

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.

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

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

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

C Name of organization: Wounded Warrior Project Inc
 % ERIC MILLER
 Doing business as: Wounded Warrior Project
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 4899 Belfort Road Suite 300
 City or town, state or province, country, and ZIP or foreign postal code: Jacksonville, FL 32256

D Employer identification number: 20-2370934
E Telephone number: (904) 296-7350
G Gross receipts \$ 427,811,633

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	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	766
6 Total number of volunteers (estimate if necessary)	6	3,169
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	246,204,557	266,271,219
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,728,924	12,058,402
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,829,215	4,127,147
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	263,762,696	282,456,768
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	37,096,336	44,953,730
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)	63,280,199	70,328,291
16a Professional fundraising fees (Part IX, column (A), line 11e)	7,206,453	9,379,379
b Total fundraising expenses (Part IX, column (D), line 25) ▶66,311,184		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	166,438,264	157,983,782
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	274,021,252	282,645,182
19 Revenue less expenses. Subtract line 18 from line 12	-10,258,556	-188,414

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	344,555,780	366,150,605
21 Total liabilities (Part X, line 26)	39,383,239	57,388,394
22 Net assets or fund balances. Subtract line 21 from line 20	305,172,541	308,762,211

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *****
 Date: 2020-03-19

ERIC MILLER CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2020-03-23 Check if self-employed PTIN: P00741490

Firm's name ▶ Grant Thornton LLP Firm's EIN ▶ _____

Firm's address ▶ 445 BROADHOLLOW ROAD MELVILLE, NY 11747 Phone no. (631) 577-1867

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 THE WOUNDED WARRIOR PROJECT ("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 \$ 62,679,772 including grants of \$ 25,757,630) (Revenue \$ 0)
See Additional Data

4b (Code:) (Expenses \$ 45,820,865 including grants of \$ 5,255,563) (Revenue \$ 0)
See Additional Data

4c (Code:) (Expenses \$ 31,485,656 including grants of \$ 2,467,337) (Revenue \$ 0)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 61,062,534 including grants of \$ 11,473,200) (Revenue \$)

4e Total program service expenses ▶ 201,048,827

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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	766		
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		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		Yes	
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
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?					
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? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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



Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 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 711,947			
	b Membership dues	1b			
	c Fundraising events	1c 1,194,854			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 264,364,418			
	g Noncash contributions included in lines 1a - 1f: \$ _____ 3,227,028				
h Total. Add lines 1a-1f		266,271,219			

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

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			8,357,476			8,357,476	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			1,608,314			1,608,314	
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)	0	0				
		d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)	3,704,192	-3,266				
		d Net gain or (loss)			3,700,926			3,700,926
	8a Gross income from fundraising events (not including \$ 1,194,854 of contributions reported on line 1c). See Part IV, line 18	a		312,367				
		b Less: direct expenses	b	576,495				
		c Net income or (loss) from fundraising events			-264,128			-264,128
	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	1,262,662	0	0	1,262,662		
b PURCHASING CARD REBATE		900099	562,567	0	0	562,567		
c MISCELLANEOUS		900099	366,880	0	0	366,880		
d All other revenue			590,852	0	0	590,852		
e Total. Add lines 11a-11d			2,782,961					
12 Total revenue. See Instructions.			282,456,768	0	0	16,185,549		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	43,766,393	43,766,393		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,187,337	1,187,337		
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	2,983,913	849,929	1,283,650	850,334
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	51,861,013	43,472,233	2,468,940	5,919,840
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,488,599	1,190,879	193,518	104,202
9 Other employee benefits	10,117,941	8,094,353	1,315,332	708,256
10 Payroll taxes	3,876,825	3,101,460	503,987	271,378
11 Fees for services (non-employees):				
a Management	0			
b Legal	721,024		721,024	
c Accounting	356,537		356,537	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	9,379,379			9,379,379
f Investment management fees	756,732		756,732	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	64,542		64,542	
12 Advertising and promotion	10,067,631	9,808,225	21,457	237,949
13 Office expenses	1,347,912	700,740	233,143	414,029
14 Information technology	4,706,521	2,981,600	1,178,841	546,080
15 Royalties	0			
16 Occupancy	7,087,553	4,397,069	1,845,638	844,846
17 Travel	4,677,458	4,188,124	111,802	377,532
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	437,272	348,082	52,664	36,526
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,005,386	1,254,863	515,135	235,388
23 Insurance	536,477	344,245	131,942	60,290
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 PROGRAM/OTHER PROVIDER SVS.	35,871,999	28,883,873	5,467	6,982,659
b DIRECT RESPONSE MAIL	26,157,957	10,351,587	0	15,806,370
c WARRIOR EVENTS & ACTIVITIES	20,272,117	20,272,117	0	0
d DIRECT RESPONSE TV & ONLINE	18,105,130	8,405,995	0	9,699,135
e All other expenses	24,811,534	7,449,723	3,524,820	13,836,991
25 Total functional expenses. Add lines 1 through 24e	282,645,182	201,048,827	15,285,171	66,311,184
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	36,520,908	23,163,889		13,357,019

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	8,283,297	1	8,000,853
	2 Savings and temporary cash investments	23,079,357	2	22,601,824
	3 Pledges and grants receivable, net	6,038,026	3	4,353,762
	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	11,822,038	9	5,652,625
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 28,465,844		
	b Less: accumulated depreciation	10b 26,076,159	3,061,442	10c 2,389,685
	11 Investments—publicly traded securities	277,733,046	11	286,724,513
	12 Investments—other securities. See Part IV, line 11	12,496,183	12	13,524,189
	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	2,042,391	15	22,903,154
16 Total assets. Add lines 1 through 15 (must equal line 34)	344,555,780	16	366,150,605	
Liabilities	17 Accounts payable and accrued expenses	39,383,239	17	34,655,989
	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	22,732,405
	26 Total liabilities. Add lines 17 through 25	39,383,239	26	57,388,394
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	298,231,325	27	301,860,795
	28 Temporarily restricted net assets	5,941,216	28	5,901,416
	29 Permanently restricted net assets	1,000,000	29	1,000,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	305,172,541	33	308,762,211	
34 Total liabilities and net assets/fund balances	344,555,780	34	366,150,605	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	282,456,768
2	Total expenses (must equal Part IX, column (A), line 25)	2	282,645,182
3	Revenue less expenses. Subtract line 2 from line 1	3	-188,414
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	305,172,541
5	Net unrealized gains (losses) on investments	5	3,656,320
6	Donated services and use of facilities	6	108,361
7	Investment expenses	7	
8	Prior period adjustments	8	13,403
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	308,762,211

Part XII Financial Statements and Reporting

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

- 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?
 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?
 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?
 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 20-2370934

Name: Wounded Warrior Project Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

MENTAL HEALTH & WELLNESS PROGRAMS - THROUGH WWP'S MENTAL HEALTH AND WELLNESS PROGRAMS, WWP HONORS ITS COMMITMENT TO BE THERE FOR THIS GENERATION OF WOUNDED SERVICE MEMBERS NO MATTER HOW LONG OR DIFFICULT THEIR ROAD TO RECOVERY. REHABILITATIVE RETREATS, INTENSIVE OUTPATIENT PROGRAMS AND PROFESSIONAL MENTAL HEALTH SERVICES PROVIDE WARRIORS WITH THE TOOLS TO DEVELOP AND MAINTAIN HEALTHY, MEANINGFUL RELATIONSHIPS, SET GOALS FOR THE FUTURE, AND BUILD RESILIENCE WITHOUT THE BARRIERS OR STIGMAS ASSOCIATED WITH MENTAL HEALTH ISSUES. TOTAL MENTAL HEALTH & WELLNESS PROGRAMS EXPENSES WERE \$62,679,772, INCLUDING GRANTS OF \$25,757,630, FOR MORE INFORMATION SEE SCHEDULE O.

