

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
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016, and ending 09-30-2017

- 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
G Gross receipts \$ 352,256,711

F Name and address of principal officer
MICHAEL LINNINGTON
4899 Belfort Road
Jacksonville, FL 32256

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

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527
J Website: ▶ www.woundedwarriorproject.org

K Form of organization Corporation Trust Association Other ▶

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

Part I Summary

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 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)	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	10
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	732
6 Total number of volunteers (estimate if necessary)	1,661
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	302,707,725	211,476,891
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,201,279	9,930,157
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,898,424	5,357,390
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	321,807,428	226,764,438
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,813,473	38,319,441
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)	52,735,573	48,500,536
16a Professional fundraising fees (Part IX, column (A), line 11e)	6,709,578	6,189,776
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 53,010,250		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	206,981,490	138,817,592
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	302,240,114	231,827,345
19 Revenue less expenses Subtract line 18 from line 12	19,567,314	-5,062,907

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	337,581,401	347,462,942
21 Total liabilities (Part X, line 26)	23,374,020	30,421,352
22 Net assets or fund balances Subtract line 21 from line 20	314,207,381	317,041,590

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 2018-04-03
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
2018-04-16
Check if self-employed
PTIN
P00059252
Firm's name ▶ Grant Thornton LLP
Firm's EIN ▶
Firm's address ▶ 200 South Orange Avenue Suite 2050
Phone no (407) 481-5100
Orlando, FL 32801

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 EMPOWERS WARRIORS TO LIVE LIFE ON THEIR OWN TERMS, MENTOR FELLOW WARRIORS, AND EMBODY THE WWP LOGO BY CARRYING THEIR PEERS TOWARDS RECOVERY (Continued on Schedule O)

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 \$ 33,819,577 including grants of \$ 1,941,124) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 35,011,046 including grants of \$ 23,700,000) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 24,548,702 including grants of \$) (Revenue \$)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 72,456,104 including grants of \$ 12,678,317) (Revenue \$)

4e Total program service expenses ▶ 165,835,429

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		No
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? If "Yes," complete Schedule R, Part V, line 2	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		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	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 ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

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

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	1,389,223				
	b Membership dues	1b					
	c Fundraising events	1c	98,380				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	209,989,288				
	g Noncash contributions included in lines 1a-1f \$ _____		2,067,794				
	h Total. Add lines 1a-1f			211,476,891			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue			0			
	g Total. Add lines 2a-2f			0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			7,154,408		7,154,408	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			2,921,940		2,921,940	
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)	2,775,749				
		d Net gain or (loss)			2,775,749		2,775,749
	8a Gross income from fundraising events (not including \$ 98,380 of contributions reported on line 1c) See Part IV, line 18	a	879,648				
		b Less direct expenses	b	596,769			
		c Net income or (loss) from fundraising events			282,879		282,879
	9a Gross income from gaming activities See Part IV, line 19	a	0				
		b Less direct expenses	b	0			
		c Net income or (loss) from gaming activities			0		
10a Gross sales of inventory, less returns and allowances	a	0					
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue	Business Code						
11a MAILING RENTAL INCOME	900099		1,691,881		1,691,881		
b REBATES	900099		460,690		460,690		
c _____							
d All other revenue							
e Total. Add lines 11a-11d			2,152,571				
12 Total revenue. See Instructions			226,764,438		15,287,547		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	37,378,317	37,378,317		
2 Grants and other assistance to domestic individuals See Part IV, line 22	941,124	941,124		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,277,306	756,584	1,008,298	512,424
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	35,747	35,747		
7 Other salaries and wages	34,657,280	30,100,914	1,912,114	2,644,252
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	948,620	858,866	13,985	75,769
9 Other employee benefits	7,951,093	6,838,534	460,346	652,213
10 Payroll taxes	2,630,490	2,212,998	190,552	226,940
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,236,097		1,236,097	
c Accounting	294,204		294,204	
d Lobbying	30,137	30,137		
e Professional fundraising services See Part IV, line 17	6,189,776			6,189,776
f Investment management fees	643,006		643,006	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	631,933		631,933	
12 Advertising and promotion	5,954,007	5,777,436	34,411	142,160
13 Office expenses	786,437	503,781	137,745	144,911
14 Information technology	1,649,810	1,079,278	494,867	75,665
15 Royalties	0			
16 Occupancy	6,838,383	4,486,293	2,040,149	311,941
17 Travel	2,943,608	2,707,293	68,569	167,746
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	253,918	208,516	1,824	43,578
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,351,401	3,552,780	1,560,083	238,538
23 Insurance	767,177	512,699	220,729	33,749
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	17,576,442	17,576,442		
b DIRECT RESPONSE TV & ONLINE	15,336,390	6,434,440		8,901,950
c PROGRAM/OTHER PROVIDER SVCS	36,526,186	31,390,973	1,153,451	3,981,762
d DIRECT RESPONSE MAIL	18,714,757	6,761,383		11,953,374
e All other expenses	23,283,699	5,690,894	879,303	16,713,502
25 Total functional expenses. Add lines 1 through 24e	231,827,345	165,835,429	12,981,666	53,010,250
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)	29,482,891	16,339,783		13,143,108

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	33,922,227	1	6,245,878
	2 Savings and temporary cash investments	20,583,110	2	19,538,717
	3 Pledges and grants receivable, net	11,353,323	3	5,417,745
	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	0	8	0
	9 Prepaid expenses and deferred charges	8,490,976	9	10,264,698
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 29,757,467		
	b Less accumulated depreciation	10b 23,158,396	11,911,779	10c 6,599,071
	11 Investments—publicly traded securities	245,953,423	11	286,201,084
	12 Investments—other securities See Part IV, line 11	0	12	10,276,811
	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	5,366,563	15	2,918,938
16 Total assets. Add lines 1 through 15 (must equal line 34)	337,581,401	16	347,462,942	
Liabilities	17 Accounts payable and accrued expenses	23,374,020	17	30,421,352
	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	23,374,020	26	30,421,352
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	308,779,063	27	307,985,583
	28 Temporarily restricted net assets	4,428,318	28	9,056,007
	29 Permanently restricted net assets	1,000,000	29	0
	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	314,207,381	33	317,041,590	
34 Total liabilities and net assets/fund balances	337,581,401	34	347,462,942	

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	226,764,438
2	Total expenses (must equal Part IX, column (A), line 25)	2	231,827,345
3	Revenue less expenses Subtract line 2 from line 1	3	-5,062,907
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	314,207,381
5	Net unrealized gains (losses) on investments	5	8,776,422
6	Donated services and use of facilities	6	-879,306
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	317,041,590

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	2a		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	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?	3a		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 20-2370934

Name: Wounded Warrior Project Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

CONNECTION - These programs focus on connecting warriors in isolation with their peers, families, and communities, providing a path to recovery and resilience. Through these important interactions, program staff build trust with warriors, help identify their reintegration needs, and then match warriors to internal programs and external resources. The Organization provides the following Connection programs: Alumni, WWP Packs, International Support, Emergency Financial Assistance, and Peer Support. FOR MORE INFORMATION SEE SCHEDULE O

Form 990, Part III, Line 4b:

Warrior Care Network - In order to enhance access and provide Post traumatic stress disorder ("PTSD") treatment through integrated care model, WWP established the Warrior Care Network. Warrior Care Network consists of four leading national 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. TOTAL Warrior Care Network EXPENSES WERE \$35,011,046, INCLUDING GRANTS OF \$23,700,000, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017.

