

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2013

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990 and its instructions is at www.irs.gov/form990

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

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: Wounded Warrior Project Inc
Doing Business As: Wounded Warrior Project
Number and street (or P O box if mail is not delivered to street address) Room/suite: 4899 Belfort Road Suite 300
City or town, state or province, country, and ZIP or foreign postal code: Jacksonville, FL 32256

D Employer identification number: 20-2370934
E Telephone number: (904) 296-7350
G Gross receipts \$ 393,453,147

F Name and address of principal officer: Steven Nardizzi, 4899 Belfort Road, Jacksonville, FL 32256

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

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number

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

J Website: www.woundedwarriorproject.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 2005

M State of legal domicile: VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
The mission of Wounded Warrior Project is to honor and empower wounded warriors

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

Table with 3 columns: Description, 3, 4, 5, 6, 7a, 7b. Rows include: Number of voting members, independent voting members, total employees, total volunteers, total unrelated business revenue, net unrelated business taxable income.

Revenue

Table with 3 columns: Description, Prior Year, Current Year. Rows include: Contributions and grants, program service revenue, investment income, other revenue, total revenue.

Expenses

Table with 3 columns: Description, Prior Year, Current Year. Rows include: Grants and similar amounts paid, benefits paid, salaries and compensation, professional fundraising fees, total fundraising expenses, other expenses, total expenses, revenue less expenses.

Net Assets or Fund Balances

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: Total assets, total liabilities, net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer (*****), Date (2015-03-27), Type or print name and title (RON BURGESS CFO)

Paid Preparer Use Only: Preparer's name (Dawn M Olivardia), Preparer's signature, Date (2015-03-23), Check if self-employed, PTIN (P00059252), Firm's name (Grant Thornton LLP), Firm's EIN, Firm's address (200 South Orange Avenue Suite 2050, Orlando, FL 32801), Phone no (904) 296-7350

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 or note to any line 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 INCORPORATED FEBRUARY 23, 2005, FOR THE PURPOSES OF PROVIDING VITAL PROGRAMS AND SERVICES TO SEVERELY WOUNDED SERVICE MEMBERS AND VETERANS IN ORDER TO SUPPORT THEIR TRANSITION TO CIVILIAN LIFE AS WELL-ADJUSTED CITIZENS, BOTH PHYSICALLY AND MENTALLY THE MISSION OF THE ORGANIZATION IS TO HONOR AND EMPOWER WOUNDED WARRIORS OUR PURPOSE IS THREEFOLD TO RAISE AWARENESS AND ENLIST THE PUBLIC'S AID FOR THE NEEDS OF SEVERELY INJURED SERVICE MEN AND WOMEN, TO HELP SEVERELY INJURED SERVICE MEMBERS AID AND ASSIST EACH OTHER, AND TO PROVIDE UNIQUE, DIRECT PROGRAMS AND SERVICES TO MEET THEIR NEEDS CONTRIBUTIONS ARE RECEIVED PRIMARILY THROUGH INDIVIDUAL DONATIONS

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

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

Alumni Association - The Alumni Association program offers assistance and communication for Wounded Warriors as they continue life beyond injury WWP alumni stay engaged and active through WWP programs and events The Alumni Association program offers a wide range of activities including educational sessions and sporting and social events that provide individuals a chance to connect with other wounded warriors The Alumni Association program also identifies, trains and challenges leaders within the wounded warrior population to represent their peers in their continued path toward physical health and well-being

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

Combat Stress Recovery - The Combat Stress Recovery Program (CSR) was developed to address the mental health and cognitive needs of returning service members Through CSR warriors are taught a variety of tools and given a high level of support to manage the many reintegration challenges associated with mental health issues and provided support in accessing quality mental health care Project Odyssey, a component of CSR, promotes peer connection and healing with other combat veterans through outdoor rehabilitative therapy Our online tool, Restore Warriors, educates warriors on the invisible wounds of war

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

Physical Health and Wellness - Physical Health and Wellness programs are designed to reduce stress, combat depression, and promote an overall healthy and active lifestyle by encouraging participation in fun, educational activities Physical health and wellness has something to offer warriors in every stage of recovery Four focus areas are inclusive sports, fitness, nutrition, and wellness

See Additional Data Table

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

4e Total program service expenses 189,558,100

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
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> <input checked="" type="checkbox"/>	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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>	23	Yes	
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 25a</i>	24a		No
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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
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>	27		No
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>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (AL, AK, AZ, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RONALD W BURGESS 4899 BELFORD ROAD SUITE 300 Jacksonville, FL 32256 (904) 296-7350

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

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

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

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

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

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dawn Halfaker Chair (Through 9/24/14)	5 0	X						0	0	0
(2) Anthony Principi Vice Chair (Tm Ended 9/24/14)	5 0	X						0	0	0
(3) Anthony Odierno Chair	5 0	X						0	0	0
(4) Guy H McMichael III Vice Chair	5 0	X						0	0	0
(5) Roger Campbell Secretary	5 0	X						0	0	0
(6) Justin Constantine Director	5 0	X						0	0	0
(7) Kevin Delaney Director	5 0	X						0	0	0
(8) Ron Drach Director (Term Ended 9/24/14)	5 0	X						0	0	0
(9) John Loosen Director (Term Ended 9/24/14)	5 0	X						0	0	0
(10) Charles Battaglia Director	5 0	X						0	0	0
(11) Melissa Stockwell Director (Term Ended 9/24/14)	5 0	X						0	0	0
(12) Robb Van Cleave Director	5 0	X						0	0	0
(13) Robert Nardelli Director	5 0	X						0	0	0
(14) Richard M Jones Director	5 0	X						0	0	0
(15) Steven Nardizzi Chief Executive Officer	60 0			X				473,015	0	23,400
(16) Albion Giordano Chief Operating Officer	60 0			X				369,030	0	28,299
(17) Ronald W Burgess Chief Financial Officer	60 0			X				234,992	0	22,619

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Jeremy Chwat Chief Program Officer	60 0			X				262,750	0	22,633
(19) Adam Silva Chief Development Officer	60 0			X				252,471	0	26,083
(20) John T Hamre III Direct Response EVP	50 0				X			165,196	0	9,954
(21) Ryan Clement Pavlu Warrior Engagement EVP	50 0				X			156,250	0	16,128
(22) Ralph J Ibson National Policy Director	40 0					X		153,000	0	17,912
(23) Bruce G Nitsche Special Projects EVP	50 0					X		151,019	0	12,257
(24) John W Roberts WARRIOR RELATIONS EVP	50 0					X		147,230	0	24,551
(25) John M Molino Programs Chief of Staff	50 0					X		166,110	0	7,475
(26) Richard A Stieglitz Physical Hlth & Wellness EVP	50 0					X		214,208	0	16,599
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,745,271	0	227,910