Form 990, Part III, Line 4b:

CONNECTION - THESE PROGRAMS FOCUS ON CONNECTING WARRIORS 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, BRING THEM OUT OF ISOLATION AND THEN GUIDE THEM TO INTERNAL PROGRAMS AND EXTERNAL RESOURCES. TOTAL CONNECTION PROGRAMS EXPENSES WERE \$45,820,865, INCLUDING GRANTS OF \$5,255,563. FOR MORE INFORMATION SEE SCHEDULE O.

Form 990, Part III, Line 4c:

FINANCIAL WELLNESS PROGRAMS - AN IMPORTANT COMPONENT TO SUCCESSFUL TRANSITION INTO CIVILIAN LIFE FOR WOUNDED SERVICE MEMBERS IS THE OPPORTUNITY TO PURSUE A MEANINGFUL CAREER, ACHIEVE FINANCIAL STABILITY, AND PROVIDE FOR HIS OR HER FAMILY. TOTAL FINANCIAL WELLNESS PROGRAMS EXPENSES WERE \$31,485,656, INCLUDING GRANTS OF \$2,467,337. FOR MORE INFORMATION SEE SCHEDULE O.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:)	(Expenses \$	26,763,796	including grants of \$	0	(Revenue \$)
Independence Program						

(Code:)	(Expenses \$	18,109,225	including grants of \$	9,223,200	(Revenue \$)
Government Relations & Community Partnerships						

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 16,189,513 including grants of \$ 2,250,000) (Revenue \$)
Physical Health & Wellness Program

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR JONATHAN WOODSON CHAIR	5.0 0.0	X		X				0	0	0
KATHLEEN WIDMER VICE CHAIR	5.0 0.0	X		X				0	0	0
JUSTIN CONSTANTINE DIRECTOR	5.0 0.0	X						0	0	0
RICHARD T TRYON DIRECTOR	5.0 0.0	X						0	0	0
JUAN GARCIA DIRECTOR	5.0 0.0	X						0	0	0
CARI DESANTIS DIRECTOR	5.0 0.0	X						0	0	0
ALONZO SMITH DIRECTOR	5.0 0.0	X						0	0	0
LISA DISBROW DIRECTOR	5.0 0.0	X						0	0	0
MICHAEL C HALL DIRECTOR	5.0 0.0	X						0	0	0
RICHARD M JONES DIRECTOR (THRU 9/20/19)	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 CHIEF EXECUTIVE OFFICER	50.0 0.0			X				281,594	0	31,418
CHRISTOPHER TONER CHIEF OF STAFF	50.0 0.0			X				259,246	0	34,153
ERIC S MILLER CHIEF FINANCIAL OFFICER	50.0 0.0			X				295,911	0	34,808
GARY A CORLESS CHIEF DEVELOPMENT OFFICER	50.0 0.0			X				289,193	0	31,671
JENNIFER M SILVA CHIEF PROGRAM OFFICER	50.0 0.0			X				315,189	0	31,479
DAWN MBOLAND SECRETARY AND GENERAL COUNSEL	50.0 0.0			X				138,750	0	17,879
MICHAEL C RICHARDSON VP INDEPENDENCE & MENTAL HLTH	50.0 0.0				X			233,306	0	31,284
JOHN T HAMRE III VP DIRECT RESPONSE	50.0 0.0				X			259,747	0	14,458
TRACY FARRELL VP ENGAGEMENT & PHYSICAL HLTH	50.0 0.0				X			220,549	0	15,707
BREA KRATZERT VP DEVELOPMENT	50.0 0.0				X			216,798	0	29,305

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			
RENE' BARDORFTHRU 619 SR VP-GOV. & COMM. REL	50.0 0.0					X		287,394	0	31,075
SCOTT COSTER VP INFO. TECH.	50.0 0.0					X		213,337	0	30,460
ANGELA STROHL VP HUMAN RESOURCES	50.0 0.0					X		213,208	0	25,940
CRAIG CARROLL VP FINANCE & ACCOUNTING	50.0 0.0					X		210,437	0	31,158
AYLA M TEZEL VP COMMUNICATIONS	50.0 0.0					X		205,786	0	26,834
AMBERLIE ALLRED FMR SECRETARY/GC(THRU 06/18)	50.0 0.0						X	148,994	0	10,881

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2018

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	372,546,396	302,707,725	211,476,891	246,204,557	266,271,219	1,399,206,788
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	372,546,396	302,707,725	211,476,891	246,204,557	266,271,219	1,399,206,788
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.						1,399,206,788

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4.	372,546,396	302,707,725	211,476,891	246,204,557	266,271,219	1,399,206,788
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,554,494	16,413,731	10,076,349	9,686,211	9,965,790	62,696,575
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.).	2,444,079	2,247,778	3,032,220	2,696,215	3,095,328	13,515,620
11 Total support. Add lines 7 through 10						1,475,418,983

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 2018 (line 6, column (f) divided by line 11, column (f))	14	94.834 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	94.760 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6	Total. Add lines 1 through 5 . . .						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . .						
c	Add lines 7a and 7b. . .						
8	Public support. (Subtract line 7c from line 6.) . . .						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 20-2370934

Name: Wounded Warrior Project Inc

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
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		43,643
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			43,643
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 1B	WOUNDED WARRIOR PROJECT EMPLOYS PUBLIC POLICY PROFESSIONALS TO HELP EDUCATE COMMUNITY LEADERS ABOUT THE ISSUES AFFECTING THE VETERANS AND CAREGIVERS WE SERVE. THIS MEANS THAT, OCCASIONALLY, WOUNDED WARRIOR PROJECT MEETS WITH GOVERNMENT OFFICIALS TO PROVIDE OUR INSIGHT ON PROPOSED CHANGES TO LAWS AND REGULATIONS AFFECTING VETERAN AND CAREGIVER HEALTH AND BENEFITS.
SCHEDULE C, PART II-B, LINE 1G	THIS INCLUDES COMPENSATION AND TRAVEL RELATED EXPENSES FOR WOUNDED WARRIOR PROJECT EMPLOYEES RELATING TO DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY. EXAMPLES INCLUDE RESEARCH AND OFFICE VISITS TO DISCUSS AND SUPPORT LEGISLATION SUCH AS THE RYAN KULES SPECIALLY ADAPTIVE HOUSING IMPROVEMENT ACT OF 2019 AND THE COMMANDER JOHN SCOTT HANNON VETERANS MENTAL HEALTH CARE IMPROVEMENT ACT OF 2019.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

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 7/25/06, 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	1,324,845	1,363,844	1,305,557	1,205,183	1,302,411
b Contributions					
c Net investment earnings, gains, and losses	59,312	89,938	123,177	100,374	-34,747
d Grants or scholarships					
e Other expenditures for facilities and programs	64,691	128,937	64,890		62,481
f Administrative expenses					
g End of year balance	1,319,466	1,324,845	1,363,844	1,305,557	1,205,183

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 75.790 %
 - c** Temporarily restricted endowment ▶ 24.210 %
- 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		6,932,701	6,363,183	569,518
d Equipment		1,678,943	1,306,309	372,634
e Other		19,854,200	18,406,667	1,447,533
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,389,685

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) RIGHT OF USE LEASE ASSET	21,171,093
(2) DEPOSITS	979,504
(3) SUPPLIES	752,557
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	22,903,154

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
RIGHT OF USE LEASE LIABILITY	22,732,405
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	22,732,405

