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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

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

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Wounded Warrior Project Inc
% ERIC MILLER
Doing business as
Wounded Warrior Project

Number and street (or P O box if mail is not delivered to street address) 4899 Belfort Road Suite 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 $ 352,256,711

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www woundedwarriorproject org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2005

M State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF WOUNDED WARRIOR PROJECT (WWP) IS TO HONOR AND EMPOWER WOUNDED WARRIORS

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	732
6	Total number of volunteers (estimate if necessary)	**6**	1,661
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

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

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

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, inclu
knowledge and belief, it is true, correct, and complete Declaration of prepa
any knowledge

Sign Here

******
Signature of officer

ERIC S MILLER CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Dawn M Olivardia
Preparer's signature Dawn M Olivardia

Firm's name ▶ Grant Thornton LLP

Firm's address ▶ 200 South Orange Avenue Suite 2050
Orlando, FL 32801

May the IRS discuss this return with the preparer shown above? (see instru

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 33,819,577 including grants of $ 1,941,124) (Revenue $)

See Additional Data

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

See Additional Data

4c (Code) (Expenses $ 24,548,702 including grants of $) (Revenue $)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)

(Expenses $ 72,456,104 including grants of $ 12,678,317) (Revenue $)

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

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	239		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	732		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
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**			
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 (FBAR)				
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**			
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**			
9a	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? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
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**			

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

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

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

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

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 , OR , PA , RI , SC , VA , WV , WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶ERIC MILLER 4899 BELFORT ROAD SUITE 300 Jacksonville, FL 32256 (904) 296-7350

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,644,244	0	354,018

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 ▶ 37

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CREATIVE DIRECT RESPONSE, 16900 SCIENCE DRIVE SUITE 210 BOWIE, MD 20715	DIRECT RESPONSE	16,157,125
NEURO COMMUNITY CARE, 12520 CAPITAL BLVD STE 401-139 WAKE FOREST, NC 27587	INDEPENDENCE PROGRAM	13,730,772
RESOURCE ONE, 2900 EAST APACHE STREET TULSA, OK 74110	DIRECT RESPONSE	11,225,698
ERNST YOUNG US LLP, PO BOX 933514 ATLANTA, GA 31193	PROG MGNT WCN	3,938,415
HEARTLAND DIRECT INTERNATIONAL LLC, 4807 E 91ST ST TULSA, OK 74137	DIRECT RESPONSE	3,491,617

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 ▶ 133

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a** 1,389,223				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c** 98,380				
	d Related organizations **1d**				
	e Government grants (contributions) **1e**				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 209,989,288				
	g Noncash contributions included in lines 1a-1f $ 2,067,794				
	h Total. Add lines 1a-1f . . . . . ▶	211,476,891			
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶	0			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	7,154,408			7,154,408
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties . . . . . ▶	2,921,940			2,921,940
	6a Gross rents (i) Real / (ii) Personal				
	b Less rental expenses				
	c Rental income or (loss) 0 / 0				
	d Net rental income or (loss) . . . . . ▶	0			
	7a Gross amount from sales of assets other than inventory (i) Securities 127,671,253 / (ii) Other				
	b Less cost or other basis and sales expenses 124,895,504				
	c Gain or (loss) 2,775,749				
	d Net gain or (loss) . . . . . ▶	2,775,749			2,775,749
	8a Gross income from fundraising events (not including $ 98,380 of contributions reported on line 1c) See Part IV, line 18 . . . . **a** 879,648				
	b Less direct expenses . . . **b** 596,769				
	c Net income or (loss) from fundraising events . . ▶	282,879			282,879
	9a Gross income from gaming activities See Part IV, line 19 . . . **a** 0				
	b Less direct expenses . . . **b** 0				
	c Net income or (loss) from gaming activities . . ▶	0			
	10a Gross sales of inventory, less returns and allowances . . **a** 0				
	b Less cost of goods sold . . **b** 0				
	c Net income or (loss) from sales of inventory . . ▶	0			
	Miscellaneous Revenue / Business Code				
	11a MAILING RENTAL INCOME 900099	1,691,881			1,691,881
	b REBATES 900099	460,690			460,690
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶	2,152,571			
	12 Total revenue. See Instructions . . . . . ▶	226,764,438			15,287,547

Part IX Statement of Functional Expenses

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

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

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	37,378,317	37,378,317		
2 Grants and other assistance to domestic individuals See Part IV, line 22	941,124	941,124		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,277,306	756,584	1,008,298	512,424
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	35,747	35,747		
7 Other salaries and wages	34,657,280	30,100,914	1,912,114	2,644,252
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	948,620	858,866	13,985	75,769
9 Other employee benefits	7,951,093	6,838,534	460,346	652,213
10 Payroll taxes	2,630,490	2,212,998	190,552	226,940
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,236,097		1,236,097	
c Accounting	294,204		294,204	
d Lobbying	30,137	30,137		
e Professional fundraising services See Part IV, line 17	6,189,776			6,189,776
f Investment management fees	643,006		643,006	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	631,933		631,933	
12 Advertising and promotion	5,954,007	5,777,436	34,411	142,160
13 Office expenses	786,437	503,781	137,745	144,911
14 Information technology	1,649,810	1,079,278	494,867	75,665
15 Royalties	0			
16 Occupancy	6,838,383	4,486,293	2,040,149	311,941
17 Travel	2,943,608	2,707,293	68,569	167,746
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	253,918	208,516	1,824	43,578
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,351,401	3,552,780	1,560,083	238,538
23 Insurance	767,177	512,699	220,729	33,749
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a WARRIOR EVENTS & ACTIVITIES	17,576,442	17,576,442		
b DIRECT RESPONSE TV & ONLINE	15,336,390	6,434,440		8,901,950
c PROGRAM/OTHER PROVIDER SVCS	36,526,186	31,390,973	1,153,451	3,981,762
d DIRECT RESPONSE MAIL	18,714,757	6,761,383		11,953,374
e All other expenses	23,283,699	5,690,894	879,303	16,713,502
25 **Total functional expenses.** Add lines 1 through 24e	231,827,345	165,835,429	12,981,666	53,010,250
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☑ if following SOP 98-2 (ASC 958-720)	29,482,891	16,339,783		13,143,108

