

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: Wounded Warrior Project Inc
% ERIC MILLER
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

F Name and address of principal officer: michael linnington, 4899 Belfort Road, Jacksonville, FL 32256

H(a) Is this a group return for subordinates? No Yes
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

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

J Website: www.woundedwarriorproject.org

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: 2005 **M** State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF WOUNDED WARRIOR PROJECT (WWP) IS TO HONOR AND EMPOWER WOUNDED WARRIORS				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	733		
	6 Total number of volunteers (estimate if necessary)	6	1,359		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0			
b Net unrelated business taxable income from Form 990-T, line 34	7b				
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	372,546,396	Current Year	302,707,725
	9 Program service revenue (Part VIII, line 2g)		0		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,351,364		7,201,279
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,800,427		11,898,424
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		398,698,187		321,807,428
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		87,567,288		35,813,473
14 Benefits paid to or for members (Part IX, column (A), line 4)			0		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			46,163,648		52,735,573
16a Professional fundraising fees (Part IX, column (A), line 11e)			7,453,364		6,709,578
b Total fundraising expenses (Part IX, column (D), line 25) ▶69,367,589					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			210,490,923		206,981,490
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		351,675,223		302,240,114	
19 Revenue less expenses Subtract line 18 from line 12		47,022,964		19,567,314	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	310,997,780	End of Year	337,581,401
	21 Total liabilities (Part X, line 26)		28,886,992		23,374,020
	22 Net assets or fund balances Subtract line 21 from line 20		282,110,788		314,207,381

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: 2017-04-14
ERIC S MILLER CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Dawn M Olivardia
Preparer's signature: Dawn M Olivardia
Date:
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: (407) 481-5100

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

THE MISSION OF WWP IS TO HONOR AND EMPOWER WOUNDED WARRIORS WWP CONNECTS WOUNDED WARRIORS AND THEIR FAMILIES TO VALUABLE RESOURCES AND ONE ANOTHER, SERVES THEM THROUGH A VARIETY OF FREE PROGRAMS AND SERVICES, AND EMPOWERS THEM TO LIVE LIFE ON THEIR OWN TERMS

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 \$ 57,903,991 including grants of \$ 6,293,593) (Revenue \$)

ALUMNI - THE ALUMNI PROGRAM PROVIDES LONG-TERM SUPPORT AND CAMARADERIE FOR WOUNDED WARRIORS THROUGH COMMUNICATION, EVENTS AND NETWORKING THE ALUMNI PROGRAM OFFERS A WIDE RANGE OF ACTIVITIES INCLUDING EDUCATIONAL SESSIONS, PERSONAL AND PROFESSIONAL DEVELOPMENT SUMMITS, SPORTING EVENTS AND RECREATIONAL ACTIVITIES THAT PROVIDE INDIVIDUALS A CHANCE TO ENGAGE WITH OTHER WOUNDED WARRIORS THE ALUMNI PROGRAM ALSO IDENTIFIES, TRAINS, AND CHALLENGES LEADERS WITHIN THE WOUNDED WARRIOR POPULATION TO SUPPORT THEIR PEERS IN THEIR CONTINUED PATH TOWARD PHYSICAL HEALTH AND WELL-BEING FOR MORE INFORMATION SEE SCHEDULE O

4b (Code) (Expenses \$ 48,477,647 including grants of \$ 22,129,937) (Revenue \$)

Combat Stress Recovery - The Combat Stress Recovery Program ("CSR") addresses the mental health and cognitive needs of returning service members and those that have already made the transition back to civilian life The CSR responds to the mental health needs of our warriors by addressing several key issues linked to combat stress, including Post Traumatic Stress Disorder ("PTSD"), the stigma attached to mental health, access to care, and interpersonal relationship challenges CSR services include Project Odyssey, Continued Care and the Warrior Care Network For more information see Schedule O

4c (Code) (Expenses \$ 23,520,481 including grants of \$ 471,918) (Revenue \$)

INDEPENDENCE PROGRAM - THE INDEPENDENCE PROGRAM HELPS WARRIORS LIVE LIFE TO THE FULLEST, ON THEIR OWN TERMS IT IS DESIGNED FOR THE MOST SEVERELY WOUNDED WARRIORS WHO RELY ON THEIR FAMILIES AND/OR CAREGIVERS BECAUSE OF MODERATE TO SEVERE BRAIN INJURY, SPINAL-CORD INJURY, OR OTHER NEUROLOGICAL CONDITIONS IN ADDITION, THE WARRIOR'S COGNITIVE OR PHYSICAL CHALLENGES LIMIT THEIR OPPORTUNITIES TO ACCESS RESOURCES AND ACTIVITIES IN THEIR OWN COMMUNITY FOR MORE INFORMATION SEE SCHEDULE O

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses \$ 83,170,023 including grants of \$ 6,918,025) (Revenue \$)

4e Total program service expenses ▶ 213,072,142

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>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
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>		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>	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>		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>		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>		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>		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>		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>	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>	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>		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>		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>		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>		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>	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>		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>	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>	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>		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>		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</i> (see instructions)	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>	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>		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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," 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

Table with columns for question number, description, and Yes/No boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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; 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; 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, address, and telephone number of the person who possesses the organization's books and records.

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							4,051,064	0	376,991	

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 **▶ 32**

	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>	3 Yes	
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>	4 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>	5	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
RESOURCE ONE, 2900 East APACHE Street TULSA, OK 74110	DIRECT RESPONSE	37,381,182
CREATIVE DIRECT RESPONSE INC, 16900 SCIENCE DRIVE SUITE 210 BOWIE, MD 20715	DIRECT RESPONSE	28,557,857
PRINT MAIL, 4333 DAVENPORT ROAD FEDERICKSBURG, VA 22408	DIRECT RESPONSE	7,343,664
NEURO COMMUNITY CARE, 12520 CAPITAL Boulevard Suite 401-1 WORK FOREST, NC 27587	INDEPENDENCE PROGRAM	6,259,512
NATIONAL FUNRAISING LIST, 16900 SCIENCE DRIVE SUITE 210 BOWIE, MD 20715	DIRECT RESPONSE	5,769,422

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 **▶ 128**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	3,802,998				
	b	Membership dues 1b					
	c	Fundraising events 1c	49,931				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	298,854,796				
	g	Noncash contributions included in lines 1a-1f \$	3,768,168				
	h	Total. Add lines 1a-1f ▶		302,707,725			
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) ▶		6,736,687		6,736,687	
	4	Income from investment of tax-exempt bond proceeds . . . ▶		0			
	5	Royalties ▶		9,677,044		9,677,044	
	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	157,547,813	7,300		
			(ii) Other				
			b Less cost or other basis and sales expenses	156,820,151	270,370		
			c Gain or (loss)	727,662	-263,070		
	d	Net gain or (loss) ▶		464,592		464,592	
	8a	Gross income from fundraising events (not including \$ <u>49,931</u> of contributions reported on line 1c) See Part IV, line 18 a					
			b Less direct expenses b	47,733	26,398		
			c Net income or (loss) from fundraising events . . . ▶		21,335		21,335
	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	900099	1,795,130		1,795,130		
b	REBATES	900099	404,915		404,915		
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶		2,200,045				
12	Total revenue. See Instructions ▶		321,807,428		19,099,703		

