

EXTENDED TO AUGUST 17, 2009

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)

OMB No 1545-0047

2007

Open to Public Inspection

Form 990

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning OCT 1, 2007 and ending SEP 30, 2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: WWP, INC. AKA WOUNDED WARRIOR PROJECT. D Employer identification number: 20-2370934. E Telephone number: 904-296-7350. F Accounting method: Cash, Accrual.

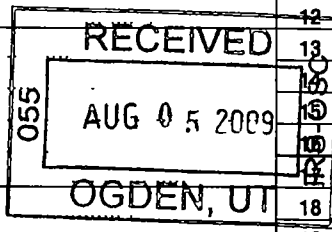
G Website: WWW.WOUNDEDWARRIORPROJECT.ORG. J Organization type: 501(c)(3). K Check here if the organization is not a 509(a)(3) supporting organization. H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 22,879,048. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for line numbers, descriptions, and amounts. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue is 21,483,531. Total expenses are 19,284,909. Net assets at end of year are 8,283,210.

SCANNED AUG 19 2009



WWP, INC.
AKA WOUNDED WARRIOR PROJECT

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule) STATEMENT 6	647,967.	647,967.		
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	597,922.	334,836.	143,501.	119,585.
25b Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	2,689,067.	1,982,121.	280,349.	426,597.
27 Pension plan contributions not included on lines 25a, b, and c	46,648.	36,953.	1,383.	8,312.
28 Employee benefits not included on lines 25a - 27	355,206.	228,760.	72,138.	54,308.
29 Payroll taxes	875,188.	587,995.	136,731.	150,462.
30 Professional fundraising fees				
31 Accounting fees	73,250.		73,250.	
32 Legal fees	184,055.		184,055.	
33 Supplies	276,689.	259,819.	58.	16,812.
34 Telephone	203,758.	137,870.	41,065.	24,823.
35 Postage and shipping	231,138.	218,054.	3,824.	9,260.
36 Occupancy	195,281.	88,696.	53,471.	53,114.
37 Equipment rental and maintenance	18,251.	9,996.	5,653.	2,602.
38 Printing and publications	243,715.	182,403.	24,043.	37,269.
39 Travel	2,171,890.	1,773,317.	239,427.	159,146.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	288,242.	98,007.	95,120.	95,115.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 5	10,186,642.	5,785,930.	829,005.	3,571,707.
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	19,284,909.	12,372,724.	2,183,073.	4,729,112.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 4,324,255. (ii) the amount allocated to Program services \$ 1,533,398.

(iii) the amount allocated to Management and general \$ 350,491. and (iv) the amount allocated to Fundraising \$ 2,440,366.

Part III. Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 8	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 7	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	12,372,724.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	12,372,724.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	5,461,708.	45 5,865,341.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a 425,491.	
	b Less: allowance for doubtful accounts	48b	48c 425,491.
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	132,524.	52 867,107.
	53 Prepaid expenses and deferred charges	17,592.	53 123,105.
	54 a Investments - publicly-traded securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	76,135.	54a 227,937.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b	55c	
56 Investments - other	0.	56 0.	
57 a Land, buildings, and equipment: basis	57a 2,576,079.		
b Less: accumulated depreciation STMT 9	57b 386,601.	57c 2,189,478.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 10)	164,653.	58 135,260.	
59 Total assets (must equal line 74). Add lines 45 through 58	6,762,610.	59 9,833,719.	
Liabilities	60 Accounts payable and accrued expenses	710,455.	60 1,550,509.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/>)		65
66 Total liabilities. Add lines 60 through 65	710,455.	66 1,550,509.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	5,674,297.	67 8,283,210.
	68 Temporarily restricted	377,858.	68 0.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	6,052,155.	73 8,283,210.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	6,762,610.	74 9,833,719.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 20,247,455.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed ▶ SEE STATEMENT 13		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	54
91 a	The books are in care of ▶ VICTORIA NEMERSON Telephone no ▶ 904-296-7350 Located at ▶ 7020 A C SKINNER PKWY, JACKSONVILLE, FL ZIP + 4 ▶ 32256-6938		
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)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	91,719.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			14	<26,321.>	
101 Net income or (loss) from special events			01	216,912.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		282,310.	0.
105 Total (add line 104, columns (B), (D), and (E))					282,310.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

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.