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

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

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
Neuro Community Care, 12520 Capital Blvd Ste 401-139 WAKE FOREST NC 27587	Independence Program	3,403,787
Creative Direct Response, 16900 Science Dr Ste 210 BOWIE MD 20715	Direct Response	2,606,207
Flow Nonfiction LLC, 305 Terrace Dr AUSTIN TX 78704	Public Awareness	2,195,700
McGladrey, 5155 Paysphere Circle CHICAGO IL 60674	IT and Risk Mgmt	2,162,918
Eaglecom Inc, 2300 YONGE ST STE 1700TORONTOONTARIOCAM4P 1E4	DRTV MEDIA	2,150,000

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 **51**

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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	Yes	
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?		No
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		

Additional Data

Software ID:
Software Version:
EIN: 20-2370934
Name: Wounded Warrior Project Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code)	(Expenses \$	15,737,906	including grants of \$	85,089)	(Revenue \$)
SOLDIER RIDE					
(Code)	(Expenses \$	10,280,128	including grants of \$	487,528)	(Revenue \$)
BENEFITS SERVICES					

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code) (Expenses \$ 7,600,723 including grants of \$ 852,136) (Revenue \$)
TRACK

(Code) (Expenses \$ 6,481,174 including grants of \$ 651,233) (Revenue \$)
FAMILY SUPPORT SERVICES

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code) (Expenses \$ 5,762,792 including grants of \$ 236,919) (Revenue \$)
INTERNATIONAL SERVICES
(Code) (Expenses \$ 1,577,473 including grants of \$ 7,986) (Revenue \$)
WWP PACKS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code) (Expenses \$ 9,149,559 including grants of \$ 280,745) (Revenue \$)
WARRIORS TO WORK

(Code) (Expenses \$ 2,102,805 including grants of \$) (Revenue \$)
WARRIORS SPEAK

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code) (Expenses \$ 6,207,938 including grants of \$ 196,892) (Revenue \$)
TRANSITION TRAINING ACADEMY

(Code) (Expenses \$ 4,464,335 including grants of \$ 162,952) (Revenue \$)
PEER SUPPORT

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code) (Expenses \$ 3,154,146 including grants of \$ 898,438) (Revenue \$)
EDUCATION SERVICES

(Code) (Expenses \$ 1,731,217 including grants of \$ 17,208) (Revenue \$)
WWP TALK

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code) (Expenses \$ 5,415,463 including grants of \$ 217,739) (Revenue \$)
INDEPENDENCE PROGRAM

(Code) (Expenses \$ 28,000,000 including grants of \$ 28,000,000) (Revenue \$)
WOUNDED WARRIOR PROJECT LT SUPPORT TRUST

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

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

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

- 1** A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2** A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3** A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4** A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5** An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6** A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7** An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8** A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10** An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11** An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a** Type I **b** Type II **c** Type III - Functionally integrated **d** Type III - Non-functionally integrated
- e** By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f** If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i)** A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii)** A family member of a person described in (i) above?
 - (iii)** A 35% controlled entity of a person described in (i) or (ii) above?
- h** Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	39,336,766	70,145,724	148,185,045	225,418,220	312,471,011	795,556,766
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	232,108	3,083,956	4,460,643	8,378,673	14,023,753	30,179,133
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	553,449	641,489	1,150,561	594,472	548,015	3,487,986
11 Total support (Add lines 7 through 10)						829,223,885

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	95 940 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	96 333 %

16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527. Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 the organization: Wounded Warrior Project Inc
Employer identification number: 20-2370934

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	301,250													
c	Total lobbying expenditures (add lines 1a and 1b)	301,250													
d	Other exempt purpose expenditures	247,279,103													
e	Total exempt purpose expenditures (add lines 1c and 1d)	247,580,353													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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
1 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			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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."

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

Part IV Supplemental Information

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

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Wounded Warrior Project Inc

Employer identification number 20-2370934

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor informed consent.

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

Form with multiple sections: Purpose(s) of conservation easements, Conservation easement details (2a-2d), Number of easements modified, Number of states, Monitoring policy, Staff and volunteer hours, Expenses incurred, and Reporting requirements.

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

Form with 2 main questions (1a, 1b) and 2 sub-questions (2a, 2b) regarding reporting of art and historical treasures.

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

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

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

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

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶ 76.781%
- c** Temporarily restricted endowment ▶ 23.219%

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

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No

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

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

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

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

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	0

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	382,167,065
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-12,173,212
b	Donated services and use of facilities	2b	80,710,673
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	68,537,461
3	Subtract line 2e from line 1	3	313,629,604
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	425,085
b	Other (Describe in Part XIII)	4b	28,011,425
c	Add lines 4a and 4b	4c	28,436,510
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	342,066,114

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	300,279,602
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	80,710,673
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	80,710,673
3	Subtract line 2e from line 1	3	219,568,929
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	425,085
b	Other (Describe in Part XIII)	4b	28,011,425
c	Add lines 4a and 4b	4c	28,436,510
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	248,005,439