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 domestic organizations and domestic governments See Part IV, line 21	35,197,786	35,197,786		
2	Grants and other assistance to domestic individuals See Part IV, line 22	615,687	615,687		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	2,511,939	910,734	947,275	653,930
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	35,162,717	30,310,952	1,942,899	2,908,866
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,128,578	952,708	74,801	101,069
9	Other employee benefits	10,462,542	8,832,131	693,446	936,965
10	Payroll taxes	3,469,797	2,929,087	229,975	310,735
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,715,700		1,715,700	
c	Accounting	294,551		294,551	
d	Lobbying	130,000	130,000		
e	Professional fundraising services See Part IV, line 17	6,709,578			6,709,578
f	Investment management fees	533,991		533,991	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,432,491	1,231,251	5,152,964	48,276
12	Advertising and promotion	3,360,143	2,801,523	96,391	462,229
13	Office expenses	2,221,664	1,503,556	447,960	270,148
14	Information technology	1,914,697	1,227,207	567,138	120,352
15	Royalties	0			
16	Occupancy	8,874,132	5,854,490	2,491,021	528,621
17	Travel	4,412,955	3,960,441	166,297	286,217
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,120,004	1,389,662	354,786	375,556
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,699,151	3,769,416	1,591,915	337,820
23	Insurance	699,990	463,536	195,060	41,394
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	WARRIOR EVENTS & ACTIVITIES	29,496,122	29,496,122		
b	DIRECT RESPONSE TV & ONLINE	16,626,950	10,185,589		6,441,361
c	PROGRAM/OTHER PROVIDER SVCS	52,140,991	47,082,694	970,141	4,088,156
d	POSTAGE & SHIPPING	36,243,131	12,720,937	208,403	23,313,791
e	All other expenses	34,064,827	11,506,633	1,125,669	21,432,525
25	Total functional expenses. Add lines 1 through 24e	302,240,114	213,072,142	19,800,383	69,367,589
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)	50,388,889	29,566,395		20,822,494

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	75,062,881	1	33,922,227
	2 Savings and temporary cash investments	306,262	2	20,583,110
	3 Pledges and grants receivable, net	4,286,599	3	11,353,323
	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	2,574,485	8	3,622,537
	9 Prepaid expenses and deferred charges	17,402,679	9	8,490,976
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 29,718,775		
	b Less accumulated depreciation	10b 17,806,996	16,359,127	10c 11,911,779
	11 Investments—publicly traded securities	193,249,779	11	245,953,423
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	1,755,968	15	1,744,026
16 Total assets. Add lines 1 through 15 (must equal line 34)	310,997,780	16	337,581,401	
Liabilities	17 Accounts payable and accrued expenses	28,886,992	17	23,374,020
	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	28,886,992	26	23,374,020
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	280,138,655	27	308,779,063
	28 Temporarily restricted net assets	972,133	28	4,428,318
	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	282,110,788	33	314,207,381	
34 Total liabilities and net assets/fund balances	310,997,780	34	337,581,401	

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	321,807,428
2	Total expenses (must equal Part IX, column (A), line 25)	2	302,240,114
3	Revenue less expenses Subtract line 2 from line 1	3	19,567,314
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	282,110,788
5	Net unrealized gains (losses) on investments	5	9,294,468
6	Donated services and use of facilities	6	3,234,811
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	314,207,381

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)

(Code) (Expenses \$	15,838,698	including grants of \$	1,595,985) (Revenue \$)
BENEFITS SERVICE				
(Code) (Expenses \$	15,193,100	including grants of \$	466,038) (Revenue \$)
PHYSICAL HEALTH AND WELLNESS				

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

(Code) (Expenses \$	14,428,178	including grants of \$	520,377	) (Revenue \$
SOLDIER RIDE)

(Code) (Expenses \$	8,818,303	including grants of \$	347,358	) (Revenue \$
WARRIORS TO WORK)

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

(Code) (Expenses \$ 5,958,563 including grants of \$ 521,478) (Revenue \$)
PEER SUPPORT

(Code) (Expenses \$ 5,205,809 including grants of \$ 2,528,964) (Revenue \$)
INTERNATIONAL SUPPORT

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

(Code	) (Expenses \$	4,770,788	including grants of \$	714,806	) (Revenue \$)
TRACK						

(Code	) (Expenses \$	4,472,279	including grants of \$	74,340	) (Revenue \$)
TRANSITION TRAINING ACADEMY						

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

(Code) (Expenses \$	3,389,620	including grants of \$	49,559	) (Revenue \$
WWP TALK)

(Code) (Expenses \$	2,091,820	including grants of \$	49,560	) (Revenue \$
WARRIORS SPEAK)

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

(Code	) (Expenses \$	1,765,241	including grants of \$	49,560	) (Revenue \$)
WWP PACKS						

(Code	) (Expenses \$	1,237,624	including grants of \$		) (Revenue \$)
EDUCATION SERVICES						

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Anthony K Odierno Chair	5 0 0 0	X		X				0	0	0
Guy H McMichael III Vice Chair	5 0 0 0	X		X				0	0	0
Roger C Campbell Secretary	5 0 0 0	X		X				0	0	0
Justin Constantine Director	5 0 0 0	X						0	0	0
Richard M Jones Director	5 0 0 0	X						0	0	0
KenNETH Fisher Director	5 0 0 0	X						0	0	0
Richard T Tryon Director	5 0 0 0	X						0	0	0
Robert L Nardelli Director (THROUGH 6/16)	5 0 0 0	X						0	0	0
Michael S Lnnington CEO (eff 7/16)	50 0 0 0			X				0	0	0
Ronald W Burgess CFO	50 0 0 0			X				317,777	0	28,765

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Gary A Corless CHF DEVELOPMENT OFCR(EFF 1/16)	50 0 0 0			X				130,418	0	18,700
Jennifer M Silva Chf Program Ofcr (eff 8/16)	50 0 0 0			X				194,913	0	32,770
Charles W Fletcher Interim COO (4/16 - 9/16)	50 0 0 0			X				0	0	0
Steven F Nardizzi CEO (through 3/16)	50 0 0 0			X				575,470	0	29,081
Albion J Giordano COO (Through 3/16)	50 0 0 0			X				384,422	0	36,483
Jeremy M Chwat chf strategy ofcr (thru 9/16)	50 0 0 0			X				327,095	0	29,540
Adam Silva chf program ofcr (thru 5/16)	50 0 0 0			X				329,645	0	8,826
Michael C Richardson VP Independence & Mental Hlth	50 0 0 0				X			182,167	0	24,190
John T Hamre III VP Direct Response	50 0 0 0				X			209,260	0	16,880
Jonathan B Sullivan VP ECONOMIC EMPOWERMENT	50 0 0 0				X			204,151	0	33,881

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.

