0.	0.	
ALBION GIORDANO DEPUTY EXEC DIRECTOR	40.00			X			163,013.	0.	0.	
JEREMY CHWAT CHIEF PROGRAM OFFICER	40.00			X			122,544.	0.	4,902.	
STEVEN NARDIZZI EXECUTIVE DIRECTOR	40.00			X			163,013.	0.	293.	
ADAM SILVA CHIEF DEVELOPMENT OFFICE	40.00			X			106,850.	0.	4,274.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE NITSCH EVP - SPECIAL PROJECTS	40.00					X		122,544.	0.	4,495.
JOHN ROBERTS NATL SVCE DIR	40.00					X		122,544.	0.	4,902.
JEFFREY SEARCY FORMER EVP-DEVELOPMENT	40.00						X	132,544.	0.	0.
JOHN MELIA FORMER EXECUTIVE DIRECTO	40.00						X	200,588.	0.	4,310.
1b Total								1,133,640.	0.	23,176.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 8

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 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? If "Yes," complete Schedule J for such individual	4 X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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.

(A) Name and business address	(B) Description of services	(C) Compensation
CREATIVE DIRECT RESPONSE 16900 SCIENCE DR STE 210, BOWIE, MD 20715	DIRECT MAIL SERVICE	760,707.
MERIDIAN GROUP, 575 LYNNHAVEN PARKWAY, 3RD FLOOR, VIRGINIA BEACH, VA 23452	PUBLIC RELATIONS CONSULTANT	430,485.
KUTAK ROCK, 225 PEACHTREE STREET, N.E., ATLANTA, GA 30303	LEGAL SERVICES	383,127.
ACADEMIC BUSINESS CONSULTANTS 6054 E. BLANCHE DRIVE, SCOTTSDALE, AZ 85254	BUILD & PRODUCE ONLINE COURSE	321,004.
APEX PERFORMANCE, 207-B ELK HUNT COURT, MURRELLS INLET, SC 29576	TRAINING FOR TRACK PROGRAM	291,730.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 17

Part VII		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	735,375.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	25,281,467.				
	g	Noncash contributions included in lines 1a-1f: \$		710,805.				
	h	Total. Add lines 1a-1f		26,016,842.				
	Program Service Revenue	2 a		Business Code				
		b						
		c						
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		139,909.			139,909.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)		42,278.			
		d	Net gain or (loss)		42,278.			42,278.
	8 a	Gross income from fundraising events (not including \$ 735,375. of contributions reported on line 1c). See Part IV, line 18	a		174,464.			
		b	Less: direct expenses	b	413,495.			
		c	Net income or (loss) from fundraising events		-239,031.			-239,031.
9 a	Gross income from gaming activities. See Part IV, line 19	a		28,604.				
	b	Less: direct expenses	b	3,311.				
	c	Net income or (loss) from gaming activities		25,293.			25,293.	
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code						
11 a	MISCELLANEOUS		900099	117,583.			117,583.	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			117,583.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			26,102,874.	0.	0.	86,032.	