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V, Line 4	INTENDED USES OF ENDOWMENT FUNDS THE ORGANIZATION HAS ONE ENDOWMENT, WHICH IS CLASSIFIED AS PERMANENTLY RESTRICTED UNDER THE TERMS OF THE GOVERNING DOCUMENTS RELATED TO THIS ENDOWMENT, INVESTMENT INCOME AND GAINS AND LOSSES ARE TO BE ADDED TO THE BALANCE OF THE ENDOWMENT ANNUALLY UP TO 5% OF THE FAIR VALUE OF THE ENDOWMENT MAY BE APPROPRIATED FOR EXPENDITURE HOWEVER, APPROPRIATIONS MAY NOT REDUCE THE FAIR VALUE FOR THE ASSETS TO AN AMOUNT LESS THAN THE ORIGINAL ENDOWMENT OF \$1,000,000 THE ENDOWMENT NET ASSETS ARE REFLECTED ON THE STATEMENT OF FINANCIAL POSITION AT SEPTEMBER 30, 2014 PERMANENTLY RESTRICTED \$1,000,000 TEMPORARILY RESTRICTED \$302,411
Schedule D, Part X, Line 2	LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740) THE ORGANIZATION FOLLOWS AUTHORITATIVE GUIDANCE WHICH REQUIRES THE ORGANIZATION TO EVALUATE ITS TAX POSITIONS FOR ANY UNCERTAINTIES BASED ON THE TECHNICAL MERITS OF THE POSITION TAKEN THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE UPHELD ON EXAMINATION BY TAXING AUTHORITIES AS OF SEPTEMBER 30, 2014, THE ORGANIZATION DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS THE ORGANIZATION HAS FILED FOR AND RECEIVED TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO ADDITIONALLY, THE ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS AS REQUIRED AND ALL OTHER APPLICABLE RETURNS IN THOSE JURISDICTIONS WHERE IT IS REQUIRED THE ORGANIZATION BELIEVES THAT IT IS NO LONGER SUBJECT TO U S FEDERAL, STATE AND LOCAL, OR NON-U S INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE FISCAL YEAR 2011 HOWEVER, THE ORGANIZATION IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM FISCAL YEAR 2011 FORWARD NO INTEREST OR PENALTIES HAVE BEEN RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS RELATED TO ANY UNCERTAIN TAX POSITIONS
Schedule D, Part XI, Line 4b and Part XII, Line 4b	OTHER RECONCILING ITEMS \$28,000,000 - GRANTS AND OTHER ASSISTANCE PROVIDED TO THE WOUNDED WARRIOR LONG TERM SUPPORT TRUST ELIMINATED UPON CONSOLIDATION OF AUDITED FINANCIAL STATEMENTS THE TRUST CONSISTS OF FUNDS SET ASIDE FOR THE LONG TERM CARE OF THE MOST SEVERELY DISABLED WARRIORS THE TRUST IS RECORDED IN INVESTMENTS ON THE AUDITED FINANCIAL STATEMENTS AS THE TRUST WAS CONSOLIDATED WITH WOUNDED WARRIOR PROJECT, INC \$11,425 - GAIN ON SALE OF ASSETS SHOWN AS AN EXPENSE ON THE AUDITED FINANCIAL STATEMENTS

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2013

**Open to Public
Inspection**

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Europe (Including Iceland and Greenland)	0	4	Program Services	SEE SUPPLEMENTAL INFO	5,750,289
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	4			5,750,289
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	4			5,750,289

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities ▶ _____

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
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Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN E	<p>DESCRIPTION OF ACTIVITY IN EUROPE INTERNATIONAL SUPPORT - THE INTERNATIONAL SUPPORT PROGRA</p> <p>M IS THE INITIAL CONTACT WOUNDED WARRIORS HAVE WITH WWP WHILE IN GERMANY AT LANDSTUHL REGI</p> <p>ONAL 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 T</p> <p>HE WARRIOR TRANSITION UNITS IN EUROPE, WWP HAS MULTIPLE PROGRAMS IN PLACE INCLUDING BENEFI</p> <p>TS COUSELING, TRANSITION TRAINING ACADEMY, SOLDIER RIDE AND COMBAT STRESS RECOVERY. WWP AL</p> <p>SO RECOGNIZES THE EFFORTS OF THE HOSPITAL DOCTORS, NURSES, AND STAFF WITH MUCH NEEDED STRE</p> <p>SS RELIEF EVENTS</p>

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization Wounded Warrior Project Inc

Employer identification number 20-2370934

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

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

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

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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.

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

All States

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

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

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. 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).

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B	NAME OF FUNDRAISER CREATIVE DIRECT RESPONSE ADDRESS OF FUNDRAISER 16900 SCIENCE DR STE 120, BOWIE, MD 20715 ACTIVITY OF FUNDRAISER COORDINATION OF DIRECT RESPONSE SERVICES NAME OF FUNDRAISER CONSTELLATIONS GROUP, LTD ADDRESS OF FUNDRAISER ONE PENN PLAZA STE 3600, NEW YORK, NY 10119 ACTIVITY OF FUNDRAISER THE CONSTELLATIONS GROUP, IN ADDITION TO RAISING FUNDS DIRECTLY, HAS BEEN VERY INSTRUMENTAL IN INTRODUCING WOUNDED WARRIOR PROJECT TO MULTIPLE CELEBRITIES AND MAJOR DONOR PROSPECTS

Schedule I (Form 990)

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

OMB No 1545-0047

2013

Open to Public Inspection

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

Attach to Form 990

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

Department of the Treasury Internal Revenue Service

Name of the organization Wounded Warrior Project Inc

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code 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. Row 1 contains 'See Additional Data Table'.