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

2015

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	148,185,045	225,418,220	312,471,011	372,546,396	302,707,725	1,361,328,397
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	148,185,045	225,418,220	312,471,011	372,546,396	302,707,725	1,361,328,397
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						1,361,328,397

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	148,185,045	225,418,220	312,471,011	372,546,396	302,707,725	1,361,328,397
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,578,957	8,529,307	14,314,117	16,554,494	16,413,731	60,390,606
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 VI.)	1,150,561	594,472	548,015	1,915,562	2,247,778	6,456,388
11 Total support. Add lines 7 through 10						1,428,175,391

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	95.319%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	95.664%

16a 33 1/3% support test—2015. 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—2014. 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—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014. 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 VI 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
11	Has the organization accepted a gift or contribution from any of the following persons?		
11a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11b	A family member of a person described in (a) above?		
11c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** **Activities Test. Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** **Parent of Supported Organizations. Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
 Internal Revenue Service

Political Campaign and Lobbying Activities

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

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2015

Open to Public Inspection

- If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

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

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

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

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

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)	20,000													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	110,000													
c	Total lobbying expenditures (add lines 1a and 1b)	130,000													
d	Other exempt purpose expenditures	302,110,114													
e	Total exempt purpose expenditures (add lines 1c and 1d)	302,240,114													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1"> <thead> <tr> <th align="left">If the amount on line 1e, column (a) or (b) is:</th> <th 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?														

Y e s **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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(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	256,250	301,250	125,000	130,000	812,500
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	20,000

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

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

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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	1,205,183	1,302,411	1,242,630	1,184,673	1,046,319
b Contributions					
c Net investment earnings, gains, and losses	100,374	-34,747	120,099	115,884	188,354
d Grants or scholarships		62,481	60,318	57,927	50,000
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,305,557	1,205,183	1,302,411	1,242,630	1,184,673

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 ▶ 76.600 %
 - c** Temporarily restricted endowment ▶ 23.400 %
- The percentages on 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" on 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)	Accumulated (c) depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		7,808,675	4,537,393	3,271,282
d Equipment		1,080,269	1,026,463	53,806
e Other		20,829,831	12,243,140	8,586,691
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				11,911,779

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	401,396,696
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	9,294,468
b	Donated services and use of facilities	2b	66,442,052
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	4,386,739
e	Add lines 2a through 2d	2e	80,123,259
3	Subtract line 2e from line 1	3	321,273,437
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	533,991
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	533,991
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	321,807,428

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	365,176,434
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	63,207,241
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	263,070
e	Add lines 2a through 2d	2e	63,470,311
3	Subtract line 2e from line 1	3	301,706,123
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	533,991
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	533,991
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	302,240,114

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, 2016 PERMANENTLY RESTRICTED \$1,000,000 TEMPORARILY RESTRICTED \$305,557

Part XIII Supplemental Information (continued)

Return Reference	Explanation
Schedule D, Part XI, Line 2D	OTHER RECONCILING ITEMS \$263,070 - LOSS ON DISPOSAL OF ASSETS SHOWN AS AN EXPENSE ON THE AUDITED FINANCIAL STATEMENTS \$4,123,669 - INCOME EARNED BY THE WOUNDED WARRIOR LONG TERM SUPPORT TRUST SHOWN ON A CONSOLIDATED BASIS FOR FINANCIAL STATEMENT PURPOSES
Schedule D, Part XII, Line 2D	OTHER RECONCILING ITEMS \$263,070 - LOSS ON DISPOSAL 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

2015

**Open to Public
Inspection**

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

▶ **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
Europe (Including Iceland and Greenland)		2	Program Services	See Part V	5,205,859
3a Sub-total		2			5,205,859
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		2			5,205,859

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)

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

3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* 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, do not file with Form 990)* 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 2	<p>PROCEDURE FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE U S THE GRANTS/ASSISTANCE PAID ARE MONITORED BY THE PROGRAM DIRECTORS BASED ON THE CONTRACT/AGREEMENT REPORTS AND UPDATES</p> <p>ARE PROVIDED 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 MIDWAY THROUGH THE GRANT CYCLE A FINAL REPORT DETAILING THE EXPENDITURE AND OUTCOMES OF THE GRANT MUST BE SUBMITTED TO WOUNDED WARRIOR PROJECT PURSUANT TO EACH GRANT AGREEMENT</p>

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN E	DESCRIPTION OF ACTIVITY IN EUROPE INTERNATIONAL SUPPORT - THE INTERNATIONAL SUPPORT PROGRA M IS THE INITIAL CONTACT WOUNDED WARRIORS HAVE WITH WWP WHILE IN GERMANY AT LANDSTUHL REGI 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 HE WARRIOR TRANSITION UNITS IN EUROPE, WWP HAS MULTIPLE PROGRAMS IN PLACE INCLUDING BENEFI TS COUNSELING, SOLDIER RIDE AND COMBAT STRESS RECOVERY WWP ALSO RECOGNIZES THE EFFORTS OF THE HOSPITAL DOCTORS, NURSES, AND STAFF WITH MUCH NEEDED STRESS RELIEF EVENTS

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ
 Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BKV 3390 PEACHTREE ROAD 10TH FLOOR ATLANTA, GA 30326	DIRECT Response		No	12,000,441	1,629,091	10,371,350
CREATIVE DIRECT RESPONSE 16900 SCIENCE DRIVE SUITE 210 BOWIE, MD 20715	DIRECT Response		No	102,535,130	4,834,613	97,700,517
DONOR CARE CENTER INC 480 WTUSCARAWAS AVENUE 34D FLOOR BARBERTON, OH 44203	Telemarket Fundraising		No	31,163	25,874	5,289
CONSTELLATIONS GROUP ONE PENN PLAZA SUITE 3600 NEW YORK, NY 10119	In-Person		No		220,000	-220,000
Total				114,566,734	6,709,578	107,857,156

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" on 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)
		Babylon Ride (event type)	Hamptons Ride (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	42,841	22,204	32,619	97,664
	2 Less Contributions	13,399	8,019	28,513	49,931
	3 Gross income (line 1 minus line 2)	29,442	14,185	4,106	47,733
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,696		350	7,046
	7 Food and beverages		791	450	1,241
	8 Entertainment				
	9 Other direct expenses	4,026	8,070	6,015	18,111
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				26,398
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				21,335

Part III Gaming.

