

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 10-01-2022, and ending 09-30-2023

- 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. Doing business as: WOUNDED WARRIOR PROJECT. Number and street (or P.O. box if mail is not delivered to street address): 4899 BELFORT ROAD 300. Room/suite: . 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 \$ 417,949,754

F Name and address of principal officer: WALTER E PIATT, 4899 BELFORT ROAD 300, JACKSONVILLE, FL 32256

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.WOUNDEDWARRIORPROJECT.ORG

K Form of organization: Corporation

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

Part I Summary

Activities & Governance

Table with 2 columns: Description and Amount. Rows include mission statement, number of voting members, employees, volunteers, and revenue.

Revenue

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

Expenses

Table with 3 columns: Description, Prior Year, Current Year. Rows include grants paid, benefits, salaries, fundraising fees, and other expenses.

Net Assets or Fund Balances

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include total assets, total liabilities, and net assets.

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.

Sign Here: Signature of officer ERIC MILLER CFO, Date 2024-04-05

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Firm's name GRANT THORNTON LLP, Firm's address MELVILLE, NY 11747

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF WWP IS TO HONOR AND EMPOWER WOUNDED WARRIORS. WWP SERVES VETERANS AND SERVICE MEMBERS WHO INCURRED A PHYSICAL OR MENTAL INJURY, ILLNESS, OR WOUND, CO-INCIDENT TO THEIR MILITARY SERVICE ON OR AFTER SEPT 11, 2001.

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 \$ 93,451,706 including grants of \$ 34,007,754 ) (Revenue \$ 0 )

MENTAL AND BRAIN HEALTH PROGRAMS - WOUNDED WARRIOR PROJECT KNOWS THAT MANY WOUNDS ARE INVISIBLE AND CAN ARISE YEARS AFTER SERVICE. WWP HELPS WARRIORS, THEIR FAMILIES, AND CAREGIVERS IMPROVE MENTAL AND EMOTIONAL WELLNESS, WHICH ENHANCES THEIR QUALITY OF LIFE, INCREASES RESILIENCE, AND ENABLES THEM TO THRIVE IN THEIR COMMUNITIES. THROUGH WWP'S MENTAL HEALTH AND WELLNESS PROGRAMS, WWP HONORS ITS COMMITMENT TO THIS GENERATION OF WOUNDED, ILL, OR INJURED SERVICE MEMBERS NO MATTER HOW LONG OR DIFFICULT A WARRIOR'S ROAD TO RECOVERY. INTERACTIVE PROGRAMS, REHABILITATIVE RETREATS, AND PROFESSIONAL HEALTHCARE SERVICES DELIVERED BY FULL TIME WWP STAFF AND THIRD-PARTY HEALTHCARE PROVIDERS AFFORDS WARRIORS WITH THE TOOLS TO DEVELOP AND MAINTAIN HEALTHY, MEANINGFUL RELATIONSHIPS, SET GOALS FOR THE FUTURE, AND BUILD (SEE SCHEDULE O) RESILIENCE WITHOUT THE BARRIERS OR STIGMAS ASSOCIATED WITH MENTAL HEALTH ISSUES. TO ENSURE THAT WARRIORS AND FAMILY MEMBERS RECEIVE HIGH-QUALITY CARE IN A TIMELY MANNER, WWP UTILIZES A DEDICATED TRIAGE TEAM THAT PROVIDES APPROPRIATE REFERRALS INTO WWP'S MENTAL HEALTH PROGRAMS. 4,937 TOTAL WARRIORS AND FAMILY SUPPORT MEMBERS WERE SERVED THROUGH MENTAL HEALTH OUTREACH AND REFERRALS, AND 26,614 COUNSELING SESSIONS WERE DELIVERED TO WARRIORS AND THEIR FAMILIES. TOTAL BRAIN HEALTH AND MENTAL HEALTH WELLNESS PROGRAMS EXPENSES WERE \$93,451,706, INCLUDING GRANTS OF \$34,007,754, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2023. WWP PROVIDES THE FOLLOWING MENTAL HEALTH AND WELLNESS PROGRAMS:PROJECT ODYSSEY: WWP'S PROJECT ODYSSEY IS A 12-WEEK MENTAL HEALTH PROGRAM THAT USES ADVENTURE-BASED LEARNING TO HELP WARRIORS MANAGE AND OVERCOME THEIR INVISIBLE WOUNDS, ENHANCE THEIR RESILIENCY SKILLS, AND EMPOWER THEM TO LIVE PRODUCTIVE AND FULFILLING LIVES. THE PROGRAM STARTS WITH A FIVE-DAY MENTAL HEALTH WORKSHOP, WHERE WARRIORS ARE CHALLENGED TO STEP OUTSIDE THE COMFORT OF THEIR EVERYDAY ROUTINES. THIS OPENS THEM UP TO NEW EXPERIENCES THAT HELP THEM DEVELOP THEIR COPING AND COMMUNICATION SKILLS. AFTER THE WORKSHOP, PARTICIPANTS WORK TOGETHER WITH WWP TO STAY ENGAGED, ACHIEVE THEIR PERSONAL GOALS, AND MAKE LIFELONG POSITIVE CHANGES. DURING FISCAL YEAR 2023, 2,028 PARTICIPANTS ATTENDED A PROJECT ODYSSEY RETREAT.WWP TALK: WWP TALK IS A FREE PROGRAM THAT CONNECTS VETERANS, THEIR SPOUSES, AND OTHER FAMILY MEMBERS WITH A DEDICATED AND EMPATHETIC LISTENER. IN ADDITION TO EMOTIONAL SUPPORT AND GOAL-SETTING GUIDANCE, WWP TALK CAN PROVIDE RESOURCES FOR THINGS LIKE ANGER MANAGEMENT, COUPLES COUNSELING, POST-TRAUMATIC STRESS DISORDER, OTHER MILITARY THERAPIES, AND EVEN FINANCIAL EDUCATION. THOUGH THE PROGRAM IS NOT A CRISIS HELPLINE, IT OFFERS A SAFE AND NON-JUDGMENTAL SPACE WHERE PARTICIPANTS CAN DISCUSS PERSONAL ISSUES OR CONCERNS. IN THE INSTANCE OF A CRISIS, THE TALK PROGRAM TEAM WILL CREATE A WARM HAND OFF TO THE VETERANS CRISIS HOTLINE AS NEEDED. WWP SERVED 2,215 PARTICIPANTS THROUGH MORE THAN 19,541 EMOTIONAL SUPPORT CALLS, IN THE WWP TALK PROGRAM IN FISCAL YEAR 2023. 95% OF WWP TALK PARTICIPANTS WERE SATISFIED WITH THE PROGRAM.WARRIOR CARE NETWORK: TO ACCELERATE THE DEVELOPMENT OF ADVANCED MODELS OF MENTAL HEALTH CARE, WWP PARTNERS WITH FOUR WORLD-RENOWNED ACADEMIC MEDICAL CENTERS ("AMCS") TO FORM WARRIOR CARE NETWORK, LEVERAGING OUR COLLECTIVE COMMITMENT AND EXPERTISE. PARTNERING WITH EMORY HEALTHCARE VETERANS PROGRAM, MASSACHUSETTS GENERAL HOSPITAL'S HOME BASE, RUSH UNIVERSITY MEDICAL CENTER'S ROAD HOME PROGRAM, AND UCLA HEALTH'S OPERATION MEND, THE WARRIOR CARE NETWORK TREATMENT MODEL PROVIDES A YEAR'S WORTH OF CLINICAL MENTAL HEALTH CARE DURING A TWO-WEEK INTENSIVE OUTPATIENT PROGRAM. WARRIORS WHO COMPLETE THE PROGRAM HAVE SEEN A SIGNIFICANT IMPROVEMENT IN PTSD AND DEPRESSION SYMPTOMS, TRANSLATING TO INCREASED RESILIENCY AND IMPROVED QUALITY OF LIFE. WARRIOR CARE NETWORK PROVIDES VETERANS WITH A PATH TO LONG-TERM WELLNESS, IMPROVING MENTAL HEALTHCARE TREATMENT OPTIONS, AND MENTAL HEALTHCARE FOR THE FUTURE. DURING THE YEAR, WARRIOR CARE NETWORK SERVED 911 VETERANS THROUGH INTENSIVE OUTPATIENT PROGRAMS AND 2,394 VETERANS IN TRADITIONAL OUTPATIENT THERAPY. IN ADDITION, THE NETWORK PROVIDED TREATMENT AND PSYCHOEDUCATION TO 587 VETERAN FAMILY MEMBERS/CAREGIVERS. TREATMENT OUTCOMES SHOW SIGNIFICANT REDUCTIONS IN PTSD SYMPTOMS FOR BOTH VETERANS AND FAMILY MEMBERS. IN RESPONSE TO PATIENT DEMAND, THE NETWORK ALSO PROVIDED GRANTS TO TREAT VETERANS WITH PTSD AND CO-OCCURRING TRAUMATIC BRAIN INJURY (TBI) AND/OR SUBSTANCE USE DISORDER (SUD). IN THE INTENSIVE OUTPATIENT PROGRAM, WARRIOR CARE NETWORK HELPED VETERANS EXPERIENCING PTSD SIGNIFICANTLY REDUCE THEIR SYMPTOMS IN JUST 2-3 WEEKS. THE MAJORITY OF WARRIORS REPORTING SEVERE PTSD SYMPTOMS AT THE BEGINNING OF THE PROGRAM ARE PROVIDE EVIDENCE-BASED TREATMENT THAT REDUCES THEIR SYMPTOMS TO A MILD OR MODERATE LEVEL AT THE END OF THE PROGRAM. WARRIOR CARE NETWORK USES CLINICALLY VALIDATED ASSESSMENTS TO TRACK THIS REDUCTION IN SYMPTOMS. ADDITIONALLY, IN SATISFACTION SURVEYS, 96% OF PARTICIPANTS INDICATED THAT THEY WERE SATISFIED WITH THE CARE THEY RECEIVED AND 95% INDICATED THAT THEY WOULD TELL A FELLOW WARRIOR ABOUT THE PROGRAM. WWP ISSUES GRANTS TO THE AMCS IN THE WARRIOR CARE NETWORK TOTALING \$33,807,751, FOR THE YEAR ENDED SEPTEMBER 30, 2023. WWP'S WARRIOR CARE NETWORK GRANT AGREEMENTS HAVE SIGNIFICANT FUTURE CONDITIONS, AND ACCORDINGLY, A PORTION OF THE EXPENSE FOR THOSE GRANTS WILL NOT BE RECOGNIZED UNTIL SPECIFIC CONDITIONS ARE SATISFIED. AS OF SEPTEMBER 30, 2023, FUTURE CONDITIONAL PAYMENTS ON THESE GRANT AGREEMENTS ARE ESTIMATED TO BE PAID AS FOLLOWS:2024 \$32,316,3432025 \$34,404,4682026 \$35,400,266THEREAFTER \$2,385,522TOTAL \$104,506,599COMPLEX CASE COORDINATION: WWP'S COMPLEX CASE COORDINATION TEAM SERVES POST 9/11 VETERANS UNDER DIFFICULT AND UNIQUE CIRCUMSTANCES WHICH ARE MULTI-FACETED AND REQUIRE URGENT ACTION. THESE CASES CANNOT BE ADDRESSED BY JUST ONE WWP PROGRAM, AS THEY SPAN ACROSS FOCUS AREAS, INVOLVING MULTIPLE PROGRAMS AND EXTERNAL RESOURCES. THIS TEAM IS COMPRISED OF SUBJECT MATTER EXPERTS FROM MULTIPLE FOCUS AREAS, ALLOWING THEM TO ADDRESS ALL COMPONENTS OF THE CASE CONCURRENTLY AND WITH AN INTEGRATED APPROACH. THIS PROGRAM CONNECTS WARRIORS TO INPATIENT AND OUTPATIENT PROGRAMS WITHIN THE VA AND ITS COMMUNITY CARE NETWORK IN A COORDINATED AND COLLABORATIVE EFFORT. WWP SERVED 553 PARTICIPANTS THROUGH THE COMPLEX CASE COORDINATION PROGRAM.

4b (Code: ) (Expenses \$ 41,297,051 including grants of \$ 975,000 ) (Revenue \$ 0 )