Form 990, Part III, Line 4c:

INDEPENDENCE PROGRAM - THE INDEPENDENCE PROGRAM IS DESIGNED FOR THE MOST SEVERELY WOUNDED WARRIORS WHO MUST RELY ON THEIR FAMILIES AND/OR CAREGIVERS DUE TO MODERATE TO SEVERE BRAIN INJURY, SPINAL-CORD INJURY, OR OTHER NEUROLOGICAL CONDITIONS OFTEN TIMES, THE WARRIORS COGNITIVE OR PHYSICAL CHALLENGES LIMIT THEIR OPPORTUNITIES TO ACCESS RESOURCES AND ACTIVITIES IN THEIR OWN COMMUNITY THE INDEPENDENCE PROGRAM PROVIDES SUPPORT AND TRAINING TO ENABLE INVOLVEMENT IN MEANINGFUL ACTIVITIES, INCLUDING SOCIAL AND RECREATIONAL WELLNESS, VOLUNTEER WORK, EDUCATION, AND OTHER IMPORTANT LIFE SKILLS FOR MORE INFORMATION SEE SCHEDULE O

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

(Code) (Expenses \$	6,165,383	including grants of \$	(Revenue \$)
PHYSICAL HEALTH AND WELLNESS			
(Code) (Expenses \$	6,937,067	including grants of \$	(Revenue \$)
SOLDIER RIDE			

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

(Code) (Expenses \$	23,060,062	including grants of \$	(Revenue \$)
COMBAT STRESS RECOVERY			
(Code) (Expenses \$	9,679,675	including grants of \$	(Revenue \$)
BENEFITS SERVICE			

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

(Code) (Expenses \$	8,466,914	including grants of \$) (Revenue \$
WARRIORS TO WORK				

(Code) (Expenses \$	18,147,003	including grants of \$	12,678,317) (Revenue \$
GOVERNMENT RELATIONS AND COMMUNITY PARTNERSHIPS					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY K ODIERNO CHAIR	50 00	X		X				0	0	0
ROGER C CAMPBELL VICE CHAIR (EFF 9/16)	50 00	X		X				0	0	0
JUSTIN CONSTANTINE DIRECTOR	50 00	X						0	0	0
RICHARD M JONES DIRECTOR	50 00	X						0	0	0
KENNETH FISHER DIRECTOR	50 00	X						0	0	0
RICHARD T TRYON DIRECTOR	50 00	X						0	0	0
JONATHAN WOODSON DIRECTOR (EFF 10/16)	50 00	X						0	0	0
JUAN GARCIA DIRECTOR (EFF 10/16)	50 00	X						0	0	0
CARI DESANTIS DIRECTOR (EFF 1/17)	50 00	X						0	0	0
KATHLEEN WIDMER Director (EFF 9/17)	50 00	X						0	0	0

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			
MICHAEL S LINNINGTON CEO (EFF 7/16)	50 0 0 0			X				120,441	0	13,805
CHRISTOPHER TONER CHIEF OF STAFF (EFF 10/16)	50 0 0 0			X				41,436	0	5,963
ERIC S MILLER CFO (EFF 1/17)	50 0 0 0			X				189,007	0	29,824
GARY A CORLESS EFF 116 CHIEF DEVELOPMENT OFFICER	50 0 0 0			X				254,542	0	22,419
JENNIFER M SILVA EFF 816 CHIEF PROGRAM OFFICER	50 0 0 0			X				209,070	0	29,508
RONALD W BURGESS FORMER CFO (THRU 12/16)	50 0 0 0			X				271,727	0	31,741
MICHAEL C RICHARDSON VP INDEPENDENCE & MENTAL HLTH	50 0 0 0				X			207,029	0	29,425
TRACY FARRELL EFF 816 VP ENGAGEMENT & PHYSICAL HLTH	50 0 0 0				X			157,442	0	14,063
JOHN T HAMRE III VP DIRECT RESPONSE	50 0 0 0				X			208,667	0	15,519
JONATHAN B SULLIVAN VP ECONOMIC EMPOWERMENT	50 0 0 0					X		205,888	0	30,508

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			
AMBERLIE ALLRED GENERAL COUNSEL - CORP SEC	50 0 0 0					X		211,014	0	14,342
AYLA M TEZEL VP COMMUNICATIONS	50 0 0 0					X		204,304	0	23,928
JOHN W ROBERTS NATIONAL SERVICE DIRECTOR	50 0 0 0					X		179,455	0	29,382
ADELINE E POUQUIER VP HUMAN RESOURCES(THRU 09/16)	50 0 0 0					X		194,525	0	16,288
CHARLES W FLETCHER FRMR INTERIM COO (4/16-9/16)	0 0 0 0						X	139,390	0	0
STEVEN F NARDIZZI FORMER CEO (THRU 3/16)	0 0 0 0						X	148,592	0	10,889
JEREMY M CHWAT THRU 9/16 FORMER CHF STRATEGY OFCR	0 0 0 0					X		366,866	0	20,097
ADAM SILVA THRU 5/16 FORMER CHF PROGRAM OFCR	0 0 0 0						X	186,481	0	8,056
RYAN CLEMENT PAVLU THRU 12/16 FORMER NAT'L SERVICE DIRECTOR	0 0 0 0						X	148,368	0	8,261

SCHEDULE A
(Form 990 or 990-EZ)

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.

2016

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - 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) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	225,418,220	312,471,011	372,546,396	302,707,725	211,476,891	1,424,620,243
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	225,418,220	312,471,011	372,546,396	302,707,725	211,476,891	1,424,620,243
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						1,424,620,243

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	225,418,220	312,471,011	372,546,396	302,707,725	211,476,891	1,424,620,243
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,529,307	14,314,117	16,554,494	16,413,731	10,076,349	65,887,998
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)	1,953,057	2,438,888	2,444,079	2,247,778	3,032,220	12,116,022
11 Total support. Add lines 7 through 10						1,502,624,263

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 2016 (line 6, column (f) divided by line 11, column (f))	14	94.809%
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	95.320%

16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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.		
b 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.		
c 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 12a or 12b in Part I, answer (b) and (c) below.		
b 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.		
c 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).		
b 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?		
c 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 I of Schedule L (Form 990 or 990-EZ).		
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 .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b 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.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
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)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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)
- 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? Yes 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000		3,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
c Total lobbying expenditures	301,250	125,000	130,000		556,250
d Grassroots nontaxable amount	250,000	250,000	250,000		750,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f Grassroots lobbying expenditures			20,000		20,000

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?	Yes		5,500
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		55,281
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		31,316
j Total Add lines 1c through 1i			92,097
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1A	PARTICIPATION IN LOBBYING MEETINGS IN WASHINGTON, DC
SCHEDULE C, PART II-B, LINE 1B	Wounded Warrior Project Employees are occasionally utilized to MANAGE AND ASSIST WITH LOBBYING ACTIVITIES
SCHEDULE C, PART II-B, LINE 1C	Wounded Warrior Project engaged OUTSIDE SERVICES TO PREPARE AN EDUCATIONAL VIDEO WITH A CALL TO LEGISLATIVE ACTION
SCHEDULE C, PART II-B, LINE 1G	Compensation and travel related expenses for Wounded Warrior Project employees relating to direct contact with legislators, their staffs, government officials, or a legislative body
SCHEDULE C, PART II-B, LINE 1I	Wounded Warrior Project engaged OUTSIDE SERVICES TO LOBBY ON LEGISLATION ASSOCIATED WITH INFERTILITY CARE, CAREGIVER SERVICES, CARE FOR TRAUMATIC BRAIN INJURY, AND TRICARE BENEFITS