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		33,922,227	1	6,245,878
	2	Savings and temporary cash investments		20,583,110	2	19,538,717
	3	Pledges and grants receivable, net		11,353,323	3	5,417,745
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		8,490,976	9	10,264,698
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 29,757,467			
	b	Less accumulated depreciation	10b 23,158,396	11,911,779	10c	6,599,071
	11	Investments—publicly traded securities		245,953,423	11	286,201,084
	12	Investments—other securities See Part IV, line 11		0	12	10,276,811
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		5,366,563	15	2,918,938
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		337,581,401	16	347,462,942
Liabilities	17	Accounts payable and accrued expenses		23,374,020	17	30,421,352
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		23,374,020	26	30,421,352
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		308,779,063	27	307,985,583
	28	Temporarily restricted net assets		4,428,318	28	9,056,007
	29	Permanently restricted net assets		1,000,000	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		314,207,381	33	317,041,590
	34	Total liabilities and net assets/fund balances		337,581,401	34	347,462,942

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	226,764,438
2	Total expenses (must equal Part IX, column (A), line 25)	2	231,827,345
3	Revenue less expenses Subtract line 2 from line 1	3	-5,062,907
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	314,207,381
5	Net unrealized gains (losses) on investments	5	8,776,422
6	Donated services and use of facilities	6	-879,306
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	317,041,590

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 20-2370934

Name: Wounded Warrior Project Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

Warrior Care Network - In order to enhance access and provide Post traumatic stress disorder ("PTSD") treatment through integrated care model, WWP established the Warrior Care Network Warrior Care Network consists of four leading national academic medical centers ("AMCs") that connect warriors and their families with world-class, evidence-based mental health care These AMCs provide warriors with multi-week, intensive outpatient programs and individualized care TOTAL Warrior Care Network EXPENSES WERE $35,011,046, INCLUDING GRANTS OF $23,700,000, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017

Form 990, Part III, Line 4c:

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

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

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

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

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

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

(Code	) (Expenses $	8,466,914	including grants of $		) (Revenue $)
WARRIORS TO WORK					
(Code	) (Expenses $	18,147,003	including grants of $	12,678,317	) (Revenue $)
GOVERNMENT RELATIONS AND COMMUNITY PARTNERSHIPS					

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY K ODIERNO CHAIR	5 0 0 0	X		X				0	0	0
ROGER C CAMPBELL VICE CHAIR (EFF 9/16)	5 0 0 0	X		X				0	0	0
JUSTIN CONSTANTINE DIRECTOR	5 0 0 0	X						0	0	0
RICHARD M JONES DIRECTOR	5 0 0 0	X						0	0	0
KENNETH FISHER DIRECTOR	5 0 0 0	X						0	0	0
RICHARD T TRYON DIRECTOR	5 0 0 0	X						0	0	0
JONATHAN WOODSON DIRECTOR (EFF 10/16)	5 0 0 0	X						0	0	0
JUAN GARCIA DIRECTOR (EFF 10/16)	5 0 0 0	X						0	0	0
CARI DESANTIS DIRECTOR (EFF 1/17)	5 0 0 0	X						0	0	0
KATHLEEN WIDMER Director (EFF 9/17)	5 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL S LINNINGTON CEO (EFF 7/16)	50 0 0 0			X				120,441	0	13,805
CHRISTOPHER TONER CHIEF OF STAFF (EFF 10/16)	50 0 0 0			X				41,436	0	5,963
ERIC S MILLER CFO (EFF 1/17)	50 0 0 0			X				189,007	0	29,824
GARY A CORLESS EFF 116 CHIEF DEVELOPMENT OFFICER	50 0 0 0			X				254,542	0	22,419
JENNIFER M SILVA EFF 816 CHIEF PROGRAM OFFICER	50 0 0 0			X				209,070	0	29,508
RONALD W BURGESS FORMER CFO (THRU 12/16)	50 0 0 0			X				271,727	0	31,741
MICHAEL C RICHARDSON VP INDEPENDENCE & MENTAL HLTH	50 0 0 0				X			207,029	0	29,425
TRACY FARRELL EFF 816 VP ENGAGEMENT & PHYSICAL HLTH	50 0 0 0				X			157,442	0	14,063
JOHN T HAMRE III VP DIRECT RESPONSE	50 0 0 0				X			208,667	0	15,519
JONATHAN B SULLIVAN VP ECONOMIC EMPOWERMENT	50 0 0 0					X		205,888	0	30,508

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMBERLIE ALLRED GENERAL COUNSEL - CORP SEC	50 0 0 0					X		211,014	0	14,342
AYLA M TEZEL VP COMMUNICATIONS	50 0 0 0					X		204,304	0	23,928
JOHN W ROBERTS NATIONAL SERVICE DIRECTOR	50 0 0 0					X		179,455	0	29,382
ADELINE E POUDRIER VP HUMAN RESOURCES(THRU 09/16)	50 0 0 0					X		194,525	0	16,288
CHARLES W FLETCHER FRMR INTERIM COO (4/16-9/16)	0 0 0 0						X	139,390	0	0
STEVEN F NARDIZZI FORMER CEO (THRU 3/16)	0 0 0 0						X	148,592	0	10,889
JEREMY M CHWAT THRU 916 FORMER CHF STRATEGY OFCR	0 0 0 0						X	366,866	0	20,097
ADAM SILVA THRU 516 FORMER CHF PROGRAM OFCR	0 0 0 0						X	186,481	0	8,056
RYAN CLEMENT PAVLU THRU 1216 FORMER NAT'L SERVICE DIRECTOR	0 0 0 0						X	148,368	0	8,261

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	225,418,220	312,471,011	372,546,396	302,707,725	211,476,891	1,424,620,243
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	225,418,220	312,471,011	372,546,396	302,707,725	211,476,891	1,424,620,243
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 **Public support.** Subtract line 5 from line 4						1,424,620,243

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	225,418,220	312,471,011	372,546,396	302,707,725	211,476,891	1,424,620,243
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,529,307	14,314,117	16,554,494	16,413,731	10,076,349	65,887,998
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,953,057	2,438,888	2,444,079	2,247,778	3,032,220	12,116,022
11 **Total support.** Add lines 7 through 10						1,502,624,263

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	**14**	94 809 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	**15**	95 320 %

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
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)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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*	1		
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*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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)*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	3a		
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*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

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

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

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

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

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

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

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

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

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

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

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

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

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

Part IV Supplemental Information

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,305,557	1,205,183	1,302,411	1,242,630	1,184,673
b Contributions					
c Net investment earnings, gains, and losses	123,177	100,374	-34,747	120,099	115,884
d Grants or scholarships					
e Other expenditures for facilities and programs	64,890		62,481	60,318	57,927
f Administrative expenses					
g End of year balance	1,363,844	1,305,557	1,205,183	1,302,411	1,242,630

