

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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

### A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

- 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 \$ 457,990,525

**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](http://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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	10
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	10
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	657
<b>6</b> Total number of volunteers (estimate if necessary)	1,858
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	126,250

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	211,476,891	246,204,557
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,930,157	12,728,924
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,357,390	4,829,215
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	226,764,438	263,762,696
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	38,319,441	37,096,336
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	48,500,536	63,280,199
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	6,189,776	7,206,453
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶61,806,569		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	138,817,592	166,438,264
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	231,827,345	274,021,252
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-5,062,907	-10,258,556

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	347,462,942	344,555,780
<b>21</b> Total liabilities (Part X, line 26)	30,421,352	39,383,239
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	317,041,590	305,172,541

### 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 2019-04-10  
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 2019-04-11 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

WOUNDED WARRIOR PROJECT, INC ("WWP OR "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 (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 \$ 63,436,150 including grants of \$ 20,246,069 ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ 50,963,206 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ 25,898,108 including grants of \$ 2,141,933 ) (Revenue \$ )  
See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 57,104,247 including grants of \$ 14,708,334 ) (Revenue \$ )

**4e Total program service expenses** ▶ 197,401,711

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .		No
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	Yes	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		No
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	Yes	
<b>b</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	
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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	
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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, solicitations, and charitable trusts.

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? (No); 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>	1,773,038			
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>	805,918			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	243,625,601			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		4,282,594			
	<b>h Total.</b> Add lines 1a-1f . . . . .			246,204,557		

<b>Program Service Revenue</b>	Business Code				
	<b>2a</b> _____				
	<b>b</b> _____				
	<b>c</b> _____				
	<b>d</b> _____				
	<b>e</b> _____				
	<b>f</b> All other program service revenue				0
<b>g Total.</b> Add lines 2a-2f . . . . .				0	

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			7,101,843			7,101,843	
	<b>4</b> Income from investment of tax-exempt bond proceeds			0				
	<b>5</b> Royalties . . . . .			2,584,368			2,584,368	
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
		<b>b</b> Less rental expenses						
		<b>c</b> Rental income or (loss)		0	0			
		<b>d</b> Net rental income or (loss) . . . . .				0		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less cost or other basis and sales expenses		199,403,542				
		<b>c</b> Gain or (loss)		193,776,461				
		<b>d</b> Net gain or (loss) . . . . .		5,627,081		5,627,081		5,627,081
	<b>8a</b> Gross income from fundraising events (not including \$ 805,918 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>						
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	156,935				
		<b>c</b> Net income or (loss) from fundraising events . . . . .		451,368		-294,433		-294,433
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	0				
		<b>c</b> Net income or (loss) from gaming activities . . . . .		0		0		
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .		<b>b</b>	0					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0		0			
Miscellaneous Revenue		Business Code						
<b>11a</b> MAILING RENTAL INCOME		900099	1,714,934			1,714,934		
<b>b</b> PURCHASE CARD REBATES		900099	547,533			547,533		
<b>c</b> MISCELLANEOUS		900099	276,813			276,813		
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			2,539,280					
<b>12 Total revenue.</b> See Instructions . . . . .			263,762,696			17,558,139		

**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
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	35,954,403	35,954,403		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	1,141,933	1,141,933		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	3,055,760	1,040,688	1,233,737	781,335
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	45,427,834	39,244,636	1,726,482	4,456,716
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,278,273	1,118,564	43,726	115,983
<b>9</b> Other employee benefits.	10,144,647	8,703,099	456,080	985,468
<b>10</b> Payroll taxes.	3,373,685	2,846,404	184,602	342,679
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	0			
<b>b</b> Legal.	509,707		509,707	
<b>c</b> Accounting.	240,000		240,000	
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	7,206,453			7,206,453
<b>f</b> Investment management fees.	792,540		792,540	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	314,608		314,608	
<b>12</b> Advertising and promotion.	10,668,147	10,551,513	16,163	100,471
<b>13</b> Office expenses.	1,192,723	838,255	257,148	97,320
<b>14</b> Information technology.	7,628,246	6,106,074	1,057,650	464,522
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	7,338,911	5,231,173	1,614,598	493,140
<b>17</b> Travel.	4,321,449	3,882,746	86,063	352,640
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	468,638	330,419	56,653	81,566
<b>20</b> Interest.	0			
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	3,732,664	2,668,460	815,216	248,988
<b>23</b> Insurance.	665,656	482,241	140,502	42,913
<b>24</b> 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.)				
<b>a</b> PROGRAM/OTHER PROVIDER SERVICE	35,370,768	32,582,568	917,328	1,870,872
<b>b</b> DIRECT RESPONSE MAIL	34,048,335	11,208,108		22,840,227
<b>c</b> WARRIOR EVENTS & ACTIVITIES	21,288,581	21,288,581		
<b>d</b> DIRECT RESPONSE TV & ONLINE	16,499,150	7,238,671		9,260,479
<b>e</b> All other expenses	21,358,141	4,943,175	4,350,169	12,064,797
<b>25</b> Total functional expenses. Add lines 1 through 24e.	274,021,252	197,401,711	14,812,972	61,806,569
<b>26</b> 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).	39,086,750	22,029,437		17,057,313

**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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	6,245,878	<b>1</b>	8,283,297
	<b>2</b> Savings and temporary cash investments . . . . .	19,538,717	<b>2</b>	23,079,357
	<b>3</b> Pledges and grants receivable, net . . . . .	5,417,745	<b>3</b>	6,038,026
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	10,264,698	<b>9</b>	11,822,038
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 28,471,923		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 25,410,481		
	<b>11</b> Investments—publicly traded securities . . . . .	286,201,084	<b>11</b>	277,733,046
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	10,276,811	<b>12</b>	12,496,183
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	2,918,938	<b>15</b>	2,042,391
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	347,462,942	<b>16</b>	344,555,780	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	30,421,352	<b>17</b>	39,383,239
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	30,421,352	<b>26</b>	39,383,239
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	307,985,583	<b>27</b>	298,231,325
	<b>28</b> Temporarily restricted net assets . . . . .	8,056,007	<b>28</b>	5,941,216
	<b>29</b> Permanently restricted net assets	1,000,000	<b>29</b>	1,000,000
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	317,041,590	<b>33</b>	305,172,541
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	347,462,942	<b>34</b>	344,555,780

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	263,762,696
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	274,021,252
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-10,258,556
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	317,041,590
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	348,706
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	-1,959,199
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	305,172,541

**Part XII Financial Statements and Reporting**

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

	Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p><b>3a</b> 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?</p>		No
<p><b>b</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</p>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-2370934

**Name:** Wounded Warrior Project Inc

Form 990 (2017)

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**Form 990, Part III, Line 4a:**

MENTAL HEALTH & WELLNESS PROGRAMS - THROUGH THE ORGANIZATIONS MENTAL HEALTH AND WELLNESS PROGRAMS, WWP HONORS ITS COMMITMENT TO BE THERE FOR THIS GENERATION OF WOUNDED WARRIORS NO MATTER HOW LONG OR DIFFICULT THEIR ROAD TO RECOVERY INTERACTIVE PROGRAMS, REHABILITATIVE RETREATS, AND PROFESSIONAL SERVICES PROVIDE WARRIORS WITH THE TOOLS TO DEVELOP AND MAINTAIN HEALTHY, MEANINGFUL RELATIONSHIPS, SET GOALS FOR THE FUTURE, AND BUILD RESILIENCE WITHOUT THE BARRIERS OR STIGMAS ASSOCIATED WITH MENTAL HEALTH ISSUES Total mental health programs expenses were \$63,436,150, including grants of \$20,246,069 FOR MORE INFORMATION SEE SCHEDULE O