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	782,350.	782,350.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	372,944.	372,944.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	700,301.	340,173.	99,178.	260,950.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,815,096.	3,150,019.	1,127,720.	537,357.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	1,604,414.	1,016,991.	343,967.	243,456.
11 Fees for services (non-employees):				
a Management				
b Legal	739,203.		739,203.	
c Accounting	59,281.		59,281.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	304,283.			304,283.
f Investment management fees	13,253.		13,253.	
g Other				
12 Advertising and promotion	430,602.	428,187.	2,415.	
13 Office expenses	1,443,338.	1,089,760.	240,969.	112,609.
14 Information technology				
15 Royalties				
16 Occupancy	488,539.	348,443.	81,415.	58,681.
17 Travel	1,542,107.	1,094,545.	232,095.	215,467.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	762,022.	259,084.	251,469.	251,469.
23 Insurance	38,836.		38,836.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DIRECT MAIL	5,763,217.	3,640,500.		2,122,717.
b OUTSIDE SERVICES	4,484,362.	2,574,016.	473,930.	1,436,416.
c MEETINGS AND EVENTS	1,158,079.	447,497.	108,590.	601,992.
d PROMOTIONAL ITEMS	717,838.	631,892.	36,456.	49,490.
e MISCELLANEOUS	428,784.	264,803.	64,514.	99,467.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	26,648,849.	16,441,204.	3,913,291.	6,294,354.
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...	6,067,500.	3,640,500.		2,427,000.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,865,341.	1	20,015.
	2 Savings and temporary cash investments		2	5,129,174.
	3 Pledges and grants receivable, net	425,491.	3	356,907.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	867,107.	8	717,687.
	9 Prepaid expenses and deferred charges	258,365.	9	235,168.
	10a Land, buildings, and equipment: cost basis ... 10a 2,827,054.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b 1,148,628.	2,189,478.	10c	1,678,426.
	11 Investments - publicly traded securities	227,937.	11	1,473,311.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,833,719.	16	9,610,688.	
Liabilities	17 Accounts payable and accrued expenses	1,550,509.	17	1,783,988.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,550,509.	26	1,783,988.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,283,210.	27	6,812,879.
	28 Temporarily restricted net assets		28	13,821.
	29 Permanently restricted net assets	0.	29	1,000,000.
	Organizations that do not follow SFAS 117, 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	8,283,210.	33	7,826,700.
	34 Total liabilities and net assets/fund balances	9,833,719.	34	9,610,688.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	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?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Name of the organization: WWP, INC AKA 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: (Please check only one organization.)
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). (Attach Schedule H.)
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 [X] 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)(vii). (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 the Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(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?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the organizations the organization supports.

Table with 2 columns: Yes, No. Rows 11g(i), 11g(ii), 11g(iii).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (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 support.

Total LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	239,285.	10,052,158.	18,480,909.	21,201,221.	25,306,760.	75,280,333.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	239,285.	10,052,158.	18,480,909.	21,201,221.	25,306,760.	75,280,333.
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)						3,475,611.
6 Public Support. Subtract line 5 from line 4.						71,804,722.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	239,285.	10,052,158.	18,480,909.	21,201,221.	25,306,760.	75,280,333.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		37,176.	137,951.	91,719.	139,909.	406,755.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						75,687,088.
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 checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. 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 type="checkbox"/>	
b 33 1/3% support test - 2007. 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 - 2008. 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 - 2007. 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. 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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

WWP, INC
AKA WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Organization type(check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization WWP, INC AKA WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CHARLES EVANS FOUNDATION 7 ROSZEL ROAD, 4TH FLOOR PRINCETON, NJ 08540	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), then

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

Name of organization **WWP, INC** Employer identification number **20-2370934**
AKA WOUNDED WARRIOR PROJECT, INC.

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

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

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

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	5,000.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	36,000.													
c	Total lobbying expenditures (add lines 1a and 1b)	41,000.													
d	Other exempt purpose expenditures	26607849.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	26648849.													
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. Enter -0- if line g is more than line a	0.													
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c	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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount			1,000,000.	1,000,000.
b	Lobbying ceiling amount (150% of line 2a, column(e))				1,500,000.
c	Total lobbying expenditures			41,000.	41,000.
d	Grassroots non-taxable amount			250,000.	250,000.
e	Grassroots ceiling amount (150% of line 2d, column (e))				375,000.
f	Grassroots lobbying expenditures			5,000.	5,000.

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Part IV Supplemental Information

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

Blank lines for supplemental information.

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization WWP, INC AKA 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 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year' with rows 2a-2d.

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, including questions 1a-1b and 2a-2b.

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0.				
b Contributions	1,000,000.				
c Investment earnings or losses	63,821.				
d Grants or scholarships	50,000.				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,013,821.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 98.60 %
 - c Term endowment 1.40 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	1,012,189.		565,340.	446,849.
d Equipment	1,657,740.		451,153.	1,206,587.
e Other	157,125.		132,135.	24,990.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,678,426.

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
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

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

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

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

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

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

(a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,102,874.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,648,849.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-545,975.
4	Net unrealized gains (losses) on investments	4	89,465.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	89,465.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-456,510.

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

1	Total revenue, gains, and other support per audited financial statements	1	54,185,430.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	89,465.
b	Donated services and use of facilities	2b	27,993,091.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	28,082,556.
3	Subtract line 2e from line 1	3	26,102,874.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	26,102,874.

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

1	Total expenses and losses per audited financial statements	1	54,641,940.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	27,993,091.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	27,993,091.
3	Subtract line 2e from line 1	3	26,648,849.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	26,648,849.