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 73 320 %
- c Temporarily restricted endowment ▶ 26 680 %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1	Total expenses and losses per audited financial statements			1	270,211,475
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	39,027,136		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	39,027,136
3	Subtract line **2e** from line **1**			3	231,184,339
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	643,006		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	643,006
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	231,827,345

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

Supplemental Information

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

Supplemental Information

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

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Europe (Including Iceland and Greenland)		4	Program Services	SEE PART V	1,571,955
3a Sub-total		4			1,571,955
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		4			1,571,955

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

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

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

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

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

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

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(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
CREATIVE DIRECT RESPONSE 16900 SCIENCE DRIVE SUITE 210 BOWIE, MD 20715	DIRECT RESPONSE		No	75,436,721	3,873,293	71,563,428
BKV 3390 PEACHTREE ROAD 10TH FLOOR ATLANTA, GA 30326	DIRECT RESPONSE		No	5,599,605	1,932,235	3,667,370
THOMPSON HABIB DENISON INC 80 HAYDEN AVENUE SUITE 300 LEXINGTON, MA 02421	DIRECT RESPONSE		No	1,250,683	365,005	885,678
DONOR CARE CENTER INC 4535 STRAUSSER STREET NORTH CANTON, OH 44720	TELEMARKET FUNDRAISING		No	33,144	19,243	13,901
Total			▶	82,320,153	6,189,776	76,130,377

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

All States

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

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

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	0 %
b An outside facility	**13b**	%

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

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493107005168

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
(1) EMERGENCY FINANCIAL ASSISTANCE	1041	941,124			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	**Explanation**
SCHEDULE I, PART I, LINE 2	PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U S WOUNDED WARRIOR PROJECT MONITORS GRANT FUNDS ACCORDING TO THE TERMS OF AN APPLICABLE WRITTEN AGREEMENT UNDER SUCH AGREEMENTS, GRANTEES ARE RESPONSIBLE FOR PROVIDING PERIODIC REPORTS WOUNDED WARRIOR PROJECT USES THESE REPORTS TO ENSURE THAT GRANT FUNDS ARE SPENT FOR their INTENDED PURPOSES IN SOME CASES, SITE VISITS ARE CONDUCTED SEE SCHEDULE O FOR GRANT DESCRIPTIONS
SCHEDULE I, PART III, LINE 1(A)	WWP's Emergency Financial Assistance provides limited financial assistance to warriors and immediate family members who encounter emergent situations which impact their life, safety, or shelter

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICA'S WARRIOR PARTNERSHIP 1190 INTERSTATE PARKWAY AUGUSTA, GA 30909	47-1606321	501(C)(3)	4,548,415				
ASSOCIATION FOR MENTAL HEALTH & WELLNESS PO BOX 373 RONKONKOMA, NY 11779	11-3012392	501(C)(3)	45,438				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOULDER CREST RETREAT FOUNDATION 18370 BLUEMONT VILLAGE LANE BLUEMONT, VA 20135	27-3228310	501(C)(3)	100,000				
CARING FOR MILITARY FAMILIES ELIZABETH DOLE FOUND 600 NEW HAMPSHIRE AVENUE NW WASHINGTON, DC 20037	45-4292692	501(C)(3)	100,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMBINED ARMS 2929 MCKINNEY STREET HOUSTON, TX 77003	47-5648923	501(C)(3)	513,772				
DOG TAG BAKERY INC 3206 GRACE STREET NW WASHINGTON, DC 20007	45-2130904	501(C)(3)	100,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FIVE STAR VETERANS CENTER 40 ACME STREET JACKSONVILLE, FL 32211	45-3545974	501(C)(3)	33,427				
GLOBAL WAR ON TERROR MEMORIAL FOUNDATION PO Box 6652 PITTSBURGH, PA 15212	47-3700489	501(C)(3)	20,000				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILITARY CHILD EDUCATION COALITION 909 MOUNTAIN LION CIRCLE HARKER HEIGHTS, TX 76548	74-2889416	501(C)(3)	250,000				
THE MISSION CONTINUES 1141 SOUTH 7TH STREET SAINT LOUIS, MO 63104	20-8742553	501(C)(3)	2,000,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MISSION HOUSE INC 800 SHETTER AVENUE JACKSONVILLE BEACH, FL 32250	59-3376704	501(C)(3)	25,000				
MOAA MILITARY FAMILY INITIATIVE 201 N WASHINGTON STREET ALEXANDRIA, VA 22314	46-4219250	501(C)(3)	25,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARALYZED VETERANS OF AMERICA 801 EIGHTEENTH STREET NW WASHINGTON, DC 20006	13-1946868	501(C)(3)	100,000				
PAT TILLMAN FOUNDATION 217 N JEFFERSON STREET SUITE 602 CHICAGO, IL 60661	20-1072336	501(C)(3)	100,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROJECT HEALING WATERS FLY FISHING INC PO BOX 695 LA PLATA, MD 20646	61-1518154	501(C)(3)	23,858				
STUDENT VETERANS OF AMERICA 1012 14TH STREET NW NO 1200 WASHINGTON, DC 20005	26-1971279	501(C)(3)	100,000				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SYRACUSE UNIVERSITY SKYTOP OFFICE BLDG SKYTOP RD SYRACUSE, NY 13244	15-0532081	501(C)(3)	100,000				
TEAM RED WHITE & BLUE 1110 W PLATT STREET TAMPA, FL 33606	27-2196347	501(C)(3)	500,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEAM RUBICON 6171 W CENTURY BLVD LOS ANGELES, CA 90045	27-1720480	501(C)(3)	2,078,947				
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS INC 3033 WILSON BOULEVARD NO 630 ARLINGTON, VA 22201	92-0152268	501(C)(3)	100,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED VETERANS BEACON HOUSE INC 1715 UNION BLVD BAY SHORE, NY 11706	11-3246402	501(C)(3)	29,460				
VETERANS HEALTH COUNCIL 624 4TH ST PATTERSON HEIGHTS BEAVER FALLS, PA 15010	81-4567669	501(C)(3)	100,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WARFIGHTER OUTFITTERS INC 160 S OAK ST SISTERS, OR 97759	47-1896901	501(C)(3)	180,000				
Emory University (Warrior Care Network) 1599 CLIFTON ROAD 3RD FLOOR ATLANTA, GA 30322	58-0566256	501(C)(3)	5,175,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BE THE CHANGE INC DBA GOT YOUR 6 200 CLARENDON STREEET 44TH FLOOR BOSTON, MA 02116	26-0402451	501(C)(3)	400,000				
MA GENERAL HOSPITAL (WARRIOR CARE NETWORK) 100 CAMBRIDGE ST STE 1310 BOSTON, MA 02114	04-1564655	501(C)(3)	8,175,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL ASSOCIATION OF COUNTIES RESEARCH FOUNDATI 25 MASSACHUSETTS AVE SUITE 500 WASHINGTON, DC 20001	53-0241255	501(C)(3)	210,000				
NATIONAL MILITARY FAMILY ASSOCIATION 3601 EISENHOWER AVE STE 425 ALEXANDRIA, VA 22034	52-0899384	501(C)(3)	625,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OPERATION HOMEFRONT 1355 CENTRAL PARKWAY S STE 100 SAN ANTONIO, TX 78232	32-0033325	501(C)(3)	1,000,000				
REGENTS UCLA (WARRIOR CARE NETWORK) 11000 KINROSS AVE STE 211 LOS ANGELES, CA 90095	95-6006143	501(C)(3)	5,175,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RUSH UNIVERSITY (WARRIOR CARE NETWORK) 1653 W CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	5,175,000				
TRAVIS MANION FOUNDATION PO BOX 1485 DOYLESTOWN, PA 18901	41-2237951	501(C)(3)	250,000				