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**Form 990, Part III, Line 4b:**

CONNECTION - THESE PROGRAMS FOCUS ON CONNECTING WARRIORS WITH PEERS, PROGRAMS, AND COMMUNITIES, PROVIDING A PATH TO RECOVERY AND RESILIENCE THROUGH THESE IMPORTANT INTERACTIONS, PROGRAM STAFF BUILD TRUST WITH WARRIORS, HELP IDENTIFY THEIR REINTEGRATION NEEDS, BRING THEM OUT OF ISOLATION, AND THEN ENGAGE THEM THROUGH FREE PROGRAMS AND RESOURCES TOTAL CONNECTION PROGRAMS EXPENSES WERE \$50,963,206, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 THE ORGANIZATION PROVIDES THE FOLLOWING CONNECTION PROGRAMS ALUMNI, INTERNATIONAL SUPPORT, PEER SUPPORT, SOLDIER RIDE, and adaptive sports FOR MORE INFORMATION SEE SCHEDULE O

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**Form 990, Part III, Line 4c:**

Financial Wellness Programs - An important component to successful transition into civilian life for wounded warriors is the opportunity to pursue a meaningful career, achieve financial stability, and provide for his or her family. Total Financial Wellness Programs expenses were \$25,898,108, including grants of \$2,141,933, for the fiscal year ended September 30, 2018. For more information see Schedule O.

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

(Code ) (Expenses \$ 24,861,167 including grants of \$ 0 ) (Revenue \$ )
Independence Program

(Code ) (Expenses \$ 19,861,797 including grants of \$ 14,708,334 ) (Revenue \$ )
Government Relations & Community Partnerships

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

(Code ) (Expenses \$ 12,381,283 including grants of \$ 0 ) (Revenue \$ )

Physical Health & Wellness Program

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY K ODIERNO CHAIR (THRU 9/18)	50 ..... 00	X		X				0	0	0
ROGER C CAMPBELL VICE CHAIR (Thru 9/18)	50 ..... 00	X		X				0	0	0
JONATHAN WOODSON DIRECTOR	50 ..... 00	X						0	0	0
JUAN GARCIA DIRECTOR	50 ..... 00	X						0	0	0
JUSTIN CONSTANTINE DIRECTOR	50 ..... 00	X						0	0	0
KATHLEEN WIDMER Director	50 ..... 00	X						0	0	0
KENNETH FISHER DIRECTOR (Thru 6/18)	50 ..... 00	X						0	0	0
RICHARD M JONES DIRECTOR	50 ..... 00	X						0	0	0
RICHARD T TRYON DIRECTOR	50 ..... 00	X						0	0	0
ALONZO SMITH DIRECTOR (EFF 1/18)	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			
CARI DESANTIS ..... DIRECTOR	5 0 ..... 0 0	X						0	0	0
lisa disbrow ..... director (eff 9/18)	5 0 ..... 0 0	X						0	0	0
michael c hall ..... director (eff 9/18)	5 0 ..... 0 0	X						0	0	0
MICHAEL S LINNINGTON ..... CHIEF EXECUTIVE OFFICER	50 0 ..... 0 0			X				309,043	0	29,620
CHRISTOPHER TONER ..... CHIEF OF STAFF	50 0 ..... 0 0			X				237,053	0	30,926
ERIC S MILLER ..... CHIEF FINANCIAL OFFICER	50 0 ..... 0 0			X				266,826	0	32,116
GARY A CORLESS ..... CHIEF DEVELOPMENT OFFICER	50 0 ..... 0 0			X				271,083	0	26,637
JENNIFER M SILVA ..... CHIEF PROGRAM OFFICER	50 0 ..... 0 0			X				273,216	0	29,008
AMBERLIE ALLRED ..... Secretary (THRU 6/18)	50 0 ..... 0 0			X				237,197	0	13,493
dawn m boland ..... secretary (eff 6/18)	50 0 ..... 0 0			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 C RICHARDSON ..... VP INDEPENDENCE & MENTAL HLTH	50 0 ..... 0 0				X			210,087	0	28,429
JOHN T HAMRE III ..... VP DIRECT RESPONSE	50 0 ..... 0 0				X			215,579	0	14,478
TRACY FARRELL ..... VP ENGAGEMENT & PHYSICAL HLTH	50 0 ..... 0 0				X			198,836	0	14,526
Brea Kratzert ..... VP Development (EFF 8/17)	50 0 ..... 0 0				X			150,284	0	25,005
Rene' Bardorf Eff 217 ..... Sr VP-Gov & Comm Rel	50 0 ..... 0 0					X		211,752	0	23,138
AYLA M TEZEL ..... VP COMMUNICATIONS	50 0 ..... 0 0					X		198,921	0	24,638
JONATHAN B SULLIVAN ..... VP ECO EMPRMNT (THRU 5/18)	50 0 ..... 0 0					X		198,921	0	29,287
Danielle Moga ..... VP-Shared Srvs (THRU 8/18)	50 0 ..... 0 0					X		198,827	0	26,213
craig carroll ..... vp finance & acct (eff 1/17)	50 0 ..... 0 0					X		178,038	0	9,538
RONALD W BURGESS ..... FORMER CFO (THRU 12/16)	0 0 ..... 0 0						X	103,105	0	1,995

**SCHEDULE A**  
**(Form 990 or 990EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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 **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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	312,471,011	372,546,396	302,707,725	211,476,891	246,204,557	1,445,406,580
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	312,471,011	372,546,396	302,707,725	211,476,891	246,204,557	1,445,406,580
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
<b>6 Public support.</b> Subtract line 5 from line 4						1,445,406,580

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4	312,471,011	372,546,396	302,707,725	211,476,891	246,204,557	1,445,406,580
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,314,117	16,554,494	16,413,731	10,076,349	9,686,211	67,044,902
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,438,888	2,444,079	2,247,778	3,032,220	2,696,215	12,859,180
<b>11 Total support.</b> Add lines 7 through 10						1,525,310,662

**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**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	94.761%
<b>15</b> Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	94.810%

**16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	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>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , 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>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-2370934

**Name:** Wounded Warrior Project Inc

**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**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
  
**2017**  
  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Wounded Warrior Project Inc	Employer identification number 20-2370934
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000			2,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000
<b>c</b> Total lobbying expenditures	125,000	130,000			255,000
<b>d</b> Grassroots nontaxable amount	250,000	250,000			500,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					750,000
<b>f</b> 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
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?	Yes		2,592
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		90,663
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			93,255
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**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 1B	Wounded warrior project employs public policy professionals to help educate community leaders about the issues affecting the veterans and caregivers we serve. This means that, occasionally, wounded warrior project meets with government officials to provide our insight on proposed changes to laws and regulations affecting veteran and caregiver health and benefits.
SCHEDULE C, PART II-B, LINE 1D	WOUNDED WARRIOR PROJECT EMAILED ALUMNI AND FAMILY SUPPORT MEMBERS TO CREATE AWARENESS AND SUPPORT for the caring for our veterans act which proposed to make it easier TO SEEK CARE IN THE COMMUNITY, INCREASE RESOURCES FOR THE CARE A WARRIOR RECEIVES FROM THE DEPARTMENT OF VETERANS AFFAIRS, AND EXPAND THE CAREGIVER PROGRAM TO ALL GENERATIONS WHILE PRESERVE CURRENT CAREGIVER BENEFITS
SCHEDULE C, PART II-B, LINE 1G	this includes COMPENSATION AND TRAVEL RELATED EXPENSES FOR WOUNDED WARRIOR PROJECT EMPLOYEES RELATING TO DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY. Examples include meetings with legislators and their staff about the VA Mission act and FY19 national defense authorization act

