

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning 10/01, 2013, and ending 09/30, 2014

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

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2013

Department of the Treasury
Internal Revenue Service

Name of exempt organization

WOUNDED WARRIOR PROJECT, INC.

Name and title of officer

Employer identification number

20-2370934

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, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with 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, Part VIII, column (A), line 12) . . .	1b	<u>342066114</u>
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, Part I, line 3c or Part II, line 8c)	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 2013 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) the reason for any delay in processing the return or refund, and (c) 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 GRANT THORNTON LLP to enter my PIN

4	2	4	6	5
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 as my signature
ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 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 will enter my PIN as my signature on the organization's tax year 2013 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 ▶ [Signature]

Date ▶ 3/27/2015

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5	9	1	2	4	2	3	6	6	0	5
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do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 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 ▶ [Signature]

Date ▶ 3/23/15

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

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 10/01, 2013, and ending 09/30, 2014

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization WOUNDED WARRIOR PROJECT, INC.		D Employer identification number 20-2370934
Doing Business As WOUNDED WARRIOR PROJECT		E Telephone number (904) 296-7350
Number and street (or P.O. box if mail is not delivered to street address) 4899 BELFORT ROAD	Room/suite 300	
City or town, state or province, country, and ZIP or foreign postal code JACKSONVILLE, FL 32256		G Gross receipts \$ 393,453,147.
F Name and address of principal officer: STEVEN NARDIZZI 4899 BELFORT ROAD JACKSONVILLE, FL 32256		

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.WOUNDEDWARRIORPROJECT.ORG

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association 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: <u>THE MISSION OF WOUNDED WARRIOR PROJECT IS TO HONOR AND EMPOWER WOUNDED WARRIORS.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10.
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	481.
	6	Total number of volunteers (estimate if necessary)	6	5,000.
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	225,418,220.	312,471,011.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,394,868.	18,040,397.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,869,855.	11,554,706.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,702,785.	42,109,701.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	28,905,282.	40,218,115.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,449,688.	3,206,207.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 43,441,173.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	108,016,188.	162,471,416.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	158,073,943.	248,005,439.
	19	Revenue less expenses. Subtract line 18 from line 12	76,609,000.	94,060,675.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	182,838,004.	269,680,308.
	22	Net assets or fund balances. Subtract line 21 from line 20.	16,439,984.	21,394,825.
			166,398,020.	248,285,483.

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
	▶ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DAWN M OLIVARDIA	Preparer's signature <i>Dawn Olivardia</i>	Date 3/24/15	Check <input type="checkbox"/> if self-employed	PTIN P00059252
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		Phone no. 407-481-5100	
	Firm's address ▶ 200 SOUTH ORANGE AVENUE, SUITE 2050 ORLANDO, FL 32801				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 37,913,075. including grants of \$ 4,700,682.) (Revenue \$)

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

4b (Code:) (Expenses \$ 27,946,118. including grants of \$ 4,670,046.) (Revenue \$)

COMBAT STRESS RECOVERY - THE COMBAT STRESS RECOVERY PROGRAM (CSRP) WAS DEVELOPED TO ADDRESS THE MENTAL HEALTH AND COGNITIVE NEEDS OF RETURNING SERVICE MEMBERS. THROUGH CSRP WARRIORS ARE TAUGHT A VARIETY OF TOOLS AND GIVEN A HIGH LEVEL OF SUPPORT TO MANAGE THE MANY REINTEGRATION CHALLENGES ASSOCIATED WITH MENTAL HEALTH ISSUES AND PROVIDED SUPPORT IN ACCESSING QUALITY MENTAL HEALTH CARE. PROJECT ODYSSEY, A COMPONENT OF CSRP, PROMOTES PEER CONNECTION AND HEALING WITH OTHER COMBAT VETERANS THROUGH OUTDOOR REHABILITATIVE THERAPY. OUR ONLINE TOOL, RESTORE WARRIORS, EDUCATES WARRIORS ON THE INVISIBLE WOUNDS OF WAR.

4c (Code:) (Expenses \$ 16,033,248. including grants of \$ 644,108.) (Revenue \$)

PHYSICAL HEALTH AND WELLNESS - PHYSICAL HEALTH AND WELLNESS PROGRAMS ARE DESIGNED TO REDUCE STRESS, COMBAT DEPRESSION, AND PROMOTE AN OVERALL HEALTHY AND ACTIVE LIFESTYLE BY ENCOURAGING PARTICIPATION IN FUN, EDUCATIONAL ACTIVITIES. PHYSICAL HEALTH AND WELLNESS HAS SOMETHING TO OFFER WARRIORS IN EVERY STAGE OF RECOVERY. FOUR FOCUS AREAS ARE INCLUSIVE SPORTS, FITNESS, NUTRITION, AND WELLNESS.

4d Other program services (Describe in Schedule O.) ATTACHMENT 2
(Expenses \$ 107,665,659. including grants of \$ 32,094,865.) (Revenue \$)

4e Total program service expenses 189,558,100.

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 <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school 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 United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (10), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RONALD W. BURGESS 4899 BELFORD ROAD, SUITE 300 JACKSONVILLE, FL 32256 904-296-7350

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

Check if Schedule O contains a response or note to any line in this Part VII.

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAWN HALFAKER CHAIR (THROUGH 9/24/14)	5.00	X					0	0	0	
(2) ANTHONY PRINCIPI VICE CHAIR (TRM ENDED 9/24/14)	5.00	X					0	0	0	
(3) ANTHONY ODIERNO CHAIR	5.00	X					0	0	0	
(4) GUY H. MCMICHAEL III VICE CHAIR	5.00	X					0	0	0	
(5) ROGER CAMPBELL SECRETARY	5.00	X					0	0	0	
(6) JUSTIN CONSTANTINE DIRECTOR	5.00	X					0	0	0	
(7) KEVIN DELANEY DIRECTOR	5.00	X					0	0	0	
(8) RON DRACH DIRECTOR (TERM ENDED 9/24/14)	5.00	X					0	0	0	
(9) JOHN LOOSEN DIRECTOR (TERM ENDED 9/24/14)	5.00	X					0	0	0	
(10) CHARLES BATTAGLIA DIRECTOR	5.00	X					0	0	0	
(11) MELISSA STOCKWELL DIRECTOR (TERM ENDED 9/24/14)	5.00	X					0	0	0	
(12) ROBB VAN CLEAVE DIRECTOR	5.00	X					0	0	0	
(13) ROBERT NARDELLI DIRECTOR	5.00	X					0	0	0	
(14) RICHARD M. JONES DIRECTOR	5.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) STEVEN NARDIZZI CHIEF EXECUTIVE OFFICER	60.00			X			473,015.	0	23,400.	
(16) ALBION GIORDANO CHIEF OPERATING OFFICER	60.00			X			369,030.	0	28,299.	
(17) RONALD W. BURGESS CHIEF FINANCIAL OFFICER	60.00			X			234,992.	0	22,619.	
(18) JEREMY CHWAT CHIEF PROGRAM OFFICER	60.00			X			262,750.	0	22,633.	
(19) ADAM SILVA CHIEF DEVELOPMENT OFFICER	60.00			X			252,471.	0	26,083.	
(20) JOHN T. HAMRE III DIRECT RESPONSE EVP	50.00				X		165,196.	0	9,954.	
(21) RYAN CLEMENT PAVLU WARRIOR ENGAGEMENT EVP	50.00				X		156,250.	0	16,128.	
(22) RALPH J. IBSON NATIONAL POLICY DIRECTOR	40.00					X	153,000.	0	17,912.	
(23) BRUCE G. NITSCHKE SPECIAL PROJECTS EVP	50.00					X	151,019.	0	12,257.	
(24) JOHN W. ROBERTS WARRIOR RELATIONS EVP	50.00					X	147,230.	0	24,551.	
(25) JOHN M. MOLINO PROGRAMS CHIEF OF STAFF	50.00					X	166,110.	0	7,475.	
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							2,745,271.	0	227,910.	
d Total (add lines 1b and 1c)							2,745,271.	0	227,910.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 26