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	384,094,837
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,656,320
b	Donated services and use of facilities	2b	93,447,856
c	Recoveries of prior year grants	2c	13,403
d	Other (Describe in Part XIII.)	2d	5,273,956
e	Add lines 2a through 2d	2e	102,391,535
3	Subtract line 2e from line 1	3	281,703,302
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	756,732
b	Other (Describe in Part XIII.)	4b	-3,266
c	Add lines 4a and 4b	4c	753,466
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	282,456,768

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	375,235,239
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	93,339,495
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	7,294
e	Add lines 2a through 2d	2e	93,346,789
3	Subtract line 2e from line 1	3	281,888,450
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	756,732
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	756,732
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	282,645,182

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 20-2370934

Name: Wounded Warrior Project Inc

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS THE ORGANIZATION HAS ONE DONOR-RESTRICTED ENDOWMENT, WHICH RESTRICTS WWP TO SPEND INVESTMENT PROCEEDS ONLY ON THE INDEPENDENCE PROGRAM. THE ENDOWMENT NET ASSETS ARE REFLECTED ON THE STATEMENT OF FINANCIAL POSITION AT SEPTEMBER 30, 2019: PERMANENT ENDOWMENT: \$1,000,000 TEMPORARILY RESTRICTED ENDOWMENT: \$319,466

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	THE ORGANIZATION HAS RECEIVED TAX DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE AND IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, ONLY UNRELATED BUSINESS INCOME IS SUBJECT TO INCOME TAX. THE ORGANIZATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION. THE ORGANIZATION FOLLOWS AUTHORITATIVE GUIDANCE WHICH REQUIRES THE ORGANIZATION TO EVALUATE ITS TAX POSITIONS FOR ANY UNCERTAINTIES BASED ON THE TECHNICAL MERITS OF THE POSITION TAKEN. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE UPHOLD UPON EXAMINATION BY TAXING AUTHORITIES. AS OF SEPTEMBER 30, 2019, THE ORGANIZATION DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS AS REQUIRED AND ALL OTHER APPLICABLE RETURNS IN THOSE JURISDICTIONS WHERE REQUIRED.

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2D	OTHER RECONCILING ITEMS \$5,273,956 - INCOME EARNED BY THE WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST SHOWN ON A CONSOLIDATED BASIS FOR FINANCIAL STATEMENT PURPOSES.

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI Line 4b	OTHER RECONCILING ITEM: -\$3,266 Loss on disposal of assets reclassified from Functional Expenses (as reported in the audited financial statements)

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	OTHER RECONCILING ITEMS \$4,028 - EXPENSE INCURRED BY THE WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST SHOWN ON A CONSOLIDATED BASIS FOR FINANCIAL STATEMENT PURPOSES. \$3,266 - LOSS ON DISPOSAL OF ASSETS REPORTED ON STATEMENT OF REVENUE PART VIII \$7,294 - TOTAL RECONCILING ITEMS ON LINE 2D

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART IX & PART X	EFFECTIVE OCTOBER 1, 2018, THE ORGANIZATION BEGAN ACCOUNTING FOR LEASES IN ACCORDANCE WITH ASU NO. 2016-02, LEASES (TOPIC 842.) THE ORGANIZATION LEASES OFFICE SPACE, STORAGE SPACE AND OFFICE EQUIPMENT PRIMARILY UNDER NON-CANCELABLE OPERATING LEASES. THESE LEASE AGREEMENTS PROVIDE FOR INCREASES IN SCHEDULED RENT, OPERATING EXPENSES, AND REAL ESTATE TAXES ATTRIBUTABLE TO THE LEASED PROPERTY. THE VALUE OF A RIGHT OF USE LEASE LIABILITY BASED ON THE PRESENT VALUE OF FUTURE LEASE PAYMENTS IS \$22,732,405. THE VALUE OF THE ROU LEASE ASSET IS \$21,171,093.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Wounded Warrior Project Inc

Employer identification number

20-2370934

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Europe (Including Iceland and Greenland)	1	3	Program Services	SEE PART V	6,093,767
3a Sub-total	1	3			6,093,767
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	3			6,093,767

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

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	PROCEDURE FOR MONITORING PROGRAM SERVICES OUTSIDE THE U.S. THE ORGANIZATION DELIVERED PROGRAM SERVICES OUTSIDE OF THE UNITED STATES AS PART OF ITS INTERNATIONAL SUPPORT CONNECTION PROGRAM, WHICH ARE MONITORED BY PROGRAM DIRECTORS IN A CONSISTENT MANNER AS THOSE PROGRAM SERVICES DELIVERED INSIDE THE UNITED STATES. SEE BELOW FOR A DESCRIPTION OF THE INTERNATIONAL SUPPORT CONNECTION PROGRAM. THE ORGANIZATION DID NOT MAKE ANY GRANTS OUTSIDE OF THE UNITED STATES IN FISCAL YEAR 2019.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN E	DESCRIPTION OF ACTIVITY IN EUROPE INTERNATIONAL SUPPORT - LANDSTUHL REGIONAL MEDICAL CENTER ("LRMC") IS ONE OF THE FIRST LOCATIONS WARRIORS ARE MEDICALLY EVACUATED TO WHEN INJURED OVERSEES, ESPECIALLY FROM COMBAT ZONES IN THE MIDDLE EAST REGION OF THE WORLD AND AFGHANISTAN. MOST OF THE TIME THEIR BELONGINGS ARE NOT TRANSPORTED WITH THEM. WWP WANTS TO MAKE THEIR STAY AND TRAVEL BACK TO THE UNITED STATES OF AMERICA AS COMFORTABLE AS POSSIBLE. WWP HAS DEDICATED RESOURCES AT LRMC THAT DISTRIBUTE TCP'S, PROVIDE SUPPORT FOR EVENTS AND VISITATION, AND EDUCATE WARRIORS AND FAMILIES ON WWP'S FREE PROGRAMS AND SERVICES.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CREATIVE DIRECT RESPONSE 16900 SCIENCE DR SUITE 210 BOWIE, MD 20715	DIRECT RESPONSE		No	90,439,519	4,035,260	86,404,259
BKV UNIFIED LLC DRUM 3390 PEACHTREE RD NE 10TH FLOOR ATLANTA, GA 30326	DIRECT RESPONSE		No	8,129,296	3,111,005	5,018,291
THOMPSON HABIB DENISON INC 80 HAYDEN AVE STE 300 LEXINGTON, MA 02421	DIRECT RESPONSE		No	1,815,943	379,836	1,436,107
AMERIDIAL INC 4877 HIGBEE AVENUE NW CANTON, OH 44718	DIRECT RESPONSE		No	9,912	7,327	2,585
GIVEBRIDGE INC 525 W MONROE STREET STE 900 CHICAGO, IL 60661	DIRECT RESPONSE		No	889,812	1,845,951	-956,139
Total				101,284,482	9,379,379	91,905,103

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

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

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		COURAGE AWARDS (event type)	CARRY FORWARD (event type)	2 (total number)	Total events (add col. (a) through col. (c))
1	Gross receipts	772,016	597,485	137,720	1,507,221
2	Less: Contributions	690,661	444,626	59,567	1,194,854
3	Gross income (line 1 minus line 2)	81,355	152,859	78,153	312,367
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	95,934	70,744	12,434	179,112
	7 Food and beverages	77,248	5,618	1,984	84,850
	8 Entertainment				
	9 Other direct expenses	180,819	107,534	24,180	312,533
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-264,128

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
------------------	-------------

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Wounded Warrior Project Inc

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 41
3 Enter total number of other organizations listed in the line 1 table 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EMERGENCY FINANCIAL ASSISTANCE	878	1,187,337			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART III, LINE 1(A)	WWP'S EMERGENCY FINANCIAL ASSISTANCE PROVIDES LIMITED FINANCIAL ASSISTANCE TO WARRIORS AND IMMEDIATE FAMILY MEMBERS WHO ENCOUNTER EMERGENCY SITUATIONS WHICH IMPACT THEIR LIFE, SAFETY, OR SHELTER.
SCHEDULE I, PART I, LINE 2	PROCEDURE FOR MONITORING the USE OF GRANT FUNDS in the U.S. WOUNDED WARRIOR PROJECT MONITORS GRANT FUNDS ACCORDING TO THE TERMS OF AN APPLICABLE WRITTEN AGREEMENT. UNDER SUCH AGREEMENTS, GRANTEEES ARE RESPONSIBLE FOR PROVIDING PERIODIC impact REPORTS. WOUNDED WARRIOR PROJECT USES THESE REPORTS TO ENSURE THAT GRANT FUNDS ARE SPENT FOR THEIR INTENDED PURPOSES. IN SOME CASES, SITE VISITS ARE CONDUCTED. SEE SCHEDULE O FOR GRANT DESCRIPTIONS.