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

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
(1) STUDENT GRANTS	100	804,393			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2	<p>Procedure for Monitoring Use of Grant Funds Inside U S THE GRANTS/ASSISTANCE PAID ARE MONITORED BY THE PROGRAM DIRECTORS BASED ON THE CONTRACT/AGREEMENT REPORTS AND UPDATES ARE GIVEN TO THE PROGRAM DIRECTOR BY THE ORGANIZATION RECEIVING THE FUNDS In the event the grantee ceases to operate or becomes insolvent, all unused Wounded Warrior Project grant money shall be immediately returned Furthermore, if the original purpose, project and/or program of the grantee changes, the grantee must notify Wounded Warrior Project in writing for permission to redirect funds If permission is not given, grantee shall return any and all grant money to Wounded Warrior Project An interim report is due mid-way through the grant cycle A final report detailing the expenditure and outcomes of the grant must be submitted to Wounded Warrior Project one year after the award is received by the applicant</p>
Schedule I, Part II, Line 1, Column H	<p>PURPOSE OF GRANT OR ASSISTANCE ARMED SERVICES OF YMCA OF THE USA - PROVIDES TRANSITIONAL SUPPORT FOR WARRIORS AND THEIR FAMILIES CHARITY DEFENSE COUNCIL INC - MISSION IS TO CHANGE THE WAY PEOPLE THINK ABOUT CHANGING THE WORLD BY RESPONDING TO AND RECTIFYING INACCURATE REPORTING ON CHARITIES AND PROACTIVELY EDUCATE THE MEDIA CNS RESPONSE INC - ASSISTS VETERANS AND THEIR FAMILIES IN THEIR RECOVERIES AS IT CONCERNS DEPRESSION, PTSD AND TBI CONNECTICUT PUBLIC BROADCASTING, INC - HOLISTIC APPROACH, FOCUSING ON EMPLOYMENT AND ACCESS TO MENTAL HEALTH CARE DARE2TRI PARATRIATHLON CLUB - DEVELOPS PROGRAMS AND STRATEGIC TRANSITION SERVICES THAT SERVE VETERANS WHO WANT TO CONTINUE THEIR EDUCATION EASTER SEALS GREATER WASHINGTON-BALTIMORE REGION - PROVIDES RESPITE FOR CAREGIVERS AND EDUCATIONAL SERVICES FOR CHILDREN OF WOUNDED WARRIORS EMPACT-SUICIDE PREVENTION CENTER - PROVIDES COMMUNITY-BASED CRISIS INTERVENTION SUPPORT SERVICES TO ARIZONA NATIONAL GUARD MEMBERS AND THEIR FAMILIES FINAL SALUTE INC - OPERATES TWO TRANSITIONAL HOUSES SPECIFICALLY FOR FEMALE VETERANS AND THEIR CHILDREN FOCUS MARINES FOUNDATION - PROVIDES RETREATS THAT ASSIST MARINES IN THEIR MILITARY TO CIVILIAN TRANSITION, FOCUSING PRIMARILY ON ENGAGING THOSE WHO ARE ISOLATED HVAF OF INDIANA INC - Provides services to homeless veterans and their families, and also offers intensive services for warriors with mental health and/or substance abuse diagnoses LONE SURVIVOR FOUNDATION - PROVIDES INDIVIDUAL, COUPLE AND FAMILY RETREATS FOR SURVIVORS OF MST LRMC FISHER HOUSES - PROVIDES FINANCIAL ASSISTANCE TO CURRENT MEMBERS OF THE UNITED STATES ARMED SERVICES, VETERANS AND THEIR FAMILIES MASSACHUSETTS GENERAL HOSPITAL - HOME BASE IS AN 8-MONTH PROGRAM FOR NEW ENGLAND VETERANS, FOCUSED ON BMI REDUCTION AND IMPROVING PHYSICAL WELLNESS MENTAL HEALTH AMERICA OF GREATER HOUSTON INC - PROVIDES PEER MENTORS TO WARRIORS GOING THROUGH THE VET COURTS IN HOUSTON, TX MINNESOTA ASSISTANCE COUNCIL FOR VETERANS - TO PROVIDE ASSISTANCE THROUGHOUT MINNESOTA TO POSITIVELY MOTIVATED VETERANS AND THEIR FAMILIES WHO ARE HOMELESS OR EXPERIENCING OTHER LIFE CRISES NATIONAL ASSOCIATION OF COUNTIES RESEARCH FOUNDATION - Provides essential services to the nations 3,068 counties NACo advances issues with a unified voice before the federal government, improves the public's understanding of county government, assists counties in finding and sharing innovative solutions through education and research, and provides value-added services to save counties and taxpayers money NATIONAL ASSOCIATION TO PROTECT CHILDREN-EDUCATION FUND INC - PROVIDES TRAINING AND CERTIFICATION TO WARRIORS IN THE FIELD OF COUNTER-CHILD-EXPLOITATION AND COMPUTER FORENSICS NEUROTHErapy RESEARCH AND DEVELOPMENT ASSOC INC - RESEARCH NON-INVASIVE, INNOVATIVE TREATMENTS FOR SOCOM PERSONNEL SUFFERING FROM TRAUMATIC BRAIN INJURY AND OTHER COGNITIVE IMPAIRMENTS NEW YORK LAWYERS' ASSOCIATION - ASSISTS VETERANS WISHING TO UPGRADE CHARACTERIZATION OF THEIR MILITARY DISCHARGE THAT IS LESS THAN HONORABLE DUE TO UNDIAGNOSED PTSD, TBI AND/OR MST ONE MIND FOR RESEARCH INC - Dedicated to benefiting all affected by brain illness and injury through fostering fundamental changes that will radically accelerate the development and implementation of improved diagnostics, treatments and cures while eliminating the stigma that comes with mental illness OPERATION HOMEFRONT - PROVIDES EMERGENCY FINANCIAL AND OTHER ASSISTANCE TO THE FAMILIES OF OUR SERVICE MEMBERS AND WOUNDED WARRIORS PAT TILLMAN FOUNDATION - INVESTS IN MILITARY VETERANS AND THEIR SPOUSES THROUGH ACADEMIC SCHOLARSHIPS, BUILDING A DIVERSE COMMUNITY OF LEADERS COMMITTED TO SERVICE TO OTHERS QUALITY OF LIFE FOUNDATION INC - SUPPORTS FAMILIES WHO PROVIDE A SUBSTANTIAL AMOUNT OF CARE GIVING TO A WOUNDED, INJURED OR ILL VETERAN RECOVERY RESOURCE COUNCIL - PROVIDES OUTPATIENT COUNSELING AND SERVICES FOR RETURNING VETERANS AND THEIR FAMILY MEMBERS TO HELP RECONNECT AND IMPROVE THE FAMILY'S QUALITY OF LIFE AND OVERALL FUNCTIONING ROCK 4 RECOVERY INC - PROVIDES A SAFE AND COMFORTABLE AREA FOR VETERANS TO EXPRESS THEIR FEELINGS AND THOUGHTS THROUGH MUSIC SERVICES FOR THE UNDERSERVED INC - PROVIDES A MOBILE SUPPORT TEAM TO GO OUT INTO THE COMMUNITY AND PROVIDE ASSISTANCE TO WARRIORS WHO ARE IN CRISES STUDENT VETERANS OF AMERICA - PEER ADVISORS FOR VETERAN EDUCATION (PAVE) IS A PEER SUPPORT PROGRAM THAT CONNECTS INCOMING VETERANS WITH STUDENT VETERANS ON CAMPUSES SYRACUSE UNIVERSITY - LEVERAGES THE FLEXIBILITY INHERENT IN SMALL BUSINESS OWNERSHIP TO PROVIDE A VOCATIONAL AND ECONOMIC "PATH-FORWARD" FOR MILITARY FAMILY MEMBERS TEAM RED, WHITE AND BLUE - BREAKS DOWN THE MILITARY-CIVILIAN DIVIDE BY PROVIDING ENGAGEMENT EVENTS, BOTH SOCIAL AND FITNESS RELATED, TO VETERANS AND LOCAL COMMUNITY MEMBERS THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA - COMMUNITY ENDOWMENT FUNDS DISBURSED TO FOUR COMMUNITIES TO ENABLE AND ENHANCE LOCAL COLLABORATION TO PROVIDE SERVICES TO VETERANS THE JUBILEE FOUNDATION INC - SPONSORS WOUNDED WARRIOR HUNTING ACTIVITIES IN ARKANSAS FOR INJURED SOLDIERS TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS INC - PROVIDES INCREASING NUMBER OF ENGAGEMENT OPPORTUNITIES FOR CAREGIVERS IN ORDER TO REDUCE CAREGIVER ISOLATION TRUSTEES OF PURDUE UNIVERSITY - OPERATES THE STAR BEHAVIORAL HEALTH PROVIDERS PROGRAM, A TRAINING AND REGISTRY SYSTEM THAT PREPARES CIVILIAN BEHAVIORAL HEALTH PROVIDERS TO SERVE WARRIORS AND THEIR FAMILIES UNITED STATES VETERANS INITIATIVE - PROVIDES SHELTER AND SUPPORTIVE SERVICES TO HOMELESS VETERANS IN THE LOS ANGELES AREA UNITED WAR VETERANS COUNCIL - SUPPORTING AND PROMOTING A WIDE RANGE OF INITIATIVES THAT PROVIDE VITAL SERVICES TO OUR VETERAN'S COMMUNITY VAIL VETERANS FOUNDATION INC DBA VAIL VETERANS PROGRAM - PROVIDES THERAPEUTIC, REHABILITATIVE SPORTS AND RECREATION PROGRAMS TO WOUNDED WARRIORS AND THEIR FAMILIES VETERANS ONE-STOP CENTER OF WNY INC - CONNECTS PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO EFFECTIVELY IMPROVE THE WELL-BEING OF THE U S ARMED FORCES AND THEIR IMMEDIATE FAMILIES VETERANS OF FOREIGN WARS FOUNDATION - TO SUPPORT PROGRAMS AND SERVICES THAT SECURE, MANAGE AND DISTRIBUTE RESOURCES TO IMPROVE THE LIVES OF VETERANS, MILITARY SERVICE PERSONNEL, THEIR FAMILIES AND THE COMMUNITIES WHERE THEY LIVE VIRTUALLY BETTER - TO PURCHASE VIRTUAL REALITY EQUIPMENT USED AS A THERAPEUTIC MODALITY OF CARE AND OFFER A POWERFUL WAY TO TREAT A BROAD RANGE OF INVISIBLE WOUNDS WOUNDED WARRIOR PROJECT LT SUPPORT TRUST - PROVIDES LONG TERM CARE FOR THE MOST SEVERELY DISABLED WARRIORS</p>