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
▶ 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](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

**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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	1,363,844	1,305,557	1,205,183	1,302,411	1,242,630
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	89,938	123,177	100,374	-34,747	120,099
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	128,937	64,890		62,481	60,318
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	1,324,845	1,363,844	1,305,557	1,205,183	1,302,411

- 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 ▶ 75 480 %
  - c** Temporarily restricted endowment ▶ 24 520 %
- 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		6,869,303	5,936,259	933,044
<b>d</b> Equipment . . . . .		2,708,794	2,523,975	184,819
<b>e</b> Other . . . . .		18,893,826	16,950,247	1,943,579
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				3,061,442

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	336,624,827
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	348,706
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	67,384,435
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	5,921,530
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	73,654,671
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	262,970,156
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	792,540
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	792,540
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	263,762,696

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	342,572,346
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	69,343,634
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	69,343,634
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	273,228,712
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	792,540
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	792,540
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	274,021,252

**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, 2018 PERMANENT ENDOWMENT \$1,000,000 TEMPORARILY RESTRICTED ENDOWMENT \$324,845

**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 UPHOLD UPON EXAMINATION BY TAXING AUTHORITIES AS OF SEPTEMBER 30, 2018, 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 REQUIRED THE ORGANIZATION BELIEVES THAT IT IS NO LONGER SUBJECT TO U S FEDERAL, STATE AND LOCAL, OR NON-U S INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO FISCAL YEAR 2015 HOWEVER, THE ORGANIZATION IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM FISCAL YEAR 2015 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 \$5,921,530 - 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.  
▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**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
( 1) Europe (Including Iceland and Greenland)	0	3	Program Services	SEE PART V	1,791,676
( 2)					
( 3)					
( 4)					
( 5)					
<b>3a</b> Sub-total	0	3			1,791,676
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)	0	3			1,791,676

**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.

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

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

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

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**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, do not file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*  Yes  No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	PROCEDURE FOR MONITORING PROGRAM SERVICES OUTSIDE THE U S 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 THE ORGANIZATION DID NOT MAKE ANY GRANTS OUTSIDE OF THE UNITED STATES IN FISCAL YEAR 2018

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN E	Description of Activity in Europe 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 Transitional Care Packs ("TCPs"), PROVIDE SUPPORT FOR EVENTS AND VISITATION, AND EDUCATE WARRIORS ON WWP'S FREE PROGRAMS AND SERVICES

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

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

# 2017

**Open to Public Inspection**

Name of the organization  
Wounded Warrior Project Inc

**Employer identification number**  
20-2370934

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CREATIVE DIRECT RESPONSE 16900 SCIENCE DR SUITE 210  BOWIE, MD 20715	DIRECT RESPONSE		No	83,213,587	4,162,332	79,051,255
2 BKV UNIFIED LLC DRUM 3390 PEACHTREE RD NE 10TH FLOOR  ATLANTA, GA 30326	DIRECT RESPONSE		No	7,668,536	2,517,760	5,150,776
3 THOMPSON HABIB DENISON INC 80 HAYDEN AVE STE 300  LEXINGTON, MA 02421	DIRECT RESPONSE		No	1,699,360	515,803	1,183,557
4 DONOR CARE CENTER INC 4535 STRAUSSER ST  NORTH CANTON, OH 44720	TELEMARKET FUNDRAISING		No	18,715	10,558	8,158
5						
6						
7						
8						
9						
10						
<b>Total</b>				92,600,198	7,206,453	85,393,746

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

.....  
All States  
.....

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>COURAGE AWARDS</b> (event type)	<b>BABYLON SR</b> (event type)	<b>2</b> (total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	799,368	96,550	66,935	962,853
<b>2</b>	Less Contributions . . . . .	711,288	39,570	55,060	805,918
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	88,080	56,980	11,875	156,935
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	107,246	6,151	7,200	120,597
	<b>7</b> Food and beverages . . . . .	73,458		1,519	74,977
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	227,986	12,386	15,422	255,794
	<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-294,433

**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))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b>	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
<b>7</b>	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	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
 

<b>a</b>	The organization's facility	%
<b>b</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 provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization Wounded Warrior Project Inc

Employer identification number 20-2370934

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EMERGENCY FINANCIAL ASSISTANCE	1164	1,141,933			
(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 III, LINE 1(A)	WWP'S EMERGENCY FINANCIAL ASSISTANCE PROVIDES LIMITED FINANCIAL ASSISTANCE TO WARRIORS AND IMMEDIATE FAMILY MEMBERS WHO ENCOUNTER EMERGENCY SITUATIONS WHICH IMPACT THEIR LIFE, SAFETY, OR SHELTER
SCHEDULE I, PART I, LINE 2	PROCEDURE FOR MONITORING the USE OF GRANT FUNDS in the 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 impact 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