Part XIV Supplemental Information

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

PART V, LINE 4: AS OF SEPTEMBER 30, 2009, 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

Part XIV Supplemental Information (continued)

FINANCIAL POSITION AT SEPTEMBER 30, 2009:

PERMANENTLY RESTRICTED \$1,000,000

TEMPORARILY RESTRICTED \$13,821

PART XII. LINE 2(B):

BRIGHT LIGHT AGENCY \$ 4,583,198

5 LORRAINE PLACE

SCARSDALE NY 10583

DONATED AIRTIME FOR PUBLIC SERVICE ANNOUNCEMENTS

U-HAUL \$ 6,477,000

2727 N. CENTRAL AVE.

PHOENIX, AZ 85004

ADVERTISING "SOLDIER RIDE" SUPERGRAPHIC DISPLAYED ON U-HAUL TRUCKS TO HONOR SOLDIER RIDE

PLOWSHARE GROUP, INC. \$16,931,944

ONE DOCK STREET

STAMFORD, CT 06902

DONATED AIRTIME FOR PUBLIC SERVICE ANNOUNCEMENTS

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
WWP, INC
AKA WOUNDED WARRIOR PROJECT, INC.

Employer identification number
20-2370934

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

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

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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 in region
EUROPE	0	1	PROGRAM SERVICE	THE HOSPITAL SERVICES PROGRAM PROVIDES TANGIBLE COMFORT AND SUPPORT TO SEVERELY	98,640.
Totals		1			98,640.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2008

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

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)

2 Enter total number of organizations that are recognized as charities by the foreign country 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

AKA WOUNDED WARRIOR PROJECT, INC.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

PART I, LINE 3, COLUMN (E):

REGION: EUROPE

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE HOSPITAL SERVICES PROGRAM PROVIDES TANGIBLE COMFORT AND SUPPORT TO SEVERELY INJURED SOLDIERS UPON THEIR RETURN FROM THE WAR ON TERRORISM. IN FY 09, WE EXTENDED THE HOSPITAL SERVICE PROGRAM TO THE U.S. ARMY'S LAHNDSTUHL REGIONAL MEDICAL CENTER IN GERMANY AS WELL AS THE 435TH CONTINGENCY AEROMEDICAL STAGING FACILITY (CASF) AT RAMSTEIN AIR FORCE BASE. THE PRIMARY GOAL OF THIS EXPANSION WAS TO BRING WWP'S PROGRAMS AND SERVICES TO THE WOUNDED AS SOON AS POSSIBLE FOLLOWING THEIR EVACUATION FROM THE WAR ZONE. THIS EXPANSION ALSO ENABLED US TO REACH A BROADER POPULATION OF CASUALTIES OF THE GLOBAL WAR ON TERROR WHO MAY NOT BE EVACUATED TO THE CONTINENTAL UNITED STATES. WE ARE CURRENTLY WORKING WITH THE USO TO EXPAND OUR SERVICES TO OTHER AREAS OVERSEAS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008
Open To Public
Inspection

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

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

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

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

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

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

(i) Name 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			
CREATIVE DIRECT RESPONSE	COORDINATION OF DIRECT MAIL		X	9709568.	760,707.	8948861.
Total				9709568.	760,707.	8948861.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		GALA (event type)	GREENWICH WWP BENEFIT (event type)	2 (total number)	(Add col. (a) through col. (c))	
Revenue	1	Gross receipts	724,598.	86,248.	98,993.	909,839.
	2	Less: Charitable contributions	565,898.	77,400.	92,077.	735,375.
	3	Gross revenue (line 1 minus line 2)	158,700.	8,848.	6,916.	174,464.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	322,162.	35,682.	55,651.	413,495.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(413,495.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				-239,031.

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))	
		1	Gross revenue			28,604.
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes		18,970.	18,970.	
	4	Rent/facility costs				
	5	Other direct expenses			3,311.	3,311.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 48.00 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				(22,281.)	
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				6,323.	

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>CA</u>		
a Is the organization licensed to operate gaming activities in each of these states?	9a X	
b If "No," Explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," Explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	X
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?	12	X

13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a Yes No X

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

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a Yes No X

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

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

**Open to Public
Inspection**

Name of the organization **WWP, INC**
AKA 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.