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VAIL VETERANS FOUNDATION INC DBA VAIL VETERANS PRO 12 VAIL RD STE 200 PO BOX 6473 VAIL, CO 81658	20-5254885	501(C)(3)	20,000				

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

Part I Questions Regarding Compensation

			Yes	No
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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENT JEREMY CHWAT AND ADELINE POUDRIER RECEIVED SEVERANCE PAYMENTS IN CALENDAR YEAR 2016 OF $77,884 AND $34,615, RESPECTIVELY THESE AMOUNTS HAVE BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III)
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS BONUS FOR THE ORGANIZATION'S CEO IS DETERMINED BY THE BOARD OF DIRECTORS BONUSES FOR ALL OTHER OFFICERS, KEY EMPLOYEES AND EXECUTIVES ARE DETERMINED BY THE CEO, BASED ON RANGES SET BY THE BOARD OF DIRECTORS BONUSES ARE BASED ON OBJECTIVE, INDIVIDUAL PERFORMANCE CRITERIA COMPARABILITY DATA IS USED IN DETERMINING THE APPROPRIATE AND REASONABLE BONUS AMOUNTS FOR THE CEO, OFFICERS, KEY EMPLOYEES AND EXECUTIVES THE ORGANIZATION DOCUMENTS THE BASIS FOR ITS BONUS DETERMINATIONS IN MEETING MINUTES OR OTHER INTERNAL DOCUMENTS, WHICH ARE PREPARED AT THE TIME BONUSES ARE APPROVED, AND REFLECT THE REASONS UNDERLYING PARTICULAR BONUS DETERMINATIONS

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1ERIC S MILLER CFO (EFF 1/17)	(I)	180,604	8,403	0	7,536	22,288	218,831	0
	(II)	0	0	0	0	- 0	- 0	0
1GARY A CORLESS EFF 116 CHIEF DEVELOPMENT OFFICER	(I)	240,181	14,361	0	0	22,419	276,961	0
	(II)	0	0	0	0	- 0	- 0	0
2JENNIFER M SILVA EFF 816 CHIEF PROGRAM OFFICER	(I)	184,478	24,592	0	7,222	22,286	238,578	0
	(II)	0	0	0	0	- 0	- 0	0
3RONALD W BURGESS FORMER CFO (THRU 12/16)	(I)	271,727	0	0	10,600	21,141	303,468	0
	(II)	0	0	0	0	- 0	- 0	0
4MICHAEL C RICHARDSON VP INDEPENDENCE & MENTAL HLTH	(I)	181,543	25,486	0	8,266	21,159	236,454	0
	(II)	0	0	0	0	- 0	- 0	0
5TRACY FARRELL EFF 816 VP ENGAGEMENT & PHYSICAL HLTH	(I)	157,442	0	0	6,162	7,901	171,505	0
	(II)	0	0	0	0	- 0	- 0	0
6JOHN T HAMRE III VP DIRECT RESPONSE	(I)	190,260	18,407	0	7,295	8,224	224,186	0
	(II)	0	0	0	0	- 0	- 0	0
7JONATHAN B SULLIVAN VP ECONOMIC EMPOWERMENT	(I)	180,402	25,486	0	8,220	22,288	236,396	0
	(II)	0	0	0	0	- 0	- 0	0
8AMBERLIE ALLRED GENERAL COUNSEL - CORP SEC	(I)	184,187	26,827	0	6,058	8,284	225,356	0
	(II)	0	0	0	0	- 0	- 0	0
9AYLA M TEZEL VP COMMUNICATIONS	(I)	180,159	24,145	0	6,646	17,282	228,232	0
	(II)	0	0	0	0	- 0	- 0	0
10JOHN W ROBERTS NATIONAL SERVICE DIRECTOR	(I)	159,632	19,823	0	7,166	22,216	208,837	0
	(II)	0	0	0	0	- 0	- 0	0
11ADELINE E POUDRIER VP HUMAN RESOURCES (THRU 09/16)	(I)	134,424	25,486	34,615	0	16,288	210,813	0
	(II)	0	0	0	0	- 0	- 0	0
12CHARLES W FLETCHER FRMR INTERIM COO (4/16- 9/16)	(I)	139,390	0	0	0	0	139,390	0
	(II)	0	0	0	0	- 0	- 0	0
13STEVEN F NARDIZZI FORMER CEO (THRU 3/16)	(I)	148,592	0	0	5,941	4,948	159,481	0
	(II)	0	0	0	0	- 0	- 0	0
14 JEREMY M CHWAT THRU 916 FORMER CHF STRATEGY OFCR	(I)	238,680	50,302	77,884	3,739	16,358	386,963	0
	(II)	0	0	0	0	- 0	- 0	0
15ADAM SILVA THRU 516 FORMER CHF PROGRAM OFCR	(I)	136,179	50,302	0	7,454	602	194,537	0
	(II)	0	0	0	0	- 0	- 0	0
16 RYAN CLEMENT PAVLU THRU 1216 FORMER NAT'L SERVICE DIRECTOR	(I)	133,836	14,532	0	5,931	2,330	156,629	0
	(II)	0	0	0	0	- 0	- 0	0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	179	1,221,731	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ See Additional Data				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

