

# Return of Organization Exempt From Income Tax

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

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

# 2011

Open to Public Inspection

**A** For the 2011 calendar year, or tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>WOUNDED WARRIOR PROJECT, INC. DBA WOUNDED WARRIOR PROJECT</b>		<b>D</b> Employer identification number <b>20-2370934</b>
	Doing Business As		<b>E</b> Telephone number <b>904-296-7350</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>198,823,539.</b>
	<b>4899 BELFORT ROAD</b>		<b>300</b>
City or town, state or country, and ZIP + 4 <b>JACKSONVILLE, FL 32256</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>STEVEN NARDIZZI SAME AS C ABOVE</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.WOUNDEDWARRIORPROJECT.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>2005</b>
			<b>M</b> State of legal domicile: <b>VA</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF WOUNDED WARRIOR PROJECT IS TO HONOR AND EMPOWER WOUNDED WARRIORS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>248</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>4000</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 70,145,724.	<b>Current Year</b> 148,185,045.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	689,901.	1,929,092.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,222,723.	4,844,764.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,058,348.	154,958,901.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,035,031.	5,528,278.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,563,085.	21,035,510.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	1,796,697.	1,901,169.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>20,499,112.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	38,362,501.	67,046,592.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	57,757,314.	95,511,549.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	16,301,034.	59,447,352.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 36,392,589.	<b>End of Year</b> 101,438,851.
	<b>21</b> Total liabilities (Part X, line 26)	6,035,145.	11,201,098.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	30,357,444.	90,237,753.

## 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.

<b>Sign Here</b>	Signature of officer		Date
	<b>RONALD W. BURGESS, CFO</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>WILLIAM R. MORROW</b>		
<b>Paid Preparer Use Only</b>	Firm's name	Firm's EIN	PTIN
	<b>LBA CERTIFIED PUBLIC ACCOUNTANTS PA</b>	<b>59-1302284</b>	<b>P00648512</b>
<b>Paid Preparer Use Only</b>	Firm's address	Phone no.	
	<b>501 RIVERSIDE AVENUE, SUITE 800 JACKSONVILLE, FL 32202-4939</b>	<b>904-396-4015</b>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:  
WOUNDED WARRIOR PROJECT, INC. (THE ORGANIZATION) IS A NOT-FOR-PROFIT  
501 (C)(3) CORPORATION ORGANIZED FEBRUARY 23, 2005, FOR THE PURPOSES  
OF PROVIDING VITAL PROGRAMS AND SERVICES TO SEVERELY WOUNDED SERVICE  
MEMBERS AND VETERANS IN ORDER TO SUPPORT THEIR TRANSITION TO CIVILIAN

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to  
others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 17,408,806. including grants of \$ 834,200.) (Revenue \$ 0.)  
ALUMNI ASSOCIATION - THE ALUMNI PROGRAM OFFERS ASSISTANCE,  
COMMUNICATION, AND CAMRADERIE FOR WOUNDED WARRIORS AS THEY CONTINUE  
LIFE BEYOND INJURY. WWP ALUMNI STAY ENGAGED AND ACTIVE THROUGH WWP  
PROGRAMS AND EVENTS. THE ALUMNI PROGRAM OFFERS A WIDE RANGE OF  
ACTIVITIES INCLUDING EDUCATIONAL SESSIONS AND SPORTING AND SOCIAL  
EVENTS THAT PROVIDE INDIVIDUALS A CHANCE TO CONNECT WITH OTHER WOUNDED  
WARRIORS. IT ALSO INCLUDES OUR WWP AFFINITY PROGRAM WHICH PROVIDES  
DISCOUNTED PRODUCTS AND SERVICES TO ALL WWP ALUMNI. THE AFFINITY  
PROGRAM HELPS WWP BY ENCOURAGING WARRIORS TO UPDATE THEIR ALUMNI  
INFORMATION ANNUALLY IN ORDER TO STAY ACTIVE IN THE PROGRAM. THE ALUMNI  
PROGRAM ALSO IDENTIFIES, TRAINS, AND CHALLENGES LEADERS WITHIN THE  
WOUNDED WARRIOR POPULATION TO REPRESENT THEIR PEERS IN THEIR

4b (Code: ) (Expenses \$ 8,219,466. including grants of \$ 758,546.) (Revenue \$ 0.)  
COMBAT STRESS RECOVERY - THE COMBAT STRESS RECOVERY PROGRAM (CSRP) WAS  
DEVELOPED TO ADDRESS THE MENTAL HEALTH AND COGNITIVE NEEDS OF RETURNING  
SERVICE MEMBERS AND THOSE THAT HAVE ALREADY MADE THE TRANSITION BACK TO  
CIVILIAN LIFE. THE CSRP RESPONDS TO THE MENTAL HEALTH NEEDS OF OUR  
WARRIORS BY ADDRESSING SEVERAL KEY ISSUES LINKED TO COMBAT STRESS  
INCLUDING THE STIGMA ATTACHED TO MENTAL HEALTH, ACCESS TO CARE, AND  
INTERPERSONAL RELATIONSHIP CHALLENGES. WWP SERVES WARRIORS AT VARIOUS  
STAGES OF THE READJUSTMENT PROCESS THROUGH INNOVATIVE PROGRAMMING SUCH  
AS PROJECT ODYSSEY OR THE ONLINE COMBAT STRESS RECOVERY PROGRAM,  
RESTORE.

4c (Code: ) (Expenses \$ 7,045,616. including grants of \$ 1,909,126.) (Revenue \$ 0.)  
PHYSICAL HEALTH & REHABILITATION -THE PHYSICAL HEALTH & REHABILITATION  
PROGRAM HAS THREE STRATEGIC OBJECTIVES: 1) PROVIDE COMPREHENSIVE  
RECREATION AND SPORTS PROGRAMS TO OPTIMIZE PHYSICAL AND PSYCHOLOGICAL  
WELL-BEING OF WARRIORS; 2) DEVELOP PHYSICAL HEALTH PROMOTION STRATEGIES  
TO IMPROVE WARRIORS' PHYSICAL HEALTH; 3) ENSURE WARRIORS WITH SEVERE  
PHYSICAL INJURIES HAVE ACCESS TO SECONDARY PHYSICAL REHABILITATION AND  
THE LATEST TECHNOLOGY TO MAXIMIZE THEIR INDEPENDENCE. THE PROGRAM IS  
INCLUSIVE OF ALL WARRIORS INCLUDING THOSE WITH AMPUTATIONS, SPINAL CORD  
INJURIES, BURNS, VISUAL IMPAIRMENTS, TRAUMATIC BRAIN INJURIES,  
POST-TRAUMATIC STRESS DISORDER, AND OTHER COGNITIVE AND MENTAL HEALTH  
CONDITIONS. BY CHALLENGING THE WARRIOR THROUGH PHYSICAL ACTIVITY, SUCH  
AS SPORTS AND RECREATION, HE/SHE MOVES BEYOND REHABILITATION TO

4d Other program services (Describe in Schedule O.)  
(Expenses \$ 36,925,856. including grants of \$ 4,031,316.) (Revenue \$ )

4e Total program service expenses ▶ 69,599,744.

**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> ? .....		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	<b>Section 501(c)(3) organizations.</b> 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; 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, XII, and XIII</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, XII, and XIII 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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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</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	<i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> .....		