Additional Data

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

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

(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
AMERICAN NATIONAL RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	5,200,000				SEE SCHEDULE O
AMERICA'S WARRIOR PARTNERSHIP 1190 INTERSTATE PARKWAY AUGUSTA, GA 30909	47-1606321	501(C)(3)	500,000				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOULDER CREST RETREAT FOUNDATION 18370 BLUEMONT VILLAGE LANE BLUEMONT, VA 20135	27-3228310	501(C)(3)	200,000				SEE SCHEDULE O
BURN PITS 360 4450 BEEHCRAFT RD ROBSTOWN, TX 78380	45-4258125	501(C)(3)	25,000				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING FOR MILITARY FAMILIES ELIZABETH DOLE FOUND 600 NEW HAMPSHIRE AVENUE NW WASHINGTON, DC 20037	45-4292692	501(C)(3)	350,000				SEE SCHEDULE O
CENTER FOR A NEW AMERICAN SECURITY 1152 15TH STREET NW SUITE 950 WASHINGTON, DC 20005	20-8084828	501(C)(3)	25,000				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMBINED ARMS 2929 MCKINNEY STREET HOUSTON, TX 77003	47-5648923	501(C)(3)	600,000				SEE SCHEDULE O
CREATIVETS 401 N COUNTRY CLUB DR ADDISON, IL 60101	46-3617663	501(C)(3)	75,000				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL PASO COUNTY HOMELESS VETERANS COALITION PO BOX 1841 COLORADO SPRINGS, CO 80901	84-1560800	501(C)(3)	66,000				SEE SCHEDULE O
EMORY UNIVERSITY 1599 CLIFTON ROAD 3RD FLOOR ATLANTA, GA 30322	58-0566256	501(C)(3)	3,501,107				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIVE STAR VETERANS CENTER 40 ACME STREET JACKSONVILLE, FL 32211	45-3545974	501(C)(3)	84,000	0			SEE SCHEDULE O
HEADSTRONG PROJECT 655 MADISON AVE 18TH FLOOR NEW YORK, NY 10065	45-5261907	501(C)(3)	500,000				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLVETS 625 N WASHINGTON STREET 425 ALEXANDRIA, VA 22314	47-3616097	501(C)(3)	75,000				SEE SCHEDULE O
HOMES FOR OUR TROOPS INC 6 MAIN STREET TAUNTON, MA 02780	54-2143612	501(C)(3)	573,200				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONG ISLAND CARES INC 10 DAVIDS DRIVE HAUPPAUGE, NY 11788	11-2524512	501(C)(3)	48,563				SEE SCHEDULE O
MASSACHUSETTS GENERAL HOSPITAL 100 CAMBRIDGE ST STE 1310 BOSTON, MA 02114	04-1564655	501(C)(3)	8,639,884				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILITARY CHILD EDUCATION COALITION 909 MOUNTAIN LION CIRCLE HARKER HEIGHTS, TX 76548	74-2889416	501(C)(3)	150,000				SEE SCHEDULE O
NATIONAL MILITARY FAMILY ASSOCIATION 3601 EISENHOWER AVE STE 425 ALEXANDRIA, VA 22034	52-0899384	501(C)(3)	80,000				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAVY-MARINE CORPS RELIEF SOCIETY 875 N RANDOLPH STREET ARLINGTON, VA 22203	53-0204618	501(C)(3)	50,000				SEE SCHEDULE O
NORTHEAST FLORIDA WOMEN VETERANS 2133 BROADWAY AVE JACKSONVILLE, FL 32209	30-0758834	501(C)(3)	30,000				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION HOMEFRONT 1355 CENTRAL PARKWAY S STE 100 SAN ANTONIO, TX 78232	32-0033325	501(C)(3)	750,000				SEE SCHEDULE O
OUR MILITARY KIDS INC 6861 ELM STREET MCLEAN, VA 22101	56-2483648	501(C)(3)	75,000				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERMISSION TO START DREAMING FOUNDATION 3110 JUDSON ST PMB 144 GIG HARBOR, WA 98335	27-5251886	501(C)(3)	7,000				SEE SCHEDULE O
RUSH UNIVERSITY MEDICAL CENTER 1653 W CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	7,043,991				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALUTE INC PO BOX 2663 PALATINE, IL 60078	06-1718308	501(C)(3)	300,000				SEE SCHEDULE O
SYRACUSE UNIVERSITY SKYTOP OFFICE BLDG SKYTOP RD SYRACUSE, NY 13244	15-0532081	501(C)(3)	375,000				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEAM RED WHITE & BLUE 1110 W PLATT STREET TAMPA, FL 33606	27-2196347	501(C)(3)	250,000				SEE SCHEDULE O
TEAM RUBICON 6171 W CENTURY BLVD LOS ANGELES, CA 90045	27-1720480	501(C)(3)	3,000,000				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MISSION CONTINUES 1141 SOUTH 7TH STREET SAINT LOUIS, MO 63104	20-8742553	501(C)(3)	1,300,000				SEE SCHEDULE O
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS INC 3033 WILSON BOULEVARD NO 630 ARLINGTON, VA 22201	92-0152268	501(C)(3)	300,000				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRAVIS MANION FOUNDATION PO BOX 1485 DOYLESTOWN, PA 18901	41-2237951	501(C)(3)	400,000				SEE SCHEDULE O
UCLA HEALTH SCIENCES DEVELOPMENT 11000 KINROSS AVE BLDG SUITE 211 LOS ANGELES, CA 90095	95-6006143	501(C)(3)	7,697,648				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US ARMY WARRIOR CARE & TRANSITION PROGRAM 2530 CRYSTAL DRIVE ARLINGTON, VA 22202	99-9999999	GOV	50,000				SEE SCHEDULE O
US CHAMBER OF COMMERCE FOUNDATION 1615 H STREET NW WASHINGTON, DC 20062	53-0045720	501(C)(3)	75,000				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VA NATIONAL VETERANS SUMMER SPORTS 3350 LA JOLLA VILLAGE DRIVE SAN DIEGO, CA 92161	23-7262137	501(C)(3)	200,000				SEE SCHEDULE O
VAIL VETERANS FOUNDATION INC DBA VAIL VETERANS PRO 12 VAIL RD STE 200 PO BOX 6473 VAIL, CO 81658	20-5254885	501(C)(3)	100,000				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS HEALTH COUNCIL 624 4TH ST PATTERSON HEIGHTS BEAVER FALLS, PA 15010	81-4567669	501(C)(3)	90,000				SEE SCHEDULE O
VETERANS OF FOREIGN WARS FOUNDATION 406 WEST 34TH ST KANSAS CITY, MO 64111	43-1758998	501(C)(3)	410,000				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETS COMMUNITY CONNECTIONS PO BOX 5756 TAKOMA PARK, MD 20913	82-4702420	501(C)(3)	200,000				SEE SCHEDULE O
VIETNAM VETERANS OF SAN DIEGO 4141 PACIFIC HIGHWAY SAN DIEGO, CA 92110	95-3649525	501(C)(3)	350,000				SEE SCHEDULE O