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
LMWRF 6900 GEORGIA AVENUE NW WASHINGTON DC 20307	56-2625158	501(C)(3)	14,850	0			HOSPITAL SERVICES - FAMILY PROGRAM AT WALTER REED ARMY MEDICAL CENTER
LAKESHORE FOUNDATION 4000 RIDGEWAY DRIVE HOMWOOD, AL 35209	63-0288847	501(C)(3)	100,000	0			ADAPTIVE SPORTS - ADAPTIVE REHABILITATIVE SERVICES/PROGRAMS
DISABLED SPORTS USA 451 HUNGERFORD DRIVE, STE 100 ROCKVILLE, MD 20850	94-6174016	501(C)(3)	414,000	0			ADAPTIVE SPORTS - ADAPTIVE REHABILITATIVE SERVICES/PROGRAMS
CHALLENGE ASPEN PO BOX 6639 SNOWMASS VILLAGE, CO 81615	84-1315910	501(C)(3)	150,000	0			ADAPTIVE SPORTS - ADAPTIVE REHABILITATIVE SERVICES/PROGRAMS
VAIL VETERANS PROGRAM PO BOX 6473 VAIL, CO 81658	20-5254885	501(C)(3)	50,000	0			ADAPTIVE SPORTS - ADAPTIVE REHABILITATIVE SERVICES/PROGRAMS
PROJECT MOBILITY: CYCLES FOR LIFE 2930 CAMPTON HILLS ROAD ST. CHARLES, IL 60175	30-0143832	501(C)(3)	45,000	0			SOLDIER RIDE - ADAPTIVE REHABILITATIVE SERVICES/PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations **8**

3 Enter total number of other organizations **0**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2008**

(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
TRACK STUDENT GRANTS	38	372,944.	0.		

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

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)**

Compensation Information

OMB No. 1545-0047

2008

Open to Public Inspection

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <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) </p>		
<p>b If line 1a is 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</p>	1b	
<p>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?</p>	2	
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:</p> <p>a Receive a severance payment or change of control payment?</p>	4a	X
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X
<p>Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.</p>		
<p>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:</p> <p>a The organization?</p>	5a	X
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>	5b	X
<p>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:</p> <p>a The organization?</p>	6a	X
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X
<p>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</p>	7	X
<p>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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.
 For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).
 Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ALBION GIORDANO	(i) 141,163.	(ii) 21,850.	(iii) 0.	0.	0.	163,013.	34,700.
	(ii) 0.	0.	0.	0.	0.	0.	0.
STEVEN NARDIZZI	(i) 141,163.	(ii) 21,850.	(iii) 0.	0.	293.	163,306.	34,700.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JEFFREY SEARCY	(i) 110,694.	(ii) 21,850.	(iii) 0.	0.	0.	132,544.	27,535.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JOHN MELIA	(i) 173,738.	(ii) 26,850.	(iii) 0.	0.	4,310.	204,898.	42,281.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

2008
Open To Public
Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHN MELIA	FORMER DIRECTOR	191,000.	CONTRACT		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

2008
Open to Public
Inspection

▶ Attach to Form 990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		2,498.	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	103,418.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other) ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>PRINTING</u>)	X	3	192,165.	FAIR MARKET VALUE
26 Other ▶ (<u>MEMBERSHIPS</u>)	X	1	134,081.	FAIR MARKET VALUE
27 Other ▶ (<u>TRAVEL</u>)	X	11	131,253.	FAIR MARKET VALUE
28 Other ▶ (<u>AUCTION ITEMS</u>)	X	35	96,456.	FAIR MARKET VALUE

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 Acknowledgment 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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	
32a 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 revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

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

PART I, OTHER TYPES OF PROPERTY:

SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 4

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 23504.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

PHONE CARDS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 3

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 11570.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

COMPUTER EQUIPMENT

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 6615.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

SPORTS/CONCERT EVENT TICKETS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 6

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5511.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

BICYCLES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 3

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

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3733.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

PUBLIC SERVICE ANNOUNCEMENTS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 0.

(D) METHOD OF DETERMINING REVENUE: VALUATION

SUPERGRAPHICS DISPLAYED ON U-HAUL TRUCKS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 0.