WOUNDED WARRIOR PROJECT, INC.  
DBA WOUNDED WARRIOR PROJECT

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**Part IV Checklist of Required Schedules** (continued)

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

Form 990 (2011)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	81		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	248		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>GERMANY</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization 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: **CINDY MCDONALD - 904-296-7350**  
**4899 BELFORD ROAD, SUITE 300, JACKSONVILLE, FL 32256**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) ANTHONY ODIERNO SECRETARY, BOD	5.00	X					0.	0.	0.	
(2) ANTHONY PRINCIPI VICE PRESIDENT, BOD	5.00	X					0.	0.	0.	
(3) CHARLES BATTAGLIA DIRECTOR	5.00	X					0.	0.	0.	
(4) CHARLES S. ABELL DIRECTOR	5.00	X					0.	0.	0.	
(5) DAWN HALFAKER PRESIDENT, BOD	5.00	X					0.	0.	0.	
(6) GORDON MANSFIELD DIRECTOR	5.00	X					0.	0.	0.	
(7) GUY H. MCMICHAEL III DIRECTOR	5.00	X					0.	0.	0.	
(8) JOHN LOOSEN DIRECTOR	5.00	X					0.	0.	0.	
(9) JUSTIN CONSTANTINE DIRECTOR	5.00	X					0.	0.	0.	
(10) KEVIN DELANEY DIRECTOR	5.00	X					0.	0.	0.	
(11) MELISSA STOCKWELL DIRECTOR	5.00	X					0.	0.	0.	
(12) ROBB VAN CLEAVE DIRECTOR	5.00	X					0.	0.	0.	
(13) ROGER CAMPBELL DIRECTOR	5.00	X					0.	0.	0.	
(14) RON DRACH DIRECTOR	5.00	X					0.	0.	0.	
(15) ADAM SILVA CHIEF DEVELOPMENT OFFICER	50.00			X			178,154.	0.	23,700.	
(16) ALBION GIORDANO DEPUTY EXECUTIVE DIRECTOR,	60.00			X			280,385.	0.	24,988.	
(17) JEREMY CHWAT CHIEF PROGRAM OFFICER	60.00			X			189,612.	0.	22,621.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
(18) RONALD W. BURGESS CFO	60.00			X			168,206.	0.	18,551.	
(19) STEVEN NARDIZZI CEO, EXECUTIVE DIRECTOR	60.00			X			311,538.	0.	21,841.	
(20) BRUCE NITSCHKE EVP, SPECIAL PROJECTS	50.00				X		139,917.	0.	10,987.	
(21) CHRISTINE HILL EVP, CONGRESSIONAL AFFAIRS	40.00				X		156,000.	0.	18,030.	
(22) JOHN ROBERTS EVP, MENTAL HEALTH	50.00				X		140,400.	0.	22,551.	
(23) JOHN T HAMRE III EVP, DIRECT RESPONSE	50.00				X		151,308.	0.	9,137.	
(24) RALPH J IBSON NATIONAL POLICY DIRECTOR	40.00				X		149,500.	0.	16,762.	
<b>1b Sub-total</b>							1,865,020.	0.	189,168.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							1,865,020.	0.	189,168.	

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 **10**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
CREATIVE DIRECT RESPONSE 16900 SCIENCE DR STE 210, BOWIE, MD 20715	DIRECT RESPONSE SERVICES	1,901,169.
PLOWSHARE GROUP INC ONE DOCK STREET, STAMFORD, CT 06902	PSA DISTRIBUTION	938,087.
PAYMENT SOLUTIONS INC. P O BOX 30217, BETHESDA, MD 20824	DONATION PROCESSING	397,072.
KUTAK ROCK P O BOX 30057, OMAHA, NE 68103	LEGAL SERVICES	394,781.
CONSTELLATIONS GROUP, ONE PENN PLAZA, SUITE 3600, NEW YORK, NY 10019	FUNDRAISING/PROGRAM SERVICES/CONSULTING	390,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **16**

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**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	3364908.			
	b	Membership dues	1b				
	c	Fundraising events	1c	1047555.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	143,772,582.			
	g	Noncash contributions included in lines 1a-1f: \$		8,222,943.			
	h	<b>Total.</b> Add lines 1a-1f		148,185,045.			
	Program Service Revenue	2 a	Business Code				
b							
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		854,243.		854,243.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		3606400.		3,606,400.	
	6 a	Gross rents	(i) Real				
		Less: rental expenses	(ii) Personal				
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
		Less: cost or other basis and sales expenses	(ii) Other				
		Gain or (loss)					
		Net gain or (loss)			1074849.		1,074,849.
	8 a	Gross income from fundraising events (not including \$ 1,047,555. of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events			87,803.		87,803.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	MISCELLANEOUS	900099	1150561.			1,150,561.	
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		1150561.				
12	<b>Total revenue.</b> See instructions.		154,958,901.	0.	0.	6,773,856.	

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**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response to any question 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	4,657,084.	4,657,084.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	871,194.	871,194.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,057,997.	892,341.	70,153.	95,503.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,415,666.	13,001,950.	1,022,179.	1,391,537.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	340,650.	290,112.	20,797.	29,741.
9 Other employee benefits	2,266,457.	1,930,215.	138,367.	197,875.
10 Payroll taxes	1,954,740.	1,664,743.	119,337.	170,660.
11 Fees for services (non-employees):				
a Management				
b Legal	499,509.		499,509.	
c Accounting	131,746.		131,746.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,901,169.			1,901,169.
f Investment management fees				
g Other				
12 Advertising and promotion	146,299.			146,299.
13 Office expenses	12,451,303.	7,462,033.	912,840.	4,076,430.
14 Information technology	254,319.	160,050.	66,836.	27,433.
15 Royalties				
16 Occupancy	2,490,195.	1,709,810.	553,285.	227,100.
17 Travel	4,085,909.	3,649,163.	183,207.	253,539.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,572,823.	1,014,802.	388,319.	169,702.
23 Insurance	215,654.	144,290.	50,596.	20,768.
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 <b>OUTSIDE SERVICES</b>	20,915,484.	13,521,978.	712,017.	6,681,489.
b <b>MEETINGS AND EVENTS</b>	9,637,863.	8,512,616.	173,469.	951,778.
c <b>DIRECT RESPONSE SERVICE</b>	6,930,429.	4,234,937.		2,695,492.
d <b>PROMOTIONAL ITEMS</b>	4,055,567.	3,696,372.	66,566.	292,629.
e All other expenses	3,659,492.	2,186,054.	303,470.	1,169,968.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	95,511,549.	69,599,744.	5,412,693.	20,499,112.
26 <b>Joint costs.</b> 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)	25,576,675.	14,212,791.	0.	11,363,885.

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	863,502.	<b>1</b>	10,988,377.	
	<b>2</b> Savings and temporary cash investments .....	3,202,553.	<b>2</b>	3,477,286.	
	<b>3</b> Pledges and grants receivable, net .....	1,759,113.	<b>3</b>	1,677,012.	
	<b>4</b> Accounts receivable, net .....	1,043,943.	<b>4</b>	161,411.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	920,884.	<b>8</b>	1,658,623.	
	<b>9</b> Prepaid expenses and deferred charges .....	301,869.	<b>9</b>	1,930,555.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 12,613,062.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,900,698.	6,539,321.	<b>10c</b>	8,712,364.
	<b>11</b> Investments - publicly traded securities .....	21,205,712.	<b>11</b>	72,095,703.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	555,692.	<b>15</b>	737,520.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	36,392,589.	<b>16</b>	101,438,851.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,035,145.	<b>17</b>	11,201,098.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,035,145.	<b>26</b>	11,201,098.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	29,311,125.	<b>27</b>	89,053,080.	
	<b>28</b> Temporarily restricted net assets .....	46,319.	<b>28</b>	184,673.	
	<b>29</b> Permanently restricted net assets .....	1,000,000.	<b>29</b>	1,000,000.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	30,357,444.	<b>33</b>	90,237,753.	
<b>34</b> Total liabilities and net assets/fund balances .....	36,392,589.	<b>34</b>	101,438,851.		

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	154,958,901.
2	Total expenses (must equal Part IX, column (A), line 25)	2	95,511,549.
3	Revenue less expenses. Subtract line 2 from line 1	3	59,447,352.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,357,444.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	432,957.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	90,237,753.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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.		

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**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	21,201,221.	25,306,760.	39,336,766.	70,145,724.	148,412,652.	304,403,123.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	21,201,221.	25,306,760.	39,336,766.	70,145,724.	148,412,652.	304,403,123.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						304,403,123.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....	21,201,221.	25,306,760.	39,336,766.	70,145,724.	148,412,652.	304,403,123.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	91,719.	139,909.	232,108.	3,083,956.	4,460,643.	8,008,335.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						312,411,458.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.44	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	97.93	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2011**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

▶ **See separate instructions.**

**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  
**DBA WOUNDED WARRIOR PROJECT** **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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

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WOUNDED WARRIOR PROJECT, INC.

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	30,000.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	170,000.													
c	Total lobbying expenditures (add lines 1a and 1b) .....	200,000.													
d	Other exempt purpose expenditures .....	95311549.													
e	Total exempt purpose expenditures (add lines 1c and 1d) .....	95511549.													
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.													
i	Subtract line 1f from line 1c. If zero or less, enter -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) 2008	(b) 2009	(c) 2010	(d) 2011	(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	41,000.	63,500.	115,000.	200,000.	419,500.
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	5,000.	3,000.	20,000.	30,000.	58,000.

WOUNDED WARRIOR PROJECT, INC.