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARRIOR REUNION FOUNDATION 35 HICKORY MEADOW RD COCKEYSVILLE, MD 21030	81-5360521	501(C)(3)	20,000				SEE SCHEDULE O

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2018
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I 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.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	<p>NON-FIXED PAYMENTS Discretionary bonuses are reported on Schedule J, Part II, Column B(II). Discretionary bonuses for officers, key employees and highly compensated employees are based on objective, individual performance criteria. The CEO's bonus is determined by the Board of Directors, and all other officer, key employee and highly compensated employee bonuses are determined by the CEO, based on ranges set by the Board of Directors. Comparability data is used in determining appropriate and reasonable bonus ranges for officers, key employees and highly compensated employees. The Organization documents the basis for its bonus determination in meeting minutes or other internal documents, which are prepared at the time bonuses are approved, and reflect the underlying particular bonus determinations. No performance bonus is reported on the current year Form 990 for the CEO, Michael Linnington, due to the timing of when the bonus payments were received. The CEO's performance bonus for the Fiscal Year ending September 30, 2017 was paid in December 2017 and was reported in the prior year Form 990 (to correspond with Mr. Linnington's 2017 Form W-2). The CEO's Fiscal Year 2018 performance bonus was paid in January 2019 and will be properly reflected in next year's Form 990 (to correspond with Mr. Linnington's 2019 W-2). Consequently, since the CEO did not receive a bonus payment in calendar 2018, no bonus is reported on this Form 990.</p>

2019 Schedule J (Form 990) 2018

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Wounded Warrior Project Inc

Employer identification number
20-2370934

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	559	262,783	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	230	2,138,533	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** 0

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?	Yes	No
		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information.

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	AMOUNTS IN COLUMN B REPRESENT THE NUMBER OF INDIVIDUAL CONTRIBUTIONS OF ONE OR MORE ITEMS.
SCHEDULE M, PART I, LINE 32A	USE OF THIRD PARTY TO SELL NONCASH CONTRIBUTIONS To the extent that WWP receives contributions of donated vehicles, it tasks its agent to convert the vehicle into cash for use in fulfilling the organization's mission. Additionally, 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 organizations 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)	347	433,882	FAIR MARKET VALUE
Other ▶ (SUPPLIES)	186	238,379	FAIR MARKET VALUE
Other ▶ (OTHER PROMO)	1	55,072	FAIR MARKET VALUE
Other ▶ (BACKPACKS)	3	35,589	FAIR MARKET VALUE
Other ▶ (EQUIPMENT)	7	28,681	FAIR MARKET VALUE
Other ▶ (GALA ITEMS)	12	23,943	FAIR MARKET VALUE
Other ▶ (OIL WELL RIGHTS)	4	10,166	FAIR MARKET VALUE

SCHEDULE O
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury

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 WARRIORS NEVER PAY FOR WWP PROGRAMS BECAUSE THEY PAID THEIR DUES ON THE BATTLEFIELD. WWP IS RECOGNIZED AS A 501 (C)(3) CHARITABLE ORGANIZATION ORGANIZED FEBRUARY 23, 2005, IN THE COMMONWEALTH OF VIRGINIA AS A NONSTOCK, NONPROFIT CORPORATION, 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 CONSOLIDATED FINANCIAL STATEMENTS INCLUDE WOUNDED WARRIOR PROJECT, INC. AND WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST (COLLECTIVELY, THE "ORGANIZATION").