Part II **Supplemental Information.**

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	IN ACCORDANCE WITH THE ORGANIZATION'S RECORDKEEPING POLICIES, WOUNDED WARRIOR PROJECT HAS REPORTED THE NUMBER OF individual CONTRIBUTIONS RECEIVED IN COLUMN B
SCHEDULE M, PART I, LINE 32A	USE OF THIRD PARTY TO SELL NONCASH CONTRIBUTIONS TO THE EXTENT WWP RECEIVES CONTRIBUTIONS OF DONATED STOCK, IT TASKS ITS INVESTMENT BROKER TO CONVERT THE STOCK INTO CASH FOR USE IN FULFILLING THE ORGANIZATION'S MISSION

Additional Data

Software ID:

Software Version:

EIN: 20-2370934

Name: Wounded Warrior Project Inc

Part I, Lines 25-28

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ▶ (TICKETS)	X	399	725,359	FAIR MARKET VALUE
Other ▶ (SUPPLIES)	X	99	60,455	FAIR MARKET VALUE
Other ▶ (BACKPACKS)	X	12	41,599	FAIR MARKET VALUE
Other ▶ (MEMBERSHIP)	X	1	15,650	FAIR MARKET VALUE
Other ▶ (EQUIPMENT)	X	1	3,000	FAIR MARKET VALUE

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	Total Connection program expenses were $33,819,577, INCLUDING GRANTS and individual assist ance OF $1,941,124, for the fiscal year ending September 30, 2017 PROGRAM SERVICE DESCRIP TIONS CONNECTION Programs - These programs focus on connecting warriors in isolation with their peers, families, and communities, providing a path to recovery and resilience Throu gh these important interactions, program staff build trust with warriors, help identify th eir readjustment reintegration needs, and then match them warriors to internal programs an d external resources The Organization provides the following Connection programs Alumni, WWP Packs, International Support, Emergency Financial Assistance, and Peer Support ALUMN I - The Alumni program provides support and camaraderie for wounded warriors through commu nication, events and networking It offers a wide range of activities including sporting e vents, educational sessions, personal and professional development summits and recreationa l events that provide individuals a chance to engage with other wounded warriors This pro gram also identifies, trains, and challenges leaders within the wounded warrior population to support their peers in their continued path toward physical and mental health and well -being THE ALUMNI PROGRAM HAD 107,151 WARRIORS AND 25,277 FAMILY MEMBERS REGISTERED AS OF SEPTEMBER 30, 2017, WITH A SATISFACTION RATING OF 95% FOR THOSE WHO PARTICIPATED IN ALUMN I PROGRAM ACTIVITIES WWP PACKS - Backpacks are provided to wounded service members arrivi ng at U S military hospitals and trauma centers WWP backpacks contain clothing and comfo rt items to make a warriors hospital stay more comfortable Injured warriors overseas who are evacuated from field hospitals to larger military treatment facilities abroad receive a Transitional Care Pack ("TCP"), which includes clothing and toiletries for their immedia te comfort THE WWP PACKS PROGRAM DELIVERED 205 BACKPACKS AND 704 TRANSITIONAL CARE PACKS TO WOUNDED WARRIORS IN fiscal year 2017 SINCE WWP'S INCEPTION, 19,475 BACKPACKS AND 45,64 8 TRANSITIONAL CARE PACKS HAVE BEEN DELIVERED TO WOUNDED WARRIORS INTERNATIONAL SUPPORT - Landstuhl Regional Medical Center ("LRMC") is one of the first locations warriors are tra nsported to when injured Most of the time during transport, their belongings are not tran sported with them WWP wants to make their stay and travel back to the United States of Am erica as comfortable as possible WWP has dedicated resources at LRMC that distribute TCPs , provide support for events and visitation, and educate warriors on WWPs free programs an d services Emergency Financial Assistance WWPs Emergency Financial Assistance program pro vides limited financial assistance to warriors and immediate family members who encounter emergent situations which impact their life, safety, or shelter PEER SUPPORT - Peer Suppo rt is the programmatic embodiment of WWPs logo, fostering relationships that enable one wa rrior to help another through

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICE DESCRIPTIONS Physical Health & Wellness Programs - WWP envisions a g eneration of injured warriors living well-adjusted active, healthy lives Inactivity, weig ht gain, and sleep issues seriously affect a warriors quality of life Through WWPs two Ph ysical Health & Wellness programs, warriors regain their physical independence and well-be ing The Organization provides the following Physical Health & Wellness programs Physical Health & Wellness ("PH&W") - PH&W is designed to reduce stress, combat depression, and pr omote an overall healthy and active lifestyle by encouraging participation in fun, educati onal activities PH&W has something to offer warriors in every stage of recovery Three pr imary areas are Fitness, Nutrition, and Wellness IN FISCAL YEAR 2017, 725 WARRIORS PARTIC IPATED IN a coaching model based program 98% OF PARTICIPANTS STATED THAT AS A RESULT OF T HEIR EXPERIENCE IN this PROgRAM THEY WILL SEEK OUT OTHER PHYSICAL FITNESS, NUTRITION, and WELLNESS OPPORTUNITIES AND 91% OF PARTICIPANTS STATED THAT They PARTICIPATED IN OTHER fitn ess OPPORTUNITIES 90 DAYS AFTER PROGRAM COMPLETION THERE WERE ALSO MORE THAN 8,000 PARTIC IPANTS IN other WWP PH&W PROGRAM EVENTS TOTAL PH&W EXPENSES WERE $6,165,383, FOR THE FISC AL YEAR ENDING SEPTEMBER 30, 2017 Soldier Ride - Solder Ride is a unique three to five da y program for warriors to use cycling and the bonds of service to overcome physical, menta l and emotional wounds Warriors of all ability levels can cycle on adaptive hand cycles, trikes and bicycles In addition to the physical benefits, Soldier Ride helps raise public awareness of the challenges warriors face today Warriors have the opportunity to take pa rt in annual events, including rides initiating from the south lawn of the White House to those held in local communities across the nation THE SOLDIER RIDE PROGRAM SERVED 956 PAR TICIPANTS IN FISCAL YEAR 2017 90% OF PARTICIPANTS SAID SOLDIER RIDE MADE THEM FEEL MORE C ONFIDENT THAT THEY CAN MEET THEIR PHYSICAL FITNESS, NUTRITION and WELLNESS GOALS TOTAL SO LDIER RIDE EXPENSES WERE $6,937,067, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017 Mental Health & Wellness Programs - Through the Organizations mental health and wellness program s, WWP honors its commitment to be there for this generation of wounded service members no matter how long or difficult their road to recovery Interactive programs, outdoor rehabi litative retreats, and professional services provide warriors with the tools to maintain h ealthy, meaningful relationships, set goals for the future, and build resilience without t he barriers or stigmas associated with mental health issues The Organization provides the following Mental Health and Wellness programs Combat Stress Recovery Program ("CSRP") - This program addresses the mental health and cognitive needs of service members dealing wi th the invisible wounds of war CSRP challenges warriors to set goals and understand their "new normal " Many warriors b