**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)).**

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

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

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

**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."**

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

**Part IV Supplemental Information**

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

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization **WOUNDED WARRIOR PROJECT, INC.**  
**DBA WOUNDED WARRIOR PROJECT**

Employer identification number  
**20-2370934**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

b 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 .....

▶ \$ \_\_\_\_\_

WOUNDED WARRIOR PROJECT, INC.

DBA WOUNDED WARRIOR PROJECT

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,046,319.	1,107,300.	1,093,590.		
b Contributions				1,000,000.	
c Net investment earnings, gains, and losses	188,354.	-10,981.	63,710.	143,590.	
d Grants or scholarships	50,000.	50,000.	50,000.	50,000.	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,184,673.	1,046,319.	1,107,300.	1,093,590.	

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  84.00 %
  - c Temporarily restricted endowment  16.00 %
- 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		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

**Part VI Land, Buildings, and Equipment.** 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	3,882,181.		1,623,871.	2,258,310.
d Equipment	8,308,099.		2,168,744.	6,139,355.
e Other	422,782.		108,083.	314,699.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,712,364.

WOUNDED WARRIOR PROJECT, INC.

DBA WOUNDED WARRIOR PROJECT

Schedule D (Form 990) 2011

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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

WOUNDED WARRIOR PROJECT, INC.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	154,958,901.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	95,511,549.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	59,447,352.
4	Net unrealized gains (losses) on investments	4	432,957.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	432,957.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	59,880,309.

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

1	Total revenue, gains, and other support per audited financial statements	1	200609204.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	432,957.
b	Donated services and use of facilities	2b	45,217,346.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	45,650,303.
3	Subtract line 2e from line 1	3	154958901.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	154958901.

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

1	Total expenses and losses per audited financial statements	1	140728895.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	45,217,346.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	45,217,346.
3	Subtract line 2e from line 1	3	95,511,549.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	95,511,549.

**Part XIV Supplemental Information**

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

**PART V, LINE 4: AS OF SEPTEMBER 30, 2012, THE ORGANIZATION HAS ONE**

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

**Part XIV** Supplemental Information (continued)

FINANCIAL POSITION AT SEPTEMBER 30, 2012:

PERMANENTLY RESTRICTED \$1,000,000

TEMPORARILY RESTRICTED \$184,673

PART X, LINE 2: THE ORGANIZATION HAS RECEIVED A TAX DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CHAPTER 220.13 OF THE FLORIDA STATUTES, RESPECTIVELY. AS SUCH, ONLY UNRELATED BUSINESS INCOME IS SUBJECT TO INCOME TAX. THE ORGANIZATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION.

THE ORGANIZATION FOLLOWS AUTHORITATIVE GUIDANCE WHICH REQUIRES THE ORGANIZATION TO EVALUATE ITS TAX POSITIONS FOR ANY UNCERTAINTIES BASED ON THE TECHNICAL MERITS OF THE POSITION TAKEN. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE UPHELD ON EXAMINATION BY TAXING AUTHORITIES. AS OF SEPTEMBER 30, 2012, THE ORGANIZATION DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS.

PART XII, LINE 2B AND PART XIII, LINE 2A:

DONATED ADVERTISING	\$ 7,424,615	TOTAL
U-HAUL	\$ 7,103,900	
OTHER VENDORS	\$ 320,715	

DONATED MEDIA AD VALUE	\$ 37,652,927	TOTAL
PLOWSHARE	\$ 37,232,995	
OTHER VENDORS	\$ 419,932	

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization  
**WOUNDED WARRIOR PROJECT, INC.  
DBA WOUNDED WARRIOR PROJECT**

Employer identification number  
**20-2370934**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE	0	5	PROGRAM SERVICE	SEE SUPPLEMENTAL INFORMATION	5,335,649.
<b>3 a</b> Sub-total .....	0	5			5,335,649.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	5			5,335,649.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2011  
SEE PART V FOR COLUMN (E) DESCRIPTIONS



**WOUNDED WARRIOR PROJECT, INC.  
DBA WOUNDED WARRIOR PROJECT**

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

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

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

**3** Enter total number of other organizations or entities ▶ \_\_\_\_\_



Part 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

Schedule F (Form 990) 2011

**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.

PART I, LINE 3, COLUMN (E):

REGION: EUROPE

(E) SPECIFIC TYPES OF SERVICES IN REGION: SEE SUPPLEMENTAL INFORMATION

INTERNATIONAL SUPPORT - THE INTERNATIONAL SUPPORT PROGRAM IS THE INITIAL

CONTACT WOUNDED WARRIORS HAVE WITH WWP WHILE IN GERMANY AT LANDSTUHL

REGIONAL MEDICAL CENTER AND RAMSTEIN AIR BASE. WWP PROVIDES COMFORT

ITEMS (CLOTHING, BLANKETS, ETC.) TO THE WARRIORS BEFORE THEY RETURN TO

THE UNITED STATES. FOR WARRIORS STATIONED AT THE WARRIOR TRANSITION

UNITS IN EUROPE, WWP HAS MULTIPLE PROGRAMS IN PLACE INCLUDING BENEFITS

COUNSELING, TRANSITION TRAINING ACADEMY, SOLDIER RIDE AND COMBAT STRESS

RECOVERY. WWP ALSO RECOGNIZES THE EFFORTS OF THE HOSPITAL DOCTORS,

NURSES, AND STAFF WITH MUCH NEEDED STRESS RELIEF EVENTS.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

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

Name of the organization **WOUNDED WARRIOR PROJECT, INC.  
DBA WOUNDED WARRIOR PROJECT** 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

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

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

(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			
CREATIVE DIRECT RESPONSE - 16900 SCIENCE DR STE 210,	COORDINATION OF DIRECT RESPONSE SERVICES		X	80,829,390.	1,901,169.	78,928,221.
<b>Total</b>				80,829,390.	1,901,169.	78,928,221.

**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.

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

WOUNDED WARRIOR PROJECT, INC.

**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 & BENEFIT	GREENWICH BENEFIT	3	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	1,321,486.	329,503.	449,198.	2,100,187.
	2	Less: Charitable contributions	358,511.	300,196.	388,848.	1,047,555.
	3	Gross income (line 1 minus line 2)	962,975.	29,307.	60,350.	1,052,632.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes			2,884.	2,884.
	6	Rent/facility costs	44,567.	16,052.	16,933.	77,552.
	7	Food and beverages	395,579.	30,524.	6,800.	432,903.
	8	Entertainment	7,957.	2,700.	2,800.	13,457.
	9	Other direct expenses	239,656.	27,864.	170,513.	438,033.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 964,829 )
	11	Net income summary. Combine line 3, column (d), and line 10				87,803.

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

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

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

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

WOUNDED WARRIOR PROJECT, INC.

- 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:
 

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

**Part IV Supplemental Information.** Complete this part to provide the explanations 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, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	1,600,000.	0.			PROVIDE SERVICES & PROGRAMS IN FURTHERANCE OF WWP, SUPPORT WWP PROGRAMS AT MILITARY
ARIZONA HOMETOWN HEROS PO BOX 31646 MESA, AZ 85275	80-0658257	501(C)(3)	6,000.	0.			PROVIDE MONTHLY DINNERS
ASSOCIATION OF AMPUTEE SURFERS, INC. - PO BOX 5045 - SAN LUIS OBISPO, CA 93403	68-0569858	501(C)(3)	75,000.	0.			PROMOTE, INSPIRE, EDUCATE, AND REHABILITATE PEOPLE WITH DISABILITIES, THROUGH ADAPTIVE SURFING
AUGUSTA WARRIOR PROJECT 1190 INTERSTATE PARKWAY AUGUSTA, GA 30909	26-1176267	501(C)(3)	75,000.	0.			PROVIDE HOUSING, EDUCATION, TRANSPORTATION, AND OTHER FINANCIAL ASSISTANCE TO
BLUE STAR FAMILIES, INC PO BOX 322 FALLS CHURCH, VA 22040	80-0369895	501(C)(3)	75,000.	0.			PROVIDE CARGIVER TOOLKITS
CENTRASTATE HEALTHCARE FOUNDATION, INC - 916 ROUTE 33, SUITE 6 - FREEHOLD, NJ 07728	22-2383065	501(C)(3)	12,000.	0.			ENABLE SOLDIERS TO OVERCOME THEIR PHYSICAL LIMITATIONS, OFFER UNIQUE OPPORTUNITIES FOR

- 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

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

Schedule I (Form 990) (2011)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS



WOUNDED WARRIOR PROJECT, INC.