(D) METHOD OF DETERMINING REVENUE: VALUATION

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

WWP, INC
AKA WOUNDED WARRIOR PROJECT, INC.

Employer identification number
20-2370934

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

WWP DISCONTINUED THE PROGRAM WWP OUTDOORS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

PUBLIC AWARENESS & EDUCATION- \$5,058,727 - THE WWP PUBLIC AWARENESS PROGRAM AND BUDGET EXISTS TO ENSURE ALL OF WWP'S STAKEHOLDERS, INCLUDING BUT NOT LIMITED TO OUR WARRIORS, DONORS AND GENERAL PUBLIC, ARE FULLY AWARE AND INFORMED ON THE ISSUES FACING WOUNDED WARRIORS AS THEY TRANSITION INTO CIVILIAN LIFE. THESE STAKEHOLDERS MUST ALSO BE MADE AWARE OF ALL THE PROGRAMS, SERVICES AND ASSISTANCE WWP PROVIDES

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

WWP, INC
AKA WOUNDED WARRIOR PROJECT, INC.

Employer identification number
20-2370934

TRACK - \$1,837,712 INCLUDING GRANTS OF \$372,944 - TRACK IS THE FIRST EDUCATION CENTER IN THE NATION DESIGNED SPECIFICALLY FOR WOUNDED WARRIORS. IT IS FOCUSED ON PROVIDING COLLEGE AND EMPLOYMENT ACCESS TO WOUNDED WARRIORS. TRACK STUDENTS RESIDE IN JACKSONVILLE, FL FOR A 12-MONTH, INTENSIVE AND HOLISTIC TRAINING EXPERIENCE FOR THE MIND, BODY AND SPIRIT. THE FIRST HALF IS PRIMARILY CLASSROOM BASED, WITH ANCILLARY SUPPORT SERVICES CONSISTING OF PEAK PERFORMANCE TRAINING THROUGH APEX PERFORMANCE, HEALTH AND WELLNESS TRAINING, PERSONAL FINANCE WORKSHOPS AS WELL AS RESUME AND INTERVIEW PREPARATION. DURING THE SECOND HALF OF TRACK, AN EXTERNSHIP COMPONENT WITH A LOCAL EMPLOYER IS ADDED, WITH CONTINUED 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.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS
OFFICE OF POLICY & GOVERNMENT - \$1,441,769 - WWP'S POLICY & GOVERNMENT AFFAIRS PROGRAM WILL CONTINUE TO BUILD EFFECTIVE RELATIONSHIPS WITH THE CONGRESS, FEDERAL GOVERNMENT (ESPECIALLY WITH VA, DOL, DOD, HHS AND THE SOCIAL SECURITY ADMINISTRATION), MILITARY SERVICES, OTHER KEY NON-PROFIT ASSOCIATIONS, VETERAN AND MILITARY SERVICE ORGANIZATIONS, THE PUBLIC AND THE MEDIA IN WASHINGTON, D.C. TO ADVOCATE FOR WWP'S POLICY AGENDA.

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

BENEFITS SERVICES - \$1,362,942 - BENEFITS COUNSELORS WORK WITH SEVERELY WOUNDED SERVICE MEMBERS AS SOON AS THEY RETURN TO THE UNITED STATES.

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

WWP, INC
AKA WOUNDED WARRIOR PROJECT, INC.

Employer identification number
20-2370934

COUNSELORS PROVIDE GUIDANCE AND HELP TO NAVIGATE GOVERNMENT BENEFITS AVAILABLE TO MILITARY PERSONNEL AND THEIR FAMILIES. THEY ALSO HELP BUILD CONNECTIONS BETWEEN WOUNDED WARRIORS, ESTABLISHING A NETWORK OF PEERS TO PROVIDE THE NECESSARY ASSISTANCE, FRIENDSHIP, AND INSPIRATION.

ALUMNI ASSOCIATION - \$1,329,626 - WWP ALUMNI OFFERS A RANGE OF PROGRAMS AND EVENTS DESIGNED FOR INDIVIDUALS' NEEDS BEYOND THEIR HOSPITAL STAY. MANY OTHER WWP PROGRAMS EXIST TO HELP SERVICE MEMBERS AND THEIR FAMILIES IMMEDIATELY FOLLOWING INJURY AND DURING THEIR CONVALESCENCE AND REHABILITATION. HOWEVER, WWP ALUMNI OFFERS THE LONG-TERM SUPPORT THAT EXTENDS BEYOND HOSPITALIZATION. WE ARE HERE TO OFFER ASSISTANCE, COMMUNICATION, AND CAMARADERIE FOR WOUNDED WARRIORS AS THEY CONTINUE LIFE BEYOND INJURY.