Please Sign Here: Date
 Signature of officer: *Steven Nardizzi* Date: *7/23/09*
 Type or print name and title: *Steven Nardizzi, Executive Director*

Paid Preparer's Use Only: Preparer's SSN or PTIN (See Gen Inst X)
 Preparer's signature: *Thelma V. A.* Date: *7/20/09* Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: **LBA CERTIFIED PUBLIC ACCOUNTANTS PA**
501 RIVERSIDE AVENUE, SUITE 800 EIN: **89-1302284**
JACKSONVILLE, FLORIDA 32202-4939 Phone no: **904-396-4015**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

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

Employer identification number
20 2370934

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ABIGAIL ROBERTS C/O 7020 AC SKINNER PKWY, JACKSONVILL	EVP - MARKETING 40.00	90,173.	3,607.	0.
JEREMY CHWAT C/O 7020 AC SKINNER PKWY, JACKSONVILL	EVP - PRGM SVCS 40.00	120,991.	4,840.	0.
BRUCE NITSCHKE C/O 7020 AC SKINNER PKWY, JACKSONVILL	EVP - SPCL PROJ 40.00	120,991.	4,517.	0.
JOHN ROBERTS C/O 7020 AC SKINNER PKWY, JACKSONVILL	NATL SVCE DIR 40.00	120,991.	4,840.	0.
JEFFREY SEARCY C/O 7020 AC SKINNER PKWY, JACKSONVILL	EVP - DEVELOPMNT 40.00	130,990.	0.	0.
Total number of other employees paid over \$50,000	▶ 26			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CREATIVE DIRECT RESPONSE 16900 SCIENCE DR STE 210, BOWIE, MD 20715	DIRECT MAIL SERVICE	658,256.
MERIDIAN GROUP 575 LYNNHAVEN PKWY, VIRGINIA BEACH, VA 23452	PUBLIC RELATIONS	485,335.
KUTAK ROCK LLP 1650 FARNAM ST, OMAHA, NE 68102	LEGAL	116,465.
FRANK & CO PC 1360 BEVERLY RD, MC LEAN, VA 22101	ACCOUNTING	77,150.
COPILEVITZ & CANTOR PC 310 W 20TH ST, KANSAS CITY, MO 64108	LEGAL	67,920.
Total number of others receiving over \$50,000 for professional services	▶ 0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
VIRTUS PROJECT INC 2100 FOX TAIL CT, ST AUGUSTINE, FL 32092	LEASEHOLD IMPROVEMENTS	542,965.
DISABLED SPORTS US 451 HUNGERFORD DR, ROCKVILLE, MD 20850	ADAPTIVE SPORTS PROGRAM	510,450.
WORLD PREP 3315 CENTENNIAL RD, SYLVANIA, OH 43560	FILL & SHIP BACKPACKS	351,827.

Total number of other contractors receiving over \$50,000 for other services	▶ 0	

Part III **Statements About Activities** (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year	► N/A	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	► N/A	
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	► 0.	
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	► 0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ►
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	18480909.	10052158.	239,285.		28,772,352.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	137,951.	37,176.			175,127.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	18618860.	10089334.	239,285.	0.	28,947,479.
24 Line 23 minus line 17	18618860.	10089334.	239,285.		28,947,479.
25 Enter 1% of line 23	186,189.	100,893.	2,393.		
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 578,950.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 5,345,195.
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 28,947,479.
d Add Amounts from column (e) for lines 18 175,127. 19 22 5,345,195.					26d 5,520,322.
e Public support (line 26c minus line 26d total)					26e 23,427,157.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 80.9299%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A					
c Add. Amounts from column (e) for lines 15 16 17 20 21					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
<hr/>			
<hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 2 columns: Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' boxes are checked with an 'X'.