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	egin their journey with Project Odyssey, an outdoor, rehabilitative retreat that promotes peer connection, challenging experiences, and healing with other combat veterans CSRP pro vides licensed mental health counselors at Project Odyssey events CSRP also provides cont inued care services to improve warrior resiliency and psychological well-being This is ac complished through the establishment of goals and the identification and use of community based resources During fiscal year 2017, 2,730 PARTICIPANTS attended a PROJECT ODYSSEY re treat, OVER 1,800 warriors were SERVED THROUGH MENTAL HEALTH OUTREACH AND REFERRALS, and 3 ,442 hours of counseling were delivered to warriors and their families 91% OF PROJECT ODY SSEY PARTICIPANTS RATED THE RESILIENCY SKILLS LEARNED AS USEFUL OR VERY USEFUL 92% OF PAR TICIPANTS SAID THEY WOULD SEEK MENTAL HEALTH SUPPORT AS A RESULT OF PROJECT ODYSSEY CSRP also provides WWP Talk, a non-clinical telephonic, emotional support program for warriors, their families and caregivers, which helps bridge the gap that may prevent participation in other programs This helpline was created for wounded service members living with PTSD, depression, combat stress, or other mental health conditions Together, the warrior, fami ly member or caregiver and WWP Talk teammates develop coping strategies to help the warrio r overcome challenges and learn to thrive again despite invisible wounds WWP SERVED 929 P ARTICIPANTS IN THE WWP TALK PROGRAM IN fiscal year 2017 90% OF WWP TALK PARTICIPANTS WERE SATISFIED WITH THE PROGRAM Total CSRP Program expenses (including WWP Talk) were $23,060 ,062, for the fiscal year ending September 30, 2017 Warrior Care Network - In order to e nhance access and provide Post Traumatic Stress Disorder ("PTSD") treatment through an int egrated care model, WWP established the Warrior Care Network For more information see FOR M 990, PART III, LINE 4C Financial Wellness Programs - An important component to successf ul transition into civilian life for wounded service members is the opportunity to pursue a meaningful career, achieve financial stability, and provide for his or her family The O rganization provides the following Financial Wellness programs Benefits Service To help warriors make the most of their earned benefits and successfully transition to life after injury, WWP provides the tools they need to become financially secure The Benefits Servic e team ensures warriors and their families have information and access to government benef its and community resources necessary for successful transition to life after injury A ke y part of this program is WWPs team of highly trained personnel that are accredited by the U S Department of Veteran Affairs to represent warriors and advocate on their behalf WW P personnel represent warriors in their filing of claims for benefits with the U S Depart ment of Veteran Affairs and U S Department of Defense WWP personnel work closely with ea ch agency so they can walk war

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	rıors through every step of the process When a claim ıs filed, WWP makes sure ıt ıs proce ssed correctly the first time and guides ınjured service members through thıs crucial part of their transıtion IN fiscal year 2017, THERE WERE approxımately 15,600 ıssues awarded on behalf of warrıors THROUGH BENEFITS SERVICE, WITH AN ECONOMIC IMPACT OF $85 4 MILLION TOTAL BENEFITS SERVICE EXPENSES WERE $9,679,675, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017 Warrıors to Work - Warrıors to Work ıs one of the cornerstones of WWPs efforts to ac hieve the goal of economıcally empowered wounded warrıors Thıs program assists wounded wa rrıors wıth their transıtion to the cıvilian workforce It offers a complete package of ca reer guıdance and support services ıncludıng resume assistance, ınterviewıng skills, netwo rkıng, job traınıng, and job placement The program staff provides contınued ındıvıdual co unselıng and personal support to all program partıcıpants as they strive to build a career ın the cıvilian workforce IN FISCAL YEAR 2017, 2,621 WARRIORS AND FAMILY MEMBERS who PAR TICIPATED IN THE WARRIORS TO WORK PROGRAM were PLACED IN Full-TIME OR Part-TIME EMPLOYMENT , wıth an average salary of $45,134 and $18,757, respectıvely, whıch had AN ECONOMIC IMPAC T OF $99 5 MILLION FROM annualızed EMPLOYMENT COMPENSATION TOTAL WARRIORS TO WORK EXPENSE S WERE $8,466,914, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017 Government Relatıons and Communıty Partnerships - One of WWPs strategıc prıorıtıes ıs to ımprove the lıves of vete rans by expandıng our ımpact through collaboratıon WWP has dedicated resources for these efforts WWPs Government Relatıons team advocates for legislatıon and policy that posıtıve ly ımpact the lıves of service members, veterans, and famılıes, as well as future veterans WWP also educates veterans and their famılıes about the programs and services avaılable from the federal government, enablıng them to utılize the benefits and entıtlements theyve earned WWP also has a dedicated Communıty Partnerships team that engages and amplifıes t he network of support for warrıors and their famılıes through relatıonships and ınvestment s ın sımılarly focused organızatıons, ıncludıng ıssuance of fınancıal grants TOTAL Govern ment Relatıons and Communıty Partnerships EXPENSES WERE $18,147,003, INCLUDING GRANTS OF $ 12,678,317, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2	Chief Program Officer, Jennifer Silva and Former Officer, Adam Silva have a family relationship FORM 990, PART VI, LINE 11B FORM 990 REVIEW PROCESS THE FORM 990 IS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN CONJUNCTION WITH WOUNDED WARRIOR PROJECT'S MANAGEMENT ALL INFORMATION REPORTED ON THE FORM 990 WAS PROVIDED BY MANAGEMENT AND REVIEWED BY THE ACCOUNTING FIRM THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE WHO REVIEWS, APPROVES AND RECOMMENDS TO THE FULL BOARD THAT IT BE APPROVED FOR FILING FOLLOWING FULL BOARD APPROVAL, THE FORM 990 IS ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15A AND 15B	PROCESS FOR DETERMINING COMPENSATION COMPENSATION FOR THE ORGANIZATION'S CEO IS DETERMINED BY THE BOARD OF DIRECTORS COMPENSATION FOR ALL OTHER OFFICERS, KEY EMPLOYEES AND EXECUTIVES IS DETERMINED BY THE CEO, BASED ON RANGES SET BY THE BOARD OF DIRECTORS COMPARABILITY DATA IS USED IN DETERMINING SALARIES FOR THE CEO, OFFICERS, KEY EMPLOYEES AND EXECUTIVES THE ORGANIZATION DOCUMENTS THE BASIS FOR ITS COMPENSATION DETERMINATIONS IN MEETING MINUTES OR OTHER INTERNAL DOCUMENTS, WHICH ARE PREPARED AT THE TIME COMPENSATION IS APPROVED, AND REFLECT THE REASONS UNDERLYING PARTICULAR COMPENSATION DETERMINATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC FORM 990 AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE AT WWW WOUNDEDWARRIORPROJECT ORG WWP'S FORM 1023 AND 990 T ARE AVAILABLE UPON REQUEST OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST AT MANAGEMENT'S DISCRETION FROM THE CORPORATE HEADQUARTERS AT 4899 BELFORT ROAD, SUITE 300, JACKSONVILLE, FL 32256