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

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

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

a Is the organization licensed to conduct 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 _____

11 Does the organization conduct 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 conducted 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(ii)(4)	Activities of Highest Paid Fundraisers Constellations Group The Constellations Group remained available to consult with wounded warrior project and advocate with potential influential supporters on wounded warrior projects's behalf DCCI DCCI contacted previous WWP donors who may have a continued interest in donating to WWP

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 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 18
3 Enter total number of other organizations listed in the line 1 table 1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) STUDENT WARRIOR GRANTS	66	615,687			

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 THE WOUNDED WARRIOR PROJECT AN INTERIM REPORT IS DUE MIDWAY THROUGH THE GRANT CYCLE A FINAL REPORT DETAILING THE EXPENDITURE AND OUTCOMES OF THE GRANT MUST BE SUBMITTED TO WOUNDED WARRIOR PROJECT PURSUANT TO EACH GRANT AGREEMENT SEE SCHEDULE O FOR GRANT DESCRIPTIONS</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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IRAQ AND AFGHANISTAN VETERANS OF AMERICA 292 MADISON AVE 10TH FLOOR NEW YORK, NY 10017	20-1664531	501(c)(3)	500,000				see schedule o
AMERICAN NATIONAL RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	53-0196605	501(c)(3)	2,329,404				see schedule o
BASTION COMMUNITY OF RESILIENCE 7506 ZIMPEL STREET NEW ORLEANS, LA 70118	27-4383654	501(c)(3)	125,000				see schedule o

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTERSTONE MILITARY SERVICES INC 1101 6TH AVE NORTH NASHVILLE, TN 37208	27-1934061	501(c)(3)	597,337				see schedule o
EMORY UNIVERSITY 201 DOWMAN DRIVE ATLANTA, GA 30322	58-0566256	501(c)(3)	5,175,000				see schedule o
BE THE CHANGE INC DBA GOT YOUR 6 200 CLARENDON STREET 44TH FLOOR BOSTON, MA 02116	26-0402451	501(c)(3)	500,000				see schedule o

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF 6720-A ROCKLEDGE DR BETHESDA, MD 20817	52-1317896	501(c)(3)	400,000				see schedule o
HILLVETS FOUNDATION 625 North WASHINGTON Street 425 ALEXANDRIA, VA 22314	47-3616097	501(c)(19)	50,000				see schedule o
LRMC FISHER HOUSES ATTN VIVIA L WILSON APO, AE 09180	11-3158401	501(c)(3)	150,000				see schedule o

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL 100 CAMBRIDGE ST STE 1310 BOSTON, MA 02114	04-1564655	501(c)(3)	5,175,000				see schedule o
MILITARY ADAPTIVE SPORTS 299 PARK AVENUE NEW YORK, NY 101713895	47-3944089	501(c)(3)	4,955,973				see schedule o
NATIONAL ASSOC OF COUNTIES RESEARCH FDN 25 MASSACHUSETTS AVENUE SUITE 500 WASHINGTON, DC 20001	53-0241255	501(c)(3)	62,000				see schedule o

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MILITARY FAMILY ASSOCIATION 3601 EISENHOWER AVE STE 425 ALEXANDRIA, VA 22034	52-0899384	501(c)(3)	1,250,000				see schedule o
OPERATION HOMEFRONT 1355 CENTRAL PARKWAY S STE 100 SAN ANTONIO, TX 78232	32-0033325	501(c)(3)	2,575,000				see schedule o
REGENTS UCLA DBA UCLA HEALTH SCIENCES DEVELOPMENT 11000 KINROSS AVE STE 211 LOS ANGELES, CA 90095	95-6006143	503(c)(3)	5,175,000				see schedule o

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUSH UNIVERSITY MEDICAL CENTER 1653 W CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(c)(3)	5,175,000				see schedule o
TRAVIS MANION FOUNDATION PO BOX 1485 DOYLESTOWN, PA 18901	41-2237951	501(c)(3)	125,000				see schedule 0
VAIL VETERANS FOUNDATION DBA VAIL VETERANS PROG 12 VAIL RoaD SuITE 200 PO BOX 6 VAIL, CO 81657	20-5254885	501(c)(3)	20,000				see schedule o

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS OF FOREIGN WARS FOUNDATION 200 Maryland Ave NE WASHINGTON, DC 20002	43-1758998	501(c)(3)	886,290				see schedule o

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

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

Name of the organization Wounded Warrior Project Inc	Employer identification number 20-2370934
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b 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.</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	Yes								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 on 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 in column(B) reported as deferred on 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 PAYMENT Peter Gaytan received a severance payment in calendar year 2015 of \$84,000. This amount has been reported in Schedule J, Part II, column (b)(iii).
Schedule J, Part I, Line 7	NON-FIXED PAYMENTS BONUSES FOR THE ORGANIZATION'S CEO AND COO ARE DETERMINED BY THE BOARD OF DIRECTORS. BONUSES FOR ALL OTHER OFFICERS, KEY EMPLOYEES AND EXECUTIVES ARE DETERMINED BY THE CEO AND COO, BASED ON RANGES SET BY THE BOARD OF DIRECTORS. BONUSES ARE BASED ON OBJECTIVE, INDIVIDUAL PERFORMANCE CRITERIA. COMPARABILITY DATA IS USED IN DETERMINING THE APPROPRIATE AND REASONABLE BONUS AMOUNTS FOR THE CEO, COO, OFFICERS, KEY EMPLOYEES AND EXECUTIVES. THE ORGANIZATION DOCUMENTS THE BASIS FOR ITS BONUS DETERMINATIONS IN MEETING MINUTES OR OTHER INTERNAL DOCUMENTS, WHICH ARE PREPARED AT THE TIME BONUSES ARE APPROVED, AND REFLECT THE REASONS UNDERLYING PARTICULAR BONUS DETERMINATIONS.

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 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Ronald W Burgess CFO	(i)	269,177	48,600	0	10,600	18,165	346,542	0
	(ii)	0	0	0	0	0	0	0
1 Jennifer M Silva Chf Program Ofcr (eff 8/16)	(i)	165,213	29,700	0	7,281	25,489	227,683	0
	(ii)	0	0	0	0	0	0	0
2 Steven F Nardizzi CEO (through 3/16)	(i)	479,886	95,584	0	10,600	18,481	604,551	0
	(ii)	0	0	0	0	0	0	0
3 Abion J Giordano COO (Through 3/16)	(i)	316,406	68,016	0	10,600	25,883	420,905	0
	(ii)	0	0	0	0	0	0	0
4 Jeremy M Chwat chf strategy ofcr (thru 9/16)	(i)	267,695	59,400	0	3,739	25,801	356,635	0
	(ii)	0	0	0	0	0	0	0
5 Adam Silva chf program ofcr (thru 5/16)	(i)	270,245	59,400	0	7,361	1,465	338,471	0
	(ii)	0	0	0	0	0	0	0
6 Michael C Richardson VP Independence & Mental Hlth	(i)	177,030	5,137	0	6,202	17,988	206,357	0
	(ii)	0	0	0	0	0	0	0
7 John T Hamre III VP Direct Response	(i)	190,260	19,000	0	7,315	9,565	226,140	0
	(ii)	0	0	0	0	0	0	0
8 Jonathan B Sullivan VP ECONOMIC EMPOWERMENT	(i)	171,151	33,000	0	8,354	25,527	238,032	0
	(ii)	0	0	0	0	0	0	0
9 Peter S Gaytan VP ECON EMPOWERMNT (THRU 12/15)	(i)	172,406	3,204	84,000	2,055	25,505	287,170	0
	(ii)	0	0	0	0	0	0	0
10 Ayla M Tezel VP Communications	(i)	180,144	32,400	0	6,464	17,643	236,651	0
	(ii)	0	0	0	0	0	0	0
11 Amberlie Allred VP General Counsel	(i)	179,828	32,400	0	6,004	9,602	227,834	0
	(ii)	0	0	0	0	0	0	0
12 Adeline E Poudrier VP Human Resources (THRU 9/16)	(i)	177,594	32,400	0	0	25,531	235,525	0
	(ii)	0	0	0	0	0	0	0
13 Bruce G Nitsche VP Special Proj (Through 9/16)	(i)	150,741	24,000	0	6,268	10,802	191,811	0
	(ii)	0	0	0	0	0	0	0
14 Ryan Clement Pavlu VP Warnor Engagement	(i)	126,629	0	0	5,062	2,939	134,630	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