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 51

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	4,505,445.				
	b Membership dues	1b					
	c Fundraising events	1c	640,313.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	307,325,253.				
	g Noncash contributions included in lines 1a-1f: \$		19,912,192.				
	h Total. Add lines 1a-1f ▶			312,471,011.			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			4,489,498.			4,489,498.
	4 Income from investment of tax-exempt bond proceeds . . . ▶			0			
	5 Royalties ▶			9,959,340.			9,959,340.
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶			0			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory			64,054,410.	40,000.		
	b Less: cost or other basis and sales expenses			50,514,936.	28,575.		
	c Gain or (loss)			13,539,474.	11,425.		
	d Net gain or (loss) ▶			13,550,899.			13,550,899.
	8a Gross income from fundraising events (not including \$ 640,313. of contributions reported on line 1c). See Part IV, line 18 a			1,890,873.			
	b Less: direct expenses b			843,522.			
c Net income or (loss) from fundraising events ▶			1,047,351.			1,047,351.	
9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶			0				
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory ▶			0				
Miscellaneous Revenue		Business Code					
11a MAILING LIST REVENUE		900099		548,015.			548,015.
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶				548,015.			
12 Total revenue. See instructions ▶				342,066,114.			29,595,103.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	41,305,308.	41,305,308.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	804,393.	804,393.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,124,782.	1,464,444.	288,466.	371,872.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	30,149,474.	26,397,994.	1,983,281.	1,768,199.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	778,243.	648,151.	65,383.	64,709.
9 Other employee benefits	4,773,883.	4,227,368.	270,465.	276,050.
10 Payroll taxes	2,391,733.	2,093,063.	146,258.	152,412.
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,462,069.		1,462,069.	
c Accounting	107,359.		107,359.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	3,206,207.			3,206,207.
f Investment management fees	425,085.		425,085.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 5	55,642,808.	38,987,187.	2,245,998.	14,409,623.
12 Advertising and promotion	510,988.	271,519.		239,469.
13 Office expenses	6,521,972.	4,553,632.	1,501,667.	466,673.
14 Information technology	2,081,123.	1,452,881.	473,365.	154,877.
15 Royalties	0			
16 Occupancy	4,679,577.	3,391,996.	970,161.	317,420.
17 Travel	7,492,655.	6,752,190.	334,332.	406,133.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	26,054,363.	24,392,338.	491,039.	1,170,986.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,615,500.	2,531,393.	812,029.	272,078.
23 Insurance	404,446.	297,815.	80,344.	26,287.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>DIRECT RESPONSE SERVICE</u>	15,153,858.	9,436,995.		5,716,863.
b <u>PROMOTIONAL ITEMS</u>	6,484,856.	5,706,876.	294,172.	483,808.
c <u>POSTAGE AND SHIPPING</u>	23,121,267.	12,527,663.	197,930.	10,395,674.
d <u>ALL OTHER ITEMS</u>	8,713,490.	2,314,894.	2,856,763.	3,541,833.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	248,005,439.	189,558,100.	15,006,166.	43,441,173.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	68,514,965.	40,916,885.		27,598,080.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X | |

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	16,992,651.	1	22,576,979.
	2 Savings and temporary cash investments	302,286.	2	304,145.
	3 Pledges and grants receivable, net	2,651,949.	3	3,058,240.
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	2,387,786.	8	3,044,267.
	9 Prepaid expenses and deferred charges	7,912,091.	9	11,251,743.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,458,402.		
	b Less: accumulated depreciation	10b 9,681,022.	12,226,754.	10c 14,777,380.
	11 Investments - publicly traded securities	138,515,276.	11	211,614,481.
	12 Investments - other securities. See Part IV, line 11	0	12	727,245.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	1,849,211.	15	2,325,828.
16 Total assets. Add lines 1 through 15 (must equal line 34)	182,838,004.	16	269,680,308.	
Liabilities	17 Accounts payable and accrued expenses	16,439,984.	17	21,394,825.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	16,439,984.	26	21,394,825.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	165,155,390.	27	246,160,502.
	28 Temporarily restricted net assets	242,630.	28	1,124,981.
	29 Permanently restricted net assets	1,000,000.	29	1,000,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	166,398,020.	33	248,285,483.
	34 Total liabilities and net assets/fund balances	182,838,004.	34	269,680,308.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	342,066,114.
2	Total expenses (must equal Part IX, column (A), line 25)	2	248,005,439.
3	Revenue less expenses. Subtract line 2 from line 1	3	94,060,675.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	166,398,020.
5	Net unrealized gains (losses) on investments	5	-12,173,212.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	248,285,483.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,336,766.	70,145,724.	148,185,045.	225,418,220.	312,471,011.	795,556,766.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3.	39,336,766.	70,145,724.	148,185,045.	225,418,220.	312,471,011.	795,556,766.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0
6 Public support. Subtract line 5 from line 4.						795,556,766.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	39,336,766.	70,145,724.	148,185,045.	225,418,220.	312,471,011.	795,556,766.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	232,108.	3,083,956.	4,460,643.	8,378,673.	14,023,753.	30,179,133.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH-1	553,449.	641,489.	1,150,561.	594,472.	548,015.	3,487,986.
11 Total support. Add lines 7 through 10						829,223,885.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	95.94%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	96.33%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. 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 - 2013. 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 - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
MAILING LIST REVENUE	553,449.	641,489.	1,150,561.	594,472.	548,015.	3,487,986.
TOTALS	<u>553,449.</u>	<u>641,489.</u>	<u>1,150,561.</u>	<u>594,472.</u>	<u>548,015.</u>	<u>3,487,986.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

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

- ▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
- ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). ATTACHMENT 1

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	301,250.													
c	Total lobbying expenditures (add lines 1a and 1b)	301,250.													
d	Other exempt purpose expenditures	247,279,103.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	247,580,353.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	115,000.	200,000.	256,250.	301,250.	872,500.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	20,000.	30,000.			50,000.

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

Table with columns for (a) Yes/No and (b) Amount. Rows include questions about lobbying activities like influencing legislation, using volunteers, paid staff, media, mailings, publications, grants, direct contact, rallies, and other activities.

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

Table with columns for Yes/No. Rows include questions about dues being nondeductible, in-house lobbying expenditures of \$2,000 or less, and carryover of lobbying and political expenditures.

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

Table with columns for Yes/No. Rows include questions about dues, assessments, section 162(e) nondeductible lobbying and political expenditures, and carryover of excess amounts.

Part IV Supplemental Information

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

Series of horizontal dashed lines provided for entering supplemental information.

Part IV Supplemental Information *(continued)*

ATTACHMENT 1

SCHEDULE C, PART II-A - AFFILIATED GROUP ATTACHMENT

WOUNDED WARRIOR PROJECT LT SUPPORT TRUST

EIN: 37-6558533

ADDRESS: 100 SOUTH WEST STREET, WILMINGTON, DE 19801

EXPENSES: NONE

SHARE OF EXCESS LOBBYING EXPENDITURES: NONE

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

WOUNDED WARRIOR PROJECT, INC.