Additional Data

Software ID:
Software Version:
EIN: 20-2370934
Name: Wounded Warrior Project Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ARMED SERVICES OF YMCA OF THE USA 7405 ALBAN STATION CT STE B215 SPRINGFIELD, VA 22150	36-3274346	501(c)(3)	100,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHARITY DEFENSE COUNCIL INC 222 THIRD ST STE 2244 CAMBRIDGE, MA 02142	45-1138240	501(c)(3)	150,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CNS RESPONSE INC 85 ENTERPRISE STE 410 ALISO VIEJO, CA 92656	95-4777397	501(c)(3)	54,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVE HARTFORD, CT 06105	06-0758938	501(c)(3)	250,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DARE2TRI PARATRIATHLON CLUB 847 N DAMEN 2R CHICAGO,IL 60622	45-3933200	501(C)(3)	15,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
EASTER SEALS GREATER WASHINGTON-BALTIMORE REGION 1420 SPRING STREET SILVER SPRING, MD 20910	53-0212296	501(c)(3)	125,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
IMPACT-SUICIDE PREVENTION CENTER 618 S MADISON DR TEMPE, AZ 85281	74-2562293	501(c)(3)	250,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FINAL SALUTE INC 2331 MILL ROAD STE 100 ALEXANDRIA,VA 22314	80-0660380	501(c)(3)	100,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FOCUS MARINES FOUNDATION 1880 SCHLUERSBURG RD AUGUST, MO 63332	27-2081900	501(c)(3)	72,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HVAF OF INDIANA INC 964 N PENNSYLVANIA ST INDIANAPOLIS, IN 46204	35-1890547	501(c)(3)	55,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LONE SURVIVOR FOUNDATION 2626 S LOOP WSTE 415 HOUSTON, TX 77054	27-1850918	501(c)(3)	100,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LRMC FISHER HOUSES ATTN VIVIAN L WILSON APO,AE 09180	11-3158401	501(c)(3)	175,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MASSACHUSETTS GENERAL HOSPITAL 165 CAMBRIDGE ST STE 600 BOSTON, MA 02114	04-1564655	501(c)(3)	250,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MENTAL HEALTH AMERICA OF GREATER HOUSTON INC 2211 NORFOLK STE 810 HOUSTON, TX 77098	74-1272394	501(c)(3)	12,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MINNESOTA ASSISTANCE COUNCIL FOR VETERANS 360 ROBERT ST N ST PAUL, MN 55101	41-1694717	501(c)(3)	75,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NATIONAL ASSOCIATION OF COUNTIES RESEARCH FOUNDATI 25 MASSACHUSETTS AVE STE 500 WASHINGTON, DC 20001	53-0241255	501(c)(3)	150,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NATIONAL ASSOCIATION TO PROTECT CHILDREN-EDUCATION 505 MAIN ST STE 10 KNOXVILLE, TN 37902	74-3127927	501(c)(3)	250,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NEUROTHERAPY RESEARCH & DEVELOPMENT ASSOC INC C/O ML ESTY 4701 WILLARD AVE 1035 CHEVY CHASE, MD 20815	27-0496747	501(c)(3)	75,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NEW YORK COUNTY LAWYERS' ASSOCIATION 14 VESEY ST NEW YORK, NY 10007	13-5273040	501(c)(3)	15,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ONE MIND FOR RESEARCH INC 120 LAKESIDE AVE STE 130 SEATTLE, WA 98122	80-0777581	501(c)(3)	3,500,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
OPERATION HOMEFRONT 1355 CENTRAL PARKWAY S STE 100 SAN ANTONIO, TX 78232	32-0033325	501(c)(3)	2,927,190				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PAT TILLMAN FOUNDATION 2107 N JEFFERSON ST STE 602 CHICAGO, IL 60661	20-1072336	501(c)(3)	250,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
QUALITY OF LIFE FOUNDATION INC 2750 KILLARNEY DRIVE WOODBIDGE, VA 22192	26-1820245	501(c)(3)	250,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
RECOVERY RESOURCE COUNCIL 2700 AIRPORT FREEWAY FORT WORTH, TX 76111	75-6005093	501(c)(3)	150,138				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ROCK 4 RECOVERY INC 1370 AFTON ST 815 HOUSTON, TX 77055	90-0843832	501(c)(3)	10,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SERVICES FOR THE UNDERSERVED INC 305 SEVENTH AVE 10TH FLOOR NEW YORK, NY 10001	91-1918247	501(c)(3)	125,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
STUDENT VETERANS OF AMERICA 1625 K NW SUITE 320 WASHINGTON, DC 20006	26-1971279	501(C)(3)	250,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SYRACUSE UNIVERSITY COMPTROLLERS OFFICE SYRACUSE, NY 143225300	15-0532081	501(c)(3)	125,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TEAM RED WHITE AND BLUE 350 MAIN ST STE 400 ANN ARBOR, MI 48104	27-2196347	501(c)(3)	125,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH P O BOX 31358 AUGUSTA, GA 30903	58-2184345	501(c)(3)	1,600,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE JUBILEE FOUNDATION INC PO BOX 609 BALD KNOB, AR 72010	51-0178135	501(c)(3)	25,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS INC 3033 WILSON BLVD STE 630 ARLINGTON, VA 22201	92-0152208	501(c)(3)	250,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TRUSTEES OF PURDUE UNIVERSITY 401 S GRANT ST WEST LAFAYETTE, IN 47907	35-6002041	501(c)(3)	250,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNITED STATES VETERANS INITIATIVE 800 WEST 6TH ST STE 1505 LOS ANGELES, CA 90017	95-4382752	501(c)(3)	250,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNITED WAR VETERANS COUNCIL 346 BROADWAY SUITE 807 NEW YORK, NY 10013	13-3793337	501(c)(3)	250,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
VAIL VETERANS FOUNDATION INC DBA VAIL VETERANS PRO 12 VAIL ROAD STE 200 PO BOX 6473 VAIL, CO 81657	20-5254885	501(c)(3)	100,000				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
VETERANS ONE-STOP CENTER OF WNY INC 1416 MAIN STREET BUFFALO, NY 14209	45-5098692	501(c)(3)	87,500				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
VETERNS OF FOREIGN WARS FOUNDATION 406 W 34TH ST STE 920 KANSAS CITY, MO 64111	43-1758998	501(c)(3)	443,145				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
VIRTUALLY BETTER 2440 LAWRENCEWILLE HIGHWAY STE 200 DECATUR, GA 30033	58-2258285	501(c)(3)	54,335				SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WOUNDED WARRIOR PROJECT LT SUPPORT TRUST 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	37-6558533	501(c)(3)	28,000,000				SEE PART IV