CONNECTION PROGRAMS - WARRIORS FORM STRONG BONDS IN THE MILITARY. AFTER SERVICE, WOUNDED WARRIORS FREQUENTLY EXPERIENCE ISOLATION AND MENTAL HEALTH CHALLENGES, OFTEN LACKING THE SUPPORT NETWORKS NEEDED TO HELP THEM THRIVE. WWP OFFERS A WIDE VARIETY OF OPPORTUNITIES FOR WOUNDED WARRIORS, THEIR FAMILIES, AND CAREGIVERS TO SOCIALLY CONNECT, BUILD CAMARADERIE, AND HEAL. THROUGH EDUCATIONAL, RECREATIONAL, AND FAMILY-ORIENTED ACTIVITIES, WARRIORS GAIN A RENEWED SENSE OF CONNECTION WITH THEIR PEERS, COHESION, AND PURPOSE. THESE OPPORTUNITIES INTRODUCE VETERANS TO NEW EXPERIENCES, AND TO THE CARE AND SUPPORT THEY NEED THROUGHOUT THEIR JOURNEYS OF RECOVERY AND REHABILITATION. (SEE SCHEDULE O)WWP HAD 197,539 WARRIORS AND 49,188 FAMILY MEMBERS REGISTERED AS OF SEPTEMBER 30, 2023. TOTAL CONNECTION PROGRAMS EXPENSES WERE \$41,297,051, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2023. WWP PROVIDES THE FOLLOWING CONNECTION PROGRAMS:ALUMNI: VETERANS WHO REGISTER WITH AND JOIN WWP ARE CALLED ALUMNI. WWP ALUMNI CONNECTION PROGRAM HELPS WOUNDED WARRIORS, THEIR FAMILIES, AND CAREGIVERS BUILD STRONGER SUPPORT NETWORKS AND ENHANCES THEIR MENTAL WELLNESS BY ENGAGING THEM IN SOCIAL EVENTS, SUPPORT GROUPS, AND OTHER OPPORTUNITIES TO CONNECT WITH EACH OTHER IN THEIR COMMUNITIES.WWP OFFERS A WIDE RANGE OF ACTIVITIES INCLUDING SKILL-BUILDING EDUCATIONAL SESSIONS, SPORTING EVENTS, PERSONAL AND PROFESSIONAL DEVELOPMENT SUMMITS, RECREATIONAL EVENTS, AND ONLINE VIDEO GAME COMPETITIONS TO PROVIDE WOUNDED WARRIORS AN OPPORTUNITY TO ENGAGE WITH OTHER WOUNDED WARRIORS AND FAMILY MEMBERS. 69,915 WARRIORS AND 19,179 FAMILY SUPPORT MEMBERS WERE SERVED THROUGH THE ALUMNI PROGRAM. 97% OF THOSE WHO PARTICIPATED IN ALUMNI PROGRAM ACTIVITIES WERE SATISFIED WITH THE PROGRAM.THE ALUMNI CONNECTION PROGRAM ALSO PROVIDES BEDSIDE CARE, COMFORT, AND BACKPACKS TO WOUNDED SERVICE MEMBERS ARRIVING AT U.S. MILITARY TREATMENT FACILITIES AND U.S. DEPARTMENT OF VETERANS AFFAIRS ("VA") POLYTRAUMA REHABILITATION CENTERS. WWP BACKPACKS CONTAIN CLOTHING AND PERSONAL ITEMS TO MAKE A WARRIOR'S HOSPITAL STAY MORE COMFORTABLE, ALSO SERVING AS AN ENTRY POINT INTO WWP'S PROGRAMS AS THEY TRANSITION THROUGH CARE. WARRIORS WHO ARE INJURED OVERSEAS AND 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, AND FOR THE COMFORT OF THEIR ACCOMPANYING FAMILY MEMBERS. WWP DELIVERED 77 BACKPACKS TO WOUNDED WARRIORS IN FISCAL YEAR 2023. SINCE WWP'S INCEPTION, 6,154 BACKPACKS AND 47,718 TCPS HAVE BEEN DELIVERED TO WOUNDED WARRIORS.INTERNATIONAL SUPPORT: LANDSTUHL REGIONAL MEDICAL CENTER ("LRMC"), LOCATED IN LANDSTUHL, GERMANY, OFFERS SUPPORT ABROAD FOR WOUNDED, ILL, AND INJURED SERVICE MEMBERS WHO ARE MEDICALLY EVACUATED FROM DEPLOYED LOCATIONS. TYPICALLY, THEIR BELONGINGS ARE NOT TRANSPORTED WITH THEM. WWP ENDEAVORS TO MAKE THEIR HOSPITAL STAY AND TRAVEL BACK TO THE UNITED STATES AS COMFORTABLE AS POSSIBLE. WWP HAS DEDICATED PERSONNEL AND RESOURCES AT LRMC THAT DISTRIBUTE TCPS, PROVIDE SUPPORT FOR EVENTS AND VISITATION, AND EDUCATE WARRIORS AND FAMILIES ON WWP'S FREE PROGRAMS AND SERVICES.PEER SUPPORT: DURING MILITARY SERVICE, WARRIORS FORM BONDS WITH ONE ANOTHER THAT ARE AS STRONG AS FAMILY TIES; WWP RECOGNIZES THAT NO ONE UNDERSTANDS WHAT A WARRIOR IS GOING THROUGH BETTER THAN SOMEONE WHO HAS WALKED IN THEIR SHOES. WWP'S PEER SUPPORT PROGRAM IS COMPOSED OF SMALL, WOUNDED-WARRIOR-ONLY GROUPS LED BY PEERS WHO HAVE OVERCOME CHALLENGES AND EXPERIENCED SUCCESS TRANSITIONING TO CIVILIAN LIFE. ALUMNI WHO VOLUNTEER AS PEER SUPPORT GROUP LEADERS ARE LIVING THE WWP LOGO; CARRYING OTHER WARRIORS WHEN THEY NEED IT THE MOST. THESE WARRIORS GIVE BACK TO THEIR FELLOW VETERANS BY PROVIDING THEM WITH A SAFE, JUDGMENT-FREE ENVIRONMENT

TO CONNECT WITH THEIR PEERS AND STRENGTHEN THE BONDS OF SHARED SERVICE. THE PEER SUPPORT PROGRAM SERVED 10,980 WARRIORS AT PEER FACILITATED SUPPORT GROUPS IN FISCAL YEAR 2023. RESOURCE CENTER: WARRIORS AND FAMILY MEMBERS REGISTERING WITH WWP OFTEN INITIALLY COMMUNICATE WITH WWP'S RESOURCE CENTER. THE RESOURCE CENTER HELPS WARRIORS AND THEIR FAMILIES UNDERSTAND, IDENTIFY, AND ACCESS WWP PROGRAMS, SERVICES, AND SUPPORT, AS WELL AS OTHER AVAILABLE COMMUNITY RESOURCES. IT SERVES AS A CONNECTION POINT AT EVERY STEP ALONG THEIR INDIVIDUAL JOURNEYS. THE RESOURCE CENTER SERVICED 67,875 INCOMING CONTACTS INCLUDING CALLS, IN-PERSON, FAX, EMAIL AND LIVE CHATS IN FISCAL YEAR 2023.

**4c** (Code: ) (Expenses \$ **39,844,652** including grants of \$ **6,721,786**) (Revenue \$ **0**)

FINANCIAL WELLNESS PROGRAMS - AN IMPORTANT COMPONENT OF SUCCESSFUL TRANSITION TO CIVILIAN LIFE FOR WOUNDED SERVICE MEMBERS IS THE OPPORTUNITY TO PURSUE A MEANINGFUL CAREER, ACHIEVE FINANCIAL STABILITY, AND PROVIDE FOR THEIR FAMILY. FINANCIAL INSECURITY IS A SIGNIFICANT RISK FACTOR, AND WWP FINANCIAL PROGRAMS FOCUS ON STABILIZING AND EMPOWERING WOUNDED WARRIORS AND THEIR FAMILIES. TOTAL FINANCIAL WELLNESS PROGRAMS EXPENSES WERE \$39,844,652, INCLUDING GRANTS OF \$7,394,119, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2023. WWP PROVIDES THE FOLLOWING FINANCIAL WELLNESS PROGRAMS: (SEE SCHEDULE O) BENEFITS: WWP'S BENEFITS TEAM ADVOCATES FOR INJURED VETERANS AND THEIR FAMILY MEMBERS TO OBTAIN THEIR WELL-EARNED VA GOVERNMENT BENEFITS. WWP'S VA-CERTIFIED TEAM OF REPRESENTATIVES PROVIDES WARRIORS AND FAMILY MEMBERS WITH THE SUPPORT AND QUALIFIED HELP NEEDED TO NAVIGATE THE VA BENEFITS CLAIMS PROCESS. THE BENEFITS TEAM HELPS WARRIORS AND THEIR FAMILIES TO UNDERSTAND THEIR OPTIONS, RECEIVE THEIR BENEFITS, AND REMAIN FOCUSED ON THEIR RECOVERIES. IN FISCAL YEAR 2023, THERE WERE APPROXIMATELY 45,993 ISSUES AWARDED ON BEHALF OF WARRIORS THROUGH BENEFITS SERVICE, WITH AN ECONOMIC IMPACT OF \$175.7 MILLION. WARRIORS TO WORK: WWP'S WARRIORS TO WORK PROGRAM PROVIDES WARRIORS AND THEIR FAMILY MEMBERS WITH THE RESOURCES AND ASSISTANCE THEY REQUIRE TO BE SUCCESSFUL IN THE CIVILIAN WORKFORCE. WARRIORS TO WORK PROVIDES TRAINING, COACHING, INTERVIEW PREPARATION, AND OTHER CAREER SERVICES, AS WELL AS ENCOURAGES AND EDUCATES EMPLOYERS ON THE BENEFITS OF HIRING WOUNDED WARRIORS. PROGRAM PARTICIPANTS LEARN THE SKILLS NECESSARY TO FIND MEANINGFUL EMPLOYMENT, LIVE FINANCIALLY RESILIENT LIVES, AND ARE EMPOWERED TO REACH THEIR HIGHEST CAREER AMBITIONS. IN FISCAL YEAR 2023, 1,515 WARRIORS AND FAMILY MEMBERS THAT PARTICIPATED IN THE WARRIORS TO WORK PROGRAM WERE PLACED IN POSITIONS, WITH AN AVERAGE FULL-TIME SALARY OF \$65,042 AND AN AVERAGE PART-TIME SALARY OF \$23,434, RESPECTIVELY, WHICH HAD AN ECONOMIC IMPACT OF \$89 MILLION FROM ANNUALIZED EMPLOYMENT COMPENSATION. FINANCIAL EDUCATION: THE WWP FINANCIAL EDUCATION PROGRAM EMPOWERS WARRIORS TO TAKE CHARGE CONTROL OF AND MANAGE THEIR FINANCES TO BUILD A STRONG FOUNDATION FOR THEMSELVES AND THEIR FAMILIES. THE PROGRAM OFFERS A VARIETY OF OPPORTUNITIES SUCH AS EDUCATIONAL SEMINARS, ONE-ON-ONE COUNSELING, AND ONLINE RESOURCES COVERING TOPICS LIKE PERSONAL FINANCE, BUDGETING, SAVING, DEBT MANAGEMENT, AND LONG-TERM PLANNING. THESE SERVICES EQUIP WARRIORS WITH THE TOOLS, RESOURCES, AND SUPPORT THEY NEED TO ACHIEVE FINANCIAL WELLNESS TODAY, FOR A BETTER TOMORROW. IN FISCAL YEAR 2023, 2,274 WARRIORS AND FAMILY MEMBERS THAT PARTICIPATED IN THE FINANCIAL EDUCATION PROGRAM. EMERGENCY FINANCIAL ASSISTANCE: WWP'S PROGRAMS AND SERVICES ARE BUILT TO GUIDE WARRIORS TOWARD THEIR NEXT MISSION IN LIFE. ALONG THAT JOURNEY, UNEXPECTED CHALLENGES AND EMERGENCIES CAN OCCUR THAT CAN PUT A WARRIOR'S RECOVERY PROGRESS IN JEOPARDY. THE WWP EMERGENCY FINANCIAL ASSISTANCE SERVICE PROVIDES FINANCIAL GRANTS TO WARRIORS WHO ARE STRUGGLING WITH THE MOST URGENT AND CRITICAL FINANCIAL CHALLENGES SO THEY CAN BUILD THE BEST LIVES FOR THEMSELVES AND THEIR FAMILIES. WWP ISSUED GRANTS TO 2,626 WARRIORS TOTALING \$5,421,786. SEE SCHEDULE I, PART II.

(Code: ) (Expenses \$ **86,046,876** including grants of \$ **12,065,387**) (Revenue \$ **0**)