20-2370934

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2013

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

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII 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 XIII. Check here if the explanation has been provided in Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,242,630.	1,184,673.	1,046,319.	1,107,300.	1,093,590.
b Contributions					
c Net investment earnings, gains, and losses	120,099.	115,884.	188,354.	-10,981.	63,710.
d Grants or scholarships	60,318.	57,927.	50,000.	50,000.	50,000.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,302,411.	1,242,630.	1,184,673.	1,046,319.	1,107,300.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment 76.7807 %
 - c** Temporarily restricted endowment 23.2193 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,399,073.	3,000,609.	2,398,464.
d Equipment		1,894,707.	1,579,600.	315,107.
e Other		17,164,622.	5,100,813.	12,063,809.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				14,777,380.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	382,167,065.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a -12,173,212.		
b	Donated services and use of facilities	2b 80,710,673.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	68,537,461.
3	Subtract line 2e from line 1		3	313,629,604.
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 425,085.		
b	Other (Describe in Part XIII.)	4b 28,011,425.		
c	Add lines 4a and 4b		4c	28,436,510.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	342,066,114.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	300,279,602.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 80,710,673.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	80,710,673.
3	Subtract line 2e from line 1		3	219,568,929.
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 425,085.		
b	Other (Describe in Part XIII.)	4b 28,011,425.		
c	Add lines 4a and 4b		4c	28,436,510.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	248,005,439.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS

THE ORGANIZATION HAS ONE ENDOWMENT, WHICH IS CLASSIFIED AS PERMANENTLY RESTRICTED. UNDER THE TERMS OF THE GOVERNING DOCUMENTS RELATED TO THIS ENDOWMENT, INVESTMENT INCOME AND GAINS AND LOSSES ARE TO BE ADDED TO THE BALANCE OF THE ENDOWMENT. ANNUALLY UP TO 5% OF THE FAIR VALUE OF THE ENDOWMENT MAY BE APPROPRIATED FOR EXPENDITURE. HOWEVER, APPROPRIATIONS MAY NOT REDUCE THE FAIR VALUE FOR THE ASSETS TO AN AMOUNT LESS THAN THE ORIGINAL ENDOWMENT OF \$1,000,000. THE ENDOWMENT NET ASSETS ARE REFLECTED ON THE STATEMENT OF FINANCIAL POSITION AT SEPTEMBER 30, 2014:

PERMANENTLY RESTRICTED \$1,000,000

TEMPORARILY RESTRICTED \$302,411

SCHEDULE D, PART X, LINE 2

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

THE ORGANIZATION FOLLOWS AUTHORITATIVE GUIDANCE WHICH REQUIRES THE ORGANIZATION TO EVALUATE ITS TAX POSITIONS FOR ANY UNCERTAINTIES BASED ON THE TECHNICAL MERITS OF THE POSITION TAKEN. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE UPHELD ON EXAMINATION BY TAXING AUTHORITIES. AS OF SEPTEMBER 30, 2014, THE ORGANIZATION DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS FILED FOR AND RECEIVED TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS AS REQUIRED AND ALL OTHER APPLICABLE RETURNS IN THOSE JURISDICTIONS WHERE IT IS REQUIRED. THE ORGANIZATION BELIEVES THAT IT IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S.

Part XIII Supplemental Information *(continued)*

INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE FISCAL YEAR 2011. HOWEVER, THE ORGANIZATION IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM FISCAL YEAR 2011 FORWARD. NO INTEREST OR PENALTIES HAVE BEEN RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS RELATED TO ANY UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART XI, LINE 4B AND PART XII, LINE 4B

OTHER RECONCILING ITEMS

\$28,000,000 - GRANTS AND OTHER ASSISTANCE PROVIDED TO THE WOUNDED WARRIOR LONG TERM SUPPORT TRUST ELIMINATED UPON CONSOLIDATION OF AUDITED FINANCIAL STATEMENTS. THE TRUST CONSISTS OF FUNDS SET ASIDE FOR THE LONG TERM CARE OF THE MOST SEVERELY DISABLED WARRIORS. THE TRUST IS RECORDED IN INVESTMENTS ON THE AUDITED FINANCIAL STATEMENTS AS THE TRUST WAS CONSOLIDATED WITH WOUNDED WARRIOR PROJECT, INC.

\$11,425 - GAIN ON SALE OF ASSETS SHOWN AS AN EXPENSE ON THE AUDITED FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE		4.	PROGRAM SERVICES	SEE SUPPLEMENTAL INFO	5,750,289.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		4.			5,750,289.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		4.			5,750,289.

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

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

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 3, COLUMN E

DESCRIPTION OF ACTIVITY IN EUROPE

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

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

20-2370934

Part I

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CREATIVE DIRECT RESPONSE	DIRECT RESPONSE		X	110,130,209.	2,966,207.	107,164,002.
2 CONSTELLATIONS GROUP, LTD	IN-PERSON		X	23,222.	240,000.	NONE
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶ 110,153,431.	3,206,207.	107,164,002.

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

ALL STATES

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		COURAGE AWARDS (event type)	JACKSONVILLE 8 (event type)	6. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,635,811.	248,390.	646,985.	2,531,186.
	2 Less: Contributions	109,448.	147,361.	383,504.	640,313.
	3 Gross income (line 1 minus line 2)	1,526,363.	101,029.	263,481.	1,890,873.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		199.	996.	1,195.
	6 Rent/facility costs	186,808.	5,867.	7,540.	200,215.
	7 Food and beverages	254,885.	563.	619.	256,067.
	8 Entertainment	2,982.	1,240.	5,900.	10,122.
	9 Other direct expenses	243,839.	19,204.	112,880.	375,923.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				843,522.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				1,047,351.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B

NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE

ADDRESS OF FUNDRAISER: 16900 SCIENCE DR STE 120, BOWIE, MD 20715

ACTIVITY OF FUNDRAISER: COORDINATION OF DIRECT RESPONSE SERVICES

NAME OF FUNDRAISER: CONSTELLATIONS GROUP, LTD

ADDRESS OF FUNDRAISER: ONE PENN PLAZA STE 3600, NEW YORK, NY 10119

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

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

ACTIVITY OF FUNDRAISER: THE CONSTELLATIONS GROUP, IN ADDITION TO RAISING FUNDS DIRECTLY, HAS BEEN VERY INSTRUMENTAL IN INTRODUCING WOUNDED WARRIOR PROJECT TO MULTIPLE CELEBRITIES AND MAJOR DONOR PROSPECTS.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ARMED SERVICES OF YMCA OF THE USA 7405 ALBAN STATION CT STE B215	36-3274346	501(C)(3)	100,000.				SEE PART IV
(2) CHARITY DEFENSE COUNCIL INC 222 THIRD ST, STE 2244 CAMBRIDGE, MA 02142	45-1138240	501(C)(3)	150,000.				SEE PART IV
(3) CNS RESPONSE INC 85 ENTERPRISE STE 410 ALISO VIEJO, CA 92656	95-4777397	501(C)(3)	54,000.				SEE PART IV
(4) CONNECTICUT PUBLIC BROADCASTING, INC. 1049 ASYLUM AVE HARTFORD, CT 06105	06-0758938	501(C)(3)	250,000.				SEE PART IV
(5) DARE2TRI PARATRIATHLON CLUB 847 N DAMEN 2R CHICAGO, IL 60622	45-3933200	501(C)(3)	15,000.				SEE PART IV
(6) EASTER SEALS GREATER WASHINGTON-BALTIMORE R 1420 SPRING STREET SILVER SPRING, MD 20910	53-0212296	501(C)(3)	125,000.				SEE PART IV
(7) EMPACT-SUICIDE PREVENTION CENTER 618 S MADISON DR TEMPE, AZ 85281	74-2562293	501(C)(3)	250,000.				SEE PART IV
(8) FINAL SALUTE INC 2331 MILL ROAD STE 100 ALEXANDRIA, VA 22314	80-0660380	501(C)(3)	100,000.				SEE PART IV
(9) FOCUS MARINES FOUNDATION 1880 SCHLUERSBURG RD AUGUST, MO 63332	27-2081900	501(C)(3)	72,000.				SEE PART IV
(10) HVAF OF INDIANA INC 964 N PENNSYLVANIA ST	35-1890547	501(C)(3)	55,000.				SEE PART IV
(11) LONE SURVIVOR FOUNDATION 2626 S LOOP W STE 415 HOUSTON, TX 77054	27-1850918	501(C)(3)	100,000.				SEE PART IV
(12) LRMC FISHER HOUSES ATTN: VIVIAN L. WILSON APO, AE 09180	11-3158401	501(C)(3)	175,000.				SEE PART IV