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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

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

▶ **Attach to Form 990. ▶ See separate instructions.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Wounded Warrior Project Inc

Employer identification number

20-2370934

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

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

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENTS TO THE FOLLOWING RICHARD STIEGLITZ 53,077
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS COMPENSATION FOR THE ORGANIZATION'S CEO AND COO ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS COMPARABILITY DATA IS USED IN DETERMINING THE BONUSES COMPENSATION FOR ALL THE OTHER OFFICERS IS APPROVED BY THE CEO AND COO IN CONJUNCTION WITH THE HUMAN RESOURCES DEPARTMENT COMPARABILITY DATA IS ALSO USED IN DETERMINING THE BONUSES THE ORGANIZATION DOCUMENTS THE BASIS FOR ITS COMPENSATION DETERMINATIONS IN THE ORGANIZATION'S MEETING MINUTES OR OTHER INTERNAL DOCUMENTS, WHICH ARE CREATED AT THE TIME COMPENSATION IS APPROVED AND REFLECT THE REASONS UNDERLYING PARTICULAR COMPENSATION DETERMINATIONS
SCHEDULE J, PART II, LINES 1 AND 2	OTHER REPORTABLE COMPENSATION MR NARDIZZI AND MR GIORDANO RECEIVED \$33,015 AND \$19,030 RESPECTIVELY IN PAYMENTS RELATED TO A SALARY INCREASE FOR THE FIRST QUARTER OF FISCAL YEAR 2013 THAT WAS PAID RETROACTIVELY IN CALENDAR YEAR 2013 DUE TO THE TIMING OF THEIR PERFORMANCE EVALUATIONS SINCE COMPENSATION IS REPORTED ON A CALENDAR YEAR BASIS ON SCHEDULE J OF THE 990, THE PAYMENTS ARE REFLECTED IN THE CURRENT 990 RATHER THAN THE 990 FOR FISCAL YEAR 2013

Additional Data

Software ID:
Software Version:
EIN: 20-2370934
Name: Wounded Warrior Project Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Steven Nardizzi Chief Executive Officer	(i) (ii)	352,000 0	88,000 0	33,015 0	10,200 0	13,200 0	496,415 0	0 0
Albion Giordano Chief Operating Officer	(i) (ii)	280,000 0	70,000 0	19,030 0	9,315 0	18,984 0	397,329 0	0 0
Ronald W Burgess Chief Financial Officer	(i) (ii)	199,792 0	35,200 0	0 0	9,495 0	13,124 0	257,611 0	0 0
Jeremy Chwat Chief Program Officer	(i) (ii)	216,500 0	46,250 0	0 0	3,684 0	18,949 0	285,383 0	0 0
Adam Silva Chief Development Officer	(i) (ii)	209,346 0	43,125 0	0 0	7,151 0	18,932 0	278,554 0	0 0
John T Hamre III Direct Response EVP	(i) (ii)	144,721 0	20,475 0	0 0	3,304 0	6,650 0	175,150 0	0 0
Ryan Clement Pavlu Warrior Engagement EVP	(i) (ii)	133,250 0	23,000 0	0 0	7,813 0	8,315 0	172,378 0	0 0
Ralph J Ibson National Policy Director	(i) (ii)	133,500 0	19,500 0	0 0	6,120 0	11,792 0	170,912 0	0 0
Bruce G Nitsche Special Projects EVP	(i) (ii)	127,019 0	24,000 0	0 0	5,681 0	6,576 0	163,276 0	0 0
John W Roberts WARRIOR RELATIONS EVP	(i) (ii)	123,230 0	24,000 0	0 0	5,889 0	18,662 0	171,781 0	0 0
John M Molino Programs Chief of Staff	(i) (ii)	140,175 0	25,935 0	0 0	6,644 0	831 0	173,585 0	0 0
Richard A Stieglitz Physical Hlth & Wellness EVP	(i) (ii)	161,131 0	0 0	53,077 0	0 0	16,599 0	230,807 0	0 0

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	293	14,390,944	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EQUIPMENT)	X	30	1,851,733	FAIR MARKET VALUE
26 Other ▶ (EVENT TICKETS)	X	833	1,320,155	FAIR MARKET VALUE
27 Other ▶ (SUPPLIES)	X	314	1,012,732	FAIR MARKET VALUE
28 Other ▶ (PROMOTIONAL ITEMS)	X	36	869,857	FAIR MARKET VALUE
Other ▶ (BACKPACKS)	X	12	289,682	FAIR MARKET VALUE
Other ▶ (AUCTION ITEMS)	X	104	95,224	FAIR MARKET VALUE
Other ▶ (ALUMNI MEMBERSHIP)	X	5	81,865	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 through 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?		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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		

Part III Supplemental Information. 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.