Schedule I (Form 990)

DBA WOUNDED WARRIOR PROJECT

20-2370934

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
COMFORT FOR AMERICA'S UNIFORMED SERVICES - 4114 LEGATO ROAD, SUITE B - FAIRFAX, VA 22033	43-2037202	501(C)(3)	100,000.	0.			PROVIDE OPPORTUNITIES FOR RECREATION, RELAXATION AND RESILIENCY FOR MEMBERS OF THE US ARMED
COMMUNITY SERVICE COUNCIL OF GREATER TULSA - 16 EAST 16TH STREET - TULSA, OK 74119	73-0580282	501(C)(3)	194,546.	0.			PROVIDE NEEDS TO RETURNING VETS AND THEIR FAMILIES OR CAREGIVERS. TRAUMATIC
DAVID LYNCH FOUNDATION 654 MADISON AVENUE, SUITE 806 NEW YORK, NY 10065	83-0436543	501(C)(3)	50,000.	0.			PROVIDE INDIVIDUAL AND GROUP PROGRAMS TO HEAL THE WOUNDS OF POST-TRAUMATIC STRESS
DISABLE VETERANS LIFE MEMORIAL FOUNDATION INC. - 6274 LINTON BLVD, SUITE 105 - DELRAY BEACH, FL 33484	52-2209855	501(C)(3)	50,000.	0.			BUILD AND MAINTAIN THIS MOMENTOUS AMERICAN MEMORIAL
EASTER SEALS GREATER WASHINGTON 1420 SPRING STREET SILVER SPRINGS, MD 20910	53-0212296	501(C)(3)	100,000.	0.			ADDRESSES THESE TRANSITIONS BY PROVIDING THE CHILDREN OF WOUNDED WARRIORS KNOWN AS THE
ELPASO CHILD GUIDANCE CENTER INC. 2701 EAST YANDELL EL PASO, TX 79903	74-1204335	501(C)(3)	60,000.	0.			PROVIDE A RANGE OF MENTAL HEALTH SERVICES INCLUDING PSYCHIATRIC EVALUATIONS, INDIVIDUAL, FAMILY, AND
FIRE FAMILY TRANSPORT FOUNDATION PO BOX 34049 BROOKLYN, NY 11234	11-3154956	501(C)(3)	7,500.	0.			PROVIDE NOTRE DAME FOOTBALL WEEKEND HONORING WOUNDED WARRIORS
GRACE AFTER FIRE PO BOX 185804 FORT WORTH, TX 76181	20-0717936	501(C)(3)	10,000.	0.			PROVIDE EDUCATIONAL MATERIALS AND ACTIVITIES THAT PROMOTE SELF-KNOWLEDGE,
GREAT BOOKS FOUNDATION 35 EAST WACKER DRIVE, SUITE 400 CHICAGO, IL 60601	36-2182034	501(C)(3)	29,500.	0.			EMPOWER READERS OF ALL AGES TO BECOME MORE REFLECTIVE AND RESPONSIBLE THINKERS.

Schedule I (Form 990)

WOUNDED WARRIOR PROJECT, INC.

Schedule I (Form 990)

DBA WOUNDED WARRIOR PROJECT

20-2370934

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HEROES ON THE WATER 101-C N GREENVILLE AVE #55 ALLEN, TX 75002	13-4367788	501(C)(3)	50,000.	0.			PROVIDE SUPPORT TO INJURED SERVICE MEMBERS WITH THEIR PHYSICAL AND MENTAL RECOVERY USING THE
HONORING OUR VETERANS PO BOX 526 MORAN, WY 83013	26-3266790	501(C)(3)	15,000.	0.			PROVIDE RECREATIONAL AND SOCIAL REHABILITATION FOR WOUNDED VETERANS
LONE STAR VETERANS ASSOCIATION INC. - 1216 W. CLAY STREET - HOUSTON, TX 77019	27-1427288	501(C)(3)	16,000.	0.			PROVIDE ACCESSIBLE SUPPORT SYSTEM AND SOCIAL OUTLET FOR THE SERVICE MEMBERS TRANSITIONING
LRMC FISHER HOUSES CRM 402 APO, AE 09180	11-3158401	501(C)(3)	175,000.	0.			PROVIDE SUPPORT TO HOUSING FOR WOUNDED WARRIORS WHILE AT THE MILITARY HOSPITAL
MENTAL HEALTH ASSOCIATION IN DELAWARE - 100 W 10TH STREET #600 - WILMINGTON, DE 19801	51-0069000	501(C)(3)	30,000.	0.			PROMOTE MENTAL HEALTH PROVIDES SERVICES THAT FOCUS ON EDUCATION, SUPPORT AND ADVOCACY FOR
MONTANA OUTFITTERS & GUIDES ASSOCIATION - 5 MICROWAVE HILL ROAD - CLANCY, MT 59634	84-1424925	501(C)(3)	45,000.	0.			PROVIDE OUTDOOR EXCURSIONS, GUIDED HUNTS, AND FISHING TRIPS
OKLAHOMA STATE UNIVERSITY FOUNDATION - PO BOX 1749 - STILLWATER, OK 74076	73-6097060	501(C)(3)	75,000.	0.			PROVIDE STUDENTS WITH A COMPREHENSIVE ENTREPRENEURIAL EDUCATIONAL EXPERIENCE,
OREGON ADAPTIVE SPORTS 63025 O.B. RILEY ROAD, SUITE 12 BEND, OR 97701	26-0076749	501(C)(3)	15,000.	0.			PROVIDE LIFE-CHANGING OUTDOOR RECREATION TO INDIVIDUALS WITH PHYSICAL AND COGNITIVE
OUR MILITARY KIDS INC. 6861 ELM STREET, SUITE 2A MCLEAN, VA 22101	56-2483648	501(C)(3)	150,000.	0.			PROVIDES SUPPORT TO THE CHILDREN OF DEPLOYED AND SEVERELY INJURED NATIONAL GUARD AND MILITARY

Schedule I (Form 990)

WOUNDED WARRIOR PROJECT, INC.

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
OUTDOORS FOR ALL 6344 NE 74TH STREET, SUITE 102 SEATTLE, WA 98115	91-1085999	501(C)(3)	10,000.	0.			PROVIDE YEAR ROUND INSTRUCTION IN OUTDOOR RECREATION FOR PEOPLE WITH PHYSICAL,
PRAIRIE STATE COLLEGE FOUNDATION 202 S. HALSTED STREET CHICAGO HEIGHTS, IL 60411	36-3437785	501(C)(3)	25,000.	0.			LOBBIES AND NEGOTIATES POSTAL RATES FOR NON PROFIT ORGANIZATIONS
PROJECT HEALING WATERS FLY FISHING INC. - PO BOX 695 - LAPLATA, MD 20646	61-1518154	501(C)(3)	50,000.	0.			SUPPORT DOMESTIC FLY FISHING TRIPS
QUALITY OF LIFE FOUNDATION INC. 2750 KILLARNEY DRIVE WOODBIDGE, VA 22192	26-1820245	501(C)(3)	165,000.	0.			SUPPORT FAMILIES WHO PROVIDE A SUBSTANTIAL AMOUNT OF CARE GIVING TO A WOUNDED, INJURED OR ILL
RESOUNDING JOY INC. 3830 VALLEY CENTER DRIVE SAN DIEGO, CA 92130	75-3190962	501(C)(3)	36,200.	0.			PROVIDES MUSIC THERAPY AND MUSIC-CENTERED WELLNESS SERVICES
RIVERS OF RECOVERY INC. PO BOX 1730 JACKSON, WY 83001	26-2260491	501(C)(3)	50,000.	0.			PROVIDE A TRIP HOSTING SIX COMBAT VETERANS ON A FOUR-DAY, SCIENCE-BASED, CONFIDENCE-BUILDING,
SAN DIEGO CITY COLLEGE FOUNDATION INC. - 1313 PARK BLVD - SAN DIEGO, CA 92101	23-7261624	501(C)(3)	125,000.	0.			PROVIDE VETERANS SUPPORT NETWORK
SENTINELS OF FREEDOM SCHOLARSHIP FOUNDATION - PO BOX 1316 - SAN RAMON, CA 94583	20-8139201	501(C)(3)	250,000.	0.			PROVIDE TWO TO FOUR YEAR PROGRAM TO ASSIST VETERANS WITH SEVERE SERVICE-RELATED INJURIES
SHEPHERD CENTER FOUNDATION INC. 2020 PEACHTREE RD NE ATLANTA, GA 30309	20-1238224	501(C)(3)	100,000.	0.			PROVIDE REHABILITATION FOR PEOPLE WITH SPINAL CORD INJURY AND BRAIN INJURY.