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MASSACHUSETTS GENERAL HOSPITAL 165 CAMBRIDGE ST STE 600 BOSTON, MA 02114	04-1564655	501(C)(3)	250,000.				SEE PART IV
(2) MENTAL HEALTH AMERICA OF GREATER HOUSTON IN 2211 NORFOLK, STE 810 HOUSTON, TX 77098	74-1272394	501(C)(3)	12,000.				SEE PART IV
(3) MINNESOTA ASSISTANCE COUNCIL FOR VETERANS 360 ROBERT ST N ST PAUL, MN 55101	41-1694717	501(C)(3)	75,000.				SEE PART IV
(4) NATIONAL ASSOCIATION OF COUNTIES RESEARCH F 25 MASSACHUSETTS AVE STE 500	53-0241255	501(C)(3)	150,000.				SEE PART IV
(5) NATIONAL ASSOCIATION TO PROTECT CHILDREN-ED 505 MAIN ST STE 10 KNOXVILLE, TN 37902	74-3127927	501(C)(3)	250,000.				SEE PART IV
(6) NEUROTHERAPY RESEARCH & DEVELOPMENT ASSOC, C/O ML ESTY 4701 WILLARD AVE #1035	27-0496747	501(C)(3)	75,000.				SEE PART IV
(7) NEW YORK COUNTY LAWYERS' ASSOCIATION 14 VESEY ST NEW YORK, NY 10007	13-5273040	501(C)(3)	15,000.				SEE PART IV
(8) ONE MIND FOR RESEARCH INC 120 LAKESIDE AVE STE 130 SEATTLE, WA 98122	80-0777581	501(C)(3)	3,500,000.				SEE PART IV
(9) OPERATION HOMEFRONT 1355 CENTRAL PARKWAY S STE 100	32-0033325	501(C)(3)	2,927,190.				SEE PART IV
(10) PAT TILLMAN FOUNDATION 2107 N JEFFERSON ST STE 602	20-1072336	501(C)(3)	250,000.				SEE PART IV
(11) QUALITY OF LIFE FOUNDATION, INC 2750 KILLARNEY DRIVE WOODBRIDGE, VA 22192	26-1820245	501(C)(3)	250,000.				SEE PART IV
(12) RECOVERY RESOURCE COUNCIL 2700 AIRPORT FREEWAY FORT WORTH, TX 76111	75-6005093	501(C)(3)	150,138.				SEE PART IV

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

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ROCK 4 RECOVERY INC 1370 AFTON ST #815 HOUSTON, TX 77055	90-0843832	501(C)(3)	10,000.				SEE PART IV
(2) SERVICES FOR THE UNDERSERVED INC 305 SEVENTH AVE 10TH FLOOR	91-1918247	501(C)(3)	125,000.				SEE PART IV
(3) STUDENT VETERANS OF AMERICA 1625 K NW SUITE 320 WASHINGTON, DC 20006	26-1971279	501(C)(3)	250,000.				SEE PART IV
(4) SYRACUSE UNIVERSITY COMPTROLLER'S OFFICE	15-0532081	501(C)(3)	125,000.				SEE PART IV
(5) TEAM RED, WHITE, AND BLUE 350 MAIN ST STE 400 ANN ARBOR, MI 48104	27-2196347	501(C)(3)	125,000.				SEE PART IV
(6) THE COMMUNITY FOUNDATION FOR THE CENTRAL SA P. O. BOX 31358 AUGUSTA, GA 30903	58-2184345	501(C)(3)	1,600,000.				SEE PART IV
(7) THE JUBILEE FOUNDATION INC PO BOX 609 BALD KNOB, AR 72010	51-0178135	501(C)(3)	25,000.				SEE PART IV
(8) TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS IN 3033 WILSON BLVD STE 630	92-0152208	501(C)(3)	250,000.				SEE PART IV
(9) TRUSTEES OF PURDUE UNIVERSITY 401 S GRANT ST WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	250,000.				SEE PART IV
(10) UNITED STATES VETERANS INITIATIVE 800 WEST 6TH ST STE 1505	95-4382752	501(C)(3)	250,000.				SEE PART IV
(11) UNITED WAR VETERANS COUNCIL 346 BROADWAY SUITE 807 NEW YORK, NY 10013	13-3793337	501(C)(3)	250,000.				SEE PART IV
(12) VAIL VETERANS FOUNDATION INC DBA VAIL VETER 12 VAIL ROAD STE 200 PO BOX 6473	20-5254885	501(C)(3)	100,000.				SEE PART IV

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

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VETERANS ONE-STOP CENTER OF WNY, INC 1416 MAIN STREET BUFFALO, NY 14209	45-5098692	501(C)(3)	87,500.				SEE PART IV
(2) VETERNS OF FOREIGN WARS FOUNDATION 406 W 34TH ST STE 920 KANSAS CITY, MO 64111	43-1758998	501(C)(3)	443,145.				SEE PART IV
(3) VIRTUALLY BETTER 2440 LAWRENCEWILLE HIGHWAY STE 200	58-2258285	501(C)(3)	54,335.				SEE PART IV
(4) WOUNDED WARRIOR PROJECT LT SUPPORT TRUST 4899 BELFORT ROAD SUITE 300	37-6558533	501(C)(3)	28,000,000.				SEE PART IV
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ ----- 40.

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

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

Schedule I (Form 990) (2013)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STUDENT GRANTS	100.	804,393.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U.S.

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.

IN THE EVENT THE GRANTEE CEASES TO OPERATE OR BECOMES INSOLVENT, ALL UNUSED WOUNDED WARRIOR PROJECT GRANT MONEY SHALL BE IMMEDIATELY RETURNED.

FURTHERMORE, IF THE ORIGINAL PURPOSE, PROJECT AND/OR PROGRAM OF THE GRANTEE CHANGES, THE GRANTEE MUST NOTIFY WOUNDED WARRIOR PROJECT IN WRITING FOR PERMISSION TO REDIRECT FUNDS. IF PERMISSION IS NOT GIVEN,

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GRANTEE SHALL RETURN ANY AND ALL GRANT MONEY TO WOUNDED WARRIOR PROJECT.

AN INTERIM REPORT IS DUE MID-WAY THROUGH THE GRANT CYCLE. A FINAL REPORT
 DETAILING THE EXPENDITURE AND OUTCOMES OF THE GRANT MUST BE SUBMITTED TO
 WOUNDED WARRIOR PROJECT ONE YEAR AFTER THE AWARD IS RECEIVED BY THE
 APPLICANT.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART II, LINE 1, COLUMN H

PURPOSE OF GRANT OR ASSISTANCE

ARMED SERVICES OF YMCA OF THE USA - PROVIDES TRANSITIONAL SUPPORT FOR
WARRIORS AND THEIR FAMILIES.

CHARITY DEFENSE COUNCIL INC - MISSION IS TO CHANGE THE WAY PEOPLE THINK
ABOUT CHANGING THE WORLD BY RESPONDING TO AND RECTIFYING INACCURATE
REPORTING ON CHARITIES AND PROACTIVELY EDUCATE THE MEDIA.

CNS RESPONSE INC - ASSISTS VETERANS AND THEIR FAMILIES IN THEIR
RECOVERIES AS IT CONCERNS DEPRESSION, PTSD AND TBI.

CONNECTICUT PUBLIC BROADCASTING, INC - HOLISTIC APPROACH, FOCUSING ON

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

EMPLOYMENT AND ACCESS TO MENTAL HEALTH CARE.

DARE2TRI PARATRIATHLON CLUB - DEVELOPS PROGRAMS AND STRATEGIC TRANSITION

SERVICES THAT SERVE VETERANS WHO WANT TO CONTINUE THEIR EDUCATION.

EASTER SEALS GREATER WASHINGTON-BALTIMORE REGION - PROVIDES RESPITE FOR

CAREGIVERS AND EDUCATIONAL SERVICES FOR CHILDREN OF WOUNDED WARRIORS.

EMPACT-SUICIDE PREVENTION CENTER - PROVIDES COMMUNITY-BASED CRISIS

INTERVENTION SUPPORT SERVICES TO ARIZONA NATIONAL GUARD MEMBERS AND THEIR

FAMILIES.