Return Reference	Explanation
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Schedule M (Form 990) (2013)

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 to provide any additional information.**

▶ Attach to Form 990 or 990-EZ.

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

2013

**Open to Public
Inspection**

Name of the organization
Wounded Warrior Project Inc

Employer identification number

20-2370934

Return Reference	Explanation	
Form 990, Part III, Line 4D		<p>OTHER PROGRAM SERVICE DESCRIPTIONS</p> <p>SOLDIER RIDE - SOLDIER RIDE PROVIDES ADAPTIVE CYCLING OPPORTUNITIES ACROSS THE COUNTRY FOR WOUNDED WARRIORS. THE RIDES ARE TYPICALLY THREE TO FIVE DAYS LONG AND ARE GEARED TOWARD WARRIORS OF ALL ABILITIES. ADAPTIVE AND STANDARD CYCLING EQUIPMENT IS PROVIDED TO WARRIORS BASED ON THE TYPE OF INJURY. IN ADDITION TO THE PHYSICAL BENEFIT, SOLDIER RIDE HELPS RAISE PUBLIC AWARENESS OF THE CHALLENGES WARRIORS FACE TODAY THROUGH EVENTS HELD THROUGHOUT THE RIDE. WARRIORS WILL HAVE THE OPPORTUNITY TO TAKE PART IN ANNUAL EVENTS, WHICH WILL CHALLENGE THEM PHYSICALLY AND MENTALLY, FROM THE SOUTH LAWN OF THE WHITE HOUSE TO LOCAL COMMUNITIES ACROSS THE NATION.</p> <p>BENEFIT SERVICES - To help warriors make the most of their benefits and successfully transition to life after injury, WWP provides the tools they need to become financially secure. Unlike traditional models of veterans' services, WWP identifies the warrior's individual needs, in addition to providing economic empowerment. The Benefits Services team ensures warriors and their families have information and access to government benefits, as well as WWP's full range of programs and the community resources necessary for successful transition to life after injury. A key part of this program is support and education for warriors, as well as their family members and caregivers. WWP advises warriors on their benefits, along with information on how to access those services through the Department of Defense (DOD) and Department of Veterans Affairs (VA). WWP service personnel work closely with each agency so they can walk warriors through every step of the process. When a claim is filed, WWP makes sure it is processed correctly the first time and guides injured service members through this crucial part of their transition.</p> <p>TRACK - TRACK is the first education center in the nation specifically for Wounded Warriors. TRACK is focused on providing college and employment access to Wounded Warriors through its intensive and holistic training experience for the mind, body, and spirit. The 12-month program provides wounded warriors a jump-start on meeting their educational goals, while also supporting goals around personal health and wellness, mental health and career development.</p> <p>FAMILY SUPPORT SERVICES - The Family Support Services program provides support and respite programs for a Wounded Warrior's family members and/or caregiver. When a service member is wounded, the injury places tremendous stress on the individual's family members, many of whom face a new role as full-time caregiver and advocate for their recovery. These caregivers are integral to the warrior's successful recovery and, as such, need special programs and services to address their unique concerns and needs.</p> <p>INTERNATIONAL SERVICES - Landstuhl Regional Medical Center is one of the first locations warriors are transported to once injured. Most of the time during transport, their belongings are not transported with them. WWP provides comfort items such as jackets, sweatpants, t-shirts, and blankets to warriors before they are flown back to the states. WWP wants to make their stay and travel back to the United States of America as comfortable as possible. For warriors stationed at the warrior transition units in Europe, WWP has multiple programs in place, including Benefits counseling, Transition Training Academy, Soldier Ride and Combat Stress Recovery.</p> <p>WWP PACKS - WWP Packs contain essential care and comfort items including clothing, toiletries, playing cards, and more, all designed to make a warrior's hospital stay more comfortable. Backpacks are provided to wounded service members arriving at military trauma centers across the United States. Injured warriors overseas who are evacuated from field hospitals to larger military treatment facilities stateside or abroad receive a smaller version of the WWP backpack, known as Transitional Care Packs (TCPs), for immediate comfort.</p> <p>WARRIORS TO WORK - Warriors To Work is one of the cornerstones of WWP's efforts to achieve its strategic goal of economically empowering Wounded Warriors. This program assists Wounded Warriors with their transition to the workforce. It offers a complete package of employment assistance services including resume assistance, interviewing skills, networking, job training, and job placement. The program staff provides continued individual counseling and personal support to all program participants as they strive to build a career in the civilian workforce.</p> <p>WARRIORS SPEAK - The Warriors Speak program is a prestigious group of Wounded Warriors and caregivers who have been selected to share their personal, inspirational stories of courage and integrity with the public. The speakers also describe how WWP has aided them in the recovery process and helped them transition back to civilian life. Participants are trained to become effective spokespersons through the Warriors Speak course, which includes tools to help them orga</p>