## 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.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN BAR ASSOCIATION FUND FOR JUSTICE AND EDUC 321 N CLARK STREET CHICAGO, IL 60654	36-6110299	501(C)(3)	48,655				See Schedule O
AMERICA'S WARRIOR PARTNERSHIP 1190 INTERSTATE PARKWAY AUGUSTA, GA 30909	47-1606321	501(C)(3)	2,100,000				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLUE STAR FAMILIES INC PO BOX 230637 ENCINITAS, CA 92023	80-0369895	501(C)(3)	350,000				See Schedule O
BOULDER CREST RETREAT FOUNDATION 18370 BLUEMONT VILLAGE LANE BLUEMONT, VA 20135	27-3228310	501(C)(3)	430,000				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMARADERIE FOUNDATION INC 2488 EAST MICHIGAN STREET ORLANDO, FL 32806	27-0593856	501(C)(3)	50,400				See Schedule O
CARING FOR MILITARY FAMILIES ELIZABETH DOLE FOUND 600 NEW HAMPSHIRE AVENUE NW WASHINGTON, DC 20037	45-4292692	501(C)(3)	400,000				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTER FOR A NEW AMERICAN SECURITY 1152 15TH STREET NW SUITE 950 WASHINGTON, DC 20005	20-8084828	501(C)(3)	200,000				See Schedule O
COHEN VETERANS BIOSCIENCE 1 BROADWAY 14TH FLOOR CAMBRIDGE, NY 02142	47-1981973	501(C)(3)	1,235,880				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMBINED ARMS 2929 MCKINNEY STREET HOUSTON, TX 77003	47-5648923	501(C)(3)	650,000				See Schedule O
EMORY UNIVERSITY Emory Healthcare Veterans Progra 1599 CLIFTON ROAD 3RD FLOOR ATLANTA, GA 30322	58-0566256	501(C)(3)	2,033,070				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GIVE AN HOUR PO BOX 5918 BETHESDA, MD 20824	61-1493378	501(C)(3)	100,000				See Schedule O
HOMES FOR OUR TROOPS INC 6 MAIN STREET TAUNTON, MA 02780	54-2143612	501(C)(3)	161,800				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INSTITUTE FOR NONPROFIT NEWS 714 W OLYMPIC BLVD LOS ANGELES, CA 90015	27-2614911	501(C)(3)	50,000				See Schedule O
MASSACHUSETTS GENERAL HOSPITAL Home Base Veteran 100 CAMBRIDGE ST STE 1310 BOSTON, MA 02114	04-1564655	501(C)(3)	11,164,839				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MILITARY CHILD EDUCATION COALITION 909 MOUNTAIN LION CIRCLE HARKER HEIGHTS, TX 76548	74-2889416	501(C)(3)	250,000				See Schedule O
MILITARY FAMILY ADVISORY NETWORK 433 EAST MONROE AVE ALEXANDRIA, VA 22301	46-3173337	501(C)(3)	25,000				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MILSPEAK FOUNDATION INC PO BOX 817 BORREGO SPRINGS, CA 92001	27-1271276	501(C)(3)	84,334				See Schedule O
NATIONAL ASSOCIATION OF COUNTIES RESEARCH FOUNDATI 25 MASSACHUSETTS AVE SUITE 500 WASHINGTON, DC 20001	53-0241255	501(C)(3)	325,000				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL MILITARY FAMILY ASSOCIATION 3601 EISENHOWER AVE STE 425 ALEXANDRIA, VA 22034	52-0899384	501(C)(3)	2,900,000				See Schedule O
NAVY-MARINE CORPS RELIEF SOCIETY 875 N RANDOLPH STREET ARLINGTON, VA 22203	53-0204618	501(C)(3)	110,000				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OPERATION HOMEFRONT 1355 CENTRAL PARKWAY S STE 100 SAN ANTONIO, TX 78232	32-0033325	501(C)(3)	1,000,000				See Schedule O
OUR MILITARY KIDS INC 6861 ELM STREET MCLEAN, VA 22101	56-2483648	501(C)(3)	100,000				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PSYCHARMOR INSTITUTE 11199 SORRENTO VALLEY RD STE 203 SAN DIEGO, CA 92121	46-5124059	501(C)(3)	400,000				See Schedule O
RUSH UNIVERSITY MEDICAL CENTER Road Home Program 1653 W CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	5,512,280				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALUTE INC PO BOX 2663 PALATINE, IL 60078	06-1718308	501(C)(3)	200,000				See Schedule O
SYRACUSE UNIVERSITY (IVMF) SKYTOP OFFICE BLDG SKYTOP RD SYRACUSE, NY 13244	15-0532081	501(C)(3)	500,000				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TEAM RED WHITE & BLUE 1110 W PLATT STREET TAMPA, FL 33606	27-2196347	501(C)(3)	500,000				See Schedule O
TEAM RUBICON 6171 W CENTURY BLVD LOS ANGELES, CA 90045	27-1720480	501(C)(3)	2,500,000				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE COMFORT CREW FOR MILITARY KIDS 9020 NORTH CAPITAL OF TEXAS HWY AUSTIN, TX 78759	26-0141940	501(C)(3)	30,000				See Schedule O
THE HONOR FOUNDATION 11055 ROSELLE ST STE 120 SAN DIEGO, CA 92121	46-2952873	501(C)(3)	100,000				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE MISSION CONTINUES 1141 SOUTH 7TH STREET SAINT LOUIS, MO 63104	20-8742553	501(C)(3)	1,000,000				See Schedule O
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS INC 3033 WILSON BOULEVARD NO 630 ARLINGTON, VA 22201	92-0152268	501(C)(3)	350,000				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRAVIS MANION FOUNDATION PO BOX 1485 DOYLESTOWN, PA 18901	41-2237951	501(C)(3)	250,000				See Schedule O
US CHAMBER OF COMMERCE FOUNDATION 1615 H STREET NW WASHINGTON, DC 20062	53-0045720	501(C)(3)	100,000				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
USA CARES INC 11760 COMMONWEALTH DRIVE LOUISVILLE, KY 40299	05-0588761	501(C)(3)	50,000				See Schedule O
VAIL VETERANS FOUNDATION INC DBA VAIL VETERANS PRO 12 VAIL RD STE 200 PO BOX 6473 VAIL, CO 81658	20-5254885	501(C)(3)	100,000				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VETERANS HEALTH COUNCIL 624 4TH ST PATTERSON HEIGHTS BEAVER FALLS, PA 15010	81-4567669	501(C)(3)	100,000				See Schedule O
VETERANS IN GLOBAL LEADERSHIP 2032 BELMONT RD NW STE 525 WASHINGTON, DC 20009	81-0889803	501(C)(3)	25,000				See Schedule O

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VETERANS OF FOREIGN WARS FOUNDATION 406 WEST 34TH STREET KANSAS CITY, MO 64111	43-1758998	501(C)(3)	443,145				See Schedule O
WARRIOR REUNION FOUNDATION 35 HICKORY MEADOW RD COCKEYSVILLE, MD 21030	81-5360521	501(C)(3)	25,000				See Schedule O

**Schedule J**  
**(Form 990)**

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

**2017**

**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 Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</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	<b>1b</b>									
<b>2</b> 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?	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> 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										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	<b>4c</b>	No								
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> 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										
<b>a</b> The organization?	<b>5a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III	<b>5b</b>	No								
<b>6</b> 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										
<b>a</b> The organization?	<b>6a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III	<b>6b</b>	No								
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	Yes								
<b>8</b> 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	<b>8</b>	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									



**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 7	NON-FIXED PAYMENTS BONUS FOR THE ORGANIZATION'S CEO IS DETERMINED BY THE BOARD OF DIRECTORS. BONUSES FOR ALL OTHER OFFICERS, KEY EMPLOYEES AND EXECUTIVES ARE DETERMINED BY THE CEO, BASED ON RANGES SET BY THE BOARD OF DIRECTORS. BONUSES ARE BASED ON OBJECTIVE, INDIVIDUAL PERFORMANCE CRITERIA. COMPARABILITY DATA IS USED IN DETERMINING THE APPROPRIATE AND REASONABLE BONUS AMOUNTS FOR THE CEO, OFFICERS, KEY EMPLOYEES AND EXECUTIVES. THE ORGANIZATION DOCUMENTS THE BASIS FOR ITS BONUS DETERMINATIONS IN MEETING MINUTES OR OTHER INTERNAL DOCUMENTS, WHICH ARE PREPARED AT THE TIME BONUSES ARE APPROVED, AND REFLECT THE REASONS UNDERLYING PARTICULAR BONUS DETERMINATIONS.