FINAL SALUTE INC - OPERATES TWO TRANSITIONAL HOUSES SPECIFICALLY FOR

FEMALE VETERANS AND THEIR CHILDREN.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FOCUS MARINES FOUNDATION - PROVIDES RETREATS THAT ASSIST MARINES IN THEIR MILITARY TO CIVILIAN TRANSITION, FOCUSING PRIMARILY ON ENGAGING THOSE WHO ARE ISOLATED.

HVAF OF INDIANA INC - PROVIDES SERVICES TO HOMELESS VETERANS AND THEIR FAMILIES, AND ALSO OFFERS INTENSIVE SERVICES FOR WARRIORS WITH MENTAL HEALTH AND/OR SUBSTANCE ABUSE DIAGNOSES.

LONE SURVIVOR FOUNDATION - PROVIDES INDIVIDUAL, COUPLE AND FAMILY RETREATS FOR SURVIVORS OF MST.

LRMC FISHER HOUSES - PROVIDES FINANCIAL ASSISTANCE TO CURRENT MEMBERS OF THE UNITED STATES ARMED SERVICES, VETERANS AND THEIR FAMILIES.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

MASSACHUSETTS GENERAL HOSPITAL - HOME BASE IS AN 8-MONTH PROGRAM FOR NEW

ENGLAND VETERANS, FOCUSED ON BMI REDUCTION AND IMPROVING PHYSICAL WELLNESS.

MENTAL HEALTH AMERICA OF GREATER HOUSTON INC - PROVIDES PEER MENTORS TO WARRIORS GOING THROUGH THE VET COURTS IN HOUSTON, TX.

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

NATIONAL ASSOCIATION OF COUNTIES RESEARCH FOUNDATION - PROVIDES ESSENTIAL SERVICES TO THE NATION'S 3,068 COUNTIES. NACO ADVANCES ISSUES WITH A

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

UNIFIED VOICE BEFORE THE FEDERAL GOVERNMENT, IMPROVES THE PUBLIC'S UNDERSTANDING OF COUNTY GOVERNMENT, ASSISTS COUNTIES IN FINDING AND SHARING INNOVATIVE SOLUTIONS THROUGH EDUCATION AND RESEARCH, AND PROVIDES VALUE-ADDED SERVICES TO SAVE COUNTIES AND TAXPAYERS MONEY.

NATIONAL ASSOCIATION TO PROTECT CHILDREN-EDUCATION FUND INC - PROVIDES TRAINING AND CERTIFICATION TO WARRIORS IN THE FIELD OF COUNTER-CHILD-EXPLOITATION AND COMPUTER FORENSICS.

NEUROTHERAPY RESEARCH AND DEVELOPMENT ASSOC INC - RESEARCH NON-INVASIVE, INNOVATIVE TREATMENTS FOR SOCOM PERSONNEL SUFFERING FROM TRAUMATIC BRAIN INJURY AND OTHER COGNITIVE IMPAIRMENTS.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

NEW YORK LAWYERS' ASSOCIATION - ASSISTS VETERANS WISHING TO UPGRADE

CHARACTERIZATION OF THEIR MILITARY DISCHARGE THAT IS LESS THAN HONORABLE

DUE TO UNDIAGNOSED PTSD, TBI AND/OR MST.

ONE MIND FOR RESEARCH INC - DEDICATED TO BENEFITING ALL AFFECTED BY BRAIN

ILLNESS AND INJURY THROUGH FOSTERING FUNDAMENTAL CHANGES THAT WILL

RADICALLY ACCELERATE THE DEVELOPMENT AND IMPLEMENTATION OF IMPROVED

DIAGNOSTICS, TREATMENTS AND CURES, WHILE ELIMINATING THE STIGMA THAT

COMES WITH MENTAL ILLNESS.

OPERATION HOMEFRONT - PROVIDES EMERGENCY FINANCIAL AND OTHER ASSISTANCE

TO THE FAMILIES OF OUR SERVICE MEMBERS AND WOUNDED WARRIORS.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PAT TILLMAN FOUNDATION - INVESTS IN MILITARY VETERANS AND THEIR SPOUSES THROUGH ACADEMIC SCHOLARSHIPS, BUILDING A DIVERSE COMMUNITY OF LEADERS COMMITTED TO SERVICE TO OTHERS.

QUALITY OF LIFE FOUNDATION INC - SUPPORTS FAMILIES WHO PROVIDE A SUBSTANTIAL AMOUNT OF CARE GIVING TO A WOUNDED, INJURED OR ILL VETERAN.

RECOVERY RESOURCE COUNCIL - PROVIDES OUTPATIENT COUNSELING AND SERVICES FOR RETURNING VETERANS AND THEIR FAMILY MEMBERS TO HELP RECONNECT AND IMPROVE THE FAMILY'S QUALITY OF LIFE AND OVERALL FUNCTIONING.

ROCK 4 RECOVERY INC - PROVIDES A SAFE AND COMFORTABLE AREA FOR VETERANS TO EXPRESS THEIR FEELINGS AND THOUGHTS THROUGH MUSIC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SERVICES FOR THE UNDERSERVED INC - PROVIDES A MOBILE SUPPORT TEAM TO GO OUT INTO THE COMMUNITY AND PROVIDE ASSISTANCE TO WARRIORS WHO ARE IN CRISES.

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

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

TEAM RED, WHITE AND BLUE - BREAKS DOWN THE MILITARY-CIVILIAN DIVIDE BY

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROVIDING ENGAGEMENT EVENTS, BOTH SOCIAL AND FITNESS RELATED, TO VETERANS

AND LOCAL COMMUNITY MEMBERS.

THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA - COMMUNITY

ENDOWMENT FUNDS DISBURSED TO FOUR COMMUNITIES TO ENABLE AND ENHANCE LOCAL

COLLABORATION TO PROVIDE SERVICES TO VETERANS.

THE JUBILEE FOUNDATION INC - SPONSORS WOUNDED WARRIOR HUNTING ACTIVITIES

IN ARKANSAS FOR INJURED SOLDIERS.

TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS INC - PROVIDES INCREASING NUMBER

OF ENGAGEMENT OPPORTUNITIES FOR CAREGIVERS IN ORDER TO REDUCE CAREGIVER

ISOLATION.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

TRUSTEES OF PURDUE UNIVERSITY - OPERATES THE STAR BEHAVIORAL HEALTH PROVIDERS PROGRAM, A TRAINING AND REGISTRY SYSTEM THAT PREPARES CIVILIAN BEHAVIORAL HEALTH PROVIDERS TO SERVE WARRIORS AND THEIR FAMILIES.

UNITED STATES VETERANS INITIATIVE - PROVIDES SHELTER AND SUPPORTIVE SERVICES TO HOMELESS VETERANS IN THE LOS ANGELES AREA.

UNITED WAR VETERANS COUNCIL - SUPPORTING AND PROMOTING A WIDE RANGE OF INITIATIVES THAT PROVIDE VITAL SERVICES TO OUR VETERAN'S COMMUNITY.

VAIL VETERANS FOUNDATION INC DBA VAIL VETERANS PROGRAM - PROVIDES THERAPEUTIC, REHABILITATIVE SPORTS AND RECREATION PROGRAMS TO WOUNDED WARRIORS AND THEIR FAMILIES.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

VETERANS ONE-STOP CENTER OF WNY INC - CONNECTS PEOPLE, ORGANIZATIONS AND

RESOURCES TOGETHER TO EFFECTIVELY IMPROVE THE WELL-BEING OF THE U.S.

ARMED FORCES AND THEIR IMMEDIATE FAMILIES.

VETERANS OF FOREIGN WARS FOUNDATION - TO SUPPORT PROGRAMS AND SERVICES

THAT SECURE, MANAGE AND DISTRIBUTE RESOURCES TO IMPROVE THE LIVES OF

VETERANS, MILITARY SERVICE PERSONNEL, THEIR FAMILIES AND THE COMMUNITIES

WHERE THEY LIVE.