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
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? Yes 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? Yes 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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" on 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	1,305,557	1,205,183	1,302,411	1,242,630	1,184,673
b Contributions					
c Net investment earnings, gains, and losses	123,177	100,374	-34,747	120,099	115,884
d Grants or scholarships					
e Other expenditures for facilities and programs	64,890		62,481	60,318	57,927
f Administrative expenses					
g End of year balance	1,363,844	1,305,557	1,205,183	1,302,411	1,242,630

- 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 ▶ 73 320 %
 - c** Temporarily restricted endowment ▶ 26 680 %
- 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		7,808,675	5,834,715	1,973,960
d Equipment		1,404,234	1,202,508	201,726
e Other		20,544,558	16,121,173	4,423,385
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				6,599,071

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

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

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

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

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

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

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	280,220,971
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	8,776,422
b	Donated services and use of facilities	2b	38,147,830
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	7,175,287
e	Add lines 2a through 2d	2e	54,099,539
3	Subtract line 2e from line 1	3	226,121,432
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	643,006
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	643,006
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	226,764,438

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	270,211,475
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	39,027,136
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	39,027,136
3	Subtract line 2e from line 1	3	231,184,339
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	643,006
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	643,006
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	231,827,345

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 20-2370934

Name: Wounded Warrior Project Inc

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS THE ORGANIZATION HAS ONE DONOR-RESTRICTED ENDOWMENT, WHICH RESTRICTS WWP TO SPEND INVESTMENT PROCEEDS ONLY ON THE INDEPENDENCE PROGRAM THE ENDOWMENT NET ASSETS ARE REFLECTED ON THE STATEMENT OF FINANCIAL POSITION AT SEPTEMBER 30, 2017 TEMPORARILY RESTRICTED \$1,363,844

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740) THE ORGANIZATION FOLLOWS AUTHORITATIVE GUIDANCE WHICH REQUIRES THE ORGANIZATION TO EVALUATE ITS TAX POSITIONS FOR ANY UNCERTAINTIES BASED ON THE TECHNICAL MERITS OF THE POSITION TAKEN THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE UPHeld ON EXAMINATION BY TAXING AUTHORITIES AS OF SEPTEMBER 30, 2017, THE ORGANIZATION DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO ADDITIONALLY, THE ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS AS REQUIRED AND ALL OTHER APPLICABLE RETURNS IN THOSE JURISDICTIONS WHERE IT IS REQUIRED The Organization is not subject TO U S FEDERAL, STATE AND LOCAL, OR NON-U S INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO FISCAL 2014 HOWEVER, THE ORGANIZATION IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM FISCAL YEAR 2014 FORWARD NO TAX EXPENSE, INTEREST OR PENALTIES HAVE BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS RELATED TO ANY UNCERTAIN TAX POSITIONS

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2D	OTHER RECONCILING ITEMS \$7,175,285 - INCOME EARNED BY THE WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST SHOWN ON A CONSOLIDATED BASIS FOR FINANCIAL STATEMENT PURPOSES

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2016
Open to Public Inspection

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)		4	Program Services	SEE PART V	1,571,955
3a Sub-total		4			1,571,955
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		4			1,571,955

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

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	PROCEDURE FOR MONITORING PROGRAM SERVICES OUTSIDE THE U S THE ORGANIZATION DID NOT MAKE ANY GRANTS OUTSIDE OF THE UNITED STATES in FISCAL YEAR 2017 THE ORGANIZATION Delivered PROGRAM SERVICES OUTSIDE OF THE UNITED STATES AS PART OF ITS INTERNATIONAL SUPPORT CONNECTION PROGRAM, WHICH ARE MONITORED BY PROGRAM DIRECTORS IN A CONSISTENT MANNER AS THOSE PROGRAM SERVICES DELIVERED INSIDE THE UNITED STATES SEE below for a description of the international support connection program

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN E	DESCRIPTION OF ACTIVITY IN EUROPE International Support - Landstuhl Regional Medical Center ("LRMC") of the first locations warriors are transported to when injured Most of the time during transport, their belongings are not transported with them WWP wants to make their stay and travel back to the United States of America as comfortable as possible WWP has dedicated resources at LRMC that distribute TCPs, provide support for events and visitation, and educate warriors on WWPs free programs and services

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		COURAGE AWARDS (event type)	BABYLON SR (event type)	1 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	780,850	111,970	85,208	978,028
2	Less Contributions	16,956	63,453	17,971	98,380
3	Gross income (line 1 minus line 2)	763,894	48,517	67,237	879,648
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	247,333	7,507	3,723	258,563
	7 Food and beverages	187,329		650	187,979
	8 Entertainment				
	9 Other direct expenses	126,656	8,721	14,850	150,227
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				596,769
11	Net income summary Subtract line 10 from line 3, column (d) ▶				282,879

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary 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 | 0 % |
| b | An outside facility | % |

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
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**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

Part I

General Information on Grants and Assistance

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

Part II

Grants and Other Assistance to 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.

(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
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See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 33
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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) EMERGENCY FINANCIAL ASSISTANCE	1041	941,124			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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	PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U S WOUNDED WARRIOR PROJECT MONITORS GRANT FUNDS ACCORDING TO THE TERMS OF AN APPLICABLE WRITTEN AGREEMENT UNDER SUCH AGREEMENTS, GRANTEEES ARE RESPONSIBLE FOR PROVIDING PERIODIC REPORTS WOUNDED WARRIOR PROJECT USES THESE REPORTS TO ENSURE THAT GRANT FUNDS ARE SPENT FOR their INTENDED PURPOSES IN SOME CASES, SITE VISITS ARE CONDUCTED SEE SCHEDULE O FOR GRANT DESCRIPTIONS
SCHEDULE I, PART III, LINE 1(A)	WWP's Emergency Financial Assistance provides limited financial assistance to warriors and immediate family members who encounter emergent situations which impact their life, safety, or shelter

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
AMERICA'S WARRIOR PARTNERSHIP 1190 INTERSTATE PARKWAY AUGUSTA, GA 30909	47-1606321	501(C)(3)	4,548,415				
ASSOCIATION FOR MENTAL HEALTH & WELLNESS PO BOX 373 RONKONKOMA, NY 11779	11-3012392	501(C)(3)	45,438				

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
BOULDER CREST RETREAT FOUNDATION 18370 BLUEMONT VILLAGE LANE BLUEMONT, VA 20135	27-3228310	501(C)(3)	100,000				
CARING FOR MILITARY FAMILIES ELIZABETH DOLE FOUND 600 NEW HAMPSHIRE AVENUE NW WASHINGTON, DC 20037	45-4292692	501(C)(3)	100,000				

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
COMBINED ARMS 2929 MCKINNEY STREET HOUSTON, TX 77003	47-5648923	501(C)(3)	513,772				
DOG TAG BAKERY INC 3206 GRACE STREET NW WASHINGTON, DC 20007	45-2130904	501(C)(3)	100,000				

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
FIVE STAR VETERANS CENTER 40 ACME STREET JACKSONVILLE, FL 32211	45-3545974	501(C)(3)	33,427				
GLOBAL WAR ON TERROR MEMORIAL FOUNDATION PO Box 6652 PITTSBURGH, PA 15212	47-3700489	501(C)(3)	20,000				