INDEPENDENCE PROGRAM - WWP'S INDEPENDENCE PROGRAM PROVIDES LONG-TERM SUPPORT TO CATASTROPHICALLY WOUNDED WARRIORS LIVING WITH INJURIES SUCH AS A MODERATE TO SEVERE TRAUMATIC BRAIN INJURY, SPINAL CORD INJURY, OR NEUROLOGICAL CONDITIONS THAT NEGATIVELY IMPACT THEIR INDEPENDENCE. THE PROGRAM IS DESIGNED TO SUPPORT WARRIORS WHO, WITHOUT HIGH- TOUCH SERVICES, WOULD STRUGGLE TO LIVE DAY- TO- DAY DUE TO THE SEVERITY OF THEIR INJURIES. WWP CONTRACTS WITH SPECIALIZED CASE MANAGER TEAMS TO INCREASE ACCESS TO COMMUNITY SERVICES, OFFER REHABILITATION THROUGH THERAPY, AND EMPOWER WARRIORS TO LIVE A MORE INDEPENDENT LIFE. SUPPLEMENTING VA CARE, SERVICES ARE HIGHLY INDIVIDUALIZED AND INCLUDE IN-HOME CARE, LIFE SKILLS COACHING, TRADITIONAL THERAPIES (PHYSICAL, OCCUPATIONAL, SPEECH, ETC.), AND ALTERNATIVE THERAPIES (ART, MUSIC, EQUINE, ETC.). BECAUSE EVERY JOURNEY IS DIFFERENT, WWP WORKS AS A TEAM WITH WARRIORS, THEIR FAMILY MEMBERS, AND THEIR CAREGIVERS TO SET INDIVIDUALIZED GOALS TO LIVE A FULFILLING LIFE, AT HOME, WITH THEIR LOVED ONES. AS OF SEPTEMBER 30, 2023, THERE WERE 849 WARRIORS RECEIVING SERVICES THROUGH THE INDEPENDENCE PROGRAM AT AN AVERAGE ANNUAL COST PER WARRIOR FOR CONTRACTED OUTSIDE SERVICES OF \$25,457. TOTAL INDEPENDENCE PROGRAM EXPENSES WERE \$46,787,443, INCLUDING GRANTS OF \$4,000,000 TO WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST (THE "TRUST"). SEE BELOW. WWP'S INDEPENDENCE PROGRAM ALSO PROVIDES CONTINUOUS CARE SERVICES. THE GOAL OF CONTINUOUS CARE SERVICES IS TO EMPOWER SEVERELY INJURED WARRIORS AND FAMILY MEMBERS ENROLLED IN THE INDEPENDENCE PROGRAM TO PREPARE FOR THEIR FUTURE BY DEVELOPING LIFE CARE, ESTATE, AND FINANCIAL PLANS. WWP PROVIDES AT NO COST TO WARRIORS AND THEIR FAMILY MEMBERS WITH, THIRD-PARTY PROFESSIONAL SERVICES TO SUPPORT THIS CRITICAL LONG-TERM PLANNING. IN ADDITION, IN THE EVENT OF THE LOSS OR INABILITY OF THEIR CAREGIVER TO PROVIDE THE REQUIRED LEVEL OF IN-HOME SUPPORT, THE WARRIOR IS AFFORDED A CAPPED AMOUNT OF FINANCIAL SUPPORT TO HELP PAY FOR HOUSING, HOME CARE AID OR LONG-TERM FACILITY SUPPORT. THESE CONTINUOUS CARE SERVICES ARE FUNDED BY THE TRUST. THE PURPOSE OF THE TRUST IS TO PROVIDE THE ECONOMIC MEANS TO MAINTAIN SEVERELY WOUNDED, ILL OR INJURED WARRIORS IN SETTINGS THAT ARE AS INDEPENDENT AS POSSIBLE, AND TO ASSIST WITH LONG TERM CARE NEEDS IN THE EVENT THAT THE WARRIOR'S CAREGIVER IS NO LONGER ABLE TO PROVIDE THE REQUIRED LEVEL OF SUPPORT. SPECIFICALLY, THE TRUST PROVIDES FUNDS TO ENSURE HOME CARE, RESIDENTIAL OPTIONS AND OTHER NECESSARY SERVICES REMAIN AVAILABLE TO THESE WARRIORS, WHO UPON THE LOSS OF THEIR CAREGIVER, ARE AT RISK FOR INSTITUTIONALIZATION. WWP IS RESPONSIBLE FOR IDENTIFYING THE WARRIORS WHO ARE MEMBERS OF THE CHARITABLE CLASS OF PERSONS SERVED BY THE TRUST. THE TRUST WILL GENERALLY MAKE APPROVED DISTRIBUTIONS DIRECTLY TO SERVICE PROVIDERS TO PROVIDE FOR THE NEEDS OF WARRIORS. DISTRIBUTIONS FOR THE BENEFIT OF A SPECIFIC WARRIOR TAKE INTO ACCOUNT HIS OR HER HEALTH, FINANCIAL NEEDS, CARE REQUIREMENTS, ABILITY TO LIVE INDEPENDENTLY, COMMUNITY-BASED RESOURCES AVAILABLE, AND IN GENERAL, SERVICES REQUIRED TO PROVIDE FOR A BETTER QUALITY OF LIFE. FURTHER, WWP TAKES INTO CONSIDERATION THE AVAILABILITY OF GOVERNMENT BENEFITS AND OTHER FORMS OF PUBLIC FUNDING AND RESOURCES THAT MAY PROVIDE FOR SOME OR ALL OF THE NEEDS OF THE WARRIOR. THE TRUST IS A TYPE I SUPPORTING ORGANIZATION, OPERATED, SUPERVISED AND CONTROLLED BY WWP, ITS SUPPORTED ORGANIZATION. ALL FUNDS HELD BY THE TRUST MUST BE USED FOR PURPOSES DEFINED BY THE TRUST AND WILL NOT BE RETURNED TO WWP UNLESS THE TRUST IS TERMINATED. WWP DOES NOT HAVE ANY PLANS TO TERMINATE THE TRUST. A SEPARATE IRS FORM 990 IS FILED FOR THE WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST. ACCORDINGLY, ALL DISTRIBUTIONS OUT OF THE TRUST ARE RECORDED IN THE TRUST'S FORM 990. DISTRIBUTIONS FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2023 TOTALED \$953,992. TRUST NET ASSETS TOTALED \$141,913,284 AS OF SEPTEMBER 30, 2023. PHYSICAL HEALTH AND WELLNESS PROGRAMS - WWP'S PHYSICAL HEALTH AND WELLNESS PROGRAM EMPOWERS WARRIORS TO ADOPT HEALTHIER LIFESTYLES THROUGH MOVEMENT, NUTRITION AND SLEEP EDUCATION, COACHING, GOAL SETTING, AND SKILL-BUILDING. THE CORNERSTONE OF THE PROGRAM IS A 90-DAY COACHING PROGRAM DELIVERED IN PERSON AND VIRTUALLY BY FULL TIME STAFF, WHICH HELPS WARRIORS ADOPT AN ACTIVE LIFESTYLE AND BETTER NUTRITIONAL HABITS. WARRIORS REACH THEIR GOALS THROUGH VARIOUS ACTIVITIES AND CHALLENGES THAT HELP THEM IMPROVE THEIR PHYSICAL HEALTH, MENTAL HEALTH, AND OVERALL WELL-BEING. IN FISCAL YEAR 2023, THERE WERE 5,712 PARTICIPANTS IN WWP PH&W PROGRAMS. OF THOSE PARTICIPANTS, 1,257 PARTICIPATED IN THE COACHING PROGRAM AND 32% REPORTED AN IMPROVEMENT IN THEIR NUTRITIONAL QUALITY AFTER PARTICIPATION IN THE PROGRAM. 52% OF PARTICIPANTS REPORTED THAT THEY MET THE PHYSICAL ACTIVITY GUIDELINES AFTER PARTICIPATION IN THE PROGRAM. ADAPTIVE SPORTS: THE WWP ADAPTIVE SPORTS PROGRAM EMPOWERS WARRIORS TO UNLEASH THEIR HIGHEST POTENTIAL BY PARTICIPATING IN MODIFIED ATHLETIC OPPORTUNITIES DESIGNED FOR THEIR INDIVIDUAL ABILITIES. THROUGH SINGLE AND MULTI- DAY CLINICS, WARRIORS LEARN TO USE ADAPTIVE SPORTS EQUIPMENT AND DEVELOP ATHLETIC SKILLS. ADDITIONALLY, WARRIORS ARE INTRODUCED TO SEASONED ADAPTIVE SPORTS ATHLETES AND CONNECTED WITH LOCAL RESOURCES. THIS LAYS THE GROUNDWORK FOR THEM TO CONTINUE IMPROVING THEIR PHYSICAL FITNESS WHILE CONNECTING WITH OTHER VETERANS AND THEIR COMMUNITY THROUGH SPORT. IN FISCAL YEAR 2023, 215 TOTAL WARRIORS AND FAMILY SUPPORT MEMBERS PARTICIPATED IN AN ADAPTIVE SPORTS EVENT. SOLDIER RIDE: WWP'S SOLDIER RIDE ORIGINATED AS A UNIQUE, MULTI-DAY CYCLING EVENT THAT HELPS WARRIORS BUILD THEIR CONFIDENCE AND STRENGTH THROUGH SHARED PHYSICAL ACTIVITIES AND BONDS OF SERVICE IN A SUPPORTIVE ENVIRONMENT. THE PROGRAM INCORPORATES SKILL-BUILDING PRACTICES THAT ACCOMMODATE ALL ABILITY LEVELS. WARRIORS NEVER RIDE ALONE; THEY MOVE FORWARD TOGETHER, AS A UNIT, JUST AS THEY DID DURING THEIR MILITARY SERVICE. OVER THE YEARS, SOLDIER RIDE HAS EXPANDED TO INCORPORATE A VARIETY OF OPTIONS TO SERVE WARRIORS. THESE INCLUDE TRADITIONAL AND ADAPTIVE ROAD BIKING, MOUNTAIN BIKING, SKIING, SNOWBOARDING, VIRTUAL EVENTS, TRAINING CHALLENGES, AS WELL AS SKILLS DEVELOPMENT CAMPS. SOLDIER RIDE SERVED 1,800 PARTICIPANTS IN FISCAL YEAR 2023. 93% OF PARTICIPANTS SAID SOLDIER RIDE INCREASED THEIR OVERALL SELF-CONFIDENCE. TOTAL PHYSICAL HEALTH & WELLNESS PROGRAM EXPENSES WERE \$19,184,999 INCLUDING GRANTS OF \$125,000 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2023. COMMUNITY PARTNERSHIPS - WWP BELIEVES THAT NO SINGLE ORGANIZATION CAN MEET ALL THE NEEDS OF WOUNDED, INJURED, OR ILL VETERANS ALONE. THROUGH ITS COMMUNITY PARTNERSHIPS PROGRAM, WWP COLLABORATES WITH AND INVESTS IN OTHER MILITARY AND VETERAN SUPPORT ORGANIZATIONS TO AMPLIFY THE IMPACT OF WWP'S MISSION AND EXPAND OUR REACH, CREATING SYSTEMS OF SUPPORT TO FULFILL THE WIDE RANGE OF CHALLENGES OUR NATION'S INJURED VETERANS FACE. TOTAL COMMUNITY PARTNERSHIP EXPENSES WERE \$14,593,983, INCLUDING GRANTS OF \$7,865,387, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2023. SEE SCHEDULE I. GOVERNMENT RELATIONS - AS A TRUSTED ADVOCATE FOR OUR NATION'S WOUNDED VETERANS, WWP'S WASHINGTON, DC - BASED GOVERNMENT AND COMMUNITY RELATIONS TEAM STRIVES TO ADDRESS THE ISSUES THAT MATTER MOST TO VETERANS. USING FEEDBACK AND INSIGHTS FROM WARRIORS, THE GOVERNMENT RELATIONS TEAM ADVOCATES FOR POLICIES AND INITIATIVES THAT MAKE A DIFFERENCE - IMPROVING THE LIVES OF MILLIONS OF VETERANS, THEIR FAMILY MEMBERS, AND CAREGIVERS. ON THE FRONT LINES OF MILITARY AND VETERAN ISSUES, WWP ADVOCATES FOR SOLUTIONS IN AREAS SUCH AS MENTAL HEALTH, ACCESS TO COMMUNITY CARE, WOMEN VETERAN'S CARE, RESEARCH FOR BRAIN INJURIES, TOXIC EXPOSURES, TRANSITION ASSISTANCE BENEFITS AND MORE. TOTAL GOVERNMENT RELATIONS EXPENSES WERE \$5,480,451 INCLUDING GRANTS OF \$75,000 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2023.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ **86,046,876** including grants of \$ **12,065,387**) (Revenue \$ **0**)

**4e** Total program service expenses **260,640,285**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Each row has a corresponding 'Yes' and 'No' checkbox column.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<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>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</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>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>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>25b</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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
<b>28b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
<b>28c</b>	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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?		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?		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>35b</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</b>	<b>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 on 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

		Yes	No
<b>1a</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . 2a 1,037
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . 3a Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . . 3b Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Yes
b If "Yes," enter the name of the foreign country: GM
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . 7a Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . 7b Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . 7c No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . . 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . 7h Yes
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders . . . . . 11a
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? . . . . . 13a
Note. See the instructions for additional information the organization must report on Schedule O.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . 13b
c Enter the amount of reserves on hand . . . . . 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . 15 No
16 If the organization is a trust, did it file Form 720, Schedule E, to report the section 4968 excise tax on net investment income? . . . . . 16 No
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . 17
If "Yes," complete Form 6069.

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



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on 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? 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

- 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, OH, OR, PA, RI, SC, VA, WV, WI
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 BELFORD ROAD SUITE 300 JACKSONVILLE, FL 32256 (904) 296-7350

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

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

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

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

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) KEN HUNZEKER VICE CHAIR / CHAIR (AS OF 09/2023)	5.00 0.00	X		X			0	0	0
(2) KATHLEEN WIDMER CHAIR (THROUGH 09/2023)	5.00 0.00	X		X			0	0	0
(3) BILL SELMAN DIRECTOR / VICE CHAIR (AS OF 09/2023)	5.00 0.00	X					0	0	0
(4) JOSEPH CARVALHO DIRECTOR	5.00 0.00	X					0	0	0
(5) KRISTEN ROBINSON DIRECTOR	5.00 0.00	X					0	0	0
(6) TIFFANY DAUGHERTY DIRECTOR	5.00 0.00	X					0	0	0
(7) LISA DISBROW DIRECTOR	5.00 0.00	X					0	0	0
(8) JEFF DOLVEN DIRECTOR	5.00 0.00	X					0	0	0
(9) JUAN GARCIA DIRECTOR (THROUGH 09/2023)	5.00 0.00	X					0	0	0
(10) FLORENT GROBERG DIRECTOR (AS OF 09/2023)	5.00 0.00	X					0	0	0
(11) MICHAEL T HALL DIRECTOR	5.00 0.00	X					0	0	0
(12) KATHY HILDRETH DIRECTOR	5.00 0.00	X					0	0	0
(13) PATRICIA HOROHO DIRECTOR (THROUGH 12/2023)	5.00 0.00	X					0	0	0
(14) WILL B REYNOLDS III DIRECTOR (THROUGH 09/2023)	5.00 0.00	X					0	0	0
(15) SCOTT STALKER DIRECTOR (AS OF 09/2023)	5.00 0.00	X					0	0	0
(16) LINDSEY STREETER DIRECTOR (AS OF 09/2023)	5.00 0.00	X					0	0	0
(17) MICHAEL S LINNINGTON CHIEF EXECUTIVE OFFICER	50.00 0.00			X			462,711	0	38,962

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) ERIC S MILLER CHIEF FINANCIAL OFFICER	50.00 0.00			X			342,394	0	40,740
(19) JENNIFER M SILVA CHIEF PROGRAM OFFICER	50.00 0.00			X			341,914	0	40,740
(20) CHRISTOPHER TONER CHIEF OF STAFF	50.00 0.00			X			329,860	0	36,949
(21) SCOTT COSTER CHIEF INFORMATION OFFICER	50.00 0.00			X			328,822	0	38,669
(22) VILMA CONSUEGRA CHIEF MKTG & COMMS OFFICER	50.00 0.00			X			304,112	0	34,336
(23) KATHRYN BONGIOVANNI VP - GENERAL COUNSEL (THROUGH 04/23)	50.00 0.00			X			280,625	0	28,530
(24) CHRIS NEEDLES AS OF 062022 CHIEF DEVELOPMENT OFFICER	50.00 0.00			X			190,152	0	19,405
(25) ADAM VANEK VP - GENERAL COUNSEL (AS OF 09/2023)	50.00 0.00			X			0	0	0
(26) JOHN T HAMRE III VP RESOURCE DEVEL.: DIRECT RESPONSE	50.00 0.00					X	304,683	0	22,973
(27) JOSE RAMOS VP GOVT & CMTY RELATIONS	50.00 0.00					X	292,836	0	34,865
(28) TRACY FARRELL VP PROGRAM PARTNERSHIPS & OPS	50.00 0.00					X	268,697	0	19,141
(29) ANGELA STROHL VP HUMAN RESOURCES	50.00 0.00					X	268,530	0	34,676
(30) BREA KRATZERT VP RESOURCE DEVEL.: BUSINESS DEVEL.	50.00 0.00					X	268,425	0	32,548
<b>1b Sub-Total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>						3,983,761	0		422,534

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 185**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NEURO COMMUNITY CARE 12521 CAPITAL BLVD STE 401-139 WAKE FOREST, NC 27587	INDEPENDENCE PROGRAM & WCN	14,204,066
NEURO-REHAB MANAGEMENT INC 800 WEST CUMMINGS PARK STE 4950 WOBURN, MA 01801	INDEPENDENCE PROGRAM & WCN	4,658,447
CREATIVE DIRECT RESPONSE INC 16900 SCIENCE DRIVE STE 210 BOWIE, MD 20715	DIRECT RESPONSE	4,516,675
CENTERSTONE MILITARY SERVICES 44 VANGATE WAY STE 400 NASHVILLE, TN 37228	MENTAL & BRAIN HEALTH SVCS.	3,235,209
TV FUNDRAISING SOLUTIONS LLC DBA DIRECT 4200 PARLIAMENT PL 3RD FL LANHAM, MD 20706	DIRECT RESPONSE	2,812,895

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 63**

**Part VIII Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts				
<b>1a</b> Federated campaigns . . . . .			497,184	
<b>1b</b> Membership dues . . . . .				
<b>1c</b> Fundraising events . . . . .			1,617,902	
<b>1d</b> Related organizations . . . . .				
<b>1e</b> Government grants (contributions) . . . . .				
<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .			330,517,377	
<b>1g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .			3,336,625	
<b>1g Total.</b> Add lines 1a-1f . . . . .				332,632,463

Program Service Revenue		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.				
<b>g</b>	<b>Total.</b> Add lines 2a-2f. . . . .				

<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		10,270,956			10,270,956
<b>4</b>	Income from investment of tax-exempt bond proceeds					
<b>5</b>	Royalties . . . . .		2,027,852		72,420	1,955,432
<b>6a</b>	Gross rents	(i) Real		(ii) Personal		
<b>6b</b>	Less: rental expenses					
<b>6c</b>	Rental income or (loss)					
<b>6d</b>	Net rental income or (loss) . . . . .					
<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	70,915,238	(ii) Other		
<b>7b</b>	Less: cost or other basis and sales expenses		68,694,052			
<b>7c</b>	Gain or (loss)		2,221,186			
<b>7d</b>	Net gain or (loss) . . . . .		2,221,186			2,221,186
<b>8a</b>	Gross income from fundraising events (not including \$ 1,617,902 of contributions reported on line 1c). See Part IV, line 18 . . . . .		318,021			
<b>8b</b>	Less: direct expenses		590,448			
<b>8c</b>	Net income or (loss) from fundraising events . . . . .		-272,427			-272,427
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
<b>9b</b>	Less: direct expenses					
<b>9c</b>	Net income or (loss) from gaming activities . . . . .					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .					
<b>10b</b>	Less: cost of goods sold					
<b>10c</b>	Net income or (loss) from sales of inventory . . . . .					