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

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	318	2,051,839	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 ▶ (_____)	See Additional Data			
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

	Yes	No
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?	Yes	
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 II 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
SCHEDULE M, PART I, COLUMN B	IN ACCORDANCE WITH THE ORGANIZATION'S RECORDKEEPING POLICIES, WOUNDED WARRIOR PROJECT HAS REPORTED THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN B
Schedule M, Part I, Line 32a	Use of Third Party to Sell Noncash Contributions To the extent WWP receives contributions of donated stock, it tasks its investment broker to convert the stock into cash for use in fulfilling the organization's mission

Additional Data

Software ID:

Software Version:

EIN: 20-2370934

Name: Wounded Warrior Project Inc

Part I, Types of Property, Lines 25-28

	(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
Other ▶ (Backpacks)	X	14	123,703	FAIR MARKET VALUE
Other ▶ (Equipment)	X	3	2,436	FAIR MARKET VALUE
Other ▶ (Promotional items)	X	54	748,052	FAIR MARKET VALUE
Other ▶ (SUPPLIES)	X	146	114,575	FAIR MARKET VALUE
Other ▶ (Tickets)	X	420	547,758	FAIR MARKET VALUE
Other ▶ (BICYCLES)	X	76	32,513	FAIR MARKET VALUE
Other ▶ (PP & E)	X	10	147,292	FAIR MARKET VALUE

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

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2015

**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 1	ORGANIZATION'S MISSION CONTINUED WOUNDED WARRIOR PROJECT, INC (THE ORGANIZATION OR WWP) IS A NATIONAL, NONPARTISAN NOT-FOR-PROFIT 501(C)(3) CORPORATION w w p w as organized on FEBRUARY 23, 2005, and is headquartered in Jacksonville, Florida The mission of WWP is to honor and empow er w ounded w arriors w w p serves veterans and service members w ho incurred a physical or mental injury, illness, or w ound co-incident to their military service on or after september 11, 2001 w w p's vision is to foster the most successful, w ell-adjusted generation of w ounded service members in our nation's history WWP connects w arriors, their families, and caregivers to peers, programs, and communitites to ensure they have a netw ork of support WWP serves these groups through free mental and physical health and w ellness programs, careers and benefits counseling, and by providing ongoing support for the most servery injured WWP empow ers w arriors to live life on their ow n terms, mentor fellow veterans and service members, and embody the WWP logo by carrying one another on a path tow ard recovery

Return Reference	Explanation
Form 990, Part III, Line 4a	PROGRAM SERVICE DESCRIPTIONS ALUMNI (CONTINUED) - THE ALUMNI PROGRAM HAD 94,793 WARRIORS AND 20,992 FAMILY MEMBERS REGISTERED AS OF SEPTEMBER 30, 2016, WITH A SATISFACTION RATING OF 94% FOR THOSE WHO PARTICIPATED IN ALUMNI PROGRAM ACTIVITIES DURING FISCAL YEAR 2016, THERE WERE 55,138 IN-BOUND CONTACTS TO THE WWP RESOURCE CENTER IN ADDITION, WWP STAFF MEMBERS CONDUCTED APPROXIMATELY 96,000 OUT BOUND OUTREACH CALLS TO WARRIORS AND CAREGIVERS

Return Reference	Explanation
Form 990, Part III, Line 4b	<p>PROGRAM SERVICE DESCRIPTIONS Combat Stress Recovery (continued) - WWP challenges warriors to think about goal-setting and understanding their "new normal " Many warriors begin their journey with Project Odyssey, an outdoor, rehabilitative retreat that promotes peer connection, challenging outdoor experiences, and healing with other combat veterans WWP provides licensed mental health counselors at all Project Odyssey events The CSRP also provides continued care services to improve warrior resiliency and psychological well-being This is accomplished through the establishment of goals and the identification and use of community based resources There were 2,664 participants in Project Odyssey, and 3,837 served through CSRP Continued Care during fiscal year 2016 88% of Project Odyssey participants reported they learned useful or very useful PTSD coping skills 76% of Continued Care participants received mental health support 90 days after program participation In addition, in order to enhance access and provide Post Traumatic Stress Disorder ("PTSD") and Traumatic Brain Injury ("TBI") treatment through an integrated care model, WWP has established the Warrior Care Network Warrior Care Network consists of four national leading academic medical centers ("AMCs") that connect warriors and their families with world-class, evidence-based mental health care These AMCs provide warriors with multi-week, intensive outpatient programs and individualized care WWP has committed to provide institutional and financial support to the AMCs WWP distributed \$20,700,000 in grants to the AMCs during the year ended September 30, 2016</p>

Return Reference	Explanation
Form 990, Part III, Line 4c	<p>PROGRAM SERVICE DESCRIPTIONS Independence Program (continued) - The Independence Program is a team effort, bringing together the warrior and his or her full support team while creating an individualized plan for each warrior - focusing on goals that provide a future with purpose, at no cost to the warrior and his or her support team. It's designed as a comprehensive long-term partnership intended to adapt to the warrior's ever-changing needs. The Independence Program provides support and training for involvement in meaningful activities, including social and recreational, wellness, volunteer work, education, and other life skills. Services provided include case management, life skills training, home care, transportation, and residential options. The Independence Program served 615 Alumni, and 495 caregivers. 63% of respondents reported their quality of life has maintained or improved since entering the Independence Program.</p>