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24A	WARRIOR EVENTS AND ACTIVITIES THIS AMOUNT CONSISTS OF THE COSTS RELATED TO WWP'S PROGRAM EVENTS AND ACTIVITIES THAT ARE FREE OF CHARGE TO WARRIORS, THEIR CAREGIVERS, AND FAMILY MEMBERS EXAMPLES OF THESE EVENTS AND ACTIVITIES ARE OUTLINED IN GREATER DETAIL WITHIN THE INDIVIDUAL PROGRAM DESCRIPTIONS FOUND IN PART III AND SCHEDULE O INCLUDED IN THIS AMOUNT ARE EXPENSES FOR TRAVEL, HOTEL, MEALS, MATERIALS AND OTHER RELATED ACTIVITY COSTS FOR EVENT PARTICIPANTS THIS AMOUNT ALSO INCLUDES EXPENSES INCURRED BY WWP PROGRAM STAFF WHO FACILITATE AND DELIVER THESE SERVICES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24C	PROGRAM/OTHER PROVIDER SERVICES THIS AMOUNT PRIMARILY CONSISTS OF THIRD PARTY PROVIDERS THAT DELIVER free direct SERVICES WITHIN WWP PROGRAM EVENTS AND ACTIVITIES EXAMPLES OF THESE SERVICES INCLUDE CASE MANAGEMENT, LIFE SKILLS TRAINING, HOMECARE AND SUPPORT WITHIN THE INDEPENDENCE PROGRAM, LICENSED MENTAL HEALTH COUNSELORS WITHIN PROJECT ODYSSEY, AND FITNESS ACTIVITIES WITHIN PHYSICAL HEALTH & WELLNESS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, JOINT COSTS	WWP allocates joint costs that meet the criteria for purpose, audience and content between fundraising expenses and program expenses Accordingly, WWP allocates joint costs that benefit program services and include a fundraising appeal The programmatic component of these activities includes the education and recruitment of wounded service members that have not yet engaged with WWP, a call to action to enlist the public's aid in identifying wounded service members that would benefit from WWPs free programs and services, and an opportunity to thank veterans for their sacrifices in serving our country These joint costs include direct response television and certain direct mail campaigns

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE I, PART II, LINE 1, COLUMN H	PURPOSE OF GRANT OR ASSISTANCE AMERICAS WARRIOR PARTNERSHIP AMERICAS WARRIOR PARTNERSHIP I S COMMITTED TO EMPOWERING COMMUNITIES TO EMPOWER VETERANS THEY FILL THE GAPS THAT EXIST B ETWEEN CURRENT VETERAN SERVICE ORGANIZATIONS BY HELPING NONPROFITS CONNECT WITH THE VETERA NS, MILITARY MEMBERS AND FAMILIES IN NEED BOLSTERING THEIR EFFICACY, IMPROVING THEIR RESU LTS AND EMPOWERING THEIR INITIATIVES AMERICAS WARRIOR PARTNERSHIP IS A FORCE MULTIPLIER F OR WARRIOR COMMUNITY INTEGRATION THAT ENHANCES COMMUNITIES WHERE GREAT AMERICANS CHOOSE TO LIVE AND CONTRIBUTE ASSOCIATION FOR MENTAL HEALTH & WELLNESS - PROVIDE PSYCHOSOCIAL AND VOCATIONAL REHABILITATION TO PERSONS WITH PSYCHIATRIC ILLNESSES BOULDER CREST RETREAT FOU NDATION - Provides Warrior PATHH (Progressive and Alternative Training for Healing Heroes) Retreats, an 18 month program that begins with a 7-day combat stress recovery retreat for warriors Warrior PATHH is the nation's first non-clinical program designed to cultivate and facilitate Post traumatic Growth amongst those struggling with PTSD and/or combat stre ss Warrior PATHH enables participants to transform times of deep struggle into profound s trength and growth CARING FOR MILITARY FAMILIES ELIZABETH DOLE FOUNDATION - STRENGTHENS AND EMPOWERS AMERICAS MILITARY CAREGIVERS AND THEIR FAMILIES BY RAISING PUBLIC AWARENESS, DRIVING RESEARCH, CHAMPIONING POLICY, AND LEADING COLLABORATIONS THAT MAKE A SIGNIFICANT I MPACT ON THEIR LIVES BRINGS THE MILITARY CAREGIVER JOURNEY MAP TO THE LOCAL LEVEL BY SUPP ORTING THE HIDDEN HEROES CITIES COMBINED ARMS - BUILDING A LONG-STANDING CULTURE OF COLLA BORATION AMONG MILITARY SERVICE ORGANIZATIONS IN THE GREATER HOUSTON AREA AS A RESULT, LO CAL WARRIORS HAVE MORE OPPORTUNITIES TO ENGAGE AND RECEIVE SUPPORT DOG TAG BAKERY INC - P ROVIDES AN ENTREPRENEUR PROGRAM PARTICIPANTS RECEIVE A CERTIFICATION WITH GEORGETOWN UNIV ERSITY BY ROTATING THROUGH BUSINESS PRACTICES OF BAKERY AND ADDITIONAL SOFT SKILLS OF BUSI NESS EFFECTIVENESS AND WELL-BEING FIVE S T A R VETERANS CENTER - TO ENSURE A POSITIVE IMP ACT IN NORTH FLORIDA BY OFFERING SAFE/SECURE HOUSING TO DISPLACED VETERANS, IN AN ATTEMPT TO ALLEVIATE VETERAN HOMELESSNESS AND PROVIDE MUCH NEEDED MENTAL HEALTH AND WELLNESS SUPPO RT GLOBAL WAR ON TERROR MEMORIAL FOUNDATION ("GWOT") - TO PROVIDE THE ORGANIZING, FUNDRAI SING, AND COORDINATING EFFORTS TO ESTABLISH A GWOT MEMORIAL ON THE NATIONAL MALL IN WASHIN GTON D C TO HONOR OUR FALLEN WARRIORS MILITARY CHILD EDUCATION COALITION - TO ENSURE ALL MILITARY-CONNECTED CHILDREN AFFECTED BY MOBILITY, FAMILY SEPARATION, AND TRANSITION HAVE QUALITY EDUCATIONAL EXPERIENCES SERVE WARRIOR FAMILIES BY DELIVERING PROGRAMS TO MEET THE NEEDS OF MILITARY-CONNECTED STUDENTS, PARENTS, AND PROFESSIONALs THE MISSION CONTINUES - EMPOWERS VETERANS WHO ARE ADJUSTING TO LIFE AT HOME TO FIND PURPOSE THROUGH COMMUNITY IMP ACT PROVIDES WARRIORS ADDITIONAL OPPORTUNITIES TO GIVE BACK TO THEIR COMMUNITIES MISSION HOUSE INC - PROVIDES MEDICAL,