**Additional Data**

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MICHAEL S LINNINGTON CHIEF EXECUTIVE OFFICER	(i)	281,042	28,001	0	9,477	20,143	338,663	0
	(ii)	0	0	0	0	0	0	0
1CHRISTOPHER TONER CHIEF OF STAFF	(i)	216,379	20,674	0	9,464	21,462	267,979	0
	(ii)	0	0	0	0	0	0	0
2ERIC S MILLER CHIEF FINANCIAL OFFICER	(i)	244,076	22,750	0	10,652	21,464	298,942	0
	(ii)	0	0	0	0	0	0	0
3GARY A CORLESS CHIEF DEVELOPMENT OFFICER	(i)	246,583	24,500	0	5,168	21,469	297,720	0
	(ii)	0	0	0	0	0	0	0
4JENNIFER M SILVA CHIEF PROGRAM OFFICER	(i)	249,039	24,177	0	7,539	21,469	302,224	0
	(ii)	0	0	0	0	0	0	0
5MICHAEL C RICHARDSON VP INDEPENDENCE & MENTAL HLTH	(i)	191,202	18,885	0	8,388	20,041	238,516	0
	(ii)	0	0	0	0	0	0	0
6JOHN T HAMRE III VP DIRECT RESPONSE	(i)	196,578	19,001	0	6,395	8,083	230,057	0
	(ii)	0	0	0	0	0	0	0
7TRACY FARRELL VP ENGAGEMENT & PHYSICAL HLTH	(i)	181,009	17,827	0	6,416	8,110	213,362	0
	(ii)	0	0	0	0	0	0	0
8Brea Kratzert VP Development (EFF 8/17)	(i)	138,168	12,116	0	5,216	19,789	175,289	0
	(ii)	0	0	0	0	0	0	0
9Rene' Bardorf Eff 217 Sr VP-Gov & Comm Rel	(i)	179,312	32,440	0	7,531	15,607	234,890	0
	(ii)	0	0	0	0	0	0	0
10AYLA M TEZEL VP COMMUNICATIONS	(i)	180,921	18,000	0	6,369	18,269	223,559	0
	(ii)	0	0	0	0	0	0	0
11RONALD W BURGESS FORMER CFO (THRU 12/16)	(i)	103,105	0	0	1,122	873	105,100	0
	(ii)	0	0	0	0	0	0	0
12AMBERLIE ALLRED Secretary (THRU 6/18)	(i)	216,100	21,097	0	5,293	8,200	250,690	0
	(ii)	0	0	0	0	0	0	0
13JONATHAN B SULLIVAN VP ECO EMPRMNT (THRU 5/18)	(i)	180,921	18,000	0	7,951	21,336	228,208	0
	(ii)	0	0	0	0	0	0	0
14Danielle Moga VP-Shared Srvs (THRU 8/18)	(i)	181,000	17,827	0	7,944	18,269	225,040	0
	(ii)	0	0	0	0	0	0	0
15craig carroll vp finance & acct (eff 1/17)	(i)	165,710	12,328		7,116	2,422	187,576	
	(ii)							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2017**

▶ **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](http://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	308	3,432,651	FAIR MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ See Additional Data				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	AMOUNTS IN COLUMN B REPRESENT THE NUMBER OF INDIVIDUAL CONTRIBUTIONS OF ONE OR MORE ITEMS
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

<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
Other ▶ ( TICKETS )	384	615,847	FAIR MARKET VALUE
Other ▶ ( SUPPLIES )	124	119,827	FAIR MARKET VALUE
Other ▶ ( BACKPACKS )	3	33,834	FAIR MARKET VALUE
Other ▶ ( EQUIPMENT )	6	33,440	FAIR MARKET VALUE
Other ▶ ( OTHER PROMO )	6	46,995	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](http://www.irs.gov/form990).

**2017**

**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 WHO INCURRED A PHYSICAL OR MENTAL INJURY, ILLNESS, OR WOUND, CO-INCIDENT TO THEIR MILITARY SERVICE ON OR AFTER SEPTEMBER 11, 2001 THE CONSOLIDATED FINANCIAL STATEMENTS INCLUDE WOUNDED WARRIOR PROJECT, INC AND WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST (COLLECTIVELY, THE "ORGANIZATION") 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 WARRIORS NEVER PAY FOR WWP PROGRAMS, BECAUSE THEY PAID THEIR DUES ON THE BATTLEFIELD

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>TOTAL MENTAL HEALTH &amp; WELLNESS PROGRAMS EXPENSES WERE \$63,436,150, INCLUDING GRANTS OF \$20,246,069, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2018. THE ORGANIZATION PROVIDES THE FOLLOWING MENTAL HEALTH AND WELLNESS PROGRAMS: COMBAT STRESS RECOVERY PROGRAMS ("CSRPs"). THESE PROGRAMS ADDRESS THE MENTAL HEALTH AND COGNITIVE NEEDS OF wounded warriors DEALING WITH THE INVISIBLE WOUNDS OF WAR, NAMELY POST TRAUMATIC STRESS DISORDER ("PTSD") AND TRAUMATIC BRAIN INJURY ("TBI"). CSRPs CHALLENGES WARRIORS TO SET GOALS AND UNDERSTAND THEIR "NEW NORMAL." MANY WARRIORS BEGIN THEIR RECOVERY JOURNEY WITH PROJECT ODYSSEY, AN OUTDOOR, REHABILITATIVE RETREAT THAT PROMOTES PEER CONNECTION, CHALLENGING EXPERIENCES, AND HEALING WITH OTHER COMBAT VETERANS. CSRPs PROVIDES LICENSED MENTAL HEALTH COUNSELORS AT PROJECT ODYSSEY EVENTS. CSRPs ALSO PROVIDES POST-RETREAT CONTINUED CARE SERVICES TO IMPROVE WARRIOR RESILIENCY AND LONG-TERM PSYCHOLOGICAL WELL-BEING. THIS IS ACCOMPLISHED THROUGH THE ESTABLISHMENT OF GOALS AND THE IDENTIFICATION AND USE OF COMMUNITY-BASED RESOURCES. DURING FISCAL YEAR 2018, 3,039 PARTICIPANTS ATTENDED A PROJECT ODYSSEY RETREAT. 93% OF PROJECT ODYSSEY PARTICIPANTS RATED THE RESILIENCY SKILLS LEARNED AS USEFUL OR VERY USEFUL. 74% OF PARTICIPANTS SAID THEY WOULD SEEK MENTAL HEALTH SUPPORT AS A RESULT OF PROJECT ODYSSEY. CSRPs ALSO SERVED OVER 4,049 WARRIORS AND FAMILY SUPPORT MEMBERS THROUGH MENTAL HEALTH OUTREACH AND PROVIDER REFERRALS, AND WARRIORS AND THEIR FAMILY MEMBERS ATTENDED OVER 12,710 COUNSELING SESSIONS. CSRPs 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 MENTAL HEALTH SUPPORT LINE WAS CREATED FOR WOUNDED warriors LIVING WITH PTSD, DEPRESSION, COMBAT STRESS, AND 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 1,108 PARTICIPANTS IN THE WWP TALK PROGRAM IN THE FISCAL YEAR 2018. 86% OF WWP TALK PARTICIPANTS WERE SATISFIED WITH THE PROGRAM. WARRIOR CARE NETWORK: THE WARRIOR CARE NETWORK PROVIDES TREATMENT FOR PTSD AND TRAUMATIC BRAIN INJURY ("TBI") THROUGH AN INTEGRATED CARE MODEL. THE WARRIOR CARE NETWORK CONSISTS OF FOUR LEADING NATIONAL ACADEMIC MEDICAL CENTERS ("AMCS"), EMORY UNIVERSITY (EMORY HEALTHCARE VETERANS PROGRAM), MASSACHUSETTS GENERAL HOSPITAL (HOME BASE VETERAN AND FAMILY CARE), REGENTS UCLA DBA UCLA HEALTH Sciences Development (Operation Mend), and Rush University Medical Center (Road Home Program), THAT PROVIDE WARRIORS AND THEIR FAMILIES WITH WORLD-CLASS, EVIDENCE-BASED MENTAL HEALTH CARE. THESE AMCS PROVIDE WARRIORS WITH AN INDIVIDUALIZED MULTI-WEEK, INTENSIVE OUTPATIENT PROGRAM AND POST DISCHARGE CARE. WWP ISSUED MONETARY GRANTS TO THE AMCS TO FUND THIS PROGRAM TOTALING \$20,146,069, FOR THE FIS</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A	CAL YEAR ENDED SEPTEMBER 30, 2018 WWP PROVIDED OVER 57,800 HOURS OF COUNSELING through the warrior care network IN 2018 As of September 30, 2018, WWP had entered into grant agreements with the AMCs that have significant future conditions, and consequently, a portion of the expense for those grants will not be recognized until specific conditions are met Future conditional payments under these agreements are estimated to be \$114,751,311 through fiscal year 2024