Other Revenue		Business Code				
<b>11a</b>	MAILING RENTAL INCOME	900099	969,439		969,439	
<b>b</b>	PURCHASING CARD REBATE	900099	526,266		526,266	
<b>c</b>						
<b>d</b>	All other revenue . . . . .		289,519		289,519	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		1,785,224			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		348,665,254	0	72,420	15,960,371

OtherRevenueMiscAmt

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	48,348,141	48,348,141		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	5,421,786	5,421,786		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,048,372	730,836	1,987,935	329,601
<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)				
<b>7</b> Other salaries and wages	79,691,238	65,884,986	2,921,146	10,885,106
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,321,785	1,911,899	94,588	315,298
<b>9</b> Other employee benefits	16,460,810	13,760,277	696,787	2,003,746
<b>10</b> Payroll taxes	5,594,786	4,564,054	294,370	736,362
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	346,038		346,038	
<b>c</b> Accounting	264,915		264,915	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	8,994,531			8,994,531
<b>f</b> Investment management fees	814,998		814,998	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	364,967		364,967	
<b>12</b> Advertising and promotion	10,722,313	10,072,824		649,489
<b>13</b> Office expenses	1,575,780	869,726	228,853	477,201
<b>14</b> Information technology	9,287,178	6,125,334	1,642,018	1,519,826
<b>15</b> Royalties				
<b>16</b> Occupancy	7,489,585	4,808,037	1,571,877	1,109,671
<b>17</b> Travel	5,518,971	4,964,822	74,666	479,483
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	767,704	604,697	74,188	88,819
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	960,860	644,662	185,350	130,848
<b>23</b> Insurance	643,090	421,606	129,830	91,654
<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	44,757,547	36,644,695	1,606,240	6,506,612
<b>b</b> DIRECT RESPONSE MAIL	32,623,532	9,954,864		22,668,668
<b>c</b> DIRECT RESP TV & ONLINE	30,843,526	15,136,237		15,707,289
<b>d</b> WARRIOR EVENTS	20,646,525	20,646,525		
<b>e</b> All other expenses	31,987,473	9,124,277	7,153,911	15,709,285
<b>25</b> Total functional expenses. Add lines 1 through 24e	369,496,451	260,640,285	20,452,677	88,403,489
<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).	40,718,004	29,447,341	0	11,270,663

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	0	<b>1</b>	1,216,825
	<b>2</b> Savings and temporary cash investments	10,306,087	<b>2</b>	22,921,143
	<b>3</b> Pledges and grants receivable, net . . . . .	46,812,690	<b>3</b>	24,460,990
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	11,382,378	<b>9</b>	9,694,423
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	28,158,655		
	<b>b</b> Less: accumulated depreciation	23,939,997	2,966,670	4,218,658
	<b>11</b> Investments—publicly traded securities . . . . .	335,301,372	<b>11</b>	341,000,771
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	20,474,865	<b>12</b>	21,492,971
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	22,409,693	<b>15</b>	23,166,736
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	449,653,755	<b>16</b>	448,172,517	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	44,007,367	<b>17</b>	38,544,551
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<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	23,121,796	<b>25</b>	20,042,731
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	67,129,163	<b>26</b>	58,587,282
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	376,313,962	<b>27</b>	383,861,816
	<b>28</b> Net assets with donor restrictions	6,210,630	<b>28</b>	5,723,419
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	382,524,592	<b>32</b>	389,585,235
<b>33</b> Total liabilities and net assets/fund balances	449,653,755	<b>33</b>	448,172,517	

**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>	348,665,254
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	369,496,451
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-20,831,197
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	382,524,592
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	26,819,897
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<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>	1,071,943
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	389,585,235

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
<b>3b</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.		

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**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).)
- 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 on 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) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .	266,271,219	268,836,639	316,069,220	388,364,321	332,632,463	1,572,173,862
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>4 Total.</b> Add lines 1 through 3	266,271,219	268,836,639	316,069,220	388,364,321	332,632,463	1,572,173,862
<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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						1,572,173,862

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4. . . . .	266,271,219	268,836,639	316,069,220	388,364,321	332,632,463	1,572,173,862
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	10,556,652	11,492,063	11,355,972	12,114,895	12,226,388	57,745,970
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .		56,197	77,296	79,787	72,420	285,700
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	2,504,476	3,104,840	1,781,584	2,200,198	2,103,245	11,694,343
<b>11 Total support.</b> Add lines 7 through 10						1,641,899,875
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	

**13 First 5 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 2022 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	95.750 %
<b>15</b> Public support percentage for 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	95.640 %

**16a 33 1/3% support test—2022.** 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—2021.** 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—2022.** 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—2021.** 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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17.

19a 33 1/3% support tests-2022. 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-2021. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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>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>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<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>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>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<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>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>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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>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>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<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>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).		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<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>b</b>	Did one or more disqualified persons (as defined on 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>c</b>	Did a disqualified person (as defined on 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>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>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).		

**Part IV Supporting Organizations** (continued)

- |            | Yes | No |
|------------|-----|----|
|            |     |    |
| <b>11a</b> |     |    |
| <b>11b</b> |     |    |
| <b>11c</b> |     |    |
- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.*

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

- 2** Activities Test. **Answer lines 2a and 2b below.**

- |           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>2a</b> |     |    |
|           |     |    |
| <b>2b</b> |     |    |
- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

- 3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- |           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>3a</b> |     |    |
|           |     |    |
| <b>3b</b> |     |    |
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

**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.

**Section A - Adjusted Net Income**

(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 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b> |  |  |

**Section B - Minimum Asset Amount**

(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 Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |  |  |
| <b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |           |  |  |
| <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 0.015 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 0.035  | <b>6</b>  |  |  |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |  |  |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |  |  |

**Section C - Distributable Amount**

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 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |  |

- 7**  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022:			
<b>a</b> From 2017. . . . .			
<b>b</b> From 2018. . . . .			
<b>c</b> From 2019. . . . .			
<b>d</b> From 2020. . . . .			
<b>e</b> From 2021. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018. . . . .			
<b>b</b> Excess from 2019. . . . .			
<b>c</b> Excess from 2020. . . . .			
<b>d</b> Excess from 2021. . . . .			
<b>e</b> Excess from 2022. . . . .			

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

### Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MAILING RENTAL INCOME - 2018 AMOUNT: \$ 1,262,662. 2019 AMOUNT: \$ 1,693,329. 2020 AMOUNT: \$ 1,280,691. 2021 AMOUNT: \$ 1,238,401. 2022 AMOUNT: \$ 969,439. PURCHASE CARD REBATES - 2018 AMOUNT: \$ 562,567. 2019 AMOUNT: \$ 305,973. 2020 AMOUNT: \$ 194,721. 2021 AMOUNT: \$ 528,354. 2022 AMOUNT: \$ 526,266. SPECIAL EVENTS REVENUE - 2018 AMOUNT: \$ 312,367. 2019 AMOUNT: \$ 107,295. 2020 AMOUNT: \$ 156,228. 2021 AMOUNT: \$ 174,559. 2022 AMOUNT: \$ 318,021. MISCELLANEOUS - 2018 AMOUNT: \$ 366,880. 2019 AMOUNT: \$ 998,243. 2020 AMOUNT: \$ 149,944. 2021 AMOUNT: \$ 258,884. 2022 AMOUNT: \$ 289,519.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Schedule B**

**Schedule of Contributors**

OMB No. 1545-0047

(Form 990)  
Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2022**

Name of the organization WOUNDED WARRIOR PROJECT INC	Employer identification number 20-2370934
---	--

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ
  - 501(c)( ) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
  - 527 political organization
- Form 990-PF
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
 WOUNDED WARRIOR PROJECT INC

**Employer identification number**  
 20-2370934

**Part I**  
**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
WOUNDED WARRIOR PROJECT INC

Employer identification number  
20-2370934

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____

Name of organization WOUNDED WARRIOR PROJECT INC	Employer identification number 20-2370934
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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	<b>Employer identification number</b>  20-2370934
---	---

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

<b>1</b>	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."		
<b>2</b>	Political campaign activity expenditures. See instructions .....	▶	\$ _____
<b>3</b>	Volunteer hours for political campaign activities. See instructions .....		_____

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

<b>1</b>	Enter the amount of any excise tax incurred by the organization under section 4955 .....		\$ _____
<b>2</b>	Enter the amount of any excise tax incurred by organization managers under section 4955 .....		\$ _____
<b>3</b>	If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4a</b>	Was a correction made? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</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).**

<b>1</b>	Enter the amount directly expended by the filing organization for section 527 exempt function activities .....		\$ _____
<b>2</b>	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .....	▶	\$ _____
<b>3</b>	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....		\$ _____
<b>4</b>	Did the filing organization file <b>Form 1120-POL</b> for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	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-.
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				

**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%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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? .....	Yes		
<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		30,271
<b>e</b> Publications, or published or broadcast statements? .....	Yes		
<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		126,399
<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 .....			156,670
<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>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</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>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See Instructions .....	<b>5</b>	

**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
PART II-B, LINE 1:	SCHEDULE C, PART II-B, LINE 1A WWP HAS USED VOLUNTEERS TO SUPPORT LOBBYING ACTIVITIES BEFORE THE U.S. CONGRESS. WWP HAS DIRECTLY FACILITATED MEETINGS BETWEEN VETERANS AND THEIR ELECTED REPRESENTATIVES, TO INCLUDE VIRTUAL MEETINGS ON LEGISLATION AND PHYSICAL VISITS TO WASHINGTON, D.C. SCHEDULE C, PART II-B, LINE 1B WWP EMPLOYS PUBLIC POLICY PROFESSIONALS TO HELP EDUCATE COMMUNITY LEADERS ABOUT THE ISSUES AFFECTING VETERANS AND CAREGIVERS. THIS MEANS THAT, OCCASIONALLY, WWP MEETS WITH GOVERNMENT OFFICIALS TO PROVIDE INSIGHT ON PROPOSED CHANGES TO LAWS AND REGULATIONS AFFECTING VETERAN AND CAREGIVER HEALTH AND BENEFITS. SCHEDULE C, PART II-B, LINE 1D WWP PAID FOR SOFTWARE SERVICES TO DELIVER LOBBYING MESSAGES FROM SUPPORTERS TO MEMBERS OF CONGRESS. SOFTWARE CAPABILITIES INCLUDE HOSTING PRE-WRITTEN MESSAGES ON THE WWP WEBSITE IN SUPPORT OF SPECIFIC LEGISLATION THAT INTERESTED USERS CAN POPULATE WITH ADDRESS INFORMATION TO DETERMINE HIS/HER MEMBERS OF CONGRESS AND SUBSEQUENTLY DELIVER ELECTRONIC MAIL ON HIS/HER BEHALF. SOFTWARE CAPABILITIES ALSO INCLUDE MASS E-MAILING FUNCTIONS TO DISTRIBUTE A QUARTERLY NEWSLETTER WITH INFORMATION ABOUT BILLS THAT WWP SUPPORTS TO CONGRESSIONAL STAFF AND VETERANS.
SCHEDULE C, PART II-B, LINE 1E	WWP WRITES AND DISTRIBUTES A QUARTERLY NEWSLETTER DISTRIBUTED TO VETERANS AND THEIR ELECTED REPRESENTATIVES THAT OCCASIONALLY INCLUDES CALLS TO ACTION AND SUPPORT FOR SPECIFIC LEGISLATION. THE NEWS LETTER IS IN DIGITAL FORM, DELIVERED OVER E-MAIL, AND IS AVAILABLE FOR VIEWING ON THE WWP WEBSITE.
SCHEDULE C, PART II-B, LINE 1G	THIS INCLUDES COMPENSATION AND TRAVEL RELATED EXPENSES FOR WWP EMPLOYEES RELATED TO DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY. EXAMPLES INCLUDE RESEARCH AND OFFICE VISITS TO DISCUSS AND SUPPORT FEDERAL LEGISLATION TO IMPROVE VETERAN HEALTH CARE AND BENEFITS. ADDITIONALLY WWP ALUMNI FROM ACROSS THE COUNTRY TRAVELED TO WASHINGTON, DC TO PARTICIPATE IN OPERATION ADVOCACY FLY-IN, PROVIDING A FIRSTHAND PERSPECTIVE TO CONGRESSIONAL LEADERS ON ISSUES IMPACTING VETERANS AND THEIR FAMILIES.

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

Supplemental Financial Statements

2022

Open to Public Inspection

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization WOUNDED WARRIOR PROJECT INC

Employer identification number

20-2370934

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Year' (rows 2a-2d), and various questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" 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>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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 . . . . .	1,178,186	1,507,893	1,353,536	1,319,466	1,324,845
<b>b</b> Contributions . . . . .	25,000				
<b>c</b> Net investment earnings, gains, and losses	117,781	-255,614	222,193	101,061	59,312
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	71,726	74,093	67,836	66,991	64,691
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	1,249,241	1,178,186	1,507,893	1,353,536	1,319,466

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
  - b** Permanent endowment ▶ 82.050 %
  - c** Term endowment ▶ 17.950 %
- 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 . . . . .   |     | No |
| <b>(ii)</b> Related organizations . . . . .  |     | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 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		7,253,562	6,466,738	786,824
<b>d</b> Equipment . . . . .		4,678,623	3,628,084	1,050,539
<b>e</b> Other . . . . .		16,226,470	13,845,175	2,381,295
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				4,218,658

**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) RIGHT OF USE LEASE ASSETS	18,929,743
(2) DEPOSITS	847,949
(3) SUPPLIES	104,177
(4) OTHER ACCOUNTS RECEIVABLE	3,284,867
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	23,166,736

**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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	20,042,731

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>	475,010,579
<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>	26,819,897
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	82,730,345
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	17,610,081
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	127,160,323
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	347,850,256
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	814,998
<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>	814,998
<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>	348,665,254

**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>	448,365,790
<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>	82,730,345
<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>	-3,046,008
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	79,684,337
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	368,681,453
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	814,998
<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>	814,998
<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>	369,496,451