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
MILITARY CHILD EDUCATION COALITION 909 MOUNTAIN LION CIRCLE HARKER HEIGHTS, TX 76548	74-2889416	501(C)(3)	250,000				
THE MISSION CONTINUES 1141 SOUTH 7TH STREET SAINT LOUIS, MO 63104	20-8742553	501(C)(3)	2,000,000				

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
MISSION HOUSE INC 800 SHETTER AVENUE JACKSONVILLE BEACH, FL 32250	59-3376704	501(C)(3)	25,000				
MOAA MILITARY FAMILY INITIATIVE 201 N WASHINGTON STREET ALEXANDRIA, VA 22314	46-4219250	501(C)(3)	25,000				

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
PARALYZED VETERANS OF AMERICA 801 EIGHTEENTH STREET NW WASHINGTON, DC 20006	13-1946868	501(C)(3)	100,000				
PAT TILLMAN FOUNDATION 217 N JEFFERSON STREET SUITE 602 CHICAGO, IL 60661	20-1072336	501(C)(3)	100,000				

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
PROJECT HEALING WATERS FLY FISHING INC PO BOX 695 LA PLATA, MD 20646	61-1518154	501(C)(3)	23,858				
STUDENT VETERANS OF AMERICA 1012 14TH STREET NW NO 1200 WASHINGTON, DC 20005	26-1971279	501(C)(3)	100,000				

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
SYRACUSE UNIVERSITY SKYTOP OFFICE BLDG SKYTOP RD SYRACUSE, NY 13244	15-0532081	501(C)(3)	100,000				
TEAM RED WHITE & BLUE 1110 W PLATT STREET TAMPA, FL 33606	27-2196347	501(C)(3)	500,000				

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
TEAM RUBICON 6171 W CENTURY BLVD LOS ANGELES, CA 90045	27-1720480	501(C)(3)	2,078,947				
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS INC 3033 WILSON BOULEVARD NO 630 ARLINGTON, VA 22201	92-0152268	501(C)(3)	100,000				

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
UNITED VETERANS BEACON HOUSE INC 1715 UNION BLVD BAY SHORE, NY 11706	11-3246402	501(C)(3)	29,460				
VETERANS HEALTH COUNCIL 624 4TH ST PATTERSON HEIGHTS BEAVER FALLS, PA 15010	81-4567669	501(C)(3)	100,000				

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
WARFIGHTER OUTFITTERS INC 160 S OAK ST SISTERS, OR 97759	47-1896901	501(C)(3)	180,000				
Emory University (Warrior Care Network) 1599 CLIFTON ROAD 3RD FLOOR ATLANTA, GA 30322	58-0566256	501(C)(3)	5,175,000				

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
BE THE CHANGE INC DBA GOT YOUR 6 200 CLARENDON STREEET 44TH FLOOR BOSTON, MA 02116	26-0402451	501(C)(3)	400,000				
MA GENERAL HOSPITAL (WARRIOR CARE NETWORK) 100 CAMBRIDGE ST STE 1310 BOSTON, MA 02114	04-1564655	501(C)(3)	8,175,000				

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 ASSOCIATION OF COUNTIES RESEARCH FOUNDATI 25 MASSACHUSETTS AVE SUITE 500 WASHINGTON, DC 20001	53-0241255	501(C)(3)	210,000				
NATIONAL MILITARY FAMILY ASSOCIATION 3601 EISENHOWER AVE STE 425 ALEXANDRIA, VA 22034	52-0899384	501(C)(3)	625,000				

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
OPERATION HOMEFRONT 1355 CENTRAL PARKWAY S STE 100 SAN ANTONIO, TX 78232	32-0033325	501(C)(3)	1,000,000				
REGENTS UCLA (WARRIOR CARE NETWORK) 11000 KINROSS AVE STE 211 LOS ANGELES, CA 90095	95-6006143	501(C)(3)	5,175,000				

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 (WARRIOR CARE NETWORK) 1653 W CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	5,175,000				
TRAVIS MANION FOUNDATION PO BOX 1485 DOYLESTOWN, PA 18901	41-2237951	501(C)(3)	250,000				

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
VAIL VETERANS FOUNDATION INC DBA VAIL VETERANS PRO 12 VAIL RD STE 200 PO BOX 6473 VAIL, CO 81658	20-5254885	501(C)(3)	20,000				

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 idemnification 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 idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b									
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?	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 type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
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:										
a Receive a severance payment or change-of-control payment?	4a Yes									
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
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:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
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:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
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.	7 Yes									
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.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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 JEREMY CHWAT AND ADELIN POU DRIER RECEIVED SEVERANCE PAYMENTS IN CALENDAR YEAR 2016 OF \$77,884 AND \$34,615, RESPECTIVELY THESE AMOUNTS HAVE BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III)
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS BONUS FOR THE ORGANIZATION'S CEO IS DETERMINED BY THE BOARD OF DIRECTORS BONUS FOR ALL OTHER OFFICERS, KEY EMPLOYEES AND EXECUTIVES ARE DETERMINED BY THE CEO, BASED ON RANGES SET BY THE BOARD OF DIRECTORS BONUS ARE BASED ON OBJECTIVE, INDIVIDUAL PERFORMANCE CRITERIA COMPARABILITY DATA IS USED IN DETERMINING THE APPROPRIATE AND REASONABLE BONUS AMOUNTS FOR THE CEO, 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 BONUS 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 ERIC S MILLER CFO (EFF 1/17)	(i)	180,604	8,403	0	7,536	22,288	218,831	0
	(ii)	0	0	0	0	0	0	0
1 GARY A CORLESS EFF 116 CHIEF DEVELOPMENT OFFICER	(i)	240,181	14,361	0	0	22,419	276,961	0
	(ii)	0	0	0	0	0	0	0
2 JENNIFER M SILVA EFF 816 CHIEF PROGRAM OFFICER	(i)	184,478	24,592	0	7,222	22,286	238,578	0
	(ii)	0	0	0	0	0	0	0
3 RONALD W BURGESS FORMER CFO (THRU 12/16)	(i)	271,727	0	0	10,600	21,141	303,468	0
	(ii)	0	0	0	0	0	0	0
4 MICHAEL C RICHARDSON VP INDEPENDENCE & MENTAL HLTH	(i)	181,543	25,486	0	8,266	21,159	236,454	0
	(ii)	0	0	0	0	0	0	0
5 TRACY FARRELL EFF 816 VP ENGAGEMENT & PHYSICAL HLTH	(i)	157,442	0	0	6,162	7,901	171,505	0
	(ii)	0	0	0	0	0	0	0
6 JOHN T HAMRE III VP DIRECT RESPONSE	(i)	190,260	18,407	0	7,295	8,224	224,186	0
	(ii)	0	0	0	0	0	0	0
7 JONATHAN B SULLIVAN VP ECONOMIC EMPOWERMENT	(i)	180,402	25,486	0	8,220	22,288	236,396	0
	(ii)	0	0	0	0	0	0	0
8 AMBERLIE ALLRED GENERAL COUNSEL - CORP SEC	(i)	184,187	26,827	0	6,058	8,284	225,356	0
	(ii)	0	0	0	0	0	0	0
9 AYLA M TEZEL VP COMMUNICATIONS	(i)	180,159	24,145	0	6,646	17,282	228,232	0
	(ii)	0	0	0	0	0	0	0
10 JOHN W ROBERTS NATIONAL SERVICE DIRECTOR	(i)	159,632	19,823	0	7,166	22,216	208,837	0
	(ii)	0	0	0	0	0	0	0
11 ADELINE E POUDERIER VP HUMAN RESOURCES (THRU 09/16)	(i)	134,424	25,486	34,615	0	16,288	210,813	0
	(ii)	0	0	0	0	0	0	0
12 CHARLES W FLETCHER FRMR INTERIM COO (4/16-9/16)	(i)	139,390	0	0	0	0	139,390	0
	(ii)	0	0	0	0	0	0	0
13 STEVEN F NARDIZZI FORMER CEO (THRU 3/16)	(i)	148,592	0	0	5,941	4,948	159,481	0
	(ii)	0	0	0	0	0	0	0
14 JEREMY M CHWAT THRU 916 FORMER CHF STRATEGY OFCR	(i)	238,680	50,302	77,884	3,739	16,358	386,963	0
	(ii)	0	0	0	0	0	0	0
15 ADAM SILVA THRU 516 FORMER CHF PROGRAM OFCR	(i)	136,179	50,302	0	7,454	602	194,537	0
	(ii)	0	0	0	0	0	0	0
16 RYAN CLEMENT PAVLU THRU 1216 FORMER NAT'L SERVICE DIRECTOR	(i)	133,836	14,532	0	5,931	2,330	156,629	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **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**