VIRTUALLY BETTER - TO PURCHASE VIRTUAL REALITY EQUIPMENT USED AS A

THERAPEUTIC MODALITY OF CARE AND OFFER A POWERFUL WAY TO TREAT A BROAD

RANGE OF INVISIBLE WOUNDS.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

WOUNDED WARRIOR PROJECT LT SUPPORT TRUST - PROVIDES LONG TERM CARE FOR

THE MOST SEVERELY DISABLED WARRIORS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2013

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	STEVEN NARDIZZI CHIEF EXECUTIVE OFFICER	(i)	352,000.	88,000.	33,015.	10,200.	13,200.	496,415.	0
		(ii)	0	0	0	0	0	0	0
2	ALBION GIORDANO CHIEF OPERATING OFFICER	(i)	280,000.	70,000.	19,030.	9,315.	18,984.	397,329.	0
		(ii)	0	0	0	0	0	0	0
3	RONALD W. BURGESS CHIEF FINANCIAL OFFICER	(i)	199,792.	35,200.	0	9,495.	13,124.	257,611.	0
		(ii)	0	0	0	0	0	0	0
4	JEREMY CHWAT CHIEF PROGRAM OFFICER	(i)	216,500.	46,250.	0	3,684.	18,949.	285,383.	0
		(ii)	0	0	0	0	0	0	0
5	ADAM SILVA CHIEF DEVELOPMENT OFFICER	(i)	209,346.	43,125.	0	7,151.	18,932.	278,554.	0
		(ii)	0	0	0	0	0	0	0
6	JOHN T. HAMRE III DIRECT RESPONSE EVP	(i)	144,721.	20,475.	0	3,304.	6,650.	175,150.	0
		(ii)	0	0	0	0	0	0	0
7	RYAN CLEMENT PAVLU WARRIOR ENGAGEMENT EVP	(i)	133,250.	23,000.	0	7,813.	8,315.	172,378.	0
		(ii)	0	0	0	0	0	0	0
8	RALPH J. IBSON NATIONAL POLICY DIRECTOR	(i)	133,500.	19,500.	0	6,120.	11,792.	170,912.	0
		(ii)	0	0	0	0	0	0	0
9	BRUCE G. NITSCHKE SPECIAL PROJECTS EVP	(i)	127,019.	24,000.	0	5,681.	6,576.	163,276.	0
		(ii)	0	0	0	0	0	0	0
10	JOHN W. ROBERTS WARRIOR RELATIONS EVP	(i)	123,230.	24,000.	0	5,889.	18,662.	171,781.	0
		(ii)	0	0	0	0	0	0	0
11	JOHN M. MOLINO PROGRAMS CHIEF OF STAFF	(i)	140,175.	25,935.	0	6,644.	831.	173,585.	0
		(ii)	0	0	0	0	0	0	0
12	RICHARD A. STIEGLITZ PHYSICAL HLTH & WELLNESS EVP	(i)	161,131.	0	53,077.	0	16,599.	230,807.	0
		(ii)	0	0	0	0	0	0	0
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS TO THE FOLLOWING:

RICHARD STIEGLITZ 53,077

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS

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

Part III Supplemental Information

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

SCHEDULE J, PART II, LINES 1 AND 2

OTHER REPORTABLE COMPENSATION

MR. NARDIZZI AND MR. GIORDANO RECEIVED \$33,015 AND \$19,030 RESPECTIVELY

IN PAYMENTS RELATED TO A SALARY INCREASE FOR THE FIRST QUARTER OF FISCAL

YEAR 2013 THAT WAS PAID RETROACTIVELY IN CALENDAR YEAR 2013 DUE TO THE

TIMING OF THEIR PERFORMANCE EVALUATIONS. SINCE COMPENSATION IS REPORTED

ON A CALENDAR YEAR BASIS ON SCHEDULE J OF THE 990, THE PAYMENTS ARE

REFLECTED IN THE CURRENT 990 RATHER THAN THE 990 FOR FISCAL YEAR 2013.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	293.	14,390,944.	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 ▶ (ATCH 1)		1,334.	5,521,248.	
26 Other ▶ (.)				
27 Other ▶ (.)				
28 Other ▶ (.)				

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

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

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

Schedule M (Form 990) (2013)

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
EQUIPMENT	X	30.	1,851,733.	FAIR MARKET VALUE
EVENT TICKETS	X	833.	1,320,155.	FAIR MARKET VALUE
SUPPLIES	X	314.	1,012,732.	FAIR MARKET VALUE
PROMOTIONAL ITEMS	X	36.	869,857.	FAIR MARKET VALUE
BACKPACKS	X	12.	289,682.	FAIR MARKET VALUE
AUCTION ITEMS	X	104.	95,224.	FAIR MARKET VALUE
ALUMNI MEMBERSHIP	X	5.	81,865.	FAIR MARKET VALUE
TOTALS		<u>1,334.</u>	<u>5,521,248.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

20-2370934

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICE DESCRIPTIONS

SOLDIER RIDE - SOLDIER RIDE PROVIDES ADAPTIVE CYCLING OPPORTUNITIES

ACROSS THE COUNTRY FOR WOUNDED WARRIORS. THE RIDES ARE TYPICALLY THREE

TO FIVE DAYS LONG AND ARE GEARED TOWARD WARRIORS OF ALL ABILITIES.

ADAPTIVE AND STANDARD CYCLING EQUIPMENT IS PROVIDED TO WARRIORS BASED ON

THE TYPE OF INJURY. IN ADDITION TO THE PHYSICAL BENEFIT, SOLDIER RIDE

HELPS RAISE PUBLIC AWARENESS OF THE CHALLENGES WARRIORS FACE TODAY

THROUGH EVENTS HELD THROUGHOUT THE RIDE. WARRIORS WILL HAVE THE

OPPORTUNITY TO TAKE PART IN ANNUAL EVENTS, WHICH WILL CHALLENGE THEM

PHYSICALLY AND MENTALLY, FROM THE SOUTH LAWN OF THE WHITE HOUSE TO LOCAL

COMMUNITIES ACROSS THE NATION.

BENEFIT SERVICES - TO HELP WARRIORS MAKE THE MOST OF THEIR BENEFITS AND

SUCCESSFULLY TRANSITION TO LIFE AFTER INJURY, WWP PROVIDES THE TOOLS THEY

NEED TO BECOME FINANCIALLY SECURE. UNLIKE TRADITIONAL MODELS OF VETERANS'

SERVICES, WWP IDENTIFIES THE WARRIOR'S INDIVIDUAL NEEDS, IN ADDITION TO

PROVIDING ECONOMIC EMPOWERMENT. THE BENEFITS SERVICES TEAM ENSURES

WARRIORS AND THEIR FAMILIES HAVE INFORMATION AND ACCESS TO GOVERNMENT

BENEFITS, AS WELL AS WWP'S FULL RANGE OF PROGRAMS AND THE COMMUNITY

RESOURCES NECESSARY FOR SUCCESSFUL TRANSITION TO LIFE AFTER INJURY. A

KEY PART OF THIS PROGRAM IS SUPPORT AND EDUCATION FOR WARRIORS, AS WELL

AS THEIR FAMILY MEMBERS AND CAREGIVERS. WWP ADVISES WARRIORS ON THEIR

BENEFITS, ALONG WITH INFORMATION ON HOW TO ACCESS THOSE SERVICES THROUGH

THE DEPARTMENT OF DEFENSE (DOD) AND DEPARTMENT OF VETERANS AFFAIRS (VA).

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number
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WWP SERVICE PERSONNEL WORK CLOSELY WITH EACH AGENCY SO THEY CAN WALK WARRIORS THROUGH EVERY STEP OF THE PROCESS. WHEN A CLAIM IS FILED, WWP MAKES SURE IT IS PROCESSED CORRECTLY THE FIRST TIME AND GUIDES INJURED SERVICE MEMBERS THROUGH THIS CRUCIAL PART OF THEIR TRANSITION.