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>THE ORGANIZATION PROVIDES THE FOLLOWING MENTAL HEALTH AND WELLNESS PROGRAMS: WARRIOR CARE NETWORK: THE WARRIOR CARE NETWORK PROVIDES TREATMENT FOR PTSD AND TBI THROUGH AN INTEGRATED CARE MODEL. THE WARRIOR CARE NETWORK CONSISTS OF FOUR LEADING NATIONAL ACADEMIC MEDICAL CENTERS ("AMCS") THAT PROVIDE WARRIORS AND THEIR FAMILIES WITH WORLD-CLASS, EVIDENCE-BASED MENTAL HEALTH CARE. THESE AMCS PROVIDE WARRIORS WITH AN INDIVIDUALIZED MULTI-WEEK, INTENSIVE OUTPATIENT PROGRAM AND POST DISCHARGE CARE, AS WELL AS TRADITIONAL OUTPATIENT THERAPY. WWP ISSUED MONETARY GRANTS TO THE AMCS TO FUND THIS PROGRAM TOTALING \$24,882,630, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019. COMBAT STRESS RECOVERY PROGRAM ("CSR P"): THIS PROGRAM ADDRESSES THE MENTAL HEALTH AND COGNITIVE NEEDS OF SERVICE MEMBERS DEALING WITH THE INVISIBLE WOUNDS OF WAR, NAMELY PTSD AND TRAUMATIC BRAIN INJURY ("TBI"). CSR P CHALLENGES WARRIORS TO SET GOALS AND UNDERSTAND THEIR "NEW NORMAL." MANY WARRIORS BEGIN THEIR RECOVERY JOURNEY WITH PROJECT ODYSSEY, AN OUTDOOR, REHABILITATIVE RETREAT THAT PROMOTES PEER CONNECTION, CHALLENGING EXPERIENCES, AND HEALING WITH OTHER VETERANS. CSR P PROVIDES LICENSED MENTAL HEALTH COUNSELORS AT PROJECT ODYSSEY EVENTS. CSR P ALSO PROVIDES POST-RETREAT CONTINUED CARE SERVICES TO IMPROVE WARRIOR RESILIENCY AND LONG-TERM PSYCHOLOGICAL WELL-BEING. THIS IS ACCOMPLISHED THROUGH THE ESTABLISHMENT OF GOALS AND THE IDENTIFICATION AND USE OF COMMUNITY-BASED RESOURCES. DURING FISCAL YEAR 2019, 2,561 PARTICIPANTS ATTENDED A PROJECT ODYSSEY RETREAT. OVER 2,851 WARRIORS WERE SERVED THROUGH MENTAL HEALTH OUTREACH AND REFERRALS, AND 16,696 COUNSELING SESSIONS WERE DELIVERED TO WARRIORS AND THEIR FAMILIES. 97.1% OF PROJECT ODYSSEY PARTICIPANTS RATED THE RESILIENCY SKILLS LEARNED AS USEFUL OR VERY USEFUL. WWP TALK: THIS PROGRAM PROVIDES A NON-CLINICAL TELEPHONIC, EMOTIONAL SUPPORT PROGRAM FOR WARRIORS, THEIR FAMILIES AND CAREGIVERS, WHICH HELPS BRIDGE THE GAP THAT MAY PREVENT PARTICIPATION IN OTHER PROGRAMS. THIS MENTAL HEALTH SUPPORT LINE WAS CREATED FOR WOUNDED SERVICE MEMBERS LIVING WITH PTSD, DEPRESSION, COMBAT STRESS, AND OTHER MENTAL HEALTH CONDITIONS. TOGETHER, THE WARRIOR, FAMILY MEMBER OR CAREGIVER AND WWP TALK TEAMMATES DEVELOP COPING STRATEGIES TO HELP THE WARRIOR OVERCOME CHALLENGES AND LEARN TO THRIVE AGAIN DESPITE INVISIBLE WOUNDS. WWP CONDUCTED 14,586 EMOTIONAL SUPPORT CALLS IN THE WWP TALK PROGRAM IN FISCAL YEAR 2019. 94.1% OF WWP TALK PARTICIPANTS WERE SATISFIED WITH THE PROGRAM. COMPLEX CASE COORDINATION: COMPLEX CASE COORDINATION IS A SPECIALIZED PROGRAM DESIGNED TO ASSIST WARRIORS IN SPECIFIC CRISIS SITUATIONS. WWP WORKS WITH EXTERNAL ORGANIZATIONS TO FACILITATE THE APPROPRIATE LEVEL OF CARE AND SUPPORT FOR THESE WARRIORS BASED ON THEIR SPECIFIC NEEDS. MULTI-WEEK, INTENSIVE OUTPATIENT PROGRAM AND POST DISCHARGE CARE, AS WELL AS TRADITIONAL OUTPATIENT THERAPY. WWP ISSUED MONETARY GRANTS TO THE AMCS TO FUND THIS PROGRAM TOTALING \$24,882,630, FOR THE FISCAL YEAR ENDED SE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	SEPTEMBER 30, 2019. COMPLEX CASE COORDINATION: COMPLEX CASE COORDINATION IS A SPECIALIZED PROGRAM DESIGNED TO ASSIST WARRIORS IN SPECIFIC CRISIS SITUATIONS. WWP WORKS WITH EXTERNAL ORGANIZATIONS TO FACILITATE THE APPROPRIATE LEVEL OF CARE AND SUPPORT FOR THESE WARRIORS BASED ON THEIR SPECIFIC NEEDS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4B</p>	<p>WWP PROVIDES THE FOLLOWING CONNECTION PROGRAMS: ALUMNI PROGRAM: WHEN WARRIORS RETURN HOME AND BEGIN THEIR TRANSITION TO CIVILIAN LIFE, THE SENSE OF CAMARADERIE QUICKLY FADES, OFTEN LEADING TO ISOLATION. THE WOUNDED WARRIOR PROJECT (WWP) ALUMNI PROGRAM CREATES MEANINGFUL OPPORTUNITIES FOR WARRIORS TO CONNECT WITH THEIR PEERS, FAMILIES, AND LOCAL COMMUNITIES. THROUGH EDUCATIONAL, RECREATIONAL, AND FAMILY FOCUSED EVENTS, WARRIORS CAN BUILD A NETWORK OF SUPPORT AND GAIN RENEWED SENSE OF CAMARADERIE. THESE OPPORTUNITIES AND CONNECTIONS PAV E THE WAY TO NEW EXPERIENCES AND IMPROVE SELF-CONFIDENCE FOR WARRIORS - WITH A COMMUNITY O F SUPPORT TO LEAN ON THROUGHOUT THEIR JOURNEY OF REHABILITATION AND RECOVERY. THE ALUMNI P ROGRAM HAD 133,991 WARRIORS AND 34,484 FAMILY MEMBERS REGISTERED AS OF SEPTEMBER 30, 2019. AMONG WARRIORS PARTICIPATING IN ALUMNI EVENTS, 90% REPORTED FEELING SOCIALLY CONNECTED WI TH THEIR PEERS, WHICH CAN BE VITAL TO TRANSITIONING VETERANS AND LEAD TO MORE POSITIVE MEN TAL HEALTH OUTCOMES. THE ALUMNI PROGRAM ALSO PROVIDES BACKPACKS CONTAINING ESSENTIAL CARE AND COMFORT ITEMS TO WOUNDED SERVICE MEMBERS AND THEIR FAMILIES ARRIVING AT U.S. MILITARY HOSPITALS AND TRAUMA CENTERS. INJURED WARRIORS OVERSEAS WHO ARE EVACUATED FROM FIELD HOSPI TALS TO LARGER MILITARY TREATMENT FACILITIES ABROAD RECEIVE A TRANSITIONAL CARE PACK ("TCP "), WHICH INCLUDES CLOTHING AND TOILETRIES FOR THEIR IMMEDIATE COMFORT. WWP DELIVERED APPR OXIMATELY 159 BACKPACKS AND 500 TCPS TO WOUNDED WARRIORS IN FISCAL YEAR 2019. SINCE WWPS I NCEPTION 5,900 BACKPACKS AND 46,768 TCPS HAVE BEEN DELIVERED TO WOUNDED WARRIORS. INTERNAT IONAL SUPPORT: LANDSTUHL REGIONAL MEDICAL CENTER ("LRMC") IS ONE OF THE FIRST LOCATIONS WA RRIORS ARE MEDICALLY EVACUATED TO WHEN INJURED OVERSEAS, ESPECIALLY FROM COMBAT ZONES IN T HE MIDDLE EAST REGION OF THE WORLD AND AFGHANISTAN. MOST OF THE TIME THEIR BELONGINGS ARE NOT TRANSPORTED WITH THEM. WWP WANTS TO MAKE THEIR STAY AND TRAVEL BACK TO THE UNITED STAT ES OF AMERICA AS COMFORTABLE AS POSSIBLE. WWP HAS DEDICATED RESOURCES AT LRMC THAT DISTRIB UTE TCP'S, PROVIDE SUPPORT FOR EVENTS AND VISITATION, AND EDUCATE WARRIORS AND FAMILIES ON WWP'S FREE PROGRAMS AND SERVICES. PEER SUPPORT: PEER SUPPORT IS THE PROGRAMMATIC EMBODIME NT OF WWP'S LOGO, FOSTERING RELATIONSHIPS THAT ENABLE WARRIORS TO HELP OTHER WARRIORS THRO UGH THE RECOVERY PROCESS. WWP PEER LED GROUPS MEET ON A REGULAR BASIS