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 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	179	1,221,731	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	
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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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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

	Yes	No
30a		No
31	Yes	
32a	Yes	

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 individual 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, 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 ▶ (TICKETS)	399	725,359	FAIR MARKET VALUE
Other ▶ (SUPPLIES)	99	60,455	FAIR MARKET VALUE
Other ▶ (BACKPACKS)	12	41,599	FAIR MARKET VALUE
Other ▶ (MEMBERSHIP)	1	15,650	FAIR MARKET VALUE
Other ▶ (EQUIPMENT)	1	3,000	FAIR MARKET VALUE

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Wounded Warrior Project Inc

Employer identification number

20-2370934

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION CONTINUED WOUNDED WARRIOR PROJECT, INC ("WWP"WOUNDED WARRIOR PROJECT"),IS A NOT-FOR-PROFIT 501(C)(3) CORPORATION ORGANIZED FEBRUARY 23, 2005, IN THE STATE OF VIRGINIA, FOR THE PURPOSE OF SERVING VETERANS AND SERVICE MEMBERS WHO INCURRED A PHYSICAL OR MENTAL INJURY, ILLNESS, OR WOUND, CO-INCIDENT TO THEIR MILITARY SERVICE ON OR AFTER SEPTEMBER 11, 2001 THE MISSION OF WOUNDED WARRIOR PROJECT IS TO HONOR AND EMPOWER WOUNDED WARRIORS WWP EMPOWERS WARRIORS TO LIVE LIFE ON THEIR OWN TERMS, MENTOR FELLOW WARRIORS, AND EMBODY THE WWP LOGO BY CARRYING THEIR PEERS TOWARDS RECOVERY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>Total Connection program expenses were \$33,819,577, INCLUDING GRANTS and individual assistance OF \$1,941,124, for the fiscal year ending September 30, 2017 PROGRAM SERVICE DESCRIPTIONS CONNECTION Programs - These programs focus on connecting warriors in isolation with their peers, families, and communities, providing a path to recovery and resilience Through these important interactions, program staff build trust with warriors, help identify their readjustment/reintegration needs, and then match them warriors to internal programs and external resources The Organization provides the following Connection programs Alumni, WWP Packs, International Support, Emergency Financial Assistance, and Peer Support ALUMNI - The Alumni program provides support and camaraderie for wounded warriors through communication, events and networking It offers a wide range of activities including sporting events, educational sessions, personal and professional development summits and recreational events that provide individuals a chance to engage with other wounded warriors This program also identifies, trains, and challenges leaders within the wounded warrior population to support their peers in their continued path toward physical and mental health and well-being THE ALUMNI PROGRAM HAD 107,151 WARRIORS AND 25,277 FAMILY MEMBERS REGISTERED AS OF SEPTEMBER 30, 2017, WITH A SATISFACTION RATING OF 95% FOR THOSE WHO PARTICIPATED IN ALUMNI PROGRAM ACTIVITIES WWP PACKS - Backpacks are provided to wounded service members arriving at U.S. military hospitals and trauma centers WWP backpacks contain clothing and comfort items to make a warrior's hospital stay more comfortable Injured warriors overseas who are evacuated from field hospitals to larger military treatment facilities abroad receive a Transitional Care Pack ("TCP"), which includes clothing and toiletries for their immediate comfort THE WWP PACKS PROGRAM DELIVERED 205 BACKPACKS AND 704 TRANSITIONAL CARE PACKS TO WOUNDED WARRIORS IN fiscal year 2017 SINCE WWP'S INCEPTION, 19,475 BACKPACKS AND 45,648 TRANSITIONAL CARE PACKS HAVE BEEN DELIVERED TO WOUNDED WARRIORS INTERNATIONAL SUPPORT - Landstuhl Regional Medical Center ("LRMC") is one of the first locations warriors are transported to when injured Most of the time during transport, their belongings are not transported with them WWP wants to make their stay and travel back to the United States of America as comfortable as possible WWP has dedicated resources at LRMC that distribute TCPs, provide support for events and visitation, and educate warriors on WWP's free programs and services Emergency Financial Assistance WWP's Emergency Financial Assistance program provides limited financial assistance to warriors and immediate family members who encounter emergent situations which impact their life, safety, or shelter PEER SUPPORT - Peer Support is the programmatic embodiment of WWP's logo, fostering relationships that enable one warrior to help another through</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	the recovery process The WWP peer support program mentors serve as listeners, role models , and motivators who can share their understanding and perspective with fellow warriors W WPs goal of Peer Support is for the warrior being mentored to eventually mentor a fellow w arrior - embodying the WWPs mission and logo THE PEER SUPPORT PROGRAM SERVED 4,608 ATTEND EES AT PEER FACILITATED SUPPORT GROUPS IN FISCAL 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	PROGRAM SERVICE DESCRIPTIONS INDEPENDENCE PROGRAM (CONTINUED) - THE INDEPENDENCE PROGRAM IS A TEAM EFFORT, BRINGING TOGETHER THE WARRIOR AND HIS OR HER FULL SUPPORT TEAM TO DEVELOP AN INDIVIDUALIZED PLAN THAT IS FOCUSED ON GOALS THAT PROVIDE A FUTURE WITH PURPOSE ITS DESIGNED AS A COMPREHENSIVE LONG-TERM PARTNERSHIP INTENDED TO ADAPT TO THE WARRIORS EVER-CHANGING NEEDS THE INDEPENDENCE PROGRAM PROVIDED OVER 194,000 HOURS OF COMMUNITY-BASED SUPPORT TO OVER 700 WARRIORS 96% OF PARTICIPANTS WERE SUPPORTED IN THEIR HOMES AND COMMUNITIES TOTAL INDEPENDENCE PROGRAM EXPENSES WERE \$24,548,702, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>OTHER PROGRAM SERVICE DESCRIPTIONS Physical Health & Wellness Programs - WWP envisions a generation of injured warriors living well-adjusted active, healthy lives Inactivity, weight gain, and sleep issues seriously affect a warriors quality of life Through WWPs two Physical Health & Wellness programs, warriors regain their physical independence and well-being The Organization provides the following Physical Health & Wellness programs Physical Health & Wellness ("PH&W") - PH&W is 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 warriors in every stage of recovery Three primary areas are Fitness, Nutrition, and Wellness IN FISCAL YEAR 2017, 725 WARRIORS PARTICIPATED IN a coaching model based program 98% OF PARTICIPANTS STATED THAT AS A RESULT OF THEIR EXPERIENCE IN this PROGRAM THEY WILL SEEK OUT OTHER PHYSICAL FITNESS, NUTRITION, and WELLNESS OPPORTUNITIES AND 91% OF PARTICIPANTS STATED THAT They PARTICIPATED IN OTHER fitness OPPORTUNITIES 90 DAYS AFTER PROGRAM COMPLETION THERE WERE ALSO MORE THAN 8,000 PARTICIPANTS IN other WWP PH&W PROGRAM EVENTS TOTAL PH&W EXPENSES WERE \$6,165,383, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017 Soldier Ride - Soldier Ride is a unique three to five day program for warriors to use cycling and the bonds of service to overcome physical, mental and emotional wounds Warriors of all ability levels can cycle on adaptive hand cycles, trikes and bicycles In addition to the