TRACK - TRACK IS THE FIRST EDUCATION CENTER IN THE NATION SPECIFICALLY FOR WOUNDED WARRIORS. TRACK IS FOCUSED ON PROVIDING COLLEGE AND EMPLOYMENT ACCESS TO WOUNDED WARRIORS THROUGH ITS INTENSIVE AND HOLISTIC TRAINING EXPERIENCE FOR THE MIND, BODY, AND SPIRIT. THE 12-MONTH PROGRAM PROVIDES WOUNDED WARRIORS A JUMP-START ON MEETING THEIR EDUCATIONAL GOALS, WHILE ALSO SUPPORTING GOALS AROUND PERSONAL HEALTH AND WELLNESS, MENTAL HEALTH AND CAREER DEVELOPMENT.

FAMILY SUPPORT SERVICES - THE FAMILY SUPPORT SERVICES PROGRAM PROVIDES SUPPORT AND RESPITE PROGRAMS FOR A WOUNDED WARRIOR'S FAMILY MEMBERS AND/OR CAREGIVER. WHEN A SERVICE MEMBER IS WOUNDED, THE INJURY PLACES TREMENDOUS STRESS ON THE INDIVIDUAL'S FAMILY MEMBERS, MANY OF WHOM FACE A NEW ROLE AS FULL-TIME CAREGIVER AND ADVOCATE FOR THEIR RECOVERY. THESE CAREGIVERS ARE INTEGRAL TO THE WARRIOR'S SUCCESSFUL RECOVERY AND, AS SUCH, NEED SPECIAL PROGRAMS AND SERVICES TO ADDRESS THEIR UNIQUE CONCERNS AND NEEDS.

INTERNATIONAL SERVICES - LANDSTUHL REGIONAL MEDICAL CENTER IS ONE OF THE FIRST LOCATIONS WARRIORS ARE TRANSPORTED TO ONCE INJURED. MOST OF THE TIME DURING TRANSPORT, THEIR BELONGINGS ARE NOT TRANSPORTED WITH THEM. WWP PROVIDES COMFORT ITEMS SUCH AS JACKETS, SWEATPANTS, T-SHIRTS, AND BLANKETS TO WARRIORS BEFORE THEY ARE FLOWN BACK TO THE STATES. WWP WANTS TO MAKE THEIR STAY AND TRAVEL BACK TO THE UNITED STATES OF AMERICA AS

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

COMFORTABLE AS POSSIBLE. FOR WARRIORS STATIONED AT THE WARRIOR TRANSITION UNITS IN EUROPE, WWP HAS MULTIPLE PROGRAMS IN PLACE, INCLUDING BENEFITS COUNSELING, TRANSITION TRAINING ACADEMY, SOLDIER RIDE AND COMBAT STRESS RECOVERY.

WWP PACKS - WWP PACKS CONTAIN ESSENTIAL CARE AND COMFORT ITEMS INCLUDING CLOTHING, TOILETRIES, PLAYING CARDS, AND MORE, ALL DESIGNED TO MAKE A WARRIOR'S HOSPITAL STAY MORE COMFORTABLE. BACKPACKS ARE PROVIDED TO WOUNDED SERVICE MEMBERS ARRIVING AT MILITARY TRAUMA CENTERS ACROSS THE UNITED STATES. INJURED WARRIORS OVERSEAS WHO ARE EVACUATED FROM FIELD HOSPITALS TO LARGER MILITARY TREATMENT FACILITIES STATESIDE OR ABROAD RECEIVE A SMALLER VERSION OF THE WWP BACKPACK, KNOWN AS TRANSITIONAL CARE PACKS (TCPS), FOR IMMEDIATE COMFORT.

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

WARRIORS SPEAK - THE WARRIORS SPEAK PROGRAM IS A PRESTIGIOUS GROUP OF WOUNDED WARRIORS AND CAREGIVERS WHO HAVE BEEN SELECTED TO SHARE THEIR PERSONAL, INSPIRATIONAL STORIES OF COURAGE AND INTEGRITY WITH THE PUBLIC. THE SPEAKERS ALSO DESCRIBE HOW WWP HAS AIDED THEM IN THE RECOVERY PROCESS AND HELPED THEM TRANSITION BACK TO CIVILIAN LIFE. PARTICIPANTS

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number
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ARE TRAINED TO BECOME EFFECTIVE SPOKESPERSONS THROUGH THE WARRIORS SPEAK COURSE, WHICH INCLUDES TOOLS TO HELP THEM ORGANIZE THOUGHTS, COMPOSE PRESENTATIONS, AND COMMUNICATE SUCCESSFULLY. THE TRAINING PROVIDES IMPORTANT LIFE SKILLS THAT HELP WARRIORS SUCCEED SOCIALLY, AT THEIR WORKPLACE, AND AS COMMUNITY LEADERS.

TRANSITION TRAINING ACADEMY - TRANSITION TRAINING ACADEMY (TTA) PROVIDES INNOVATIVE INFORMATION TECHNOLOGY TRAINING TO WOUNDED WARRIORS WHO ARE STILL ON ACTIVE DUTY. TTA CLASSES ARE TAUGHT IN A MODIFIED CLASSROOM SETTING WITH FLEXIBLE CLASS SCHEDULES TO ACCOMMODATE PARTICIPANTS' MEDICAL AND DUTY REQUIREMENTS DURING REHABILITATION IN MILITARY TREATMENT FACILITIES.

PEER SUPPORT - PEER SUPPORT IS THE PROGRAMMATIC EMBODIMENT OF WWP'S LOGO, FOSTERING RELATIONSHIPS THAT ENABLE ONE WARRIOR TO HELP ANOTHER THROUGH THE RECOVERY PROCESS. THE WWP PEER SUPPORT PROGRAM MENTORS ARE TRAINED TO BE RESOURCES, LISTENERS, AND "HOSPITAL BUDDIES," WHO CAN SHARE THEIR UNDERSTANDING AND PERSPECTIVE. WWP'S GOAL OF PEER SUPPORT IS FOR THE WARRIOR BEING MENTORED TO EVENTUALLY MENTOR A FELLOW WARRIOR - EMBODYING THE WOUNDED WARRIOR PROJECT MISSION AND LOGO.

EDUCATION SERVICES - THE EDUCATION SERVICES PROGRAM PREPARES WARRIORS FOR SUCCESS BY HELPING THEM ACHIEVE THEIR EDUCATIONAL GOALS. WOUNDED WARRIORS HAVE DIFFERENT NEEDS THAN TYPICAL STUDENTS BECAUSE OF THE INSTITUTIONAL AND SOCIAL OBSTACLES THEY MIGHT FACE DUE TO COMBAT STRESS, ACCESSIBILITY TO LEARNING MODELS, AND SOCIAL INSTABILITY BECAUSE OF SOCIAL EXPERIENCES.

WWP TALK - WWP TALK PROVIDES TELEPHONIC, EMOTIONAL SUPPORT TO WOUNDED

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

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

INDEPENDENCE PROGRAM - THE INDEPENDENCE PROGRAM HELPS WARRIORS LIVE LIFE TO THE FULLEST, ON THEIR OWN TERMS. IT IS DESIGNED FOR WARRIORS WHO RELY ON THEIR FAMILIES AND/OR CAREGIVERS BECAUSE OF MODERATE TO SEVERE BRAIN INJURY, SPINAL-CORD INJURY, OR OTHER NEUROLOGICAL CONDITIONS. IN ADDITION, THE WARRIOR'S COGNITIVE OR PHYSICAL CHALLENGES LIMIT THEIR OPPORTUNITIES TO ACCESS RESOURCES AND ACTIVITIES IN THEIR OWN COMMUNITY. THE INDEPENDENCE PROGRAM IS A TEAM EFFORT, BRINGING TOGETHER THE WARRIOR AND HIS OR HER FULL SUPPORT TEAM WHILE CREATING AN INDIVIDUALIZED PLAN FOR EACH WARRIOR - FOCUSING ON GOALS THAT PROVIDE A FUTURE WITH PURPOSE AT NO COST TO THE WARRIOR AND HIS OR HER SUPPORT TEAM. IT'S DESIGNED AS A COMPREHENSIVE LONG-TERM PARTNERSHIP INTENDED TO ADAPT TO THE WARRIOR'S EVER-CHANGING NEEDS. THE INDEPENDENCE PROGRAM PROVIDES SUPPORT AND TRAINING FOR INVOLVEMENT IN MEANINGFUL ACTIVITIES, INCLUDING SOCIAL AND RECREATIONAL, WELLNESS, VOLUNTEER WORK, EDUCATION, AND OTHER LIVING SKILLS. THE LONG-TERM SUPPORT TRUST PROVIDES FUNDS TO ENSURE SERVICES INCLUDING LIFE-SKILLS TRAINING, HOME CARE, TRANSPORTATION, AND RESIDENTIAL OPTIONS REMAIN AVAILABLE TO THE SEVERELY WOUNDED, WHO UPON THE LOSS OF THEIR CAREGIVER, IS AT RISK FOR INSTITUTIONALIZATION. THE GOAL IS TO EMPOWER EACH WARRIOR TO LIVE AS INDEPENDENTLY AS POSSIBLE,