**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
PART V, LINE 4:	INTENDED USES OF ENDOWMENT FUNDS WWP HAS TWO DONOR-RESTRICTED ENDOWMENTS, THE EARNINGS FROM WHICH ARE TO BE USED IN SUPPORT OF THE INDEPENDENCE PROGRAM AND MENTAL HEALTH & WELLNESS PROGRAMS (SEE SCHEDULE O). PERMANENT ENDOWMENTS \$1,025,000 TEMPORARILY RESTRICTED ENDOWMENTS \$224,241
PART X, LINE 2:	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXATION UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE ("CODE"), BUT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS EXCLUDED BY THE CODE. THE ORGANIZATION HAS PROCESSES IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS, TO IDENTIFY AND REPORT UNRELATED INCOME, TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS WHERE IT HAS NEXUS, AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE. IN ADDITION, THE ORGANIZATION HAS DETERMINED THAT IT HAS NOT GENERATED MATERIAL UNRELATED BUSINESS INCOME AND, THEREFORE, NO INCOME TAX PROVISION IS REQUIRED.
SCHEDULE D, PART IX & PART X	IN ACCORDANCE WITH ASU NO. 2016-02, LEASES(TOPIC 842), WWP AS LESSEE, ACCOUNTS FOR LEASE AGREEMENTS BY RECORDING ON ITS CONSOLIDATED STATEMENT OF FINANCIAL POSITION A RIGHT-OF-USE("ROU") LEASE ASSET AND LIABILITY TO REFLECT THE RIGHTS AND OBLIGATIONS OF THE LEASE AGREEMENTS, RESPECTIVELY. WWP ELECTED THE SHORT-TERM LEASE PRACTICAL EXPEDIENT AND ACCORDINGLY, DOES NOT RECORD ROU LEASE ASSETS OR LEASE LIABILITIES WITH TERMS LESS THAN 12 MONTHS. WWP ALSO ELECTED THE PRACTICAL EXPEDIENT NOT TO SEPARATE THE NON-LEASE COMPONENTS OF A CONTRACT FROM THE LEASE COMPONENT TO WHICH THEY RELATE FOR ALL ASSET CLASSES. IN ADDITION, WWP UTILIZES THE PORTFOLIO APPROACH TO GROUP LEASES WITH SIMILAR CHARACTERISTICS. THE VALUE OF THE RIGHT OF USE LEASE LIABILITY BASED ON THE PRESENT VALUE OF THE FUTURE LEASE PAYMENT IS \$20,042,731. THE VALUE OF THE RIGHT OF USE LEASE ASSET IS \$18,929,743.
SCHEDULE D, PART XI, LINE 2B AND PART XII, LINE 2A	DONATED SERVICES AND USE OF FACILITIES, REVENUE AND EXPENSE: WWP'S CONSOLIDATED FINANCIAL STATEMENTS INCLUDE THE FOLLOWING IN-KIND CONTRIBUTION

Return Reference	Explanation
	<p>REVENUE AND ASSOCIATED EXPENSE: PUBLIC SERVICE ANNOUNCEMENTS: PUBLIC SERVICE ANNOUNCEMENTS ("PSAS") HELP IMPROVE THE AMERICAN PUBLIC'S AWARENESS AND UNDERSTANDING OF THE NEEDS OF WOUNDED WARRIORS AND THEIR FAMILY MEMBERS, WHILE ALSO MAKING WARRIORS AND THEIR FAMILIES AWARE OF THE FREE PROGRAMS AND SERVICES AVAILABLE TO THEM THROUGH THE ORGANIZATION. THE ORGANIZATION PRODUCES AND DISTRIBUTES PUBLIC SERVICE TELEVISION, RADIO, INTERNET, AND NEWSPAPER ANNOUNCEMENTS THAT FOCUS ATTENTION ON THE CHALLENGES OF WOUNDED WARRIORS AND FAMILY MEMBERS, AND THE PROGRAMS AND SERVICES THE ORGANIZATION PROVIDES. THESE PSAS ARE BROADCASTED OR DELIVERED NATIONWIDE, AT NO CHARGE TO THE ORGANIZATION, TO ASSIST IN THE ACHIEVEMENT OF ITS MISSION. THESE PSAS ARE RECOGNIZED AS IN-KIND CONTRIBUTIONS AT FAIR VALUE, WITH A CORRESPONDING PSA EXPENSE ALLOCATED TO THE PROGRAMS BENEFITTED, AS THEY ARE DELIVERED TO THE PUBLIC. THE ORGANIZATION CONTRACTS WITH INDEPENDENT OUTSIDE AGENCIES TO TRACK AND ESTIMATE THE FAIR VALUE OF EACH PSA BASED ON THE DATE, TIME, AND MARKET IN WHICH IT IS DISPLAYED. PUBLIC AWARENESS: THE ORGANIZATION RECEIVES FREE ADVERTISING THROUGH BILLBOARD, MAGAZINE, AND RENTAL TRUCK ADVERTISEMENTS THAT SERVE AS PLATFORMS TO MARKET AND BRAND ITS MISSION. THESE DONATED ADVERTISEMENTS ARE RECOGNIZED AS IN-KIND CONTRIBUTIONS AT FAIR VALUE, WITH A CORRESPONDING EXPENSE ALLOCATED TO THE PROGRAMS BENEFITTED, AS THEY ARE DELIVERED TO THE PUBLIC. THE VALUATION OF THESE ADVERTISEMENTS IS PROVIDED BY THE SERVICE PROVIDER, WHO ESTIMATES THE FAIR VALUE BASED ON THE DATE, TIME, AND MARKET IN WHICH EACH IS DISPLAYED. PROFESSIONAL PROVIDERS AND CONTRACT SERVICES: THE ORGANIZATION RECEIVES DONATED PROFESSIONAL SERVICES THAT WOULD TYPICALLY BE PURCHASED IF NOT PROVIDED AS AN IN-KIND CONTRIBUTION. THESE SERVICES, WHICH REQUIRE SPECIALIZED SKILLS, ARE RECOGNIZED AS IN-KIND CONTRIBUTIONS AT FAIR VALUE WHEN THE PLEDGE IS MADE AND ARE EXPENSED WHEN THE SERVICES ARE RENDERED. THE ESTIMATED FAIR VALUE OF THESE PROFESSIONAL SERVICES IS PROVIDED BY THE SERVICE PROVIDER, WHO ESTIMATES THE FAIR VALUE BASED ON THE DATE, TIME, AND MARKET IN WHICH EACH SERVICE IS RENDERED.</p>
SCHEDULE D, PART XI, LINE 2D	<p>OTHER RECONCILING ITEMS \$16,580,627 - INVESTMENT INCOME EARNED BY THE WWP LONG TERM SUPPORT TRUST AS SHOWN ON A CONSOLIDATED BASIS. \$1,029,454 - REVERSAL OF PRIOR YEAR ACCRUALS. SCHEDULE D, PART XII, LINE 2D OTHER RECONCILING ITEMS \$ -3,046,008 AMOUNT REPRESENTS A \$4,000,000 GRANT FROM WOUNDED WARRIOR PROJECT, INC. TO THE WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST (THE "TRUST"), A TYPE 1 SUPPORTING ORGANIZATION, LESS \$953,992 IN EXPENSES INCURRED BY THE TRUST. THE TRUST IS CONSOLIDATED IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE BECAUSE, AMONG OTHER FACTORS, WWP HAS THE POWER TO REMOVE THE TRUSTEE AND APPOINT A SUCCESSOR TRUSTEE, AND THE TRUST IS OPERATED, SUPERVISED AND CONTROLLED BY WWP, ITS SUPPORTED ORGANIZATION. THE TRUST FILES A SEPARATE IRS FORM 990. SEE SCHEDULE O.</p>

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
WOUNDED WARRIOR PROJECT INC

**Employer identification number**

20-2370934

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants or 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) EUROPE (INCLUDING ICELAND & GREENLAND)	1	6	PROGRAM SERVICES	SEE PART V	918,893
(2) EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	1	0	INVESTMENTS		8,107,178
(3) CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		2,524,429
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	2	6			11,550,500
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	2	6			11,550,500

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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" on 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 noncash assistance	<b>(g)</b> Description of noncash 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; don't 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; don't file with Form 990).* . . . . .  Yes  No



## Additional Data

**Software ID:**

**Software Version:**

**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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants                |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 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 DRIVE SUITE 210  BOWIE, MD 20715	DIRECT RESPONSE		No	117,416,336	3,310,674	114,105,662
2 TV FUNDRAISING SOLUTIONS LLC DBA DIRECT DONOR TV 16900 SCIENCE DRIVE SUITE 210  BOWIE, MD 20715	DIRECT RESPONSE		No	13,328,294	2,362,723	10,965,571
3 THOMPSON HABIB & DENISON INC 80 HAYDEN AVE SUITE 300  LEXINGTON, MA 02421	DIRECT RESPONSE		No	3,006,378	780,915	2,225,463
4 INKIND DBA GOODUNITED 796 MEETING STREET  CHARLESTON, SC 29403	DIRECT RESPONSE		No	2,136,072	66,830	2,069,242
5 RUE CLAIR DIGITAL LLC DBA STREETLIGHT DIGITAL 13396 LAFAYETTE WAY  THRONTON, CO 80241	PEER TO PEER		No	952,570	660,275	292,295
6 GLOBALFACES DIRECT CORP 30 LESMIL ROAD UNIT 2  TORONTO, ONTARIO CA M3B2T3	DIRECT RESPONSE		No	772,688	1,813,114	-1,040,426
7						
8						
9						
10						
<b>Total</b>				137,612,338	8,994,531	128,617,807

**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.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		<b>CARRY FORWARD 5K</b> (event type)	<b>COURAGE AWARDS BENEFIT DINNER</b> (event type)	<b>2</b> (total number)	(add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	1,121,307	441,262	373,354	1,935,923
	<b>2</b> Less: Contributions . . . . .	912,539	395,262	310,101	1,617,902
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	208,768	46,000	63,253	318,021
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	39,300	29,347	29,932	98,579
	<b>7</b> Food and beverages . . . . .	1,360	119,214	20,726	141,300
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	220,985	95,808	33,776	350,569
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				590,448
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-272,427	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<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>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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
SCHEDULE G, PART I, LINE 2B, COLUMN IV	THESE AMOUNTS REPRESENT THE CONTRIBUTIONS RECEIVED DURING THE CURRENT TAX YEAR THAT HAVE BEEN GENERATED BY THE ACTIVITIES OF THE PROFESSIONAL FUNDRAISING SERVICE PROVIDERS LISTED ON SCHEDULE G. THESE AMOUNTS DO NOT INCLUDE CONTRIBUTIONS RECEIVED IN THE CURRENT TAX YEAR THAT WERE ATTRIBUTABLE TO ACTIVITIES PERFORMED BY THESE PROFESSIONAL FUNDRAISING SERVICE PROVIDERS IN PRIOR TAX YEARS.
SCHEDULE G, PART I, LINE 2B, COLUMN V	THESE AMOUNTS REPRESENT THE CONTRACTUAL FEES PAID TO THESE PROFESSIONAL FUNDRAISING SERVICE PROVIDERS FOR THEIR ACTIVITIES PERFORMED DURING THE CURRENT TAX YEAR. THE ORGANIZATION ANTICIPATES THAT THESE FEES AND ASSOCIATED ACTIVITIES WILL GENERATE CONTRIBUTIONS IN THE CURRENT TAX YEAR, AS WELL AS IN FUTURE TAX YEARS.
SCHEDULE G, PART I, LINE 2B, COLUMN VI	GLOBALFACES DIRECT CORP IS A FACE-TO-FACE (F2F) FUNDRAISING SERVICE PROVIDER. F2F FUNDRAISING HAS BEEN SUCCESSFUL FOR WWP IN SECURING ONGOING MONTHLY DONORS. THIS SERVICE PROVIDER IS PAID WHEN THEY SIGN UP A NEW DONOR, AND WWP RECEIVES ONGOING FUTURE DONATIONS AT NO ADDITIONAL COST. CONSEQUENTLY, IT IS ANTICIPATED THAT THE DONATIONS FOR EACH INDIVIDUAL DONOR OVER THE TIME THAT THEY CONTRIBUTE TO WWP WILL EXCEED THE UPFRONT FEE PAID TO THE SERVICE PROVIDER.

Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047 2022 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. Go to www.irs.gov/Form990 for the latest information.

Name of the organization: WOUNDED WARRIOR PROJECT INC Employer identification number: 20-2370934

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include organizations like AMERICAN NATIONAL RED CROSS, AMERICA'S WARRIOR PARTNERSHIP, ANCHORAGE COMMUNITY MENTAL HEALTH SERVICES INC, etc.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 53