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4B</p>	<p>TOTAL CONNECTION PROGRAMS EXPENSES WERE \$50,963,206, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2018. THE ORGANIZATION PROVIDES THE FOLLOWING CONNECTION PROGRAMS: ALUMNI. THE ALUMNI PROGRAM PROVIDES SUPPORT AND CAMARADERIE FOR WOUNDED WARRIORS AND THEIR FAMILY MEMBERS 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 AND FAMILY MEMBERS. THE ALUMNI PROGRAM HAD 120,492 WARRIORS AND 30,681 FAMILY MEMBERS REGISTERED AS OF SEPTEMBER 30, 2018, WITH A SATISFACTION RATING OF 96% FOR THOSE WHO PARTICIPATED IN ALUMNI PROGRAM ACTIVITIES. THE ALUMNI PROGRAM ALSO PROVIDES BACKPACKS TO WOUNDED SERVICEMEMBERS 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. WWP DELIVERED 120 BACKPACKS AND 620 TCPS TO WOUNDED WARRIORS IN FISCAL YEAR 2018. SINCE 2012, 5,745 BACKPACKS AND 46,268 TCPS 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 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. PEER SUPPORT: PEER SUPPORT IS THE PROGRAMMATIC EMBODIMENT OF WWP'S LOGO, FOSTERING RELATIONSHIPS THAT EMPOWER WARRIORS TO HELP OTHER WARRIORS THROUGH THE RECOVERY PROCESS. WWP PEER-LED GROUPS PROVIDE CAMARADERIE AND OPPORTUNITIES FOR WARRIORS TO ENGAGE WITH OTHER WARRIORS WHO CAN SHARE THEIR UNDERSTANDING AND PERSPECTIVE. IN FISCAL YEAR 2018, 831 INDIVIDUALS SERVED AS PEER MENTORS AND THE PEER SUPPORT PROGRAM ENGAGED 5,204 ATTENDEES AT PEER FACILITATED SUPPORT GROUPS. 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 WOUNDED 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. SOLDIER RIDE SERVED 1,284 PARTICIPANTS IN FISCAL YEAR 2018. 91% OF PARTICIPANTS SAID SOLDIER RIDE MADE THEM FEEL MORE CONFIDENT THAT</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4B</p>	<p>THEY CAN MEET THEIR PHYSICAL FITNESS, NUTRITION AND WELLNESS GOALS ADAPTIVE SPORTS Adaptive sports exposes wounded warriors to adaptive sport opportunities at a local, regional and national level Adaptive sports such as wheelchair basketball, softball, tennis and sled hockey help injured warriors improve their skills, gain confidence and participate in organized adaptive games Warriors are encouraged to continue participating in adaptive sports on their own in their local communities FORM 990, PART III, LINE 4C Total financial wellness programs expenses were \$25,898,108, including grants of \$2,141,933 THE ORGANIZATION PROVIDES THE FOLLOWING FINANCIAL WELLNESS PROGRAMS BENEFITS SERVICE THE BENEFITS SERVICE PROGRAM ENSURES THAT 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 THE ORGANIZATION'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 WARRIORS THROUGH EVERY STEP OF THE PROCESS WHEN A CLAIM IS FILED, WWP MAKES SURE IT IS PROCESSED CORRECTLY THE FIRST TIME AND GUIDES INJURED SERVICE MEMBERS THROUGH THIS CRUCIAL PART OF THEIR TRANSITION IN FISCAL YEAR 2018, THERE WERE APPROXIMATELY 18,000 ISSUES AWARDED ON BEHALF OF WARRIORS THROUGH BENEFITS SERVICE, WITH AN ECONOMIC IMPACT OF \$100.1 MILLION, AND 96% OF CLAIMS CLOSED WITH THE DEPARTMENT OF VETERANS AFFAIRS WERE APPROVED WARRIORS TO WORK WARRIORS TO WORK IS ONE OF THE CORNERSTONES OF WWPS 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 WRITING ASSISTANCE, INTERVIEWING SKILLS, NETWORKING, JOB TRAINING, AND JOB PLACEMENT THE PROGRAM STAFF PROVIDE ON-GOING INDIVIDUAL COUNSELING AND PERSONAL SUPPORT TO ALL PROGRAM PARTICIPANTS AS THEY STRIVE TO BUILD A CAREER IN THE CIVILIAN WORKFORCE IN FISCAL YEAR 2018, 2,319 WARRIORS AND FAMILY MEMBERS WHO PARTICIPATED IN THE WARRIORS TO WORK PROGRAM WERE PLACED IN FULL-TIME AND PART-TIME EMPLOYMENT, WITH AN AVERAGE SALARY OF \$50,249 AND \$19,085, RESPECTIVELY, WHICH HAD AN ECONOMIC IMPACT OF \$103.4 MILLION FROM ANNUALIZED EMPLOYMENT COMPENSATION EMERGENCY FINANCIAL ASSISTANCE WWPS EMERGENCY FINANCIAL ASSISTANCE ("EFA") PROGRAM PROVIDES FINANCIAL ASSISTANCE TO WARRIORS AND IMMEDIATE FAMILY MEMBERS WHO ENCOUNTER EMERGENT SITUATIONS THAT IMPACT THEIR LIFE, SAFETY, OR SHELTER IN FISCAL YEAR 2018, 1,164 WARRIOR HOUSEHOLDS RECEIVED ASSISTANCE WITH AN AVERAGE GRANT AMOUNT OF \$977.68 PER HOUSEHOLD RENT, MORTGAGE, AND U</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	UTILITIES WERE THE TOP 3 NEEDS FOR WARRIORS THIS PAST FISCAL YEAR IN MOST INSTANCES, PAYMENT FOR THESE EMERGENT NEEDS ARE PAID DIRECTLY TO THE SERVICE PROVIDER