ACROSS THE UNITED ST ATES, PROVIDING CAMARADERIE AND OPPORTUNITIES FOR WARRIORS TO ENGAGE WITH OTHER WARRIORS W HO CAN SHARE THEIR UNDERSTANDING AND PERSPECTIVE. THE PEER SUPPORT PROGRAM SERVED 6,821 AT TENDEES AT PEER FACILITATED SUPPORT GROUPS IN FISCAL YEAR 2019. SOLDIER RIDE: SOLDIER RIDE IS A UNIQUE THREE TO FIVE-DAY PROGRAM FOR WARRIORS TO USE CYCLING AND THE BONDS OF SERVIC E TO OVERCOME PHYSICAL, MENTAL AND EMOTIONAL WOUNDS. WARRIORS OF ALL ABILITY LEVELS CAN CY CLE ON ADAPTIVE HAND CYCLES, TRIKES AND BICYCLES. IN ADDITION TO THE PHYSICAL BENEFITS, SO LDIER RIDE HELPS RAISE PUBLIC</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>AWARENESS OF THE CHALLENGES WOUNDED WARRIORS FACE TODAY. WARRIORS HAVE THE OPPORTUNITY TO TAKE PART IN ANNUAL EVENTS, INCLUDING RIDES INITIATING FROM THE SOUTH LAWN OF THE WHITE HO USE TO THOSE HELD IN LOCAL COMMUNITIES ACROSS THE NATION. SOLDIER RIDE SERVED 1,288 PARTICIPANTS IN FISCAL YEAR 2019. 92.7% OF PARTICIPANTS SAID SOLDIER RIDE MADE THEM FEEL MORE CONFIDENT THAT THEY CAN MEET THEIR PHYSICAL FITNESS, NUTRITION AND WELLNESS GOALS. FORM 990, PART III, LINE 4C THE ORGANIZATION PROVIDES THE FOLLOWING FINANCIAL WELLNESS PROGRAMS: BENEFITS SERVICE: THE BENEFITS SERVICE PROGRAM ENSURES THAT WARRIORS AND THEIR FAMILIES HAVE INFORMATION AND ACCESS TO GOVERNMENT BENEFITS AND COMMUNITY RESOURCES NECESSARY FOR SUCCESSFUL TRANSITION TO LIFE AFTER INJURY. A KEY PART OF THIS PROGRAM IS WWP'S TEAM OF HIGHLY TRAINED PERSONNEL THAT ARE ACCREDITED BY THE U.S. DEPARTMENT OF VETERAN AFFAIRS TO REPRESENT WARRIORS AND ADVOCATE ON THEIR BEHALF. WWP PERSONNEL REPRESENT WARRIORS IN THEIR FILING OF CLAIMS FOR BENEFITS WITH THE U.S. DEPARTMENT OF VETERAN AFFAIRS AND U.S. DEPARTMENT OF DEFENSE. WWP PERSONNEL WORK CLOSELY WITH EACH AGENCY SO THEY CAN WALK WARRIORS THROUGH EVERY STEP OF THE PROCESS. WHEN A CLAIM IS FILED, WWP MAKES SURE IT IS PROCESSED CORRECTLY THE FIRST TIME AND GUIDES INJURED SERVICE MEMBERS THROUGH THIS CRUCIAL PART OF THEIR TRANSITION. IN FISCAL YEAR 2019, THERE WERE APPROXIMATELY 21,181 ISSUES AWARDED ON BEHALF OF WARRIORS THROUGH BENEFITS SERVICE, WITH AN ECONOMIC IMPACT OF \$131.5 MILLION. WARRIORS TO WORK: WARRIORS TO WORK IS ONE OF THE CORNERSTONES OF WWP'S EFFORTS TO ACHIEVE THE GOAL OF ECONOMICALLY EMPOWERED WOUNDED WARRIORS. THIS PROGRAM ASSISTS WOUNDED WARRIORS WITH THEIR TRANSITION TO THE CIVILIAN WORKFORCE. IT OFFERS A COMPLETE PACKAGE OF CAREER GUIDANCE AND SUPPORT SERVICES INCLUDING RESUME WRITING ASSISTANCE, INTERVIEWING SKILLS, NETWORKING, JOB TRAINING, AND JOB PLACEMENT. THE PROGRAM STAFF PROVIDE ON-GOING INDIVIDUAL COUNSELING AND PERSONAL SUPPORT TO ALL PROGRAM PARTICIPANTS AS THEY STRIVE TO BUILD A CAREER IN THE CIVILIAN WORKFORCE. IN FISCAL YEAR 2019, 1,959 WARRIORS AND FAMILY MEMBERS WHO PARTICIPATED IN THE WARRIORS TO WORK PROGRAM WERE PLACED IN FULL-TIME AND PART-TIME EMPLOYMENT, WITH AN AVERAGE SALARY OF \$51,610 AND \$20,154, RESPECTIVELY, WHICH HAD AN ECONOMIC IMPACT OF \$87.8 MILLION FROM ANNUALIZED EMPLOYMENT COMPENSATION. EMERGENCY FINANCIAL ASSISTANCE: WWP'S EMERGENCY FINANCIAL ASSISTANCE ("EFA") PROGRAM PROVIDES FINANCIAL ASSISTANCE TO WARRIORS AND IMMEDIATE FAMILY MEMBERS WHO ENCOUNTER EMERGENCY SITUATIONS THAT IMPACT THEIR LIFE, SAFETY, OR SHELTER.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>OTHER PROGRAM SERVICE DESCRIPTIONS INDEPENDENCE PROGRAM - THE INDEPENDENCE PROGRAM IS DESIGNED FOR THE MOST SEVERELY WOUNDED WARRIORS WHO MUST RELY ON THEIR FAMILIES AND/OR CAREGIVERS DUE TO MODERATE TO SEVERE TBI, SPINAL-CORD INJURY, OR OTHER NEUROLOGICAL CONDITIONS. OFTEN, THESE SEVERELY WOUNDED WARRIORS' COGNITIVE OR PHYSICAL CHALLENGES LIMIT THEIR OPPORTUNITIES TO ACCESS RESOURCES AND ACTIVITIES IN THEIR OWN COMMUNITY. THE INDEPENDENCE PROGRAM PROVIDES SUPPORT AND TRAINING IN IMPORTANT LIFE SKILLS AND ENABLES INVOLVEMENT IN MEANINGFUL ACTIVITIES, INCLUDING SOCIAL AND RECREATIONAL WELLNESS, VOLUNTEER WORK, AND EDUCATION. THE INDEPENDENCE PROGRAM IS A TEAM EFFORT, BRINGING TOGETHER THE WARRIOR AND HIS OR HER FULL SUPPORT TEAM TO DEVELOP AN INDIVIDUALIZED PLAN THAT IS FOCUSED ON GOALS THAT PROVIDE A FUTURE WITH PURPOSE. THE INDEPENDENCE PROGRAM IS DESIGNED AS A COMPREHENSIVE LONG-TERM PARTNERSHIP INTENDED TO ADAPT TO THE WARRIORS' EVER-CHANGING NEEDS. THE INDEPENDENCE PROGRAM PROVIDED OVER 222,465 HOURS OF COMMUNITY-BASED SUPPORT TO 719 WARRIORS. 94% OF PARTICIPANTS WERE SUPPORTED IN THEIR HOMES AND COMMUNITIES. TOTAL INDEPENDENCE PROGRAM EXPENSES WERE \$26,763,796, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019. GOVERNMENT RELATIONS & COMMUNITY PARTNERSHIPS - ONE OF WWP'S STRATEGIC PRIORITIES IS TO IMPROVE THE LIVES OF VETERANS BY EXPANDING ITS IMPACT THROUGH ADVOCACY AND COLLABORATION. WWP HAS DEDICATED RESOURCES FOR THESE EFFORTS. WWP'S GOVERNMENT RELATIONS TEAM ADVOCATES FOR LEGISLATION AND POLICY THAT POSITIVELY IMPACT THE LIVES OF SERVICE MEMBERS, VETERANS, AND FAMILIES, AS WELL AS FUTURE VETERANS. WWP ALSO EDUCATES VETERANS AND THEIR FAMILIES ABOUT THE PROGRAMS AND SERVICES AVAILABLE FROM THE FEDERAL GOVERNMENT, ENABLING THEM TO UTILIZE THE BENEFITS AND ENTITLEMENTS THEY'VE EARNED. IN ADDITION, WWP HAS A DEDICATED COMMUNITY PARTNERSHIPS TEAM THAT ENGAGES AND AMPLIFIES THE NETWORK OF SUPPORT FOR WARRIORS AND THEIR FAMILIES THROUGH RELATIONSHIPS AND INVESTMENTS IN SIMILARLY FOCUSED ORGANIZATIONS, INCLUDING ISSUANCE OF MONETARY GRANTS. TOTAL GOVERNMENT RELATIONS AND COMMUNITY PARTNERSHIPS EXPENSES WERE \$18,109,225, INCLUDING MONETARY GRANTS OF \$9,223,200, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019. PHYSICAL HEALTH & WELLNESS ("PH&W") PROGRAM - WWP ENVISIONS INJURED WARRIORS LIVING WELL-ADJUSTED ACTIVE, HEALTHY LIVES. INACTIVITY, WEIGHT GAIN, PHYSICAL DISABILITIES, AND SLEEP ISSUES SERIOUSLY AFFECT A WARRIOR'S QUALITY OF LIFE. THROUGH WWP'S PH&W PROGRAM, WARRIORS REGAIN THEIR PHYSICAL INDEPENDENCE AND