3 Enter total number of other organizations listed in the line 1 table 0

**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	2626	5,421,786			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S. WWP MONITORS GRANT FUNDS ACCORDING TO THE TERMS OF AN APPLICABLE WRITTEN AGREEMENT. UNDER SUCH AGREEMENTS, GRANTEEES ARE RESPONSIBLE FOR PROVIDING PERIODIC IMPACT REPORTS. WWP USES THESE REPORTS TO ENSURE THAT GRANT FUNDS ARE SPENT FOR THEIR INTENDED PURPOSES. IN SOME CASES, SITE VISITS ARE CONDUCTED. GRANTEEES ARE INVITED THROUGH AN INVITATION-ONLY PROCESS AND ARE EVALUATED FOR FUNDING BASED ON HOW PROGRAMMING COMPLEMENTS WWP, TO INCLUDE: FILLING A GAP IN DIRECT SERVICES, AUGMENTING DIRECT SERVICES, PREVENTING DUPLICATIVE EFFORTS, SCALING IMPACT IN THE VETERAN COMMUNITY, AMPLIFYING MESSAGING AROUND ISSUES AFFECTING POST-9/11 WOUNDED/ILL/INJURED VETERANS AND THEIR FAMILIES, BUILDING RELATIONSHIPS AND COLLABORATION WITH ORGANIZATIONS SERVING VETERANS AND FAMILIES, AND GROWING OR INCUBATING SMALL ORGANIZATIONS WITH THE ABILITY TO SCALE INNOVATIVE PROGRAMMING. ORGANIZATIONS SUBMIT PROPOSALS, ENSURING INTENT AND FUNDING OBJECTIVES ARE MET. WWP CONDUCTS DUE DILIGENCE IN REVIEWING AND VETTING GRANTEEES AND ESTABLISHES REQUIRED REPORTING ELEMENTS AS PART OF THE GRANT AGREEMENT. GRANTEEES PARTICIPATE IN ONGOING CHECK-IN MEETINGS AND PROVIDE PERIODIC IMPACT REPORTS DURING THE YEAR-LONG GRANT TERM. WWP ENSURES COMPLIANCE AND SUCCESSFUL COMPLETION OF ALL GRANT REQUIREMENTS.
MILITARY FAMILY ADVISORY NETWORK - TO SUPPORT THE DEVELOPMENT OF A	STANDARDIZED APPROACH TO MEASURING IMPACT FOR THE HIDDEN HELPERS COALITION, ENSURING THAT PROGRAMMING FOR MILITARY CHILDREN AND YOUTH CAREGIVERS ARE ADHERING TO RIGOROUS PROGRAM EVALUATION METRICS. IN ADDITION, TO SUPPORT THE IMPLEMENTATION OF THE 2023 MILITARY FAMILY SUPPORT PROGRAMMING SURVEY WITH ADDITIONAL ANALYSIS THAT INVESTIGATES ISSUES UNIQUE TO POST-9/11 VETERANS AND THEIR FAMILIES. NATIONAL MILITARY FAMILY ASSOCIATION INC (NMFA) - TO SUPPORT NMFA'S OPERATION PURPLE CAMPS FOR MILITARY-CONNECTED CHILDREN, WITH A FOCUS ON CHILDREN WITH A RECENTLY DEPLOYED PARENT OR GUARDIAN OR A PARENT WITH A POST-9/11 WOUND, ILLNESS, OR INJURY. NAVY SEAL FOUNDATION INC - TO SUPPORT THE NAVY SEAL FOUNDATION'S WARRIOR FITNESS PROGRAM FOR POST-9/11 VETERANS OR SERVICE MEMBERS. FUNDING FACILITATES DIRECT SERVICES IN BRAIN AND MENTAL HEALTH, AS WELL AS OVERARCHING HUMAN PERFORMANCE PROGRAMS THAT ADDRESS COMPLEX ISSUES NAVY SEAL OPERATORS FACE. OPERATION HEALING FORCES INC - SUPPORT OPERATION HEALING FORCES' SOAR IMMEDIATE NEEDS PROGRAM, WHICH PROVIDES DIRECT CRISIS SUPPORT TO SPECIAL OPERATIONS FORCES AND THEIR FAMILIES. OPERATION HOMEFRONT - TO SUPPORT CRITICAL FINANCIAL ASSISTANCE TO WARRIORS SPECIFICALLY FOR FOOD, RENT, MORTGAGE, AND HOME REPAIRS ASSISTANCE. OPERATION NEW UNIFORM - TO SUPPORT TRANSITION SERVICES FOR SERVICE MEMBERS LEAVING THE MILITARY. THE INTENDED OUTCOMES OF THIS PROGRAM ARE EMPLOYMENT READY VETERANS WHO SEEK JOB OPPORTUNITIES. OUR MILITARY KIDS INC - TO SUPPORT THE SEVERELY INJURED PROGRAM, WHICH PROVIDES SCHOLARSHIPS FOR ENRICHMENT ACTIVITIES AND TUTORING FOR CAREGIVING CHILDREN AND YOUTH OF POST-9/11 SEVERELY INJURED SERVICE MEMBERS. REGENTS UCLA DBA UCLA HEALTH SCIENCES DEVELOPMENT - AN ACADEMIC MEDICAL CENTER IN THE WARRIOR CARE NETWORK. PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A AND SCHEDULE O FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK. ROSALYNN CARTER INSTITUTE FOR CAREGIVERS INC (RCI) - TO SUPPORT THE DEVELOPMENT OF FOUR WEBINARS FOCUSING ON MILITARY CAREGIVING ISSUES WITH REAL-WORLD IMPLEMENTATION SUGGESTIONS BASED ON FEEDBACK FROM CAREGIVERS ON COMMON AND ONGOING AREAS OF NEED, WHICH COULD INCLUDE CREATING A CARE TEAM, DISASTER PREPAREDNESS, AND YOUTH IN CAREGIVING HOMES. RUSH UNIVERSITY MEDICAL CENTER - AN ACADEMIC MEDICAL CENTER IN THE WARRIOR CARE NETWORK. PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A AND SCHEDULE O FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK. RUTGERS UNIVERSITY FOUNDATION - TO SUPPORT THE VETS4WARRIORS 24/7 PEER SUPPORT SERVICE PROGRAM FOR POST-9/11 VETERANS AND ACTIVE DUTY SERVICE MEMBERS AND THEIR FAMILIES, AS WELL AS OUTREACH EFFORTS THROUGH THE AMBASSADOR PROGRAM. SALUTE INC - PROVIDE FINANCIAL ASSISTANCE TO REDUCE BARRIERS TO CARE FOR WARRIORS ATTENDING WARRIOR CARE NETWORK. ASSISTANCE INCLUDES MORTGAGE OR RENT PAYMENTS, VEHICLE PAYMENTS, INSURANCE PAYMENTS, AND/OR UTILITIES PAYMENTS WHILE WARRIOR IS AWAY FROM HOME ATTENDING WARRIOR CARE NETWORK PROGRAM. SESAME WORKSHOP - TO SUPPORT SESAME WORKSHOP'S DEVELOPMENT OF A NEW SET OF FREE, BILINGUAL, DIGITAL RESOURCES THAT SUPPORT THE EMOTIONAL WELL-BEING OF YOUNG CHILDREN AND THEIR FAMILIES OF POST-9/11 MILITARY AND VETERAN CAREGIVING HOUSEHOLDS. RESOURCES INCLUDE A DIGITAL STORYBOOK ON TEACHING CHILDREN HOW TO EXPRESS FEELINGS AND EMOTIONS THROUGHOUT THE FAMILY CAREGIVING JOURNEY, A DIGITAL FAMILY GUIDE WITH INTERACTIVE TOOLS, ARTICLES TO GUIDE PARENTS AND CAREGIVERS IN STRATEGIES THEY CAN SHARE WITH YOUNG CHILDREN, AND A PARTNER TOOLKIT TO AID IN USING AND PROMOTING THESE RESOURCES. SOLDIERS TO SIDELINES (STS) - TO SUPPORT STS'S COACHING SEMINAR PROGRAMS TO EDUCATE POST-9/11 VETERANS THROUGH COACHING SEMINARS TARGETED TO ADAPTIVE SPORTS, IN COLLABORATION WITH WWP ADAPTIVE SPORTS PROGRAM, WOMEN VETERANS, AND SPECIAL OPERATION FORCES. IN ADDITION, TO SUPPORT COACHING CERTIFICATION EVENTS TARGETED TO WWP ALUMNI. SYRACUSE UNIVERSITY (D'ANIELLO INSTITUTE FOR VETERANS AND MILITARY FAMILIES) - TO SUPPORT THE WOUNDED WARRIOR ENTREPRENEURSHIP & SMALL BUSINESS TRAINING (WWESBT) PROGRAM FOR WOUNDED, INJURED, AND ILL POST-9/11 VETERANS AND THEIR CAREGIVERS. WWESBT DEVELOPS COMPETENCIES AND PROVIDES THE BASIC TOOLS TO CREATE AND SUSTAIN AN ENTREPRENEURIAL VENTURE, AND PROGRAMMING INCLUDES TRAINING, MENTORSHIP, AND EXPOSURE TO THE FULL PORTFOLIO OF INSTITUTE FOR VETERANS AND MILITARY FAMILIES SUITE OF SERVICES. THE HONOR FOUNDATION - TO SUPPORT CAREER TRANSITION PROGRAMMING FOR SPECIAL OPERATIONS FORCES COHORTS AT HIGH-DEMAND MILITARY INSTALLATIONS IN FLORIDA, NORTH CAROLINA, AND WASHINGTON, AS WELL AS VIRTUAL OPPORTUNITIES, TO ADDRESS CRITICAL TRANSITION SERVICE ASSISTANCE CAPACITY SHORTFALLS FOR THE SPECIAL OPERATIONS FORCES COMMUNITY. THE MISSION CONTINUES - TO SUPPORT THE MISSION CONTINUES' ABILITY TO ACTIVATE VOLUNTEERS THROUGH THE SERVICE PLATOON MODEL. VETERANS BECOME LEADERS AND BUILD NEW SKILLS AND NETWORKS THAT HELP THEM SUCCESSFULLY REINTEGRATE INTO LIFE AFTER THE MILITARY WHILE MAKING VISIBLE TRANSFORMATIONS IN THE COMMUNITIES THEY SERVE WITHIN. THE ROSIE NETWORK (TRN) - CONDUCT ENTREPRENEURIAL EDUCATION/PREPARATION COURSES FOR WARRIORS. BASED IN SAN DIEGO, CA, TRN CONDUCTED THREE COHORTS FOR WARRIORS IN 2023; EACH COHORT LASTING 10 WEEKS CONSISTING OF CUSTOMIZED CLASSES TEACHING WARRIORS THE 101 OF STARTING A BUSINESS. THREE RANGERS FOUNDATION - TO SUPPORT COUNSELORS FOR THE RANGERS FOR LIFE PROGRAM, PROVIDING COUNSELING TO TRANSITIONING RANGERS AT HUNTER ARMY AIRFIELD AND JOINT BASE LEWIS-MCCHORD. TRAVIS MANION FOUNDATION (TMF) - TO SUPPORT CHARACTER DOES MATTER, LEADING WITH YOUR STRENGTHS, OPERATION LEGACY, AND SPARTAN LEADERSHIP PROGRAMS THROUGH TMF'S HOLISTIC PREVENTION MODEL WITH THE GOAL OF INCREASED ENGAGEMENT, MEANINGFUL RELATIONSHIPS, AND IMPROVED MENTAL HEALTH AND WELL-BEING. IN ADDITION, SUPPORTING TAILORED CURRICULUM FOR WWP ALUMNI. UNITED STATES VETERANS INITIATIVE (U.S.VETS) - TO SUPPORT THERAPEUTIC COMMUNITIES, PROVIDING DIRECT CASE MANAGEMENT TO HOMELESS AND AT-RISK VETERANS AT RESIDENTIAL SITES IN

HAWAII, SOUTHERN CALIFORNIA, NEVADA, ARIZONA, TEXAS, AND WASHINGTON, DC. IN ADDITION, TO SUPPORT WOMEN VETERAN-SPECIFIC PROGRAMMING INCLUDING WOMEN VETS ON POINT AND THE ADVANCE PROGRAM. US CHAMBER OF COMMERCE FOUNDATION (HIRING OUR HEROES) - TO SUPPORT CAREER SUMMITS IN LOCATIONS CHOSEN BY WOUNDED WARRIOR PROJECT, IN COLLABORATION WITH WWP'S WARRIORS TO WORK PROGRAM, TO MEET THE NEEDS OF WWP ALUMNI AND FAMILY MEMBERS. HIRING OUR HEROES AND WWP WORK TOGETHER TO PROMOTE EMPLOYMENT OPPORTUNITIES AND RESOURCES FOR WOUNDED WARRIORS AND THEIR CAREGIVERS. IN ADDITION, TO SUPPORT THE POST-9/11 MILITARY SPOUSE AND CAREGIVER FELLOWSHIP PROGRAM, PROVIDING THEM AN INTERNSHIP-STYLE OPPORTUNITY TO REDUCE BARRIERS TO MEANINGFUL AND LASTING EMPLOYMENT. VA NATIONAL VETERANS SUMMER SPORTS CLINIC - TO SUPPORT THE FIVE (5) DAY ADAPTIVE SPORTS CLINIC, TO PROMOTE REHABILITATION AND ENHANCE THE HEALTH AND WELL-BEING OF OUR NATION'S VETERANS. VAIL VETERANS FOUNDATION INC DBA VAIL VETERANS PROGRAM - TO SUPPORT THE SUMMER FAMILY PROGRAM, MILITARY CAREGIVER RETREAT, AND MILITARY CAREGIVER REUNION, SERVING POST-9/11 WOUNDED VETERANS AND THEIR CAREGIVERS AND FAMILY MEMBERS. VETERANS OF FOREIGN WARS FOUNDATION (VFW) - TO SUPPORT OPERATIONS FOR THE BENEFITS DELIVERY AT DISCHARGE COMPONENT OF VFW'S NATIONAL VETERANS SERVICE PROGRAM AT TWELVE MILITARY BASES AND INSTALLATIONS. VETERANS PATH INC - TO SUPPORT POST-9/11 WOMEN VETERANS PARTICIPATION IN BRAVE (BREATHWORK, RECALIBRATION, AND VETERAN EMPOWERMENT) PROGRAMMING, DESIGNED TO EMPOWER WOMEN WITH THE TOOLS AND ENVIRONMENT TO FOSTER HEALING AND STRENGTHEN SELF-COMPASSION AND SOCIAL CONNECTION. WARRIOR CANINE CONNECTION (WCC) - TO SUPPORT WCC'S MISSION BASED TRAUMA RECOVERY PROGRAM ACROSS THE COUNTRY AND THROUGH PROGRAMMING TAILORED SPECIFICALLY FOR WWP ALUMNI, WHICH INCLUDES 8 WEEKS OF PROGRAMMING FOCUSING ON THE FUNDAMENTALS OF CANINE BEHAVIOR AND LEARNING STRATEGIES WHILE HELPING RECOVERING POST-9/11 VETERANS COPE WITH POST-DEPLOYMENT CHALLENGES. WARRIOR REUNION FOUNDATION - TO SUPPORT REUNIONS FOR POST-9/11 MILITARY UNITS/BATTALIONS, BRINGING TOGETHER SERVICE MEMBERS AND GOLD STAR FAMILY MEMBERS TO SUPPORT CHALLENGES OF POST-MILITARY TRANSITION. WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST - FURTHER INVESTMENT TO THE LONG-TERM SUPPORT TRUST, DIRECTLY FUNDING CONTINGENCY CARE PLANNING AND LONG-TERM CARE SERVICES TO ALL CURRENT AND FUTURE ENROLLEES OF THE INDEPENDENCE PROGRAM. SEE INDEPENDENCE PROGRAM DESCRIPTION ON SCHEDULE O FOR FURTHER EXPLANATION.