physical benefits, Soldier Ride helps raise public awareness of the challenges warriors face today Warriors have the opportunity to take part in annual events, including rides initiating from the south lawn of the White House to those held in local communities across the nation THE SOLDIER RIDE PROGRAM SERVED 956 PARTICIPANTS IN FISCAL YEAR 2017 90% OF PARTICIPANTS SAID SOLDIER RIDE MADE THEM FEEL MORE CONFIDENT THAT THEY CAN MEET THEIR PHYSICAL FITNESS, NUTRITION and WELLNESS GOALS TOTAL SOLDIER RIDE EXPENSES WERE \$6,937,067, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017 Mental Health & Wellness Programs - Through the Organizations mental health and wellness programs, WWP honors its commitment to be there for this generation of wounded service members no matter how long or difficult their road to recovery Interactive programs, outdoor rehabilitative retreats, and professional services provide warriors with the tools to maintain healthy, meaningful relationships, set goals for the future, and build resilience without the barriers or stigmas associated with mental health issues The Organization provides the following Mental Health and Wellness programs Combat Stress Recovery Program ("CSR") - This program addresses the mental health and cognitive needs of service members dealing with the invisible wounds of war CSR challenges warriors to set goals and understand their "new normal " Many warriors b</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>begin their journey with Project Odyssey, an outdoor, rehabilitative retreat that promotes peer connection, challenging experiences, and healing with other combat veterans CSRP provides licensed mental health counselors at Project Odyssey events 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 During fiscal year 2017, 2,730 PARTICIPANTS attended a PROJECT ODYSSEY retreat, OVER 1,800 warriors were SERVED THROUGH MENTAL HEALTH OUTREACH AND REFERRALS, and 3,442 hours of counseling were delivered to warriors and their families 91% OF PROJECT ODYSSEY PARTICIPANTS RATED THE RESILIENCY SKILLS LEARNED AS USEFUL OR VERY USEFUL 92% OF PARTICIPANTS SAID THEY WOULD SEEK MENTAL HEALTH SUPPORT AS A RESULT OF PROJECT ODYSSEY CSRP also provides WWP Talk, a non-clinical telephonic, emotional support program for warriors, their families and caregivers, which helps bridge the gap that may prevent participation in other programs This helpline was created for wounded service members living with PTSD, depression, combat stress, or other mental health conditions Together, the warrior, family member or caregiver and WWP Talk teammates develop coping strategies to help the warrior overcome challenges and learn to thrive again despite invisible wounds WWP SERVED 929 PARTICIPANTS IN THE WWP TALK PROGRAM IN fiscal year 2017 90% OF WWP TALK PARTICIPANTS WERE SATISFIED WITH THE PROGRAM Total CSRP Program expenses (including WWP Talk) were \$23,060,062, for the fiscal year ending September 30, 2017 Warrior Care Network - In order to enhance access and provide Post Traumatic Stress Disorder ("PTSD") treatment through an integrated care model, WWP established the Warrior Care Network For more information see FORM 990, PART III, LINE 4C Financial Wellness Programs - An important component to successful transition into civilian life for wounded service members is the opportunity to pursue a meaningful career, achieve financial stability, and provide for his or her family The Organization provides the following Financial Wellness programs Benefits Service To help warriors make the most of their earned benefits and successfully transition to life after injury, WWP 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 and community resources necessary for successful transition to life after injury A key part of this program is WWP's team of highly trained personnel that are accredited by the U S Department of Veteran Affairs to represent warriors and advocate on their behalf WWP personnel represent warriors in their filing of claims for benefits with the U S Department of Veteran Affairs and U S Department of Defense WWP personnel work closely with each agency so they can walk war</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>rriors through every step of the process. When a claim is filed, WWP makes sure it is processed correctly the first time and guides injured service members through this crucial part of their transition. IN fiscal year 2017, THERE WERE approximately 15,600 issues awarded on behalf of warriors THROUGH BENEFITS SERVICE, WITH AN ECONOMIC IMPACT OF \$85.4 MILLION. TOTAL BENEFITS SERVICE EXPENSES WERE \$9,679,675, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017.</p> <p>Warriors to Work - Warriors to Work is one of the cornerstones of WWP's efforts to achieve the goal of economically empowered wounded warriors. This program assists wounded warriors with their transition to the civilian workforce. It offers a complete package of career guidance and support services including resume assistance, interviewing skills, networking, job training, and job placement. The program staff provides continued individual counseling and personal support to all program participants as they strive to build a career in the civilian workforce. IN FISCAL YEAR 2017, 2,621 WARRIORS AND FAMILY MEMBERS who PARTICIPATED IN THE WARRIORS TO WORK PROGRAM were PLACED IN Full-TIME OR Part-TIME EMPLOYMENT, with an average salary of \$45,134 and \$18,757, respectively, which had AN ECONOMIC IMPACT OF \$99.5 MILLION FROM annualized EMPLOYMENT COMPENSATION. TOTAL WARRIORS TO WORK EXPENSES WERE \$8,466,914, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017.</p> <p>Government Relations and Community Partnerships - One of WWP's strategic priorities is to improve the lives of veterans by expanding our impact through collaboration. WWP has dedicated resources for these efforts. WWP's Government Relations team advocates for legislation and policy that positively impact the lives of service members, veterans, and families, as well as future veterans. WWP also educates veterans and their families about the programs and services available from the federal government, enabling them to utilize the benefits and entitlements they've earned. WWP also has a dedicated Community Partnerships team that engages and amplifies the network of support for warriors and their families through relationships and investments in similarly focused organizations, including issuance of financial grants. TOTAL Government Relations and Community Partnerships EXPENSES WERE \$18,147,003, INCLUDING GRANTS OF \$12,678,317, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2	Chief Program Officer, Jennifer Silva and Former Officer, Adam Silva have a family relationship FORM 990, PART VI, LINE 11B 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15A AND 15B	PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO IS DETERMINED BY THE BOARD OF DIRECTORS. COMPENSATION FOR ALL OTHER OFFICERS, KEY EMPLOYEES AND EXECUTIVES IS DETERMINED BY THE CEO, BASED ON RANGES SET BY THE BOARD OF DIRECTORS. COMPARABILITY DATA IS USED IN DETERMINING SALARIES FOR THE CEO, 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.