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SOS: SERVING OUR SERVICE MEMBERS 5512 E 46TH STREET TULSA, OK 74135	27-2098172	501(C)(3)	30,000.	0.			PROVIDE SUPPORT TO THESE FAMILIES HELPIF THEY HAVE AN EMERGENCY AND HANDYMAN SERVICES
TALISMAN THERAPEUTIC RIDING INC. PO BOX 300 GRASONVILLE, MD 21638	45-4204697	501(C)(3)	15,000.	0.			PROVIDE HORSE THERAPY FOR VETERANS RETURNING FROM IRAQ AND AFGHANISTAN AS WELL AS FIRST RESPONDERS
TEAM 4 MIL INC. 322 ADAMS STREET EASTPORT, MD 21403	27-3156634	501(C)(3)	76,588.	0.			PARTICIPATION OF WOUNDED WARRIORS IN THE RACE ACROSS AMERICA CYCLING EVENT
TEAM RIVER RUNNER INC. PO BOX 12 CABIN JOHN, MD 20818	20-3838651	501(C)(3)	79,000.	0.			PROVIDE HELP TO ACTIVE DUTY MILITARY PERSONNEL WOUNDED IN IRAQ AND AFGHANISTAN WHO WERE
THE MISSION CONTINUES 1141 SOUTH 7TH STREET ST. LOUIS , MO 63104	20-8742553	501(C)(3)	150,000.	0.			PROVIDE SERVICE FELLOWSHIPS TO POST-9/11 VETERANS, EMPOWERING THEM TO TRANSFORM THEIR OWN
UNITED WAR VETERANS COUNCIL 346 BROADWAY ROOM 807 NEW YORK, NY 10013	13-3793337	501(C)(3)	300,000.	0.			11/11/12 PARADE
VETERANS OF FOREIGN WARS FOUNDATION - 406 WEST 34TH STREET - KANSAS CITY, MO 64111		501(C)(3)	100,000.	0.			PROVIDE FINANCIAL ASSISTANCE FOR FAMILIES OF DEPLOYED TROOPS, ASSIST VETERANS WITH
VETERANS ONE-STOP CENTER OF WNY, INC. - 1416 MAIN STREET - BUFFALO, NY 14209	45-5098692	501(C)(3)	15,000.	0.			BRINGS PEOPLE, ORGANIZATIONS, AND RESOURCES TOGETHER IN TIME, SPACE, AND EFFORT
VETERANS OUTREACH CENTER INC. 459 SOUTH AVENUE ROCHESTER, NY 14620	16-1137379	501(C)(3)	28,000.	0.			PROVIDE HELP TO ACHIEVE THEIR GOALS AND REALIZE THEIR FULL POTENTIAL.

Schedule I (Form 990)



WOUNDED WARRIOR PROJECT, INC.

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
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
TRACK STUDENT GRANTS	94	781,194.	0.		FINANCIAL ASSISTANCE TO TRACK STUDENTS ENROLLED IN THE 12-MONTH PROGRAM. PART IS PAID ON A BIWEEKLY BASIS AND THEN
SCHOLARSHIPS	3	90,000.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN NATIONAL RED CROSS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE SERVICES & PROGRAMS IN

FURTHERANCE OF WWP, SUPPORT WWP PROGRAMS AT MILITARY INSTALLATIONS IN THE

EUROPEAN REGION, IN RED CROSS OFFICE LOCATIONS, COLLABORATE AND JOIN

EFFORTS WITH WWP TO SUPPORT ILL OR INJURED SERVICE MEMBERS, VETERANS AND

THEIR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: ASSOCIATION OF AMPUTEE SURFERS, INC.

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE, INSPIRE, EDUCATE, AND REHABILITATE PEOPLE WITH DISABILITIES, THROUGH ADAPTIVE SURFING AND FUN, SAFE, OUTDOOR ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: AUGUSTA WARRIOR PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE HOUSING, EDUCATION, TRANSPORTATION, AND OTHER FINANCIAL ASSISTANCE TO AUGUSTA WOUNDED VETERANS

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRASTATE HEALTHCARE FOUNDATION, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ENABLE SOLDIERS TO OVERCOME THEIR PHYSICAL LIMITATIONS, OFFER UNIQUE OPPORTUNITIES FOR INTERACTION WITH THE ENVIRONMENT AND WITH NON-DISABLED FAMILY MEMBERS AND FRIENDS AND PROMOTE SELF-IMAGE THROUGH MASTERY OF SKILLS.

NAME OF ORGANIZATION OR GOVERNMENT:

COMFORT FOR AMERICA'S UNIFORMED SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE OPPORTUNITIES FOR RECREATION, RELAXATION AND RESILIENCY FOR MEMBERS OF THE US ARMED SERVICES RECUPERATING FROM INJURIES RECEIVED IN IRAQ AND AFGHANISTAN.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY SERVICE COUNCIL OF GREATER TULSA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE NEEDS TO RETURNING VETS AND THEIR FAMILIES OR CAREGIVERS. TRAUMATIC BRAIN INJURIES (TBI), DEPRESSION, AND POST TRAUMATIC STRESS DISORDER (PTSD) ARE MAIN FOCUSES.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: DAVID LYNCH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE INDIVIDUAL AND GROUP

PROGRAMS TO HEAL THE WOUNDS OF POST-TRAUMATIC STRESS DISORDER AMONG

VETERANS, SUPPORT THE FAMILIES OF VETERANS WITH PTSD

NAME OF ORGANIZATION OR GOVERNMENT: EASTER SEALS GREATER WASHINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESSES THESE TRANSITIONS BY

PROVIDING THE CHILDREN OF WOUNDED WARRIORS KNOWN AS THE LITTLE WARRIORS,

WITH INCLUSIVE HIGH-QUALITY EARLY CHILDHOOD EDUCATION AS WELL AS THE

HEALING BENEFITS OF INTERGENERATIONAL INTERACTION WITH THE SENIORS OF OUR

ADULT DAY SERVICES PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: ELPASO CHILD GUIDANCE CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE A RANGE OF MENTAL HEALTH

SERVICES INCLUDING PSYCHIATRIC EVALUATIONS, INDIVIDUAL, FAMILY, AND GROUP

THERAPY. TREATMENT SERVICES ARE TAILORED TO MEET THE INDIVIDUAL NEEDS OF

CHILDREN AND FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: GRACE AFTER FIRE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE EDUCATIONAL MATERIALS AND

ACTIVITIES THAT PROMOTE SELF-KNOWLEDGE, SELF-UNDERSTANDING,

SELF-DEVELOPMENT AND SELF-RENEWAL FOR THE WOMAN VETERAN.

NAME OF ORGANIZATION OR GOVERNMENT: GREAT BOOKS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPOWER READERS OF ALL AGES TO

BECOME MORE REFLECTIVE AND RESPONSIBLE THINKERS. TEACH THE ART OF CIVIL

DISCOURSE THROUGH THE SHARED INQUIRY METHOD



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HEROES ON THE WATER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE SUPPORT TO INJURED SERVICE MEMBERS WITH THEIR PHYSICAL AND MENTAL RECOVERY USING THE THERAPEUTIC QUALITIES OF FISHING FROM KAYAKS

NAME OF ORGANIZATION OR GOVERNMENT: LONE STAR VETERANS ASSOCIATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE ACCESSIBLE SUPPORT SYSTEM AND SOCIAL OUTLET FOR THE SERVICE MEMBERS TRANSITIONING BACK INTO CIVILIAN LIFE THROUGH PROGRAMS, EVENTS AND PEER MENTORING.

NAME OF ORGANIZATION OR GOVERNMENT: MENTAL HEALTH ASSOCIATION IN DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE MENTAL HEALTH PROVIDES SERVICES THAT FOCUS ON EDUCATION, SUPPORT AND ADVOCACY FOR MENTAL HEALTH ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: OKLAHOMA STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE STUDENTS WITH A COMPREHENSIVE ENTREPRENEURIAL EDUCATIONAL EXPERIENCE, AND ENCOURAGE THEM TO ADOPT A PHILOSOPHY OF ENTREPRENEURSHIP IN THEIR PERSONAL AND PROFESSIONAL LIVES

NAME OF ORGANIZATION OR GOVERNMENT: OREGON ADAPTIVE SPORTS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE LIFE-CHANGING OUTDOOR RECREATION TO INDIVIDUALS WITH PHYSICAL AND COGNITIVE DISABILITIES AND, CONCURRENTLY, TO PROVIDE THEIR FAMILIES WITH THE EDUCATION AND SKILLS TO ENJOY THESE EXPERIENCES TOGETHER.