Return Reference	Explanation
Form 990, Part III, Line 4d	<p>OTHER PROGRAM SERVICE DESCRIPTIONS BENEFITS SERVICE - To help w arriors make the most of their benefits and successfully transition to life after injury, WWV provides the tools they need to become financially secure THE BENEFITS SERVICE TEAM ENSURES WARRIORS AND THEIR FAMILIES HAVE INFORMATION AND ACCESS TO GOVERNMENT BENEFITS, AS WELL AS WWV'S FULL RANGE OF PROGRAMS AND COMMUNITY RESOURCES NECESSARY FOR SUCCESSFUL TRANSITION TO LIFE AFTER INJURY A key part of THE benefits service PROGRAM is support and education for w arriors, as w ell as their family members and caregivers WWV has a team of highly trained personnel that are accredited by the Department of Veteran Affairs AND DEPARTMENT OF DEFENSE WWV PERSONNEL WORK CLOSELY WITH EACH AGENCY SO THEY CAN WALK WARRIORS THROUGH EVERY STEP OF THE PROCESS WHEN A CLAIM IS FILED, WWV MAKES SURE IT IS PROCESSED CORRECTLY THE FIRST TIME AND GUIDES INJURED SERVICE MEMBERS THROUGH THIS CRUCIAL PART OF THEIR TRANSITION In FY16, there were 7,025 served through benefits service, w ith an economic impact of \$80 8 million in benefit awards Total Benefits Service expenses were \$15,838,698, including grants of \$1,595,985, for the fiscal year ending September 30, 2016 PHYSICAL HEALTH & WELLNESS - Physical Health & Wellness (PH&W) programs are designed to reduce stress, combat depression, and promote an overall healthy and active lifestyle by encouraging participation in fun, educational activities PH&W has something to offer w arriors in every stage of recovery Four focus areas are Inclusive Sports, Fitness, Nutrition, and Wellness In fiscal year 2016, there were 16,801 participants in WWV PH&W programs 98% of respondents stated that as a result of their experience in a WWV PH&W event, they w ill seek out other physical fitness, nutrition, or wellness opportunities Total PH&W expenses were \$15,193,100, including grants of \$466,038, for the fiscal year ending September 30, 2016 Soldier Ride - Soldier Ride is a unique three to five day cycling opportunity for w ounded services members to use cycling and the bonds of service to overcome physical, mental and emotional w ounds Warriors of all ability levels can cycle on adaptive hand cycles, trikes and bicycles In addition to the physical benefit, Soldier Ride helps raise public aw areness of the challenges w arriors face today through events held throughout the ride Warriors w ill have the opportunity to take part in annual events, w hich challenge them physically and mentally The events take place from the south law n of the White House to local communities across the nation The Soldier Ride program served 1,610 participants in fiscal year 2016 93% of participants said Soldier Ride made them feel more confident that they can meet their physical fitness, nutrition or wellness goals Total Soldier Ride expenses were \$14,428,178, including grants of \$520,377, for the fiscal year ending September 30, 2016 WARRIORS TO WORK - Warriors To Work is one of the cornerstones of WWV's efforts to achieve its strategic goal of economically empow ering Wounded Warriors This program assists Wounded Warriors w ith their transition to the CIVILIAN w orkforce It offers a complete package of employment assistance services including resume assistance, interview ing skills, netw orking, 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 w orkforce In fiscal year 2016, 9,288 w arriors and family members participated in the Warriors to Work program, w ith 2,813 participants placed in part-time or full-time employment, and an economic impact of \$94 9 million from employment compensation Total Warriors to Work expenses were \$8,818,303, including grants of \$347,358, for the fiscal year ending September 30, 2016 PEER SUPPORT - Peer Support is the programmatic embodiment of WWV's logo, fostering relationships that enable one w arrior to help another through the recovery process The WWV peer support program mentors serve as listeners, role models, and motivators w ho can share their understanding and perspective w ith fellow w arriors WWV's goal of Peer Support is for the w arrior being mentored to eventually mentor a fellow w arrior - embodying the Wounded Warrior Project mission and logo The Peer Support program served 1,868 attendees at peer facilitated support groups in fiscal 2016 Total Peer Support Expenses were \$5,958,563, including grants of \$521,478, for the fiscal year ending September 30, 2016 INTERNATIONAL SUPPORT - Landstuhl Regional Medical Center is one of the first locations w arriors are transported to once injured Most of the time during transport, their belongings are not transported w ith them WWV provides comfort items such as jackets, sw eatpants, t-shirts, and blankets to w arriors before they are flow n back to the states WWV's goal is to make their stay and travel back to the United States of America as comfortable as possible For w arriors stationed at the w arrior transition units in Europe, WWV has multiple programs in place, including Benefits counseling, Soldier Ride and Combat Stress Recovery Total International Support expenses were \$5,205,809, including grants of \$2,528,964, for the fiscal year ending September 30, 2016 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, w hich includes financial assistance for lodging and other living expenses, provides w ounded w arriors a jump-start on meeting their educational goals, w hile also supporting goals around personal health and wellness, mental health and career development TRACK served 69 participants in FY16 95% of TRACK graduates were immediately enrolled in school or employed after TRACK graduation Total TRACK expenses were \$4,770,788, including grants of \$714,806, for the fiscal year ending September 30, 2016 This program was phased out in FY16 TRANSITION TRAINING ACADEMY - Transition Training Academy ("TTA") provides w arriors, family members and caregivers w ith an opportunity to achieve certifications in the information technology field TTA classes are taught in a modified classroom setting w ith flexible class schedules to accommodate participants' medical and duty requirements WWV served 2,256 participants through TTA Total Transition Training Academy expenses were \$4,472,279, including grants of \$74,340, for the fiscal year ending September 30, 2016 WWV TALK - WWV Talk provides telephonic, emotional support to Wounded Warrior Project alumni and FAMILY MEMBERS and helps bridge the gap that may prevent participation in other programs This helpline was created for w ounded service members living w ith PTSD, depression, combat stress, or other mental health conditions Together, the w arrior and WWV Talk teammates develop coping strategies to help the w arrior overcome challenges and learn to thrive again despite invisible w ounds WWV served 1,003 participants in the WWV Talk program in FY16 92% of WWV Talk participants were satisfied w ith the program Total WWV Talk expenses were \$3,389,620, including grants of \$49,559, for the fiscal year ending September 30, 2016 WARRIORS SPEAK - The Warriors Speak program is a group of Wounded Warriors and caregivers w ho have been selected to share their personal, inspirational stories of courage and integrity w ith the public The speakers also describe how WWV 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, w hich includes tools to help them organize thoughts, compose presentations, and communicate successfully The training provides important life skills that help w arriors succeed socially, at their w orkplace, and as community leaders In FY16, Warriors Speak spoke at 251 events raising aw areness about w arrior challenges and WWV programs to 97,381 people in attendance Total Warriors Speak expenses were \$2,091,820, including grants of \$49,560, for the fiscal year ending September 30, 2016 WWV PACKS - WWV backpacks contain essential care and comfort items including clothing, toiletries, playing cards, and more - all designed to make a w arrior's hospital stay more comfortable Backpacks are provided to w ounded service members arriving at military trauma centers across the United States Injured w arriors overseas w ho are evacuated from field hospitals to larger military treatment facilities stateside or abroad receive a smaller version of the WWV backpack, know n as the Transitional Care Pack, for immediate comfort The WWV Packs program delivered 533 backpacks and 740 transitional care packs to w ounded w arriors in FY16 Since WWV's inception, 19,270 backpacks</p>