TRANSITION TRAINING ACADEMY - \$1,088,153 - THE TRANSITION TRAINING ACADEMY WAS ESTABLISHED AS A JOINT EFFORT OF THE U.S. DEPARTMENT OF LABOR (DOL), VETERANS' EMPLOYMENT AND TRAINING SERVICE, CISCO, THE OFFICE OF DISABILITY EMPLOYMENT POLICY (ODEP) AND THE WOUNDED WARRIOR PROJECT (WWP). WWP ADMINISTERS THE PROGRAM AS A PART OF THEIR COMMITMENT TO THE SERVICE MEN AND WOMEN THAT HAVE BEEN WOUNDED OR INJURED ON ACTIVE DUTY.

ADAPTIVE SPORTS - \$874,174 INCLUDING GRANTS OF \$719,000 - THE WOUNDED WARRIOR DISABLED SPORTS PROJECT IS A PARTNERSHIP BETWEEN THE WOUNDED WARRIOR PROJECT AND DISABLED SPORTS USA TO PROVIDE YEAR-ROUND SPORTS PROGRAMS FOR SEVERELY WOUNDED SERVICE MEMBERS FROM THE IRAQ AND

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

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

AFGHANISTAN CONFLICTS AND THE GLOBAL WAR ON TERRORISM. THIRTY-SEVEN YEARS OF EXPERIENCE HAS SHOWN EARLY INTERVENTION WITH ACTIVE SPORTS RESULTS IN SUCCESSFUL REHABILITATION. THE WOUNDED WARRIORS AND THEIR FAMILY MEMBERS ARE PROVIDED THESE OPPORTUNITIES FREE OF CHARGE, INCLUDING TRANSPORTATION, LODGING, ADAPTIVE EQUIPMENT, AND INDIVIDUALIZED INSTRUCTION IN OVER A DOZEN DIFFERENT WINTER AND SUMMER SPORTS. PROGRAMS TAKE PLACE AT SITES THROUGHOUT THE UNITED STATES OFFERING WOUNDED WARRIORS THE OPPORTUNITY TO INTEGRATE AS PARTICIPANTS AND MENTORS IN THEIR HOME COMMUNITIES.

COMBAT STRESS RECOVERY - \$713,328 - WOUNDED WARRIOR PROJECT BELIEVES IN THE POWER OF NATURE AND RECREATION TO HELP WARRIORS DEALING WITH COMBAT STRESS. PROJECT ODYSSEY, AN OUTDOOR REHABILITATIVE RETREAT THAT COMBINES ADVENTURE CHALLENGES WITH OPPORTUNITIES FOR PEER SUPPORT AND GROUP PROCESSING, WAS CREATED TO SUPPORT WARRIORS IN THEIR RECOVERY FROM COMBAT STRESS.

SOLDIER RIDE - \$658,621 INCLUDING GRANTS OF \$45,000 - THE SOLDIER RIDE, AT ITS CORE, IS A REHABILITATIVE CYCLING EVENT DESIGNED TO CHALLENGE OUR WOUNDED WARRIORS TO GET BACK IN THE SADDLE, BOTH LITERALLY AND FIGURATIVELY. IT ALSO IS A TOOL TO HELP BOTH THE PHYSICAL AND MENTAL WOUNDS OF WAR. THESE RIDES ALSO RAISE AWARENESS FOR THE WWP MISSION AND OUR MANY IMPORTANT PROGRAMS DESIGNED TO SERVE OUR INJURED AND THEIR FAMILIES, AND IN TURN RAISE MONEY THROUGH SPONSORSHIPS, PLEDGES AND DONATIONS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization	WWP, INC AKA WOUNDED WARRIOR PROJECT, INC.	Employer identification number	20-2370934
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HOSPITAL SERVICES-\$654,067 INCLUDING GRANTS OF \$14,850 - THE HOSPITAL SERVICES PROGRAM PROVIDES TANGIBLE COMFORT AND SUPPORT TO SEVERELY INJURED SOLDIERS UPON THEIR RETURN FROM THE WAR ON TERRORISM. IT IS THE "TIP OF THE SPEAR" ON OUTREACHING TO OUR NEWEST WOUNDED WARRIORS. PROGRAMS BEGIN AT THE BEDSIDE OF THE SEVERELY WOUNDED AND CONTINUE THROUGH THE REHABILITATION PROCESS. THE PROGRAM STAFF, CONSISTING OF HOSPITAL OUTREACH COORDINATORS (HOCS), IS THE FIRST POINT OF CONTACT WITH WWP FOR PATIENTS AND FAMILIES. IN ADDITION TO PROVIDING PEER SUPPORT, HOCS DISTRIBUTE WWP BACKPACKS, COMFORT ITEMS AND SUPPLIES TO PATIENTS, PROVIDE INFORMATION ON AVAILABLE GOVERNMENT BENEFITS, AND HELP PLACE WARRIORS IN WWP PROGRAMS.