NAME OF ORGANIZATION OR GOVERNMENT: OUR MILITARY KIDS INC.

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUPPORT TO THE CHILDREN OF DEPLOYED AND SEVERELY INJURED NATIONAL GUARD AND MILITARY RESERVE PERSONNEL THROUGH GRANTS FOR SPORTS, FINE ARTS AND TUTORING THAT NURTURE AND SUSTAIN THE CHILDREN DURING THE TIME A PARENT IS AWAY IN SERVICE TO OUR COUNTRY.

NAME OF ORGANIZATION OR GOVERNMENT: OUTDOORS FOR ALL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE YEAR ROUND INSTRUCTION IN OUTDOOR RECREATION FOR PEOPLE WITH PHYSICAL, DEVELOPMENTAL, AND SENSORY DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: QUALITY OF LIFE FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FAMILIES WHO PROVIDE A SUBSTANTIAL AMOUNT OF CARE GIVING TO A WOUNDED, INJURED OR ILL VETERAN.

NAME OF ORGANIZATION OR GOVERNMENT: RIVERS OF RECOVERY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE A TRIP HOSTING SIX COMBAT VETERANS ON A FOUR-DAY, SCIENCE-BASED, CONFIDENCE-BUILDING, OUTDOOR ACTIVITIES, TALK THERAPY IN A RELAXED, POSITIVE ENVIRONMENT AND PROVEN TECHNIQUES ON THE SELF-MANAGEMENT OF SYMPTOMS, STRESSORS AND RESPONSES

NAME OF ORGANIZATION OR GOVERNMENT:

SENTINELS OF FREEDOM SCHOLARSHIP FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE TWO TO FOUR YEAR PROGRAM TO ASSIST VETERANS WITH SEVERE SERVICE-RELATED INJURIES WHO HAVE THE APTITUDE, ATTITUDE, AND DRIVE TO BECOME INDEPENDENT AND SUCCESSFUL MEMBERS OF SOCIETY.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TALISMAN THERAPEUTIC RIDING INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE HORSE THERAPY FOR VETERANS RETURNING FROM IRAQ AND AFGHANISTAN AS WELL AS FIRST RESPONDERS INJURED IN THE LINE OF DUTY.

NAME OF ORGANIZATION OR GOVERNMENT: TEAM RIVER RUNNER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE HELP TO ACTIVE DUTY MILITARY PERSONNEL WOUNDED IN IRAQ AND AFGHANISTAN WHO WERE RECOVERING AT WALTER REED ARMY MEDICAL CENTER

NAME OF ORGANIZATION OR GOVERNMENT: THE MISSION CONTINUES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE SERVICE FELLOWSHIPS TO POST-9/11 VETERANS, EMPOWERING THEM TO TRANSFORM THEIR OWN LIVES BY SERVING OTHERS AND DIRECTLY IMPACTING THEIR COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: VETERANS OF FOREIGN WARS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FINANCIAL ASSISTANCE FOR FAMILIES OF DEPLOYED TROOPS, ASSIST VETERANS WITH BENEFITS CLAIMS, PROVIDE PREPAID PHONE CARDS FOR SOLDIERS OVERSEAS

NAME OF ORGANIZATION OR GOVERNMENT: VETERANS ONE-STOP CENTER OF WNY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BRINGS PEOPLE, ORGANIZATIONS, AND RESOURCES TOGETHER IN TIME, SPACE, AND EFFORT TO EFFECTIVELY IMPROVE THE WELL-BEING OF ALL WESTERN NEW YORK VETERANS OF THE U.S. ARMED FORCES AND THEIR IMMEDIATE FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: VOYAGEUR OUTWARD BOUND SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE COURSES DESIGNED TO IMPEL

**Part IV** Supplemental Information

STUDENTS INTO CHARACTER BUILDING EXPERIENCES THAT REQUIRE PARTICIPANTS TO DIG DEEP AND DISCOVER HIDDEN STRENGTHS.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: FINANCIAL ASSISTANCE TO TRACK STUDENTS ENROLLED IN THE 12-MONTH PROGRAM. PART IS PAID ON A BIWEEKLY BASIS AND THEN \$6,000 IS PAID AS A COMPLETION BONUS AT THE END.

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization **WOUNDED WARRIOR PROJECT, INC.  
DBA WOUNDED WARRIOR PROJECT**

Employer identification number  
**20-2370934**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</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 .....</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>									
<p><b>3</b> 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. Explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	<b>X</b>								
	<b>4b</b>	<b>X</b>								
	<b>4c</b>	<b>X</b>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5a</b>	<b>X</b>								
	<b>5b</b>	<b>X</b>								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6a</b>	<b>X</b>								
	<b>6b</b>	<b>X</b>								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	<b>X</b>								
<p><b>8</b> 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 .....</p>	<b>8</b>	<b>X</b>								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2011

WOUNDED WARRIOR PROJECT, INC.

DBA WOUNDED WARRIOR PROJECT

20-2370934

Schedule J (Form 990) 2011

**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		(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 ADAM SILVA	(i)	145,154.	33,000.	0.	6,665.	17,035.	201,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ALBION GIORDANO	(i)	190,385.	90,000.	0.	8,861.	16,127.	305,373.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JEREMY CHWAT	(i)	154,612.	35,000.	0.	6,600.	16,021.	212,233.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 RONALD W. BURGESS	(i)	137,846.	30,360.	0.	6,728.	11,823.	186,757.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 STEVEN NARDIZZI	(i)	211,538.	100,000.	0.	9,800.	12,041.	333,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 BRUCE NITSCHKE	(i)	117,657.	22,260.	0.	4,916.	6,071.	150,904.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 CHRISTINE HILL	(i)	130,000.	26,000.	0.	6,240.	11,790.	174,030.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JOHN ROBERTS	(i)	120,000.	20,400.	0.	5,616.	16,935.	162,951.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JOHN T HAMRE III	(i)	127,308.	24,000.	0.	3,026.	6,111.	160,445.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 RALPH J IBSON	(i)	130,000.	19,500.	0.	5,980.	10,782.	166,262.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

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.**

Name of the organization **WOUNDED WARRIOR PROJECT, INC.  
DBA WOUNDED WARRIOR PROJECT** 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	X	1	39,000.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	571,023.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>EQUIPMENT</u> )	X	10	1,900,584.	FAIR MARKET VALUE
26 Other ▶ ( <u>AUCTION ITEMS</u> )	X	35	1,581,400.	FAIR MARKET VALUE
27 Other ▶ ( <u>SPORTS/CONCER</u> )	X	40	1,214,921.	FAIR MARKET VALUE
28 Other ▶ ( <u>MEMBERSHIPS</u> )	X	2	1,174,621.	FAIR MARKET VALUE

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

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

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

Schedule M (Form 990) (2011)

**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.

**PART I, OTHER TYPES OF PROPERTY:**

**SUPPLIES**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 4

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 864502.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

**BACKPACKS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 513265.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

**PROMOTIONAL ITEMS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 273627.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

**SCHOLARSHIP GRANTS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 90000.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

**PUBLIC SERVICE ANNOUNCEMENTS**

(A) CHECK IF APPLICABLE = X



**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.

(B) NUMBER OF CONTRIBUTORS = 1

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

(D) METHOD OF DETERMINING REVENUE: NONE

SUPERGRAPHIC DISPLAYED ON U-HAUL TRUCKS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

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

(D) METHOD OF DETERMINING REVENUE: NONE

SCHEDULE M, LINE 33: THE ORGANIZATION RECEIVED DONATED SERVICES AT NO CHARGE OR SUBSTANTIALLY LESS THAN FAIR MARKET RENTAL VALUE FOR AIRTIME FOR PUBLIC SERVICE ANNOUNCEMENTS TOTALING \$37,652,927 AND ADVERTISING TOTALING \$7,564,419.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

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

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

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

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

COMMUNITIES ACROSS THE COUNTRY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CONTINUE ON A PATH TOWARD PHYSICAL HEALTH AND WELL-BEING. IN ADDITION, WWP'S PHYSICAL FITNESS AND HEALTH PROMOTION PROGRAMS AIM TO ASSIST WARRIORS TO ADOPT A HEALTHY LIFESTYLE THAT WILL BENEFIT THEM THROUGHOUT THEIR LIFETIME.