SCHEDULE I, PART II, LINE 1,  
COLUMN H

PURPOSE OF GRANT OR ASSISTANCE AMERICAN NATIONAL RED CROSS - IN COLLABORATION WITH THE AMERICAN RED CROSS TO PROVIDE RESOURCES TO LANDSTUHL REGIONAL MEDICAL CENTER, ASSIGNED COMMANDS, AND THE WARRIORS/FAMILY SUPPORT MEMBERS TO ENSURE THAT WOUNDED, INJURED, AND/OR ILL RECEIVE THE UTMOST IN CARE AS THEY TRANSITION TO A STATESIDE MEDICAL TREATMENT FACILITY. AMERICA'S WARRIOR PARTNERSHIP INC (AWP) - TO SUPPORT AWP'S COMMUNITY INTEGRATION EFFORTS ACROSS NINE COMMUNITIES, INCLUDING THE PANHANDLE OF FL; ORANGE COUNTY, CA; BUFFALO, NY; ATLANTA, GA; GREENEVILLE, SC; INDIANAPOLIS, IN; PERMIAN BASIN AREA IN TX AND NM; THE STATE OF ALASKA; AND THE NAVAJO NATION. THESE ONE-STOP LOCATIONS CONNECT WARRIORS AND THEIR FAMILIES TO DIVERSE LOCAL RESOURCES FOR EMPLOYMENT, HOMELESSNESS, HEALTH, AND FINANCIAL ASSISTANCE. ANCHORAGE COMMUNITY MENTAL HEALTH SERVICES INC (STEVEN A COHEN MILITARY FAMILY CLINIC AT ALASKA BEHAVIORAL HEALTH) - TO SUPPORT 1.2 FULL-TIME CLINICIANS WHO WILL PROVIDE CASE MANAGEMENT, THERAPEUTIC SERVICES, PSYCHOEDUCATIONAL TRAINING, AND REFERRALS FOR POST-9/11 VETERANS, SERVICE MEMBERS, AND THEIR FAMILIES. ARMED SERVICES YMCA OF ALASKA (ASYMCA) - TO SUPPORT ASYMCA WELLNESS OPPORTUNITIES, INCLUDING THE COMBAT FISHING TOURNAMENT FOR JUNIOR ENLISTED ACTIVE DUTY; EQUIPMENT, OUT-OF-SCHOOL MEAL SUPPORT, AND FOOD SUPPLIES FOR MARKETPLACES; MILITARY SPOUSE CAMPS; AND MILITARY TEEN MINDFUL HEALTH AND WELLNESS RETREATS. SUPPORT ALSO INCLUDES THE GUARDIAN ANGEL PROGRAM FOR ASSISTANCE DURING CATASTROPHIC EVENTS AND UNIT AND SQUADRON CASUALTY SUPPORT. ASSOCIATION FOR MENTAL HEALTH AND WELLNESS INC. - OFFERING THE SUFFOLK COUNTY (NY) AREA COMPREHENSIVE SERVICES AND ADVOCACY THAT FOCUSES ON MENTAL HEALTH AS WELL AS OVERALL HEALTH AND WELLNESS, SERVING THE SPECIAL NEEDS OF MILITARY VETERANS, ESPECIALLY THOSE WITH POST TRAUMATIC STRESS DISORDER AND TRAUMATIC BRAIN INJURY. BASTION COMMUNITY OF RESILIENCE - TO SUPPORT BASTION'S HEADWAY PROGRAM, PROVIDING TWO DAYS OF GROUP PROGRAMMING AND THREE DAYS OF OCCUPATIONAL THERAPY PER WEEK FOR POST-9/11 VETERANS WHO ARE LIVING WITH A TRAUMATIC BRAIN INJURY, POST-TRAUMATIC STRESS, SPINAL CORD INJURY, OR OTHER NEUROLOGICAL CONDITIONS. VETERANS AND FAMILY MEMBERS HAVE ACCESS TO VOCATIONAL REHABILITATION, CAREGIVER WORKSHOPS, AND FAMILY SUPPORT ACTIVITIES THROUGH THE PROGRAM. BOULDER CREST FOUNDATION (BCF) - TO SUPPORT THE WARRIOR PROGRESSIVE ALTERNATIVE TRAINING ("PATHH") PROGRAM FOCUSING ON POSTTRAUMATIC GROWTH FOR POST-9/11 MILITARY AND VETERANS, TARGETING SUPPORT FOR SPECIAL OPERATIONS FORCES AND WOMEN VETERANS. IN THE SEVEN-DAY INTENSIVE AND IMMERSIVE STAY AND 12 WEEKS OF FOLLOW-UP, WARRIOR PATHH INCLUDES JOURNALING, PHYSICAL TRAINING, AND PROVEN WARRIOR-SPECIFIC MODALITIES THAT EMPOWER PARTICIPANTS TO MAKE PEACE WITH THEIR PAST, LEARN TO LIVE IN THE PRESENT, AND CREATE PLANS FOR THEIR FUTURE. TO SUPPORT THE STRUGGLE WELL TRAINING PROGRAM IN ALASKA, ROOTED IN THE POSTTRAUMATIC GROWTH FRAMEWORK AND ENABLING PARTICIPANTS TO PREPARE, PRACTICE, AND IMPLEMENT INDIVIDUALIZED PLANS FOR PERSONAL GROWTH BY TRANSFORMING STRUGGLE INTO STRENGTH. BCF WILL DELIVER A FIVE-DAY STRUGGLE WELL WORKSHOP IN SUPPORT OF SERVICE MEMBERS AND THEIR FAMILIES BY TRAINING INDIVIDUALS FROM VETERAN SERVICE ORGANIZATIONS, CLERGY, AND MILITARY CHAPLAINS. CAMP CORRAL - TO SUPPORT CAMP CORRAL'S ONE-WEEK RESIDENTIAL CAMP EXPERIENCES FOR CHILDREN OF POST-9/11 WOUNDED, ILL, AND INJURED VETERANS. THE CAMP EXPERIENCES ARE COMPRISED OF EVIDENCE-BASED RECREATIONAL AND EDUCATIONAL ACTIVITIES AND ARE DESIGNED TO PROVIDE RESPITE FOR MILITARY-CONNECTED CHILDREN, BUILD SELF-CONFIDENCE, FOSTER PEER CONNECTION, AND INTRODUCE COPING SKILLS. CARING FOR MILITARY FAMILIES (THE ELIZABETH DOLE FOUNDATION) - TO SUPPORT THE DESIGN AND DELIVERY OF PROGRAMS AND INITIATIVES TO MEET THE NEEDS OF CHILD AND YOUTH CAREGIVERS OF WOUNDED, INJURED, AND ILL POST-9/11 VETERANS; INCLUDING THE CREATION AND BUILDING OF A YOUTH CAREGIVER JOURNEY MAP BUILDING ON HUMAN-CENTERED DESIGN AND THE PAST SUCCESS OF THE ADULT CAREGIVER JOURNEY MAP. TO SUPPORT RESEARCH AND A NEEDS ASSESSMENT TO UNDERSTAND THE CHALLENGES AND OPPORTUNITIES OF THE YOUNG ADULT CAREGIVER POPULATION AND THEIR TRANSITION INTO ADULTHOOD, RESULTING IN THE DEVELOPMENT OF A TRANSITION TOOLKIT AND DIRECT PROGRAMMING EFFORTS. CITY OF SAN DIEGO - TO CREATE A POSITION AT THE CITY OF SAN DIEGO FOR A POST-9/11 VETERAN WITH A SERVICE-CONNECTED DISABILITY TO DEVELOP EXPERIENCE AND EXPOSURE TO BROADEN CAREER OPPORTUNITIES WITHIN LOCAL GOVERNMENT. SPECIFICALLY, THIS INDIVIDUAL WILL WORK IN THE HUMAN RESOURCES DEPARTMENT AND WORK CLOSELY WITH THE CITY'S DEPARTMENT OF GOVERNMENT AFFAIRS, THE MAYOR'S COMMUNITY ENGAGEMENT TEAM AND LOCAL MILITARY INSTALLATIONS, VETERAN SERVICE ORGANIZATIONS AND OTHER COMMUNITY PARTNERS. CODE OF SUPPORT FOUNDATION - TO SUPPORT THE IMPLEMENTATION AND EXPANSION OF INDIVIDUALIZED SUPPORT THROUGH CODE OF SUPPORT FOUNDATION'S CASE COORDINATION PROGRAM WITH A FOCUS ON POST-9/11 VETERANS, CAREGIVERS, AND FAMILY MEMBERS. COHEN VETERANS NETWORK INC - TO SUPPORT THERAPY SESSIONS FOR POST-9/11 MILITARY AND VETERAN YOUTH CAREGIVERS AGE 6-18. COMFORT CREW FOR MILITARY KIDS - TO SUPPORT THE COMFORT KIT RESILIENCY PROGRAM FOR MILITARY CHILDREN WHOSE PARENT(S) ARE DEPLOYED OR WOUNDED, INJURED, OR ILL AS A RESULT OF POST-9/11 MILITARY SERVICE. GRANT SUPPORTS THE FOLLOWING KITS: WITH YOU ALL THE WAY! DEALING WITH DEPLOYMENT KITS, TOGETHER AGAIN! HELPING MILITARY FAMILIES RECONNECT KITS, TAKING CARE OF YOU! SUPPORT FOR KIDS OF INJURED HEROES KITS, AND HELPING MILITARY CHILDREN HANDLE LOSS MEMORY BOX/GRIEF KIT. DOG TAG INC - TO SUPPORT DOG TAG INC.'S INNOVATIVE FELLOWSHIP PROGRAM FOR POST-9/11 VETERANS WITH SERVICE-CONNECTED DISABILITIES, MILITARY SPOUSES, AND CAREGIVERS IN WASHINGTON, DC AND CHICAGO, IL. EMORY UNIVERSITY - AN ACADEMIC MEDICAL CENTER IN THE WARRIOR CARE NETWORK. PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A AND SCHEDULE O FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK. EOD WARRIOR FOUNDATION (EOD) - TO SUPPORT EOD WARRIOR FOUNDATION'S FINANCIAL RELIEF PROGRAM FOR POST-9/11 EOD SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES. GOLD STAR PEAK INC - TO SUPPORT THE OPERATIONS AND EXPANSION OF GOLD STAR PEAK IN ALASKA TO HOLD SINGLE AND MULTI-DAY ADVENTURES, EVENTS, AND TRAININGS FOR CAMP GOLD STAR PARTICIPANTS INCLUDING POST-9/11 VETERANS AND GOLD STAR FAMILIES. GREEN BERET FOUNDATION - TO SUPPORT POST-9/11 GREEN BERETS AND THEIR FAMILIES THROUGH THE CASUALTY SUPPORT, HEALTH & WELLNESS SUPPORT, AND FAMILY SUPPORT PROGRAMS. HILLVETS FOUNDATION - TO SUPPORT HILLVETS' MISSION OF SUPPORTING THOSE WHO SERVED IN THEIR PURSUIT OF CONTINUED SERVICE THROUGH CONGRESSIONAL FELLOWSHIPS. SPECIFICALLY, WWP'S WILL SUPPORT THE HILLVETS LEAD PROGRAM FOR POST 9/11 VETERANS AND ASSIST WITH STAFF COSTS AND OTHER HILLVETS EVENTS. WWP WILL ALSO BE ABLE TO INTERACT WITH HILLVETS FELLOWS AT MULTIPLE EVENTS, INCLUDING THREE DINNERS, THEIR ANNUAL HOLIDAY GATHERING, AND ALL OF THE LEAD ASSOCIATED EVENTS. HOMES FOR OUR TROOPS INC - TO SUPPORT SEVERAL KEY ADAPTATIONS IN HOMES AND 360-DEGREE WALKWAYS AROUND HOMES FOR POST-9/11 INJURED VETERANS. HOPE FOR THE WARRIORS - TO SUPPORT HOPE'S CRITICAL NEEDS PROGRAM WHICH PROVIDES INTEGRATED CASE MANAGEMENT, FINANCIAL EDUCATION WITH AN EMPHASIS ON LONG-TERM FINANCIAL STABILITY, AND RESOURCE REFERRALS TO ASSIST POST-9/11 SERVICE MEMBERS, VETERANS, CAREGIVERS, AND THEIR FAMILIES. MASSACHUSETTS GENERAL HOSPITAL - AN ACADEMIC MEDICAL CENTER IN THE WARRIOR CARE NETWORK. PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A AND SCHEDULE O FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK. MILITARY CHILD EDUCATION COALITION - TO SUPPORT STUDENT LEADERSHIP PROGRAMMING FOR MILITARY AND VETERAN CHILD AND YOUTH CAREGIVERS, AS WELL AS VIDEO SUPPORTED E-LEARNING MODULES SHOWCASING BEST PRACTICES TO HELP TEACHERS BETTER UNDERSTAND AND MORE EFFECTIVELY MEET THE NEEDS ASSOCIATED WITH YOUTH CAREGIVING.

SCHEDULE I, PART III, LINE  
1(A)

WWP'S EMERGENCY FINANCIAL ASSISTANCE PROGRAM PROVIDES FINANCIAL ASSISTANCE TO WARRIORS AND IMMEDIATE FAMILY MEMBERS WHO ENCOUNTER EMERGENT SITUATIONS WHICH IMPACT THEIR LIFE, SAFETY, OR SHELTER. SEE FINANCIAL ASSISTANCE PROGRAM



**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

**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.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2022**

**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**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization?
  - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

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

- a** The organization?
  - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

**7** 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.

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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				
<b>1</b> MICHAEL S LINNINGTON CHIEF EXECUTIVE OFFICER	(i)	357,711	105,000	0	12,200	26,762	501,673	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>2</b> ERIC S MILLER CHIEF FINANCIAL OFFICER	(i)	285,940	56,454	0	12,200	28,540	383,134	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>3</b> JENNIFER M SILVA CHIEF PROGRAM OFFICER	(i)	285,460	56,454	0	12,200	28,540	382,654	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>4</b> SCOTT COSTER CHIEF INFORMATION OFFICER	(i)	275,769	53,053	0	10,130	28,539	367,491	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>5</b> CHRISTOPHER TONER CHIEF OF STAFF	(i)	275,769	54,091	0	8,410	28,539	366,809	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>6</b> VILMA CONSUEGRA CHIEF MKTG & COMMS OFFICER	(i)	254,745	49,367	0	5,796	28,540	338,448	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>7</b> JOSE RAMOS VP GOVT & CMTY RELATIONS	(i)	244,446	48,390	0	6,329	28,536	327,701	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>8</b> JOHN T HAMRE III VP RESOURCE DEVEL.: DIRECT RESPONSE	(i)	263,069	41,614	0	9,693	13,280	327,656	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>9</b> KATHRYN BONGIOVANNI VP - GENERAL COUNSEL (THROUGH 04/23)	(i)	234,252	46,373	0	0	28,530	309,155	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>10</b> ANGELA STROHL VP HUMAN RESOURCES	(i)	224,174	44,356	0	6,152	28,524	303,206	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>11</b> BREA KRATZERT VP RESOURCE DEVEL.: BUSINESS DEVEL.	(i)	224,069	44,356	0	5,801	26,747	300,973	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>12</b> TRACY FARRELL VP PROGRAM PARTNERSHIPS & OPS	(i)	224,341	44,356	0	8,955	10,186	287,838	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
<b>13</b> CHRIS NEEDLES AS OF 062022 CHIEF DEVELOPMENT OFFICER	(i)	177,459	12,693	0	5,077	14,328	209,557	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0

**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
PART I, LINE 7	<p>NON-FIXED PAYMENTS DISCRETIONARY BONUSES ARE REPORTED ON SCHEDULE J, PART II, COLUMN B(II). DISCRETIONARY BONUSES FOR OFFICERS AND HIGHLY COMPENSATED EMPLOYEES ARE BASED ON OBJECTIVE, INDIVIDUAL PERFORMANCE CRITERIA AND JOB COMPETENCIES. THE CEO'S BONUS IS DETERMINED BY THE BOARD OF DIRECTORS, AND ALL OTHER OFFICER AND HIGHLY COMPENSATED EMPLOYEE BONUSES ARE DETERMINED BY THE CEO, BASED ON RANGES SET BY THE BOARD OF DIRECTORS. COMPARABILITY DATA IS USED IN DETERMINING APPROPRIATE AND REASONABLE BONUS RANGES FOR OFFICERS AND HIGHLY COMPENSATED EMPLOYEES. WWP DOCUMENTS THE BASIS FOR ITS BONUS DETERMINATION IN MEETING MINUTES OR OTHER INTERNAL DOCUMENTS, WHICH ARE PREPARED AT THE TIME BONUSES ARE APPROVED, AND REFLECT THE UNDERLYING PARTICULAR BONUS DETERMINATIONS.</p>

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

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 . . . . .	X	922	1,494,459	FMV
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .	X	383	1,642,778	FMV
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 ▶ ( SUPPLIES ) . . . . .	X	89	81,131	FMV
Other ( WARRIOR GEAR ) . . . . .	X	2	59,437	FMV
26 Other ( EVENT TICKETS ) . . . . .	X	1,353	58,050	FMV
27 Other ( CRYPTO CURRENCY ) . . . . .	X	5	770	FMV
28				

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**

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 isn't required to be used for exempt purposes for the entire holding period?	Yes	No
		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 didn't 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
PART I, COLUMN (B):	AMOUNTS IN COLUMN B REPRESENT THE NUMBER OF INDIVIDUAL CONTRIBUTIONS OF ONE OR MORE ITEMS.
PART I, LINE 32B:	USE OF THIRD PARTY TO SELL NONCASH CONTRIBUTIONS TO THE EXTENT THAT WWP RECEIVES CONTRIBUTIONS OF NONCASH ITEMS, SUCH AS STOCKS OR DONATED VEHICLES, IT TASKS A THIRD-PARTY AGENT OR INVESTMENT BROKER TO CONVERT THOSE NON-CASH ITEMS INTO CASH FOR USE IN FULFILLING THE ORGANIZATION'S MISSION.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE O**  
**(Form 990)****Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service**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.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.****2022****Open to Public  
Inspection**Name of the organization  
WOUNDED WARRIOR PROJECT INC**Employer identification number**