Return Reference	Explanation	
Form 990, Part III, Line 4D		<p>nize thoughts, compose presentations, and communicate successfully. The training provides important life skills that help warriors succeed socially, at their workplace, and as community leaders.</p> <p>TRANSITION TRAINING ACADEMY - Transition Training Academy (TTA) provides innovative information technology training to Wounded Warriors who are still on active duty. TTA classes are taught in a modified classroom setting with flexible class schedules to accommodate participants' medical and duty requirements during rehabilitation in military treatment facilities.</p> <p>PEER SUPPORT - Peer Support is the programmatic embodiment of WWP's logo, fostering relationships that enable one warrior to help another through the recovery process. The WWP peer support program mentors are trained to be resources, listeners, and "hospital buddies," who can share their understanding and perspective. WWP's goal of Peer Support is for the warrior being mentored to eventually mentor a fellow warrior - embodying the Wounded Warrior Project mission and logo.</p> <p>EDUCATION SERVICES - The Education Services program prepares warriors for success by helping them achieve their educational goals. Wounded Warriors have different needs than typical students because of the institutional and social obstacles they might face due to combat stress, accessibility to learning models, and social instability because of social experiences.</p> <p>WWP TALK - WWP Talk provides telephonic, emotional support to Wounded Warrior Project alumni and helps bridge the gap that may prevent participation in other programs. This helpline was created for wounded service members living with PTSD, depression, combat stress, or other mental health conditions. Together, the warrior and WWP Talk teammates develop coping strategies to help the warrior overcome challenges and learn to thrive again despite invisible wounds.</p> <p>INDEPENDENCE PROGRAM - The Independence Program helps warriors live life to the fullest, on their own terms. It is designed for warriors who rely on their families and/or caregivers because of moderate to severe brain injury, spinal-cord injury, or other neurological conditions. In addition, the warriors' cognitive or physical challenges limit their opportunities to access resources and activities in their own community. The Independence Program is a team effort, bringing together the warrior and his or her full support team while creating an individualized plan for each warrior focusing on goals that provide a future with purpose at no cost to the warrior and his or her support team. Its designed as a comprehensive long-term partnership intended to adapt to the warriors ever-changing needs. The Independence Program provides support and training for involvement in meaningful activities, including social and recreational, wellness, volunteer work, education, and other living skills. The Long-Term Support Trust provides funds to ensure services including life-skills training, home care, transportation, and residential options remain available to the severely wounded, who upon the loss of their caregiver, is at risk for institutionalization. The goal is to empower each warrior to live as independently as possible, with the highest quality of life and finest, most compassionate care possible.</p>

Return Reference	Explanation
Form 990, Part VI, Line 2	FAMILY RELATIONSHIPS A BUSINESS RELATIONSHIP EXISTS BETWEEN WOUNDED WARRIOR PROJECT BOARD DIRECTORS CHARLES BATTAGLIA AND ANTHONY PRINCIPI INDEPENDENT OF WOUNDED WARRIOR PROJECT

Return Reference	Explanation
Form 990, Part VI, Line 4	<p>SIGNNIFICANT CHANGES TO GOVERNING DOCUMENTS In March 2014, the WWP Board of Directors amended its bylaws to accurately reflect the current practices and intentions of the Board, and provide clarity and limit ambiguity For example, although WWP filed amended articles to change its legal name in 2009, subsequent bylaw amendments did not incorporate the legal name change In 2014, WWP further amended its bylaws to limit references to practices that would be applicable if WWP was a membership organization, which it is not WWP eliminated references to non-voting directors and ex-officio members Under the new bylaws, we have clarified that the Board is made up of nine Directors (which will be accomplished by 2016), all of whom have a vote WWP further clarified who is an officer of the corporation Under the new bylaws, the Board President becomes the Chair of the Board, the Vice President becomes the Vice Chair, and the Secretary remains the same These positions can only be occupied by Board members under our bylaws The Executive Director is now the CEO and the Deputy Executive Director is the Chief Operating Officer The CEO and COO are officers of the corporation appointed by the Board, and their respective duties are listed in the Amended and Restated Bylaws The CEO can appoint others to be officers, like the CFO WWP also amended its audit committee charter to incorporate risk functions the audit and risk committee is undertaking</p>

Return Reference	Explanation
Form 990, Part VI, Line 11b	FORM 990 REVIEW PROCESS FORM 990 IS PREPARED BASED ON INFORMATION PROVIDED BY MANAGEMENT BY AN EXTERNAL SERVICE FIRM WHO ALSO REVIEWS THE DOCUMENT THE AUDIT COMMITTEE REVIEWS THE FORM 990 AND IF THEY APPROVE IT, IT IS RECOMMENDED TO THE FULL BOARD FOR REVIEW AND APPROVAL FOLLOWING FULL BOARD APPROVAL, THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
Form 990, Part VI, Line 12c	CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH POWERS DELEGATED BY THE BOARD SHALL ANNUALLY SIGN A STATEMENT THAT AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CORPORATION'S CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE CORPORATION'S POLICY, HAS AGREED TO COMPLY WITH THE CORPORATION'S POLICY AND UNDERSTANDS THE CORPORATION IS A NONPROFIT CORPORATION AND, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. NONCOMPLIANCE WITH THE POLICY IS DEALT WITH EXPEDITIOUSLY

Return Reference	Explanation
Form 990, Part VI, Line 15a	PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO AND COO IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. COMPARABILITY DATA IS USED IN DETERMINING THESE SALARIES. COMPENSATION FOR ALL THE OTHER OFFICERS IS APPROVED BY THE CEO AND COO IN CONJUNCTION WITH THE HUMAN RESOURCES DEPARTMENT. COMPARABILITY DATA IS ALSO USED IN DETERMINING THESE SALARIES. THE ORGANIZATION DOCUMENTS THE BASIS FOR ITS COMPENSATION DETERMINATIONS IN THE ORGANIZATION'S MEETING MINUTES OR OTHER INTERNAL DOCUMENTS, WHICH ARE CREATED AT THE TIME COMPENSATION IS APPROVED AND REFLECT THE REASONS UNDERLYING PARTICULAR COMPENSATION DETERMINATIONS.

Return Reference	Explanation
Form 990, Part VI, Line 19	HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC FORM 990 AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE. ALL OTHER DATA IS AVAILABLE UPON REQUEST AT MANAGEMENT'S DISCRETION FROM THE CORPORATE HEADQUARTERS AT 4899 BELFORT ROAD, SUITE 300, JACKSONVILLE, FL 32256

Return Reference	Explanation
Form 990, Part XII, Line 2c	OVERSIGHT PROCESS THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW OR COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THE AUDIT COMMITTEE HAS NOT UNDERGONE ANY OVERSIGHT OR SELECTION PROCESS CHANGES SINCE THE PREVIOUS YEAR DURING FISCAL YEAR 2014, THE AUDIT COMMITTEE APPROVED THE CHANGE IN INDEPENDENT AUDITOR AND TAX ADVISOR

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING AND OUTSIDE SVCS TOTAL FEES 55642808

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Wounded Warrior Project Inc

Employer identification number

20-2370934

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

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

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

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

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**

TY 2013 AffiliatedGroupAttachment

Name: Wounded Warrior Project Inc

EIN: 20-2370934

Explanation: WOUNDED WARRIOR PROJECT LT SUPPORT TRUST EIN: 37-6558533 ADDRESS: 100 SOUTH WEST STREET, WILMINGTON, DE 19801 EXPENSES: NONE SHARE OF EXCESS LOBBYING EXPENDITURES: NONE