990 Schedule O, Supplemental Information

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 AND 990 T ARE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX	FUNCTIONAL EXPENSE ALLOCATION THE COSTS OF PROVIDING PROGRAMS AND SUPPORTING SERVICES (i.e., fundraising and management and general activities) HAVE BEEN SUMMARIZED ON A FUNCTIONAL BASIS WWP incurs expenses that directly relate to, and can be assigned to, a specific program or supporting activity WWP also conducts a number of activities which benefit both its program objectives as well as supporting services These costs, which are not specifically attributable to a single program or supporting activity, are allocated by management on a consistent basis from reporting period to reporting period among program and supporting services benefited, based on either financial or nonfinancial data, including headcount and as estimates of time and effort incurred by personnel

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24A	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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24B	DIRECT RESPONSE MAIL, TV & ONLINE THIS AMOUNT PRIMARILY CONSISTS OF THE COSTS RELATED TO CONTENT DEVELOPMENT, PRINTING AND MAILING OF CAMPAIGNS, THE COSTS RELATED TO THE PRODUCTION AND BROADCAST OF TELEVISION SPOTS, AND THE DEVELOPMENT AND DISTRIBUTION OF ONLINE CAMPAIGNS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24C	PROGRAM/OTHER PROVIDER SERVICES THIS AMOUNT PRIMARILY CONSISTS OF THIRD PARTY PROVIDERS THAT DELIVER free direct 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, AND FITNESS ACTIVITIES WITHIN PHYSICAL HEALTH & WELLNESS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, JOINT COSTS	WWP allocates joint costs that meet the criteria for purpose, audience and content between fundraising expenses and program expenses Accordingly, WWP allocates joint costs 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 free programs and services, and an opportunity to thank veterans for their sacrifices in serving our country These joint costs include direct response television and certain direct mail campaigns

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X, LINE 27-29	WWP has elected to early adopt accounting standards update ("ASU") 2016-14, Presentation of Financial Statements of Not-For-Profit Entities, for purposes of preparing its fiscal year 2017 audited consolidated financial statements. As a result of the adoption, the three classes of net assets, have been replaced with two new classes of net assets, which are based on the existence or absence of donor-imposed restrictions ("With donor restriction and Without donor restriction"). As the current Form 990 does not yet reflect ASU 2016-14, WWP has reflected the "Without donor restriction" net assets within line 27 "unrestricted net assets" and the "with donor restriction" net assets within line 28 "temporarily restricted net assets."