WWP PACKS - \$463,621 - WOUNDED WARRIOR BACKPACKS CONTAIN ESSENTIAL CARE AND COMFORT ITEMS INCLUDING CLOTHING, TOILETRIES, CALLING CARD, CD PLAYER, AND PLAYING CARDS, ALL DESIGNED TO MAKE THEIR HOSPITAL STAY MORE COMFORTABLE. THEY ARE PROVIDED TO SEVERELY WOUNDED SERVICE MEMBERS ARRIVING AT MILITARY TRAUMA CENTERS.

FAMILY SUPPORT - \$388,599 INCLUDING GRANTS OF \$3,500 - WOUNDED WARRIOR PROJECT OFFERS MANY DIFFERENT SERVICES TO HELP WOUNDED WARRIORS COPE WITH COMBAT STRESS OR TRAUMA AND HAS A RESILIENCY CENTER FULL OF USEFUL INFORMATION REGARDING PTSD. AMONG THESE SERVICES ARE PROJECT ODYSSEY EVENTS, PTSD SEMINARS, AND PEER MENTORING. PROJECT ODYSSEY BRINGS TOGETHER VETERANS FACING COMBAT STRESS OR TRAUMA (PTSD) AND GETS THEM INVOLVED IN OUTDOOR ACTIVITIES THAT OFFER HEALTHY SUPPORT IN THE HEALING PROCESS. IN PROJECT ODYSSEY, VETERANS CONNECT WITH PEERS FACING

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

WWP, INC
AKA WOUNDED WARRIOR PROJECT, INC.

Employer identification number
20-2370934

THE SAME CHALLENGES WHO OFFER A NETWORK OF SUPPORT AND COMMUNITY TO
SHOW VETERANS THAT THEY ARE NOT ALONE.

WARRIORS TO WORK - \$300,779 - WOUNDED WARRIOR PROJECT'S WARRIORS TO
WORK PROGRAM HELPS INDIVIDUALS RECOVERING FROM SEVERE INJURIES RECEIVED
IN THE LINE OF DUTY CONNECT WITH THE SUPPORT AND RESOURCES THEY NEED TO
BUILD A CAREER IN THE CIVILIAN WORKFORCE. IT CAN BE TOUGH TO TRANSITION
INTO CIVILIAN LIFE. IT'S EVEN TOUGHER TO ADJUST TO LIFE AFTER A SERIOUS
INJURY. WARRIORS TO WORK IS A FREE SERVICE FOR THE NEW GENERATION OF
SERVICE MEN AND WOMEN WHO HAVE BEEN INJURED IN THE LINE OF DUTY.

PEER MENTORING - \$269,081 - DURING A WOUNDED WARRIOR'S INITIAL
RECOVERY, OFTEN THE MOST POSITIVE INFLUENCE IS THE FRIENDSHIP AND
UNDERSTANDING OF A PEER MENTOR, A FELLOW WOUNDED WARRIOR. IT IS
CRITICALLY IMPORTANT FOR THE NEWLY INJURED TO KNOW SOMEONE WHO HAS
TRAVELED BEFORE THEM ON THE SAME ROCKY ROAD. OUR STAFF AND ALUMNI ARE
EXCELLENT RESOURCES, LISTENERS AND HOSPITAL BUDDIES WHO CAN SHARE THEIR
UNDERSTANDING AND PERSPECTIVE FROM THEIR OWN REAL-LIFE SUCCESSES.
EXPENSES \$ 8102996. INCLUDING GRANTS OF \$ 782350. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: WAS A COPY OF THE 990 PROVIDED TO
THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED? DESCRIBE THE
PROCESS USED TO REVIEW THE FORM 990.