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

WITH THE HIGHEST QUALITY OF LIFE AND FINEST, MOST COMPASSIONATE CARE
POSSIBLE.

FORM 990, PART VI, LINE 2

FAMILY RELATIONSHIPS

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

FORM 990, PART VI, LINE 4

SIGNNIFICANT CHANGES TO GOVERNING DOCUMENTS

IN MARCH 2014, THE WWP BOARD OF DIRECTORS AMENDED ITS BYLAWS TO
ACCURATELY REFLECT THE CURRENT PRACTICES AND INTENTIONS OF THE BOARD, AND
PROVIDE CLARITY AND LIMIT AMBIGUITY. FOR EXAMPLE, ALTHOUGH WWP FILED
AMENDED ARTICLES TO CHANGE ITS LEGAL NAME IN 2009, SUBSEQUENT BYLAW
AMENDMENTS DID NOT INCORPORATE THE LEGAL NAME CHANGE. IN 2014, WWP
FURTHER AMENDED ITS BYLAWS TO LIMIT REFERENCES TO PRACTICES THAT WOULD BE
APPLICABLE IF WWP WAS A MEMBERSHIP ORGANIZATION, WHICH IT IS NOT. WWP
ELIMINATED REFERENCES TO NON-VOTING DIRECTORS AND EX-OFFICIO MEMBERS.
UNDER THE NEW BYLAWS, WE HAVE CLARIFIED THAT THE BOARD IS MADE UP OF NINE
DIRECTORS (WHICH WILL BE ACCOMPLISHED BY 2016), ALL OF WHOM HAVE A VOTE.
WWP FURTHER CLARIFIED WHO IS AN OFFICER OF THE CORPORATION. UNDER THE
NEW BYLAWS, THE BOARD PRESIDENT BECOMES THE CHAIR OF THE BOARD, THE VICE
PRESIDENT BECOMES THE VICE CHAIR, AND THE SECRETARY REMAINS THE SAME.
THESE POSITIONS CAN ONLY BE OCCUPIED BY BOARD MEMBERS UNDER OUR BYLAWS.
THE EXECUTIVE DIRECTOR IS NOW THE CEO AND THE DEPUTY EXECUTIVE DIRECTOR

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

IS THE CHIEF OPERATING OFFICER. THE CEO AND COO ARE OFFICERS OF THE CORPORATION APPOINTED BY THE BOARD, AND THEIR RESPECTIVE DUTIES ARE LISTED IN THE AMENDED AND RESTATED BYLAWS. THE CEO CAN APPOINT OTHERS TO BE OFFICERS, LIKE THE CFO. WWP ALSO AMENDED ITS AUDIT COMMITTEE CHARTER TO INCORPORATE RISK FUNCTIONS THE AUDIT AND RISK COMMITTEE IS UNDERTAKING.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

FORM 990 IS PREPARED BASED ON INFORMATION PROVIDED BY MANAGMENT BY AN EXTERNAL SERVICE FIRM WHO ALSO REVIEWS THE DOCUMENT. THE AUDIT COMMITTEE REVIEWS THE FORM 990 AND IF THEY APPROVE IT, IT IS RECOMMENDED TO THE FULL BOARD FOR REVIEW AND APPROVAL. FOLLOWING FULL BOARD APPROVAL, THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT

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.

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

FORM 990, PART VI, LINE 15A

PROCESS FOR DETERMINING COMPENSATION

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

FORM 990, PART VI, LINE 19

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990 AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE. ALL OTHER DATA IS AVAILABLE UPON REQUEST AT MANAGEMENT'S DISCRETION FROM THE CORPORATE HEADQUARTERS AT 4899 BELFORT ROAD, SUITE 300, JACKSONVILLE, FL 32256.

FORM 990, PART XII, LINE 2C

OVERSIGHT PROCESS

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW OR COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE AUDIT COMMITTEE HAS NOT UNDERGONE ANY OVERSIGHT OR SELECTION PROCESS CHANGES SINCE THE PREVIOUS YEAR. DURING FISCAL YEAR 2014, THE AUDIT COMMITTEE APPROVED THE CHANGE

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number
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IN INDEPENDENT AUDITOR AND TAX ADVISOR.

ATTACHMENT 1

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

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

ATTACHMENT 2

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SOLDIER RIDE	85,089.	15,737,906.	
BENEFITS SERVICES	487,528.	10,280,128.	
TRACK	852,136.	7,600,723.	
FAMILY SUPPORT SERVICES	651,233.	6,481,174.	
INTERNATIONAL SERVICES	236,919.	5,762,792.	
WWP PACKS	7,986.	1,577,473.	
WARRIORS TO WORK	280,745.	9,149,559.	
WARRIORS SPEAK		2,102,805.	

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

ATTACHMENT 2 (CONT'D)FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
TRANSITION TRAINING ACADEMY	196,892.	6,207,938.	
PEER SUPPORT	162,952.	4,464,335.	
EDUCATION SERVICES	898,438.	3,154,146.	
WWP TALK	17,208.	1,731,217.	
INDEPENDENCE PROGRAM	217,739.	5,415,463.	
WOUNDED WARRIOR PROJECT LT SUPPORT TRUST	28,000,000.	28,000,000.	
TOTALS	<u>32,094,865.</u>	<u>107,665,659.</u>	

ATTACHMENT 3FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT,
 DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
 MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
 RI, SC, TN, UT, VA, WA, WV, WI

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NEURO COMMUNITY CARE 12520 CAPITAL BLVD., STE 401-139 WAKE FOREST, NC 27587	INDEPENDENCE PROGRAM	3,403,787.
CREATIVE DIRECT RESPONSE 16900 SCIENCE DR., STE 210 BOWIE, MD 20715	DIRECT RESPONSE	2,606,207.
FLOW NONFICTION, LLC 305 TERRACE DR. AUSTIN, TX 78704	PUBLIC AWARENESS	2,195,700.

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

ATTACHMENT 4 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MCGLADREY 5155 PAYSPIHERE CIRCLE CHICAGO, IL 60674	IT AND RISK MGMT.	2,162,918.
EAGLECOM, INC. 2300 YONGE ST., STE 1700 M4P 1E4 TORONTO ONTARIO CANADA	DRTV MEDIA	2,150,000.

ATTACHMENT 5

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
CONSULTING AND OUTSIDE SVCS	55,642,808.	38,987,187.	2,245,998.	14,409,623.
TOTALS	<u>55,642,808.</u>	<u>38,987,187.</u>	<u>2,245,998.</u>	<u>14,409,623.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ See separate instructions.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

20-2370934

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WOUNDED WARRIOR PROJECT LT SUPPORT TRUST 37-6558533 100 SOUTH WEST STREET WILMINGTON, DE 19801	TRUST	DE	501(C)(3)	11 - TYPE I	WOUNDED WARR	X	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2013

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WOUNDED WARRIOR PROJECT LT SUPPORT TRUST	B	28,000,000.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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