N/A

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The table is currently empty.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) No

b If "Yes," complete the following schedule

N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The table is currently empty.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF SECURITIES	1,171,978.	1,193,251.	0.	<21,273.>
TO FORM 990, PART I, LINE 8	1,171,978.	1,193,251.	0.	<21,273.>

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	NET GAIN OR (LOSS)
SALE OF FIXED ASSETS	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	0.	12,250.	0.	7,202.
TO FM 990, PART I, LN 8		12,250.	0.	7,202.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
GALA DINNER	414,130.		414,130.	197218.	216,912.
TO FM 990, PART I, LINE 9	414,130.		414,130.	197218.	216,912.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED GAIN	32,433.
TOTAL TO FORM 990, PART I, LINE 20	32,433.

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK SERVICE CHARGES	2,481.	0.	2,481.	0.
BOOKS & SUBSCRIPTIONS	28,661.	25,509.	2,792.	360.
HOUSING	40,873.	40,873.	0.	0.
INSURANCE	23,286.	13,468.	9,818.	0.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE ONE

PROVIDE VITAL PROGRAMS AND SERVICES TO HELP WOUNDED OR DISABLED VETERANS DURING THEIR REHABILITATION AND, LATER, READJUSTMENT TO CIVILIAN LIFE. AMONG THE PROGRAMS ARE:

SOLDIER RIDE - THE WOUNDED WARRIOR PROJECT SOLDIER RIDE IS A REHABILITATIVE CYCLING PROGRAM FOR WOUNDED WARRIORS. FOR MANY OF THESE COMBAT-WOUNDED VETERANS, SOLDIER RIDE PROVIDES THE FIRST STEPS IN THE RETURN TO AN ACTIVE LIFESTYLE. MANY OF THESE MEN AND WOMEN HAVE BEEN PHYSICALLY ACTIVE THROUGHOUT THEIR LIVES. SOLDIER RIDE OFFERS THESE BRAVE INDIVIDUALS THE CHANCE TO GET ON A BIKE AND PROVE TO THEMSELVES, "I CAN STILL DO THIS."

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

TRACK - IN AUGUST 2008, WWP LAUNCHED TRACK TO OFFER WOUNDED WARRIORS AN INTEGRATED APPROACH TO ADDRESS LONG-TERM NEEDS FOR EDUCATION AND TRAINING, ADVOCACY, AND SECONDARY REHABILITATIVE CARE FOR THE MIND, BODY AND SPIRIT. THIS UNIQUE PROGRAM OFFERS PARTICIPANTS A RANGE OF COLLEGE PREPARATORY CLASSES AND SERVICES CUSTOMIZED TO THEIR NEEDS, HELPING THEM BUILD CAREER SKILLS, TRAIN IN VETERANS' ADVOCACY, AND CONTINUE RECOVERY TOWARD A MORE INDEPENDENT LIFE. THE WOUNDED WARRIORS ATTEND COLLEGE CLASSES AS A GROUP, WITH THE ABILITY TO DRAW FROM THEIR SHARED EXPERIENCES. TRACK HAS THREE STATE-OF-THE ART CLASSROOMS, AS WELL AS A GYM, AND INDIVIDUAL WORKSPACES FOR THE WARRIORS AND INSTRUCTORS. TRACK'S FIRST COHORT BEGAN AUGUST 15, 2008. EACH TRACK STUDENT RECEIVES A SCHOLARSHIP, WHICH PROVIDES ALL CLASS FEES, BOOKS, MATERIALS, AND A LAPTOP, AS WELL AS INDIVIDUAL HOUSING AND LIVING EXPENSES. TRACK STUDENTS RECEIVE A STUDENT GRANT THE ENTIRE 12-MONTH PERIOD. EACH TRACK STUDENT IS REQUIRED TO SAVE A PORTION OF THEIR PAY, WHICH IS INVESTED AND RETURNED TO YOU WITH INTEREST AT THE

SUCSESSEFUL COMPLETION OF THE PROGRAM.