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4D</p>	<p>OTHER PROGRAM SERVICE DESCRIPTIONS 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 TBI, SPINAL-CORD INJURY, OR OTHER NEUROLOGICAL CONDITIONS. OFTENTIMES, THESE SEVERELY WOUNDED WARRIORS COGNITIVE OR PHYSICAL CHALLENGES LIMIT THEIR OPPORTUNITIES TO ACCESS RESOURCES AND ACTIVITIES IN THEIR OWN COMMUNITY. THE INDEPENDENCE PROGRAM PROVIDES SUPPORT AND TRAINING IN IMPORTANT LIFE SKILLS AND ENABLES INVOLVEMENT IN MEANINGFUL ACTIVITIES, INCLUDING SOCIAL AND RECREATIONAL WELLNESS, VOLUNTEER WORK, AND EDUCATION. 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 207,000 HOURS OF COMMUNITY-BASED SUPPORT TO OVER 704 WARRIORS. 96% OF PARTICIPANTS WERE SUPPORTED IN THEIR HOMES AND COMMUNITIES. TOTAL INDEPENDENCE PROGRAM EXPENSE WERE \$24,861,167, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2018.</p> <p>GOVERNMENT RELATIONS &amp; COMMUNITY PARTNERSHIPS - ONE OF WWP'S STRATEGIC PRIORITIES IS TO IMPROVE THE LIVES OF VETERANS BY EXPANDING ITS 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. IN ADDITION, WWP 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 MONETARY GRANTS. TOTAL GOVERNMENT RELATIONS AND COMMUNITY PARTNERSHIPS EXPENSES WERE \$19,861,797, INCLUDING MONETARY GRANTS OF \$14,708,334, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2018.</p> <p>PHYSICAL HEALTH &amp; WELLNESS PROGRAM - WWP ENVISIONS INJURED WARRIORS LIVING WELL-ADJUSTED ACTIVE, HEALTHY LIVES. INACTIVITY, WEIGHT GAIN, AND SLEEP ISSUES SERIOUSLY AFFECT A WARRIOR'S QUALITY OF LIFE. THROUGH WWP'S PHYSICAL HEALTH &amp; WELLNESS ("PH&amp;W") PROGRAM, WARRIORS REGAIN THEIR PHYSICAL INDEPENDENCE AND WELL-BEING. PH&amp;W USES COACHING, SKILL-BUILDING, EDUCATION, AND PHYSICAL TRAINING TO REDUCE STRESS, COMBAT DEPRESSION, AND PROMOTE AN OVERALL HEALTHY AND ACTIVE LIFESTYLE. PH&amp;W HAS SOMETHING TO OFFER WARRIORS IN EVERY STAGE OF RECOVERY. THREE PRIMARY AREAS ARE FITNESS, NUTRITION, AND WELLNESS. IN FISCAL YEAR 2018, 989 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 PHYSIC</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4D	AL FITNESS, NUTRITION, AND WELLNESS OPPORTUNITIES AND 92% 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 PHYSICAL HEALTH & WELLNESS PROGRAM EXPENSES WERE \$12,381,283, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2018

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 11B	<p>FORM 990 REVIEW PROCESS THE FORM 990 IS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN CONJUNCTION WITH WOUNDED WARRIOR PROJECT'S MANAGEMENT ALL INFORMATION REPORTED ON THE FORM 990 WAS PROVIDED BY MANAGEMENT AND REVIEWED BY THE ACCOUNTING FIRM THE FORM 990 IS PRESENTED TO THE AUDIT and Risk Oversight 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 FORM 990, PART VI, LINE 12C CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT WWP ADHERES TO A CONFLICT OF INTEREST AND RELATED PARTY TRANSACTION POLICY ("POLICY") DESIGNED TO FOSTER PUBLIC CONFIDENCE IN THE INTEGRITY OF WWP AND TO PROTECT WWP'S INTERESTS WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTERESTS OF A DIRECTOR, OFFICER, OR EMPLOYEE AMONG OTHER THINGS, THE POLICY REQUIRES DIRECTORS, OFFICERS AND EMPLOYEES TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST EACH NEW BOARD DIRECTOR, OFFICER, EXECUTIVE, AND KEY EMPLOYEE WHO JOINS WWP COMPLETES A GOVERNANCE/CONFLICT OF INTEREST INTAKE FORM NEW EMPLOYEES RECEIVE A COPY OF THE POLICY AND SIGN A STATEMENT AFFIRMING SUCH PERSON HAS RECEIVED A COPY OF THE POLICY, HAS READ AND UNDERSTANDS THE POLICY, AND HAS AGREED TO COMPLY WITH IT ON AN ANNUAL BASIS, EACH DIRECTOR, OFFICER, AND EMPLOYEE COMPLETES A CONFLICT OF INTEREST DISCLOSURE FORM AND ACKNOWLEDGES THE POLICY COMPLETED ANNUAL FORMS ARE REVIEWED IN ACCORDANCE WITH THE PROCEDURES SET FORTH IN THE POLICY ADDITIONALLY, ON AN ANNUAL BASIS, EACH CURRENT DIRECTOR COMPLETES A QUESTIONNAIRE TO DETERMINE "INDEPENDENCE" FOR PURPOSES OF FORM 990, PART VI, LINE 1(B) THE NOMINATING AND GOVERNANCE COMMITTEE IN CONSULTATION WITH THE GENERAL COUNSEL REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY BY REVIEWING ANNUAL STATEMENTS AND TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR EFFECTIVE OVERSIGHT</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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 VII, LINE 30	THE COMPENSATION FOR RONALD BURGESS CONSISTS OF THE PAYMENT OF HIS FINAL PAYCHECK IN 1/17 FOR SERVICES PERFORMED THROUGH 12/16, AS WELL AS, FOR CONSULTING SERVICES PERFORMED IN 2017

**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 OR ESTIMATES OF TIME AND EFFORT INCURRED BY PERSONNEL

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IX, LINE 24A	PROGRAM/OTHER PROVIDER SERVICES THIS AMOUNT PRIMARILY CONSISTS OF the costs of THIRD PARTY PROVIDERS THAT DELIVER DIRECT SERVICES free of charge to warriors, their caregivers and family members, 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, LINE 24B and line 24D	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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IX, LINE 24C	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**