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>SCHEDULE I, PART II, LINE 1, COLUMN H</p>	<p>PURPOSE OF GRANT OR ASSISTANCE AMERICAS WARRIOR PARTNERSHIP AMERICAS WARRIOR PARTNERSHIP IS COMMITTED TO EMPOWERING COMMUNITIES TO EMPOWER VETERANS THEY FILL THE GAPS THAT EXIST BETWEEN CURRENT VETERAN SERVICE ORGANIZATIONS BY HELPING NONPROFITS CONNECT WITH THE VETERANS, MILITARY MEMBERS AND FAMILIES IN NEED BOLSTERING THEIR EFFICACY, IMPROVING THEIR RESULTS AND EMPOWERING THEIR INITIATIVES AMERICAS WARRIOR PARTNERSHIP IS A FORCE MULTIPLIER FOR WARRIOR COMMUNITY INTEGRATION THAT ENHANCES COMMUNITIES WHERE GREAT AMERICANS CHOOSE TO LIVE AND CONTRIBUTE ASSOCIATION FOR MENTAL HEALTH & WELLNESS - PROVIDE PSYCHOSOCIAL AND VOCATIONAL REHABILITATION TO PERSONS WITH PSYCHIATRIC ILLNESSES BOULDER CREST RETREAT FOUNDATION - Provides Warrior PATHH (Progressive and Alternative Training for Healing Heroes) Retreats, an 18 month program that begins with a 7-day combat stress recovery retreat for warriors Warrior PATHH is the nation's first non-clinical program designed to cultivate and facilitate Post traumatic Growth amongst those struggling with PTSD and/or combat stress Warrior PATHH enables participants to transform times of deep struggle into profound strength and growth CARING FOR MILITARY FAMILIES ELIZABETH DOLE FOUNDATION - STRENGTHENS AND EMPOWERS AMERICAS MILITARY CAREGIVERS AND THEIR FAMILIES BY RAISING PUBLIC AWARENESS, DRIVING RESEARCH, CHAMPIONING POLICY, AND LEADING COLLABORATIONS THAT MAKE A SIGNIFICANT IMPACT ON THEIR LIVES BRINGS THE MILITARY CAREGIVER JOURNEY MAP TO THE LOCAL LEVEL BY SUPPORTING THE HIDDEN HEROES CITIES COMBINED ARMS - BUILDING A LONG-STANDING CULTURE OF COLLABORATION AMONG MILITARY SERVICE ORGANIZATIONS IN THE GREATER HOUSTON AREA AS A RESULT, LOCAL WARRIORS HAVE MORE OPPORTUNITIES TO ENGAGE AND RECEIVE SUPPORT DOG TAG BAKERY INC - PROVIDES AN ENTREPRENEUR PROGRAM PARTICIPANTS RECEIVE A CERTIFICATION WITH GEORGETOWN UNIVERSITY BY ROTATING THROUGH BUSINESS PRACTICES OF BAKERY AND ADDITIONAL SOFT SKILLS OF BUSINESS EFFECTIVENESS AND WELL-BEING FIVE STAR VETERANS CENTER - TO ENSURE A POSITIVE IMPACT IN NORTH FLORIDA BY OFFERING SAFE/SECURE HOUSING TO DISPLACED VETERANS, IN AN ATTEMPT TO ALLEVIATE VETERAN HOMELESSNESS AND PROVIDE MUCH NEEDED MENTAL HEALTH AND WELLNESS SUPPORT GLOBAL WAR ON TERROR MEMORIAL FOUNDATION ("GWOT") - TO PROVIDE THE ORGANIZING, FUNDRAISING, AND COORDINATING EFFORTS TO ESTABLISH A GWOT MEMORIAL ON THE NATIONAL MALL IN WASHINGTON DC TO HONOR OUR FALLEN WARRIORS MILITARY CHILD EDUCATION COALITION - TO ENSURE ALL MILITARY-CONNECTED CHILDREN AFFECTED BY MOBILITY, FAMILY SEPARATION, AND TRANSITION HAVE QUALITY EDUCATIONAL EXPERIENCES SERVE WARRIOR FAMILIES BY DELIVERING PROGRAMS TO MEET THE NEEDS OF MILITARY-CONNECTED STUDENTS, PARENTS, AND PROFESSIONALS THE MISSION CONTINUES - EMPOWERS VETERANS WHO ARE ADJUSTING TO LIFE AT HOME TO FIND PURPOSE THROUGH COMMUNITY IMPACT PROVIDES WARRIORS ADDITIONAL OPPORTUNITIES TO GIVE BACK TO THEIR COMMUNITIES MISSION HOUSE INC - PROVIDES MEDICAL,</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>SCHEDULE I, PART II, LINE 1, COLUMN H</p>	<p>MENTAL HEALTH, HYGIENE, FOOD, CLOTHING, AND SOCIAL SERVICES ASSISTANCE TO LOCAL HOMELESS MOAA MILITARY FAMILY INITIATIVE - PROVIDES EDUCATIONAL ASSISTANCE FOR CHILDREN OF MILITARY FAMILIES PARALYZED VETERANS OF AMERICA - PROVIDE WOUNDED VETERANS, MILITARY SPOUSES AND CAREGIVERS ACADEMIC SCHOLARSHIPS PAT TILLMAN FOUNDATION - PROVIDES MILITARY VETERANS AND THEIR SPOUSES ACADEMIC SCHOLARSHIPS PROJECT HEALING WATERS FLY FISHING INC - DEDICATED TO THE PHYSICAL AND EMOTIONAL REHABILITATION OF DISABLED ACTIVE DUTY MILITARY AND DISABLED VETERANS THROUGH FLY FISHING AND ASSOCIATED ACTIVITIES STUDENT VETERANS OF AMERICA - PROVIDES SUPPORT IN EFFECTIVE RECRUITMENT PRACTICES AND SUPPORT OF STUDENT VETERANS AS THEY PURSUE HIGHER EDUCATION AND PROVIDE NEEDED REFERRALS AND SUPPORTIVE RESOURCES FOCUS ON EDUCATION AND EMPLOYMENT GOALS AND DEVELOPMENT OF RESOURCES FOR COLLEGE CAMPUSES SYRACUSE UNIVERSITY - SUPPORTS IVMF (INSTITUTE FOR VETERANS AND MILITARY FAMILIES) TO AID SERVICE MEMBERS, VETERANS AND THEIR FAMILIES WITH INNOVATIVE PROGRAMS FOR CAREER, VOCATIONS AND ENTREPRENEURSHIP EDUCATION TEAM RED, WHITE & BLUE - Enriches the lives of America's veterans by connecting them to their community through physical and social activity TEAM RUBICON - Unites the skills and experiences of veterans with those of first responders to rapidly deploy emergency response teams to communities affected by disasters across the country In FY17 WWP granted an additional \$1,000,000 for purpose of deploying veterans and first responders to communities in need of emergent assistance as a result of Hurricane Harvey and to build capacity for future relief efforts in Texas the Gulf Coast TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS INC - HELPS SURVIVORS COPE WITH THE LOSS OF A MILITARY LOVED ONE UNITED VETERANS BEACON HOUSE, INC - PROVIDES COMPASSIONATE CARE TO ALL THOSE GRIEVING THE LOSS OF A MILITARY LOVED ONE AND FURTHER THE WORK AND RESEARCH BEING DONE ON THOSE SUFFERING FROM INJURIES CAUSED BY TOXIC EXPOSURE VETERANS HEALTH COUNCIL - IN PARTNERSHIP WITH TAPS (TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS), CONDUCTING RESEARCH AND AWARENESS AROUND TOXIC EXPOSURES POST 9/11 SERVICE MEMBERS HAVE BEEN IN CONTACT WITH IN COMBAT ZONES WARFIGHTER OUTFITTERS INC - PROVIDES VETERANS ENGAGEMENT OPPORTUNITIES WITH FELLOW VETERANS WHILE PARTICIPATING IN OUTDOOR RECREATIONAL ACTIVITIES EMORY UNIVERSITY, EMORY HEALTHCARE VETERANS PROGRAM - An Academic Medical Center in the Warrior Care Network The Warrior Care Network is a collaboration between WWP and four nationally recognized AMCs providing treatment and care for wounded warriors suffering from PTSD Grant funds are used to provide participants with a free, innovative two to three week intensive outpatient program, including all clinical and non-clinical care, travel and lodging The treatment program integrates evidence-based psychological and pharmacological treatments, rehabilitative medicine, wellness, nutrition, mindfulness traini</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>SCHEDULE I, PART II, LINE 1, COLUMN H</p>	<p>ng, and family support BE THE CHANGE, INC D/B/A GOT YOUR 6 - COLLABORATE WITH WWP TO PRO MOTE A CULTURE CHANGE CAMPAIGN AND OTHER MARKETING OPPORTUNITIES TO EMPOWER VETERANS AND T O FURTHER THE PERCEPTION OF VETERANS AS LEADERS AND CIVIC ASSETS MASSACHUSETTS GENERAL HO SPITAL, HOME BASE VETERAN AND FAMILY CARE - An Academic Medical Center in the Warrior Care Network The Warrior Care Network is a collaboration between WWP and four nationally reco gnized AMCs providing treatment and care for wounded warriors suffering from PTSD Grant f unds are used to provide participants with a free, innovative two to three week intensive outpatient program, including all clinical and non-clinical care, travel and lodging The treatment program integrates evidence-based psychological and pharmacological treatments, rehabilitative medicine, wellness, nutrition, mindfulness training, and family support In FY17, an additional one-time grant was made to support construction of a state-of-the-art National Center of Excellence for veterans and families, significantly increasing capacit y for treatment and cure NATIONAL ASSOCIATION OF COUNTIES RESEARCH FOUNDATION - CONNECTS AND SUPPORTS VETERANS AND THEIR COMMUNITIES THROUGH CONNECTING THEM WITH LOCAL RESOURCES NATIONAL MILITARY FAMILY ASSOCIATION - PROVIDES SERVICES, INCLUDING OPERATION PURPLE CAMPS AND OPERATION PURPLE HEALING ADVENTURES, TO 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 HOMEFRO NT PROVIDES EMERGENCY FINANCIAL AND OTHER ASSISTANCE TO THE FAMILIES OF OUR SERVICE MEMBER S AND WOUNDED WARRIORS REGENTS UCLA DBA UCLA HEALTH SCIENCES DEVELOPMENT, Operation Mend - An Academic Medical Center in the Warrior Care Network The Warrior Care Network is a co llaboration between WWP and four nationally recognized AMCs providing treatment and care f or wounded warriors suffering from PTSD Grant funds are used to provide participants with a free, innovative two to three week intensive outpatient program, including all clinical and non-clinical care, travel and lodging The treatment program integrates evidence-base d psychological and pharmacological treatments, rehabilitative medicine, wellness, nutriti on, mindfulness training, and family support</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
RUSH UNIVERSITY MEDICAL CENTER, Road Home Program - An Academic Medical	Center in the Warrior Care Network The Warrior Care Network is a collaboration between WWP and four nationally recognized AMCs providing treatment and care for wounded warriors suffering from PTSD Grant funds are used to provide participants with a free, innovative two to three week intensive outpatient program, including all clinical and non-clinical care, travel and lodging The treatment program integrates evidence-based psychological and pharmacological treatments, rehabilitative medicine, wellness, nutrition, mindfulness training, and family support TRAVIS MANION FOUNDATION - EMPOWERS VETERANS AND FAMILIES OF FALLEN HEROES TO DEVELOP CHARACTER IN FUTURE GENERATIONS 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION POSTAGE & SHIPPING TOTAL EXPENSES 15073427 PROGRAM SERVICES 3469215 MANAGEMENT AND GENERAL 98046 FUNDRAISING 11506166

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION PROCESSING FEES TOTAL EXPENSES 4526506 MANAGEMENT AND GENERAL 7901 FUNDRAISING 4518605

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION EDUCATION DEVELOPMENT TOTAL EXPENSES 436606 PROGRAM SERVICES 323261 MANAGEMENT AND GENERAL 50784 FUNDRAISING 62561

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION MISCELLANEOUS TOTAL EXPENSES 3247160 PROGRAM SERVICES 1898418 MANAGEMENT AND GENERAL 722572 FUNDRAISING 626170

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**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.

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

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

Part VII **Supplemental Information**

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