CLASSES ARE PROVIDED THROUGH FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE (FCCJ), AND CREDIT CAN BE APPLIED TOWARD A BACHELOR'S, ASSOCIATE DEGREE, OR VOCATIONAL CERTIFICATE. THE SECOND PHASE CONSISTS OF AN EMPLOYMENT INTERNSHIP WITH LOCAL EMPLOYERS IN JACKSONVILLE, IN THE AREAS OF IT, GENERAL BUSINESS, AND LOGISTICS. ONLY 15-20 WARRIORS WILL BE SELECTED AND THE PROGRAM BEGINS EVERY SIX MONTHS (AUGUST AND JANUARY).

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		12,372,724.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	8
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EXPLANATION

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

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	9
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE	353,089.	0.	353,089.
EQUIPMENT	1,095,113.	0.	1,095,113.
VEHICLES	73,474.	0.	73,474.
LEASEHOLD IMPROVEMENTS	897,278.	0.	897,278.
WEBSITE	157,125.	0.	157,125.
LESS ACCUMULATED DEPRECIATION	0.	386,601.	<386,601.>
TOTAL TO FORM 990, PART IV, LN 57	2,576,079.	386,601.	2,189,478.

FORM 990 OTHER ASSETS STATEMENT 10

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
PREPAID POSTAGE	153,003.	123,610.
DEPOSITS	11,650.	11,650.
TOTAL TO FORM 990, PART IV, LINE 58	164,653.	135,260.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 11

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS	FMV			227,937.	227,937.
TO FORM 990, LINE 54A, COL B				227,937.	227,937.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 12
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RON DRACH 7600 RIVER FALLS DR POTOMAC, MD 20854	PRESIDENT OF THE BOD 5.00	0.	0.	0.
ALBION GIORDANO 3 MELODY LN WARWICK, NY 10990	DEPUTY EXECUTIVE DIRECTOR, 40.00	160,063.	0.	0.
JOHN LOOSEN 34 SOMERSET PL MATAWAN, NJ 07747	DIRECTOR 5.00	0.	0.	0.
JOHN MELIA 711 5TH ST NE STE A ROANOKE, VA 24016	EXECUTIVE DIRECTOR 40.00	196,981.	2,695.	0.
DAN MCKIVERGAN 13 W HOWELL AVE ALEXANDRIA, VA 22301	DIRECTOR 5.00	0.	0.	0.
MELISSA STOCKWELL 555 W CORNELIA AVE APT 711 CHICAGO, IL 60657	TREASURER/SECRETARY OF THE BOD 5.00	0.	0.	0.
ANTHONY PRINCIPI 8327 DIAMOND BACK COVE RD EASTON, MD 21601	DIRECTOR 5.00	0.	0.	0.
CINDY MCDONALD 12364 MORRILLO CT JACKSONVILLE, FL 32220	CONTROLLER 40.00	75,115.	3,005.	0.
CHARLES BATTAGLIA 4521 FAIRWAY DOWNS CT ALEXANDRIA, VA 22312	DIRECTOR 5.00	0.	0.	0.
DAWN HALFAKER 1701 KALORAMA RD NW APT 211 WASHINGTON, DC 20009	VICE PRESIDENT OF THE BOD 5.00	0.	0.	0.
GUY H. MCMICHAEL III 2205 CALIFORNIA ST NW WASHINGTON, DC 20008	DIRECTOR 5.00	0.	0.	0.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.	
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization WWP, INC. AKA WOUNDED WARRIOR PROJECT	Employer identification number 20-2370934
	Number, street, and room or suite no. If a P.O. box, see instructions. 7020 A C SKINNER PKWY, NO. 100	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JACKSONVILLE, FL 32256-6938	

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **VICTORIA NEMERSON**
 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.

4 I request an additional 3-month extension of time until **AUGUST 15, 2009**.

5 For calendar year _____, or other tax year beginning **OCT 1, 2007**, and ending **SEP 30, 2008**.

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

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY INFORMATION FOR A COMPLETE AND ACCURATE RETURN.

8a 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.	8a	\$	
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 and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Title Date