Return Reference	Explanation
Form 990, Part VI, Line 11b	<p>FORM 990 REVIEW PROCESS The Form 990 is prepared by a nationally recognized accounting firm in conjunction with Wounded Warrior Project's management All information reported on the Form 990 was provided by Management and reviewed by the accounting firm The Form 990 is presented to the Audit Committee who reviews, approves and recommends to the Full Board that it be approved for filing Following full board approval, the Form 990 is electronically filed with the Internal Revenue Service</p> <p>Form 990, Part VI, Line 12c CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT WWP ADHERES TO A CONFLICT OF INTEREST AND RELATED PARTY TRANSACTION POLICY ("POLICY") DESIGNED TO FOSTER PUBLIC CONFIDENCE IN THE INTEGRITY OF WWP AND TO PROTECT WWP'S INTERESTS WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTERESTS OF A DIRECTOR, OFFICER, OR EMPLOYEE AMONG OTHER THINGS, THE POLICY REQUIRES DIRECTORS, OFFICERS AND EMPLOYEES TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST EACH NEW BOARD DIRECTOR, OFFICER, EXECUTIVE, AND KEY EMPLOYEE WHO JOINS WWP COMPLETES A GOVERNANCE/CONFLICT OF INTEREST INTAKE FORM NEW EMPLOYEES RECEIVE A COPY OF THE POLICY AND SIGN A STATEMENT AFFIRMING SUCH PERSON HAS RECEIVED A COPY OF THE POLICY, HAS READ AND UNDERSTANDS THE POLICY, AND HAS AGREED TO COMPLY WITH IT ON AN ANNUAL BASIS, EACH DIRECTOR, OFFICER, AND EMPLOYEE COMPLETES A CONFLICT OF INTEREST DISCLOSURE FORM AND ACKNOWLEDGES THE POLICY COMPLETED ANNUAL FORMS ARE REVIEWED IN ACCORDANCE WITH THE PROCEDURES SET FORTH IN THE POLICY ADDITIONALLY, ON AN ANNUAL BASIS, EACH CURRENT DIRECTOR COMPLETES A QUESTIONNAIRE TO DETERMINE "INDEPENDENCE" FOR PURPOSES OF FORM 990, PART VI, LINE 1(B) THE NOMINATING AND GOVERNANCE COMMITTEE IN CONSULTATION WITH THE GENERAL COUNSEL REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY BY REVIEWING ANNUAL STATEMENTS AND TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR EFFECTIVE OVERSIGHT</p>

Return Reference	Explanation
Form 990, Part VI, Line 15a and 15b	PROCESS FOR DETERMINING COMPENSATION Compensation for the organization's CEO and COO is determined by the Board of Directors Compensation for all other officers, key employees and executives is determined by the CEO and COO, based on ranges set by the Board of Directors Comparability data is used in determining salaries for the CEO, COO, officers, key employees and executives The organization documents the basis for its compensation determinations in meeting minutes or other internal documents, which are prepared 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 AT WWW.WOUNDEDWARRIORPROJECT.ORG WWP'S FORM 1023 IS AVAILABLE UPON REQUEST OTHER DOCUMENTS ARE 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 IX	FUNCTIONAL EXPENSE ALLOCATION THE COSTS OF PROVIDING VARIOUS PROGRAM AND SUPPORTING SERVICES HAVE BEEN SUMMARIZED ON A FUNCTIONAL BASIS ACCORDINGLY, CERTAIN COSTS HAVE BEEN ALLOCATED AMONG PROGRAM AND SUPPORTING SERVICES BENEFITED BASED ON HOW EMPLOYEES SPENT THEIR TIME AND THE PURPOSE OF THE COSTS INCURRED

Return Reference	Explanation
Form 990, Part IX, Line 24a	<p>WARRIOR EVENTS AND ACTIVITIES This amount consists of the costs related to WWP's program events and activities that are free of charge to warriors, their caregivers, and family members. Examples of these events and activities are outlined in greater detail within the individual program descriptions found in Part III and Schedule O, including Project Odyssey within the Combat Stress Recovery Program, Soldier Ride, fitness and adaptive sports activities in PH & W, and educational sessions, personal and professional development summits, sporting events and recreational activities within the Alumni Program. Included in this amount are expenses for travel, hotel, meals, materials and other related activity costs for event participants. This amount also includes expenses incurred by WWP program staff who facilitate and deliver these services.</p>

Return Reference	Explanation
Form 990, Part IX, Line 24b	DIRECT RESPONSE TV & ONLINE THIS AMOUNT PRIMARILY CONSISTS OF THE COSTS RELATED TO THE PRODUCTION AND BROADCAST OF TELEVISION SPOTS AND THE DEVELOPMENT AND DISTRIBUTION OF ONLINE CAMPAIGNS

Return Reference	Explanation
Form 990, Part IX, Line 24c	PROGRAM/OTHER PROVIDER SERVICES THIS AMOUNT PRIMARILY CONSISTS OF THIRD PARTY PROVIDERS THAT DELIVER SERVICES WITHIN WWP PROGRAM EVENTS AND ACTIVITIES. EXAMPLES OF THESE SERVICES INCLUDE CASE MANAGEMENT, LIFE SKILLS TRAINING, HOMECARE AND SUPPORT WITHIN THE INDEPENDENCE PROGRAM, LICENSED MENTAL HEALTH COUNSELORS WITHIN PROJECT ODYSSEY, CYCLING TECHNICIANS WITHIN SOLDIER RIDE, AND ADAPTIVE SPORTS AND FITNESS ACTIVITIES WITHIN PHYSICAL HEALTH & WELLNESS.