20-2370934

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS THE FORM 990 IS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN CONJUNCTION WITH WWP'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, SECTION B, 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, EXECUTIVE OR EMPLOYEE. AMONG OTHER THINGS, THE POLICY REQUIRES DIRECTORS, OFFICERS, EXECUTIVES, AND EMPLOYEES TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. EACH NEW DIRECTOR, OFFICER, EXECUTIVE, AND 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, EXECUTIVE, 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.
FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR DETERMINING COMPENSATION COMPENSATION FOR THE ORGANIZATION'S CEO IS DETERMINED BY THE BOARD OF DIRECTORS. COMPENSATION FOR ALL OTHER OFFICERS, EXECUTIVES, AND EMPLOYEES IS DETERMINED BY THE CEO IN COORDINATION WITH THE HUMAN RESOURCE DEPARTMENT AND AN INDEPENDENT COMPENSATION CONSULTING FIRM. COMPARABILITY DATA IS USED IN DETERMINING SALARIES FOR THE CEO, OFFICERS, EXECUTIVES AND EMPLOYEES. COMPENSATION REVIEW AND DETERMINATION IS DONE ON A CONSISTENT AND RECURRING BASIS AND MORE FREQUENTLY, IF NEEDED BASED ON MARKET CONDITIONS. THE ORGANIZATION DOCUMENTS THE BASIS FOR ITS COMPENSATION DETERMINATION IN MEETING MINUTES OR OTHER INTERNAL DOCUMENTS, WHICH ARE PREPARED AT THE TIME COMPENSATION IS APPROVED, AND REFLECT THE REASONS UNDERLYING PARTICULAR COMPENSATION DETERMINATIONS.
FORM 990, PART VI, SECTION C, LINE 19	HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC FORM 990 AND AUDITED CONSOLIDATED 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 BELFORD ROAD, SUITE 300, JACKSONVILLE, FL 32256.
FORM 990, PART VIII, LINE 1, ROW H	CONTRIBUTIONS AND GRANTS REVENUE TOTALED \$332,632,463 FOR THE CURRENT YEAR ENDING SEPTEMBER 30, 2023, AND \$388,364,321 FOR THE PRIOR YEAR ENDING SEPTEMBER 30, 2022. CONTRIBUTIONS AND GRANTS REVENUE INCLUDES REVENUE FROM CHARITABLE BEQUESTS AND TRUSTS. CURRENT YEAR CONTRIBUTIONS AND GRANT REVENUES INCLUDES \$19M IN BEQUEST REVENUES ACCRUED AS REVENUE DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2023, AND PRIOR YEAR CONTRIBUTIONS AND GRANTS REVENUE INCLUDES \$44M IN BEQUEST REVENUES ACCRUED AS REVENUE DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2022. A CHARITABLE BEQUEST IS A WRITTEN STATEMENT DIRECTING THAT A GIFT BE MADE TO A CHARITY UPON THE DEATH OF THE DONOR. BEQUEST REVENUES ARE CONSIDERED UNCONDITIONAL PROMISES TO GIVE WHEN THE BEQUEST HAS GONE THROUGH PROBATE AND WWP'S INTEREST IS REASONABLY ESTIMATED. BEQUEST REVENUES, AND A CORRESPONDING PLEDGES AND GRANTS RECEIVABLE, ARE RECORDED AT FAIR VALUE WHEN AVAILABILITY OF THE GIFTED ASSET IS SUBSTANTIALLY ASCERTAINED. IN ADDITION, A \$15,000,000 INDIVIDUAL CASH DONATION WAS RECEIVED DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2022. ACCORDINGLY, WWP'S CONTRIBUTIONS AND GRANTS REVENUE FOR THE PRIOR YEAR EXCEEDS REVENUE FOR THE CURRENT YEAR.
FORM 990, PART IX STATEMENT OF FUNCTIONAL EXPENSES, LINE 12	ADVERTISING AND PROMOTION ADVERTISING AND PROMOTION EXPENSE PRIMARILY CONSISTS OF THE COSTS FOR WWP TO PRODUCE AND PLACE MEDIA ADVERTISEMENTS THAT HELP IMPROVE THE AMERICAN PUBLIC'S AWARENESS AND UNDERSTANDING OF THE NEEDS OF WOUNDED WARRIORS AND THEIR FAMILY MEMBERS, WHILE ALSO MAKING WARRIORS AND THEIR FAMILIES AWARE OF THE FREE PROGRAMS AND SERVICES AVAILABLE TO THEM THROUGH THE ORGANIZATION. THESE ADVERTISEMENTS DO NOT HAVE ANY FUNDRAISING COMPONENT.
FORM 990, PART IX	FUNCTIONAL EXPENSE ALLOCATION THE COSTS OF PROVIDING PROGRAM SERVICES AND SUPPORTING SERVICES HAVE BEEN SUMMARIZED ON A FUNCTIONAL BASIS, SEE PART IX STATEMENT OF FUNCTIONAL EXPENSES. WWP INCURS EXPENSES THAT DIRECTLY RELATE TO, AND CAN BE ASSIGNED TO, A SPECIFIC PROGRAM OR SUPPORTING SERVICES. WWP ALSO CONDUCTS A NUMBER OF ACTIVITIES WHICH BENEFIT BOTH ITS PROGRAM OBJECTIVES AS WELL AS SUPPORTING SERVICES (I.E., FUNDRAISING AND MANAGEMENT AND GENERAL SERVICES). THESE COSTS, WHICH ARE NOT SPECIFICALLY ATTRIBUTABLE TO A SPECIFIC PROGRAM OR SUPPORTING SERVICES, ARE ALLOCATED BY MANAGEMENT ON A CONSISTENT BASIS AMONG PROGRAM AND SUPPORTING SERVICES BENEFITED, BASED ON EITHER FINANCIAL OR NONFINANCIAL DATA, SUCH AS HEADCOUNT OR ESTIMATES OF TIME AND EFFORT INCURRED BY PERSONNEL.

Return Reference	Explanation
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, AND LICENSED MENTAL HEALTH COUNSELING WITHIN WWP'S MENTAL HEALTH WELLNESS PROGRAMS. THIS AMOUNT ALSO INCLUDES THIRD PARTY PROVIDERS THAT SUPPORT DONATION PLATFORMS WITHIN FUNDRAISING.
FORM 990, PART IX, LINE 24B, LINE 24C, AND LINE 24D	DIRECT RESPONSE MAIL, TV & ONLINE THESE AMOUNTS PRIMARILY CONSISTS OF THE COSTS RELATED TO CONTENT DEVELOPMENT, THE COSTS RELATED TO THE PRODUCTION AND BROADCAST OF TELEVISION SPOTS, DEVELOPMENT AND DISTRIBUTION OF ONLINE CAMPAIGNS, AND THE COST OF THE MAILING OF CAMPAIGNS. WARRIOR EVENTS - THIS AMOUNT CONSISTS OF THE COSTS RELATED TO WWP'S PROGRAM EVENTS AND ACTIVITIES THAT ARE DELIVERED AT NO COST 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.
FORM 990, PART IX, JOINT COSTS	IN ACCORDANCE WITH ASC 958, NOT-FOR-PROFIT ENTITIES, WWP ALLOCATES JOINT ADVERTISING 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 VETERANS AND SERVICE MEMBERS THAT HAVE NOT YET ENGAGED WITH WWP, A CALL TO ACTION TO ENLIST THE PUBLICS AID IN IDENTIFYING WOUNDED VETERANS AND SERVICE MEMBERS THAT WOULD BENEFIT FROM WWP'S FREE PROGRAMS AND SERVICES, AND AN OPPORTUNITY TO THANK WOUNDED WARRIORS FOR THEIR SACRIFICES IN SERVING OUR COUNTRY. THESE JOINT COSTS ARE INCURRED THROUGH DIRECT RESPONSE TELEVISION AND CERTAIN DIRECT MAIL CAMPAIGNS. THE COST OF CONDUCTING THESE ACTIVITIES INCLUDED A TOTAL OF \$40,718,004 OF JOINT COSTS FOR THE YEAR ENDED SEPTEMBER 30, 2023. OF THESE COSTS, \$29,447,341 WAS ALLOCATED TO PROGRAM EXPENSES AND \$11,270,663 WAS ALLOCATED TO FUNDRAISING EXPENSES.
FORM 990, PART X, INVESTMENTS	THE ORGANIZATION HAS AN INVESTMENT MANAGEMENT AND OVERSIGHT POLICY AUTHORIZED BY THE BOARD OF DIRECTOR THAT PROVIDES GOVERNANCE AND GUIDANCE ON THE MANAGEMENT OF CASH AND CASH EQUIVALENTS, AND INVESTMENTS. THE POLICY PROVIDES THAT THE ORGANIZATION MAINTAIN AN ADEQUATE LEVEL OF CASH TO MEET ITS ON-GOING OPERATIONAL REQUIREMENTS. IN ADDITION, THE POLICY SETS FORTH THE STRUCTURE FOR INVESTMENT OF EXCESS CASH BASED ON THE FINANCIAL NEEDS OF THE ORGANIZATION, THE TIME HORIZON OF THOSE NEEDS AND THE BOARD OF DIRECTORS' INVESTMENT PHILOSOPHY. THE BOARD OF DIRECTORS HAS DESIGNATED A RISK RESERVE FUND TO ENSURE THE LONG-TERM SUSTAINABILITY OF THE MISSION, PROGRAMS, AND ONGOING OPERATIONS OF THE ORGANIZATION. THE RISK RESERVE FUND SERVES AS AN INTERNAL RESOURCE THAT ENABLES THE ORGANIZATION TO RESPOND TO VARYING CONDITIONS AND EVENTS THAT NEGATIVELY IMPACT ITS FINANCIAL POSITION, SUCH AS A SUDDEN AND SIGNIFICANT DECREASE IN DONOR CONTRIBUTIONS, A SUDDEN AND SIGNIFICANT INCREASE IN EXPENSES, OR A SIGNIFICANT UNINSURED/UNDERINSURED LOSS. BOARD OF DIRECTORS APPROVAL IS REQUIRED FOR ANY REQUESTED USE OF THE RISK RESERVE FUND. THE RISK RESERVE FUND MINIMUM AND MAXIMUM BALANCE IS ESTABLISHED IN ACCORDANCE WITH THE WWP RISK RESERVE POLICY. NO FUNDS WERE DISTRIBUTED FROM THE RISK RESERVE FUND DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2023. THE BOARD OF DIRECTORS HAS DESIGNATED A STRATEGIC FUND FOR INVESTMENT IN STRATEGIC INITIATIVES AND INNOVATION THAT ENABLE AND SUPPORT WWP'S MISSION. USES OF THE STRATEGIC FUND INCLUDE RESEARCH AND DEVELOPMENT, PILOT PROGRAMS, THIRD-PARTY GRANTS, AND CAPACITY EXPANSION, TECHNOLOGY, AND INFRASTRUCTURE INVESTMENTS. BOARD OF DIRECTORS APPROVAL IS REQUIRED FOR ANY REQUESTED USE OF THE STRATEGIC FUND. THE STRATEGIC FUND MINIMUM BALANCE IS ESTABLISHED IN ACCORDANCE WITH THE WWP STRATEGIC FUND POLICY. \$10,000,000 WAS DISTRIBUTED FROM THE STRATEGIC FUND DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2023. SINCE THE BOARD OF DIRECTORS FIRST APPROVED USE OF THIS FUND IN JUNE 2016, THROUGH SEPTEMBER 30, 2023, WWP HAS DISBURSED APPROXIMATELY \$55,000,000 FOR STRATEGIC INITIATIVES IN SUPPORT OF ITS MISSION, INCLUDING BRAIN HEALTH, SUICIDE PREVENTION, SUBSTANCE USE DISORDER, AND WOMEN VETERANS INITIATIVE, THE LONG-TERM SUPPORT TRUST, COMMUNITY PARTNERSHIP GRANTS, AND RAISING PUBLIC AWARENESS ON THE CHALLENGES OF THE POST 9/11 WOUNDED, ILL AND INJURED WARRIORS THAT WWP SERVES.
FORM 990, PART X, LINE 3	PLEDGES AND GRANTS RECEIVABLE, NET: ACCOUNTS RECEIVABLE INCLUDES RECEIVABLES FROM BEQUESTS AND TRUSTS. A CHARITABLE BEQUEST IS A WRITTEN STATEMENT DIRECTING THAT GIFT BE MADE TO A CHARITY UPON THE DEATH OF THE DONOR. BEQUEST REVENUES ARE CONSIDERED UNCONDITIONAL PROMISES TO GIVE WHEN THE BEQUEST HAS GONE THROUGH PROBATE AND WWP'S INTEREST IS REASONABLY ESTIMATED. BEQUEST REVENUES ARE RECORDED AT FAIR MARKET VALUE WHEN AVAILABILITY OF THE GIFTED ASSET IS SUBSTANTIALLY ASCERTAINED. SUBSEQUENT ADJUSTMENTS TO BEQUEST REVENUE ESTIMATES ARE RECORDED AS ADJUSTMENTS TO CONTRIBUTIONS REVENUE, AND THE CORRESPONDING CONTRIBUTION RECEIVABLE, IN THE PERIOD THEY BECOME KNOWN. AMOUNTS ARE CONSIDERED TO BE AVAILABLE FOR UNRESTRICTED USE, UNLESS SPECIFICALLY RESTRICTED BY THE DONOR. AMOUNTS RECEIVED THAT ARE DESIGNATED FOR FUTURE PERIODS, OR ARE RESTRICTED BY THE DONOR FOR SPECIFIC PURPOSES ARE REPORTED IN THE STATEMENT OF ACTIVITIES AS CONTRIBUTIONS WITH DONOR RESTRICTIONS. ADDITIONALLY, WHEN WWP IS A BENEFICIARY OF A REVOCABLE TRUST, CONTRIBUTION REVENUE IS NOT RECOGNIZED UNTIL THE TRUST BECOMES IRREVOCABLE, TYPICALLY UPON THE DEATH OF THE DONOR, AND WWP'S INTERESTS IN THE TRUST IS REASONABLY ESTIMATED AND ASSURED TO BE RECEIVED.
FORM 990, PART XI, LINE 9:	LONG TERM SUPPORT TRUST ACCOUNT PAYABLE AND ACCRUED EXPENSES 42,489. REVERSAL OF PY ACCRUALS 1,029,454.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047  
**2022**  
**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
WOUNDED WARRIOR PROJECT INC

**Employer identification number**  
20-2370934

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)WWP LONG TERM SUPPORT TRUST 100 SOUTH WEST STREET  WILMINGTON, DE 19801 37-6558533	TRUST	DE	501(C)3	LINE 12A, I	WWP	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
(1)CHARITABLE LEAD ANNUITY TRUST (1)	INVESTMENT	FL	WWP						No

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

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

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

	Yes	No
<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 . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
<b>o</b> Sharing of paid employees with related organization(s)	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST	B	4,000,000	FMV



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2021

**Additional Data**[Return to Form](#)**Software ID:****Software Version:**