<b>Return Reference</b>	<b>Explanation</b>
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 warriors THAT HAVE NOT YET ENGAGED WITH WWP, A CALL TO ACTION TO ENLIST THE PUBLIC'S AID IN IDENTIFYING WOUNDED warriors 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
<p>SCHEDULE I, PART II, LINE 1, COLUMN H</p>	<p>PURPOSE OF GRANT OR ASSISTANCE AMERICAN BAR ASSOCIATION FUND FOR JUSTICE and education Sup porting the Center for Military and Veterans Access to Legal Support which is often needed by warriors in crisis AMERICAS WARRIOR PARTNERSHIP Supporting Community Integration effo rts for warriors and their families in 5 communities Florida Panhandle, Orange County, CA , Charleston, SC, Greenville, SC, Buffalo, NY Warriors and their families are connected t o diverse local resources for employment, homelessness, health, and financial assistance t hrough these one-stop locations BLUE STAR FAMILIES, INC Supporting the development of fou r BSF neighborhoods into fully developed communities Blue Star Communities bring together public, private, philanthropic, and military communities to better serve local military a nd veteran families, including families of the wounded In an effort to curb military-fami ly social isolation and employment challenges, BSF launched a community model to connect a nd make available all of their spousal employment, military caregiver, and family support resources Also, to support a network of career programs to address employment challenges focused primarily on spouses and caregivers BOULDER CREST RETREAT FOUNDATION - Supporting eight (8) Warrior PATHH (Progressive and Alternative Training for Healing Heroes) retreat s, a non-clinical program that facilitates Post-traumatic Growth for warriors with PTSD an d/or combat stress CAMARADERIE FOUNDATION INC Supporting mental health counseling scholar ships (maximum value of \$1,200 per scholarship) for post-9/11 wounded warriors CARING FOR MILITARY FAMILIES - ELIZABETH DOLE FOUNDATION - Supporting the further development and di gitization of the Military Caregiver Journey Map which maps out key milestones caregivers face along their journey and resources available for each phase of the journey Also to re search, study and address the effects of caregiving for injured, ill, and wounded warriors on military children who reside with the caregiver and warriors CENTER FOR A NEW AMERICA N SECURITY Supporting a research report on the impact and footprint WWP has as the leading post-9/11 VSO, understanding WWPs position and influence in the mil/vet space, and how we can leverage our platform to do the most good COHEN VETERANS BIOSCIENCE Expand knowledge and understanding of post-9/11 wounded veterans diagnosed with post-traumatic stress diso rder and/or traumatic brain injury by collecting and sharing relevant data with the four A MCs participating in the Warrior Care Network to improve veterans' health care COMBINED A RMS - Supports Community Integration for warriors and their families in Houston, TX In th is veteran-dense area, warriors and their families are linked with local and national reso urces via a connection hub that provides assistance with volunteerism, employment, finance s, homelessness, health and physical activities EMORY UNIVERSITY - To expand clinical cap acity in order to serve more w</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>SCHEDULE I, PART II, LINE 1, COLUMN H</p>	<p>arrriors through the Warrior Care Network program Please refer to the program description in Part III, line 4A for more information on the Warrior Care Network GIVE AN HOUR Support ing the Campaign to Change Direction, a public health awareness campaign around mental he alth and wellness to change stigmas facing warriors with PTSD and anxiety HOMES FOR OUR T ROOPS INC Supporting key special adaptations in 24 homes for severely wounded warriors, wi th special attention to WWP Alumni INSTITUTE FOR NONPROFIT NEWS Supporting a writing work shop for post-9/11 corpsmen and combat medic veterans which provides a creative and therap eutic outlet for them to reflect on their experiences in the military MASSACHUSETTS GENER AL HOSPITAL - AN ACADEMIC MEDICAL CENTER IN THE WARRIOR CARE NETWORK PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK MILITARY CHILD EDUCATION COALITION - Supports expanding the Student 2 Student program to elementary schools, offering additional Parent to Parent workshops, and providing Professi onal Development for educators to better support warriors and their families in the Colora do Springs area MILITARY FAMILY ADVISORY NETWORK Supporting a network of career programs to address employment challenges focused primarily on spouses and caregivers MILSPEAK FOU NDATION INC Supporting two (2) On Point Women Warriors Writing Workshops facilitated by ac ademically credentialed veterans who have published works NATIONAL ASSOCIATION OF COUNTIE S RESEARCH FOUNDATION - Supports Community Integration efforts for warriors and their fami lies in 3 communities San Diego, CA, Phoenix, AZ, South Bend, IN Through established net works in these communities, injured vets and their families are connected to local and nat ional resources for assistance with employment, financial assistance, homelessness, and he alth NATIONAL MILITARY FAMILY ASSOCIATION - Supports Operation Purple Camps for children with a wounded/ill/injured parent or a parent recently deployed and Operation Healing Adve ntures Retreats for wounded military families NAVY-MARINE CORPS RELIEF SOCIETY (NMCRS) Su pporting the Combat Casualty Assistance (CCA) Visiting Nurse Program to allow NMCRS nurses to visit with wounded, ill, and injured veterans and families and provide case/resource m anagement OPERATION HOMEFRONT - Operation Homefront provides emergency financial and othe r assistance to the families of our service members and wounded warriors OUR MILITARY KID S INC Supporting the Severely Injured Program, which provides scholarships for enrichment activities and tutoring for children of severely injured warriors PSYCHARMOR INSTITIUTE S upporting the School of Military Culture online video suite At the end of the grant term, the suite will have 15 online courses to educate the public and service providers on mili tary cultural competency-bridging the gap between the American public and warriors and edu cating civilians on veterans u</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE I, PART II, LINE 1, COLUMN H	<p>nique experiences and needs RUSH UNIVERSITY MEDICAL CENTER - An academic medical center in the Warrior Care Network Please refer to the program description in Part III, Line 4A for more information on the Warrior Care Network SALUTE INC Provides financial assistance, on an as needed basis, for warriors participating in the Warrior Care Network SYRACUSE UNIVERSITY (IVMF) - Supporting warriors and their spouses in the Onward to Opportunity (O2O ) Veteran Career Transition Program O2O is a career training program that provides the veteran and military spouse community end-to-end and lifelong support of the post-service employment journey TEAM RED, WHITE &amp; BLUE - Supports the Chapter &amp; Community Program to deliver local opportunities for veterans, wounded warriors and their families, and the community to connect through physical and social activities TEAM RUBICON - Supports training and volunteer opportunities after a natural disaster for warriors and their families Warriors and families are connected with each other and communities by empowering them to use the skills they learned in military service to heal communities after a natural disaster Team Rubicon utilizes warriors strengths and gives them a new mission of service after leaving the military The comfort crew for military kids - Supporting comfort kits that include a program for journaling for children whose parent is in harms way or injured</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE I, PART II, LINE 1, COLUMN H (continued)	<p>THE HONOR FOUNDATION Supporting The Transition Institute, which provides executive education, career assessment, financial management, and executive leadership training to members of the Special Forces community as they're transitioning out of the military, with special focus on those who have sustained physical and hidden injuries of war THE MISSION CONTINUES - Supporting volunteer opportunities for warriors and their families to connect with communities through service projects and peer-to-peer relationships These volunteer opportunities empower warriors to find a new purpose after leaving the service TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS INC - Supports research on toxic exposure for post-9/11 veterans and three Intensive Clinical Programs for survivors who experienced severe trauma after witnessing the suicide or experiencing the postmortem discovery of their loved one's body TRAVIS MANION FOUNDATION - Supports Character Does Matter ambassador training and Leading With Your Strengths Workshops to teach warriors how to be leaders in their communities after military service US CHAMBER OF COMMERCE FOUNDATION Supporting a network of career programs to address employment challenges focused primarily on spouses and caregivers USA CARES INC Supporting emergency financial assistance to post-9/11 veterans and wounded warriors VAIL VETERANS FOUNDATION Inc , DBA VAIL VETERANS PROGRAM - Supports VVPs summer, winter, and caregiver retreat programs for wounded and injured veterans and their families VETERANS HEALTH COUNCIL - Supports research and advocacy on toxic exposure for post-9/11 veterans VETERANS IN GLOBAL LEADERSHIP (VGL) Supporting VGLs programs, including leadership symposiums, that teach veterans and wounded warriors to lead in their positions after military service This is also a collaborative grant for VGLs scholars to work alongside Center for a new american security on the environmental study of funding within the VSO space and WWPs impact as a funder VETERANS OF FOREIGN WARS FOUNDATION Supporting benefits counselors at 23 active duty installations to augment WWPs benefit services for transitioning warriors WARRIOR REUNION FOUNDATION Supporting a reunion for a military unit, bringing together service members and Gold Star family members to heal together</p>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**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](http://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)	12-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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	Yes
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	Yes
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	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)