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE I, PART II, LINE 1, COLUMN H	MENTAL HEALTH, HYGIENE, FOOD, CLOTHING, AND SOCIAL SERVICES ASSISTANCE TO LOCAL HOMELESS MOAA MILITARY FAMILY INITIATIVE - PROVIDES EDUCATIONAL ASSISTANCE FOR CHILDREN OF MILITAR Y FAMILIES PARALYZED VETERANS OF AMERICA - PROVIDE WOUNDED VETERANS, MILITARY SPOUSES AND CAREGIVERS ACADEMIC SCHOLARSHIPS PAT TILLMAN FOUNDATION - PROVIDES MILITARY VETERANS AND THEIR SPOUSES ACADEMIC SCHOLARSHIPS PROJECT HEALING WATERS FLY FISHING INC - DEDICATED T O THE PHYSICAL AND EMOTIONAL REHABILITATION OF DISABLED ACTIVE DUTY MILITARY AND DISABLED VETERANS THROUGH FLY FISHING AND ASSOCIATED ACTIVITIES STUDENT VETERANS OF AMERICA - PROV IDES SUPPORT IN EFFECTIVE RECRUITMENT PRACTICES AND SUPPORT OF STUDENT VETERANS AS THEY PU RSUE HIGHER EDUCATION AND PROVIDE NEEDED REFERRALS AND SUPPORTIVE RESOURCES FOCUS ON EDUC ATION AND EMPLOYMENT GOALS AND DEVELOPMENT OF RESOURCES FOR COLLEGE CAMPUSES SYRACUSE UNI VERSITY - SUPPORTS IVMF (INSTITUTE FOR VETERANS AND MILITARY FAMILIES) TO AID SERVICE MEMB ERS, VETERANS AND THEIR FAMILIES WITH INNOVATIVE PROGRAMS FOR CAREER, VOCATIONS AND ENTREP RENEURSHIP EDUCATION TEAM RED, WHITE & BLUE - Enriches the lives of America's veterans by connecting them to their community through physical and social activity TEAM RUBICON - U nites the skills and experiences of veterans with those of first responders to rapidly dep loy emergency response teams to communities affected by disasters across the country In F Y17 WWP granted an additional $1,000,000 for purpose of deploying veterans and first respo nders to communities in need of emergent assistance as a result of Hurricane Harvey and to build capacity for future relief efforts in Texas the Gulf Coast TRAGEDY ASSISTANCE PROG RAM FOR SURVIVORS INC - HELP SURVIVORS COPE WITH THE LOSS OF A MILITARY LOVED ONE UNITED VETERANS BEACON HOUSE, INC - PROVIDES COMPASSIONATE CARE TO ALL THOSE GRIEVING THE LOSS O F A MILITARY LOVED ONE AND FURTHER THE WORK AND RESEARCH BEING DONE ON THOSE SUFFERING FRO M INJURIES CAUSED BY TOXIC EXPOSURE VETERANS HEALTH COUNCIL - IN PARTNERSHIP WITH TAPS (T RAGEDY ASSISTANCE PROGRAM FOR SURVIVORS), CONDUCTING RESEARCH AND AWARENESS AROUND TOXIC E XPOSURES POST 9/11 SERVICE MEMBERS HAVE BEEN IN CONTACT WITH IN COMBAT ZONES WARFIGHTER O UTFITTERS INC - PROVIDES VETERANS ENGAGEMENT OPPORTUNITIES WITH FELLOW VETERANS WHILE PART ICIPATING IN OUTDOOR RECREATIONAL ACTIVITIES EMORY UNIVERSITY, EMORY HEALTHCARE VETERANS PROGRAM - An Academic Medical Center in the Warrior Care Network The Warrior Care Network is a collaboration between WWP and four nationally recognized AMCs providing treatment an d care for wounded warriors suffering from PTSD Grant funds are used to provide participa nts with a free, innovative two to three week intensive outpatient program, including all clinical and non-clinical care, travel and lodging The treatment program integrates evide nce-based psychological and pharmacological treatments, rehabilitative medicine, wellness, nutrition, mindfulness traini

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

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

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

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

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

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	(g) No
(1)WOUNDED WARRIOR PROJECT LT SUPPORT TRUST 100 SOUTH WEST STREET WILMINGTON, DE 19801 37-6558533	TRUST	DE	501(C)(3)	11-TYPE I	WOUNDED WARR	Yes	

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII **Supplemental Information**

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