Return Reference	Explanation
Form 990, Part IX, LINE 24D	POSTAGE AND SHIPPING This amount primarily consists of the costs related to content development, printing and mailing of campaigns

Return Reference	Explanation
Form 990, Part IX, Joint Costs	<p>WWP conducts joint activities that benefit program services and include a fundraising appeal. The programmatic component of these activities includes the education and recruitment of wounded service members that have not yet engaged with WWP, a call to action to enlist the public's aid in identifying wounded service members that would benefit from WWP's programs and services, and an opportunity to thank WWP's alumni for their sacrifices in serving our country. RAISING AWARENESS IS ESSENTIAL TO EDUCATING THE PUBLIC ABOUT THE NEEDS OF THIS GENERATION OF WOUNDED VETERANS. WWP'S OUTREACH INITIATIVES ARE DESIGNED TO EDUCATE INJURED SERVICE MEMBERS ABOUT THE FREE PROGRAMS AVAILABLE TO THEM THROUGH WWP, ENCOURAGE THE PUBLIC TO REFER VETERANS TO THE ORGANIZATION, AND SPREAD AWARENESS AROUND THE ISSUES FACING VETERANS AND THEIR FAMILIES. WWP PERFORMS OUTREACH IN SEVERAL WAYS, INCLUDING THROUGH DONATED PROGRAMMATIC MEDIA AND EDUCATIONAL MESSAGING THAT IT INCORPORATES INTO ITS FUNDRAISING SOLICITATIONS.</p>

Return Reference	Explanation
Form 990, Part IX, Disclosure Regarding Expense Reimbursement	Treasury Regulation Section 1.62-2(c) states that a reimbursement arrangement that, among other things, meets certain substantiation rules under Section 274 regulations will be treated as paid under an accountable plan. Treasury Regulation Section 1.274-5(c) further provides that ordinarily, documentary evidence will be considered adequate to support an expenditure if it includes sufficient information to establish the amount, date, place, and the essential character of the expenditure. WWP became aware that in some circumstances, it did not obtain sufficiently detailed documentation. WWP promptly contacted the IRS to resolve the matter and is currently collecting documentation for this purpose. WWP also has amended its Travel and Expense Policies and Procedures to require submission of documentary evidence that meets the substantiation requirements of Treasury Regulation Section 1.274-5(c).

Return Reference	Explanation
Schedule I, Part II, Line 1, Column H	<p>PURPOSE OF GRANT OR ASSISTANCE Iraq and Afghanistan Veterans of America - Provides resources and empowers veterans to connect with one another, fostering a strong and lasting community Through education, advocacy and community building, we strive to create a country which honors and supports veterans of all generations The grant will ensure that the post 09/11 veteran community will have an even stronger voice and can address a more comprehensive set of issues that better reflects the full, complex lives that veterans lead and the challenges they face American National Red Cross - To support WWP programs at US Military installations located internationally, promote WWP programs in Red Cross office locations and to wounded veterans and families, and to collaborate and join efforts with WWP to support ill or injured service members, veterans and their families Bastion Community of Resilience - To build a neighborhood for the recovery and reintegration of injured veterans and surviving families in an intentional intergenerational community in New Orleans Centerstone Military Services Inc - Provides counseling to individuals whose lives have been impacted by military service This includes not only service members themselves, but also their spouses, children and other loved ones Emory University - Expand clinical capacity to provide patient services and treatments for post-9/11 wounded veterans diagnosed with post traumatic stress disorder, mood and other associated psychiatric disorders, and/or traumatic brain injury and actively partipate in a national network of academic medical centers to improve veterans' health care Be The Change, Inc D/B/A Got Your 6 - Collaborate with WWP to promote a culture change campaign and other marketing opportunities to empower veterans and further the perception of veterans as leaders and civic assets Henry M Jackson Foundation for the Advancement of Military Medicine - To conduct a collaborative research study known as The Veterans Metrics Initiative Linking WWP Program Components to Post-Military Well-Being Hillvets Foundation - Deliver a positive and successful transition for veterans interested in government by offering their first opportunity on Capitol Hill LRMCC Fisher Houses - Provide "home away from home" for families and patients receiving medical care at Landstuhl Regional Medical Center Massachusetts General Hospital - Expand clinical capacity to provide patient services and treatments for post-9/11 wounded veterans diagnosed with post traumatic stress disorder, mood and other associated psychiatric disorders, and/or traumatic brain injury and actively partipate in a national network of academic medical centers to improve veterans' health care Military Adaptive Sports - FOUNDED TO ORGANIZE AND HOST THE INVICTUS GAMES ORLANDO 2016 THE INVICTUS GAMES SHINE A LIGHT ON THE HOLISTIC RECOVERY AND REHABILITATION THAT OCCURS THROUGH SPORT FOR THE WOUNDED, ILL AND INJURED SERVICE MEN AND WOMEN WHO PARTICIPATED IN THEM National Association of Counties Research Foundation - To provide community alignment of veteran services through the Vets Community Connections National Military Family Association - Provides services, including Operation Purple camps for children of injured service members and their caregivers, children of deployed and returning service members, and children and families dealing with deployment and reintegration issues Operation Homefront - Operation Homefront provides EMERGENCY financial and other ASSISTANCE to the FAMILIES of our service members and WOUNDED warriors Operation Homefront Military Child of the Year - This award recognizes military children who have demonstrated themselves as exceptional citizens while facing the challenges of military family life Regents UCLA DBA UCLA Health Sciences Development - Expand clinical capacity to provide patient services and treatments for post-9/11 wounded veterans diagnosed with post traumatic stress disorder, mood and other associated psychiatric disorders, and/or traumatic brain injury and actively partipate in a national network of academic medical centers to improve veterans' health care Rush University Medical Center - Expand clinical capacity to provide patient services and treatments for post-9/11 wounded veterans diagnosed with post traumatic stress disorder, mood and other associated psychiatric disorders, and/or traumatic brain injury and actively partipate in a national network of academic medical centers to improve veterans' health care Travis Manion Foundation - Mentorship and advocacy program to place veterans in a career path of their passion Vail Veterans Foundation D/B/A Vail Veterans Program - Provide Caregivers Retreat program where identified challenges can be discussed and assistance in identifying ways of self-care in caregivers' everyday lives Veterans of Foreign Wars Foundation - To hire no less than 5 WWPs Advocacy Training Program Graduates solely for VFW National Veterans Service to assist veterans with VA benefit entitlements for injuries incurred while in military service</p>

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION DIRECT RESPONSE MAIL TOTAL EXPENSES 21748675 PROGRAM SERVICES 7224372 FUNDRAISING 14524303

Return Reference**Explanation**

FORM 990 PART IX LINE 24 - OTHER EXPENSES

DESCRIPTION PROCESSING FEES TOTAL EXPENSES 6593498 FUNDRAISING 6593498

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION WARRIOR ASSISTANCE & SUPPORT TOTAL EXPENSES 2366251 PROGRAM SERVICES 2363765 MANAGEMENT AND GENERAL 65 FUNDRAISING 2421

Return Reference**Explanation**

FORM 990 PART IX LINE 24 -
OTHER EXPENSES

DESCRIPTION EDUCATION DEVELOPMENT TOTAL EXPENSES 908642 PROGRAM SERVICES 719843
MANAGEMENT AND GENERAL 114262 FUNDRAISING 74537

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION MISCELLANEOUS TOTAL EXPENSES 2447761 PROGRAM SERVICES 1198653 MANAGEMENT AND GENERAL 1011342 FUNDRAISING 237766

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**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.

▶ 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		No
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	Yes	
1p		No
1q		No
1r	Yes	
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	r	290,141	FMV

Part VII **Supplemental Information**

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

Return Reference	Explanation
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