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

SOLDIER RIDE - \$5,771,773 INCLUDING GRANTS OF \$37,500 - 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

Name of the organization **WOUNDED WARRIOR PROJECT, INC.  
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**AWARENESS OF THE CHALLENGES WARRIORS FACE TODAY THROUGH EVENTS HELD THROUGHOUT THE RIDE, WARRIORS WILL HAVE THE OPPORTUNITY TO TAKE PART IN ANNUAL EVENTS FROM THE SOUTH LAWN OF THE WHITE HOUSE TO LOCAL COMMUNITIES ACROSS THE NATION THAT WILL CHALLENGE THEM PHYSICALLY AND MENTALLY.**

**BENEFITS SERVICES - \$4,253,061 INCLUDING GRANTS OF \$13,500 - THE BENEFITS SERVICES PROGRAM PROVIDES SUPPORT, EDUCATION, AND CLAIMS REPRESENTATION TO WOUNDED WARRIORS. THIS INCLUDES ADVISING WARRIORS ON BENEFITS AND PROVIDING INFORMATION ON HOW TO ACCESS THEM THROUGH THE DEPARTMENT OF DEFENSE, DEPARTMENT OF VETERANS AFFAIRS, AND SOCIAL SECURITY. ACCESSING BENEFITS CAN BE THE FOUNDATION TO A WARRIOR'S FUTURE SUCCESS.**

**TRACK - \$3,791,573 INCLUDING GRANTS OF \$800,694 - TRACK IS THE FIRST EDUCATION CENTER IN THE NATION DESIGNED SPECIFICALLY FOR WOUNDED WARRIORS. TRACK IS FOCUSED ON PROVIDING COLLEGE AND EMPLOYMENT ACCESS TO WOUNDED WARRIORS AND IS AN INTENSIVE AND HOLISTIC TRAINING EXPERIENCE FOR THE MIND, BODY, AND SPIRIT. IT IS A 12-MONTH PROGRAM WITH DUAL EMPHASIS ON COLLEGE PREP AND JOB PREPAREDNESS. THE FIRST HALF OF THE PROGRAM IS PRIMARILY ACADEMIC AND CLASSROOM BASED WHERE STUDENTS RECEIVE ANCILLARY SUPPORT SERVICES CONSISTING OF PEAK PERFORMANCE TRAINING THROUGH APEX PERFORMANCE, HEALTH AND WELLNESS TRAINING, PERSONAL FINANCE WORKSHOPS, AND RESUME AND INTERVIEW PREPARATION ASSISTANCE. FOR THE SECOND HALF OF TRACK, AN EXTERNSHIP COMPONENT WITH A LOCAL EMPLOYER IS ADDED, WHILE STUDENTS CONTINUE WITH ACADEMIC CLASSES AND SUPPORT SERVICES. THE VOCATIONAL TRAINING GAINED IN THE EXTERNSHIP PHASE IS INVALUABLE TO ASSIST IN THE TRANSITION OF WARRIORS**

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FROM THE MILITARY TO A SUCCESSFUL CIVILIAN LIFE.

FAMILY SUPPORT SERVICES - \$4,275,785 INCLUDING GRANTS OF \$799,622 - THE FAMILY SUPPORT PROGRAM PROVIDES SUPPORT AND RESPITE PROGRAMS FOR A WOUNDED WARRIOR'S FAMILY MEMBERS AND/OR CAREGIVER. WHEN A SERVICE MEMBER IS WOUNDED, THE INJURY PLACES TREMENDOUS STRESS ON THE INDIVIDUAL'S FAMILY MEMBERS, MANY OF WHOM FACE A NEW ROLE AS FULL-TIME CAREGIVER AND ADVOCATE FOR THEIR RECOVERY. THESE CAREGIVERS ARE INTEGRAL TO THE WARRIOR'S SUCCESSFUL RECOVERY AND, AS SUCH, NEED SPECIAL PROGRAMS AND SERVICES TO ADDRESS THEIR UNIQUE CONCERNS AND NEEDS.

INTERNATIONAL SERVICES - \$3,980,709 INCLUDING GRANTS OF \$1,784,000 - THE INTERNATIONAL SERVICES PROGRAM IS THE INITIAL CONTACT WOUNDED WARRIORS HAVE WITH WWP WHILE IN GERMANY AT LANDSTUHL REGIONAL MEDICAL CENTER AND RAMSTEIN AIR BASE. WWP PROVIDES COMFORT ITEMS (CLOTHING, BLANKETS, ETC.) TO THE WARRIORS BEFORE THEY RETURN TO THE UNITED STATES. FOR WARRIORS STATIONED AT THE WARRIOR TRANSITION UNITS IN EUROPE, WWP HAS MULTIPLE PROGRAMS IN PLACE INCLUDING BENEFITS COUNSELING, TRANSITION TRAINING ACADEMY, SOLDIER RIDE AND COMBAT STRESS RECOVERY. WWP ALSO RECOGNIZES THE EFFORTS OF THE HOSPITAL DOCTORS, NURSES, AND STAFF WITH MUCH NEEDED STRESS RELIEF EVENTS.

WWP PACKS - \$2,511,757 INCLUDING GRANTS OF \$15,000 - WWP PACKS CONTAIN ESSENTIAL CARE AND COMFORT ITEMS INCLUDING CLOTHING, TOILETRIES, PLAYING CARDS, AND MORE, ALL DESIGNED TO MAKE A WARRIOR'S HOSPITAL STAY MORE COMFORTABLE. BACKPACKS ARE PROVIDED TO WOUNDED SERVICE MEMBERS ARRIVING AT MILITARY TRAUMA CENTERS ACROSS THE UNITED STATES. A SMALLER

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VERSION OF THE WWP BACKPACK, TRANSITIONAL CARE PACKS (TCP'S), ARE SENT OVERSEAS TO PROVIDE IMMEDIATE COMFORT DURING A WARRIOR'S EVACUATION FROM FIELD HOSPITALS TO LARGER MILITARY TREATMENT FACILITIES STATESIDE AND OVERSEAS. FAMILY SUPPORT TOTES ARE DISTRIBUTED TO THE SPOUSE OR FAMILY CAREGIVER AS THEY STAND BY THEIR LOVED ONE WHILE IN THE HOSPITAL.

WARRIORS TO WORK - \$4,420,135 INCLUDING GRANTS OF \$115,000 - WARRIORS TO WORK (WTOW) IS ONE OF THE CORNERSTONES OF WWP'S EFFORTS TO ACHIEVE ITS STRATEGIC GOAL OF ECONOMICALLY EMPOWERING WOUNDED WARRIORS. WTOW ASSISTS WOUNDED WARRIORS WITH THEIR TRANSITION TO THE WORKFORCE. WTOW OFFERS A COMPLETE PACKAGE OF EMPLOYMENT ASSISTANCE SERVICES INCLUDING RESUME ASSISTANCE, INTERVIEWING SKILLS, NETWORKING, JOB TRAINING, AND JOB PLACEMENT. WTOW PROGRAM STAFF PROVIDE CONTINUED INDIVIDUAL COUNSELING AND PERSONAL SUPPORT TO ALL PROGRAM PARTICIPANTS AS THEY STRIVE TO BUILD A CAREER IN THE CIVILIAN WORKFORCE.

WARRIORS SPEAK - \$1,169,719 - WARRIORS SPEAK PROGRAM IS A PRESTIGIOUS GROUP OF WOUNDED WARRIORS AND CAREGIVERS WHO HAVE BEEN SELECTED TO SHARE THEIR PERSONAL, INSPIRATIONAL STORIES OF COURAGE AND INTEGRITY WITH THE PUBLIC. THE SPEAKERS ALSO DESCRIBE HOW WOUNDED WARRIOR PROJECT (WWP) HAS AIDED THEM IN THE RECOVERY PROCESS AND HELPED THEM TRANSITION BACK TO CIVILIAN LIFE. PARTICIPANTS ARE TRAINED TO BECOME EFFECTIVE SPOKESPERSONS THROUGH THE WARRIORS SPEAK COURSE, WHICH INCLUDES TOOLS TO HELP THEM ORGANIZE THOUGHTS, COMPOSE PRESENTATIONS AND COMMUNICATE SUCCESSFULLY. THE TRAINING PROVIDES IMPORTANT LIFE SKILLS THAT HELP WARRIORS SUCCEED SOCIALLY, AT THEIR WORKPLACE, AND AS COMMUNITY LEADERS. WARRIORS SPEAK PARTICIPANTS SHARE THEIR COMPELLING

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STORIES BEFORE PUBLIC AUDIENCES SUCH AS CIVIC ORGANIZATIONS, SOCIAL CLUBS, BUSINESS GROUPS, AND CONFERENCES.