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

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	WWP, INC AKA WOUNDED WARRIOR PROJECT, INC.	Employer identification number	20-2370934
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FORM 990, PART VI, SECTION B, LINE 12C: DOES THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY? DESCRIBE HOW THIS IS DONE.

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

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AR, AZ, CA, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, ND, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: DESCRIBE HOW THE ORGANIZATION MAKES

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

Schedule O (Form 990) 2008

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12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

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Name of the organization

WWP, INC
AKA WOUNDED WARRIOR PROJECT, INC.

Employer identification number
20-2370934

ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC:

FORM 990 AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATIONS WEBSITE. ALL OTHER DATA IS AVAILABLE UPON REQUEST FROM THE CORPORATE HEADQUARTERS LOCATED AT 7020 A.C. SKINNER PARKWAY, SUITE 100, JACKSONVILLE, FL 32256.

FORM 990, PART XI, LINE 2C

AUDIT COMMITTEE

DOES THE ORGANIZATION HAVE AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW OR COMPILATION OF IT FINANCIAL STATEMENTS AND SELECTION ON AN INDEPENDENT ACCOUNTANT?

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOHN MELIA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 191000.

(D) DESCRIPTION OF TRANSACTION: CONTRACT

JOHN MELIA HAS A CONTRACT WITH WWP AS AN INDEPENDENT CONTRACTOR.

SERVICES PROVIDED UNDER THIS CONTRACT ARE AS FOLLOWS:

STRATEGIC SUPPORT IN MAINTAINING MAJOR CONTRIBUTORS, CORPORATE SPONSORS

AND GOVERNMENT OFFICIALS;

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

Schedule O (Form 990) 2008

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SCHEDULE O
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Supplemental Information to Form 990

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Name of the organization

WWP, INC
AKA WOUNDED WARRIOR PROJECT, INC.

Employer identification number
20-2370934

DEVELOPMENT OF ORGANIZATIONAL STRATEGIES;

RECRUITMENT OF BUSINESS PARTNERS AND CHANNELS;

ASSISTANCE AS NEEDED REQUIRING TRAVEL, PUBLIC APPEARANCES AND IN-PERSON

MEETINGS;

WORK TO TRANSITION BUSINESS RELATIONSHIPS TO IDENTIFIED WWP STAFF FOR

CONTINUED MANAGEMENT;

EVALUATION OF OPPORTUNITIES FOR PROGRAM SERVICE DEVELOPMENT; AND

ANY FURTHER DELIVERABLES AGREED UPON BY THE PARTIES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PART IV LINE 14A

DID ORGANIZATION MAINTAIN AN OFFICE, EMPLOYEES OR AGENTS OUTSIDE OF THE U.S.

THE ORGANIZATION HAS ONE PART TIME EMPLOYEE THAT WORKS IN A MILITARY

HOSPITAL IN GERMANY SERVING AS A WARRIOR OUTREACH COORDINATOR.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization WWP, INC AKA WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 7020 A C SKINNER PKWY, NO. 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JACKSONVILLE, FL 32256-6938	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

CINDY MCDONALD

- The books are in the care of ▶ **7020 A C SKINNER PKWY - JACKSONVILLE, FL 32256-6938**
Telephone No. ▶ **904-296-7350** FAX No. ▶ **904-296-7347**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning OCT 1, 2008, and ending SEP 30, 2009

2008

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

**WWP, INC
AKA WOUNDED WARRIOR PROJECT, INC.**

Employer identification number

20-2370934

Name and title of officer

**RONALD BURGESS
CFO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/> b	Total revenue, if any (Form 990, line 12)	1b	26102874
2a Form 990-EZ check here	▶ <input type="checkbox"/> b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/> b	Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/> b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/> b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **LBA CERTIFIED PUBLIC ACCOUNTANTS PA** to enter my PIN **70934**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I have entered my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ **LBA Certified Public Accountants, P.A.** Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **59245275902**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**