TRANSITION TRAINING ACADEMY - \$3,257,466 INCLUDING GRANTS OF \$19,500 - TRANSITION TRAINING ACADEMY(TTA) PROVIDES INNOVATIVE INFORMATION TECHNOLOGY (IT) TRAINING TO WOUNDED WARRIORS WHO ARE STILL ON ACTIVE DUTY. TTA CLASSES ARE TAUGHT IN A MODIFIED CLASSROOM SETTING WITH FLEXIBLE CLASS SCHEDULES TO ACCOMMODATE PARTICIPANTS' MEDICAL AND DUTY REQUIREMENTS DURING REHABILITATION IN MILITARY TREATMENT FACILITIES. COURSES INCLUDE: COMPUTERS AND SOCIETY, COMPUTER HARDWARE, OPERATING SYSTEMS, COMPUTER APPLICATIONS, SMALL OFFICE/HOME OFFICE, THE INTERNET, MOBILE COMPUTING, AND SECURITY, ALL OF WHICH ALIGN TO INDUSTRY-RECOGNIZED CERTIFICATIONS. TTA UTILIZES A WEB-BASED "VIRTUAL LEARNING ENVIRONMENT" (VLE), CREATED THIS PAST FISCAL YEAR TO SUPPORT SCALED PROGRAM GROWTH AND IMPACT MEASUREMENT. VLE ALLOWS THE PROGRAM TO DEVELOP CONTENT CUSTOMIZED TO ITS TARGETED POPULATION ACROSS THE COUNTRY AND OVERSEAS. TTA WAS DEVELOPED IN PARTNERSHIP WITH CISCO SYSTEMS, INC. AND THE U.S. DEPARTMENT OF LABOR(DOL), CURRENT TTA SITES ARE LOCATED AT NAVAL MEDICAL CENTER SAN DIEGO(NMCSD),CA;CAMP PENDLETON MARINE BASE,CA; 32ND NAVAL BASE,SAN DIEGO,CA; FORT IRWIN,CA; BROOKE ARMY MEDICAL CENTER,FORT SAM HOUSTON,TX; FORT BRAGG,NC; BAUMHOLDER,GERMANY; CAMP LEJEUNE,JACKSONVILLE,NC; CAMP PENDLETON,MCS,CA;FORT BELVOIR,FAIRFAX,VA; FORT BRAGG,FAYETTEVILLE,NC;FORT CARSON,COLORADO SPRING,CO;FORT LEWIS,TACOMA,WA;FORT SAM HOUSTON,SAN ANTONIO,TX;FORT STEWART,SAVANNAH,GA;NAVAL MEDICAL CENTER(BALBOA),SAN DIEGO,CA(NMCSD); WALTER REED NATIONAL MILITARY MEDICAL CENTER, BETHESDA,MD

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PEER MENTORING - \$1,448,016 INCLUDING GRANTS OF \$23,500 - PEER MENTORING IS THE PROGRAMMATIC EMBODIMENT OF WWP'S LOGO, FOSTERING RELATIONSHIPS THAT ENABLE ONE WARRIOR TO HELP ANOTHER THROUGH THE RECOVERY PROCESS. WWP PEER MENTORS ARE TRAINED TO BE RESOURCES, LISTENERS, AND "HOSPITAL BUDDIES," WHO CAN SHARE THEIR UNDERSTANDING AND PERSPECTIVE. OVER THE PAST TWO YEARS, WWP HAS TRAINED AND CERTIFIED OVER 250 PEER MENTORS AROUND THE COUNTRY.

CAMPUS SERVICES - \$2,045,863 INCLUDING GRANTS OF \$422,500 - EDUCATION HAS THE UNIQUE ABILITY TO UPLIFT AND EMPOWER WOUNDED WARRIORS ON THE JOURNEY TO SELF-SUSTAINABILITY AND LONG-TERM PROSPERITY. CAMPUS SERVICES PREPARES WARRIORS FOR SUCCESS BY HELPING THEM ACHIEVE THEIR EDUCATIONAL GOALS. WOUNDED WARRIORS HAVE DIFFERENT NEEDS THAN TYPICAL STUDENTS BECAUSE OF THE INSTITUTIONAL AND SOCIAL OBSTACLES THEY MIGHT FACE DUE TO COMBAT STRESS, ACCESSIBILITY TO LEARNING MODELS, AND SOCIAL INSTABILITY BECAUSE OF SOCIAL EXPERIENCES. THEREFORE, COMPREHENSIVE POLICIES ARE NEEDED TO CREATE A STABLE AND SUPPORTIVE ENVIRONMENT TO OVERCOME THEIR ACADEMIC AND SOCIAL CHALLENGES. BY WORKING DIRECTLY WITH WARRIORS' RESPECTIVE EDUCATIONAL INSTITUTIONS, WE EMPOWER WARRIORS TO SUCCESSFULLY COMPLETE THEIR CHOSEN ACADEMIC OR VOCATIONAL PROGRAMS. WWP'S MIND, BODY, AND SPIRIT APPROACH TO CARE RECOGNIZES THAT EACH INDIVIDUAL WARRIOR'S NEEDS MAY EXTEND BEYOND CAMPUS SERVICES' OFFERINGS. IN THOSE INSTANCES, WE CONNECT WARRIORS WITH OTHER APPROPRIATE WWP PROGRAMS AND SERVICES, SUCH AS PROJECT ODYSSEY OR WARRIORS TO WORKS AS PART OF OUR HOLISTIC APPROACH TO WWP CARE.

EXPENSES \$ 36,925,856. INCLUDING GRANTS OF \$ 4,031,316. REVENUE \$ 0.

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FORM 990, PART VI, SECTION A, LINE 2: A BUSINESS RELATIONSHIP EXISTS BETWEEN WOUNDED WARRIOR PROJECT BOARD DIRECTORS CHARLES BATTAGLIA AND ANTHONY PRINCIPI.

FORM 990, PART VI, SECTION B, LINE 11: WAS A COPY OF THE 990 PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED? DESCRIBE THE PROCESS USED TO REVIEW THE FORM 990.

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

FORM 990, PART VI, SECTION B, LINE 12C: DOES THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY? DESCRIBE HOW THIS IS DONE.

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

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



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DIRECTOR AND DEPUTY EXECUTIVE DIRECTOR IN CONJUNCTION WITH THE HUMAN RESOURCES DEPARTMENT. COMPARABILITY DATA IS ALSO USED IN DETERMINING THESE SALARIES.

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

FORM 990, PART VI, SECTION C, LINE 19: DESCRIBE HOW THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC:

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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:  
NET UNREALIZED GAINS ON INVESTMENTS: 432,957.

FORM 990, PART XI, LINE 2C  
AUDIT COMMITTEE

DOES THE ORGANIZATION HAVE AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW OR COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION ON AN INDEPENDENT ACCOUNTANT?  
YES. THE AUDIT COMMITTEE HAS NOT UNDERGONE ANY CHANGES SINCE THE PREVIOUS YEAR.

# Application for Extension of Time To File an Exempt Organization Return

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

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

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

**Electronic filing (e-file)** - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>WOUNDED WARRIOR PROJECT, INC. DBA WOUNDED WARRIOR PROJECT</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>20-2370934</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4899 BELFORT ROAD, NO. 300</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>JACKSONVILLE, FL 32256</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**CINDY MCDONALD**

- The books are in the care of ▶ **4899 BELFORT ROAD, SUITE 300 - JACKSONVILLE, FL 32256**  
 Telephone No. ▶ **904-296-7350** FAX No. ▶ **904-296-7347**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2011**, and ending **SEP 30, 2012**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

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

For calendar year 2011, or fiscal year beginning OCT 1, 2011, and ending SEP 30, 2012

**2011**

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization <b>WOUNDED WARRIOR PROJECT, INC. DBA WOUNDED WARRIOR PROJECT</b>	Employer identification number <b>20-2370934</b>
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Name and title of officer  
**RONALD W. BURGESS  
CFO**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, 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.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>154958901</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**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 2011 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 LBA CERTIFIED PUBLIC ACCOUNTANTS PA to enter my PIN 05774  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 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 2011 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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**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.

**59245205774**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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