WELL-BEING. PH&W USES COACHING, SKILL-BUILDING, EDUCATION, AND PHYSICAL TRAINING TO REDUCE STRESS, COMBAT DEPRESSION, AND PROMOTE AN OVERALL HEALTHY AND ACTIVE LIFESTYLE. PH&W HAS SOMETHING TO OFFER WARRIORS IN EVERY STAGE OF RECOVERY. THREE PRIMARY AREAS ARE FITNESS, NUTRITION, AND WELLNESS. IN FISCAL YEAR 2019, MORE THAN 7,500 WARRIORS PARTICIPATED IN PH&W PROGRAM EVENTS. AN ADDITIONAL 1,136 WARRIORS PARTICIPATED IN A COACHING MODEL-BASED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	PROGRAM. PH&W ALSO OFFERS AN ADAPTIVE SPORTS PROGRAM THAT TEACHES PHYSICALLY INJURED WARRIORS NEW SKILLS USING ADAPTIVE EQUIPMENT AND TECHNIQUES FOR ACTIVITIES SUCH AS WHEELCHAIR BASKETBALL, SKIING, SURFING AND SLED HOCKEY. WWP CONNECTS WARRIORS WITH LOCAL COMMUNITY ADA PTIVE SPORTS LEAGUES AND RESOURCES TO INCREASE THEIR NETWORK OF SUPPORT. IN FISCAL YEAR 20 19, 1,136 WARRIORS PARTICIPATED IN A COACHING MODEL-BASED PROGRAM. 97.9% OF PARTICIPANTS S TATED THAT AS A RESULT OF THEIR EXPERIENCE IN THIS PROGRAM THEY WILL SEEK OUT PHYSICAL FIT NESS, NUTRITION, AND WELLNESS OPPORTUNITIES AND 94.8% OF PARTICIPANTS STATED THAT THEY PAR TICIPATED IN OTHER FITNESS OPPORTUNITIES 90 DAYS AFTER PROGRAM COMPLETION. THERE WERE ALSO MORE THAN 7,588 PARTICIPANTS IN OTHER WWP PH&W PROGRAM EVENTS. TOTAL PHYSICAL HEALTH & WE LLNESS PROGRAM EXPENSES WERE \$16,189,513, INCLUDING MONETARY GRANTS OF \$2,250,000, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11B	<p>FORM 990 REVIEW PROCESS THE FORM 990 IS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN CONJUNCTION WITH WOUNDED WARRIOR PROJECT'S MANAGEMENT. ALL INFORMATION REPORTED ON THE FORM 990 WAS PROVIDED BY MANAGEMENT AND REVIEWED BY THE ACCOUNTING FIRM. THE FORM 990 IS PRESENTED TO THE AUDIT and Risk Oversight COMMITTEE WHO REVIEWS, APPROVES AND RECOMMENDS TO THE FULL BOARD THAT IT BE APPROVED FOR FILING. FOLLOWING FULL BOARD APPROVAL, THE FORM 990 IS ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, LINE 12C CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT WWP ADHERES TO A CONFLICT OF INTEREST AND RELATED PARTY TRANSACTION POLICY ("POLICY") DESIGNED TO FOSTER PUBLIC CONFIDENCE IN THE INTEGRITY OF WWP AND TO PROTECT WWP'S INTERESTS WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTERESTS OF A DIRECTOR, OFFICER, OR EMPLOYEE. AMONG OTHER THINGS, THE POLICY REQUIRES DIRECTORS, OFFICERS AND EMPLOYEES TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. EACH NEW BOARD DIRECTOR, OFFICER, EXECUTIVE, AND KEY EMPLOYEE WHO JOINS WWP COMPLETES A GOVERNANCE/CONFLICT OF INTEREST INTAKE FORM. NEW EMPLOYEES RECEIVE A COPY OF THE POLICY AND SIGN A STATEMENT AFFIRMING SUCH PERSON HAS RECEIVED A COPY OF THE POLICY, HAS READ AND UNDERSTANDS THE POLICY, AND HAS AGREED TO COMPLY WITH IT. ON AN ANNUAL BASIS, EACH DIRECTOR, OFFICER, AND EMPLOYEE COMPLETES A CONFLICT OF INTEREST DISCLOSURE FORM AND ACKNOWLEDGES THE POLICY. COMPLETED ANNUAL FORMS ARE REVIEWED IN ACCORDANCE WITH THE PROCEDURES SET FORTH IN THE POLICY. ADDITIONALLY, ON AN ANNUAL BASIS, EACH CURRENT DIRECTOR COMPLETES A QUESTIONNAIRE TO DETERMINE "INDEPENDENCE" FOR PURPOSES OF FORM 990, PART VI, LINE 1(B). THE NOMINATING AND GOVERNANCE COMMITTEE IN CONSULTATION WITH THE GENERAL COUNSEL REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY BY REVIEWING ANNUAL STATEMENTS AND TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR EFFECTIVE OVERSIGHT. FORM 990, PART VI, LINE 14 WWP MAINTAINS DEPARTMENT LEVEL POLICIES. DOCUMENT RETENTION POLICIES ARE UNDER DEVELOPMENT.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC FORM 990 AND AUDITED CONSOLIDATED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE AT WWW.WOUNDEDWARRIORPROJECT.ORG. WWP'S FORM 1023 AND 990 T ARE AVAILABLE UPON REQUEST. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST AT MANAGEMENT'S DISCRETION FROM THE CORPORATE HEADQUARTERS AT 4899 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 OR ESTIMATES OF TIME AND EFFORT INCURRED BY PERSONNEL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24A	PROGRAM/OTHER PROVIDER SERVICES THIS AMOUNT PRIMARILY CONSISTS OF THE COSTS OF THIRD PARTY PROVIDERS THAT DELIVER DIRECT SERVICES FREE OF CHARGE TO WARRIORS, THEIR CAREGIVERS AND FAMILY MEMBERS, WITHIN WWP PROGRAM EVENTS AND ACTIVITIES. EXAMPLES OF THESE SERVICES INCLUDE CASE MANAGEMENT, LIFE SKILLS TRAINING, HOMECARE AND SUPPORT WITHIN THE INDEPENDENCE PROGRAM, LICENSED MENTAL HEALTH COUNSELORS WITHIN PROJECT ODYSSEY, AND FITNESS AND NUTRITIONAL TRAINING ACTIVITIES WITHIN PHYSICAL HEALTH & WELLNESS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, JOINT COSTS	<p>in accordance with Accounting Standards Codification ("ASC") 958 Not-for-profit entities, WWP allocates joint advertising costs that meet the criteria for purpose, audience and content between fundraising expenses and program expenses. Accordingly, WWP allocates joint costs that benefit program services and include a fundraising appeal. The programmatic component of these activities includes the education and recruitment of wounded service members that have not yet engaged with WWP, a call to action to enlist the publics' aid in identifying wounded service members that would benefit from WWP's free programs and services, and an opportunity to thank wounded warriors for their sacrifices in serving our country. These joint costs are incurred through direct response television and certain direct mail campaigns. The cost of conducting these activities included a total of \$36,520,908 of joint costs for the year ended September 30, 2019. Of these costs, \$23,163,889 was allocated to program expenses and \$13,357,019 was allocated to fundraising expenses.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE I, PART II, LINE 1, COLUMN H	<p>PURPOSE OF GRANT OR ASSISTANCE AMERICAN NATIONAL RED CROSS - PROVIDING COMFORT ITEMS AND ASSISTANCE TO PATIENTS AND FACILITATING EVENTS AND ACTIVITIES THAT SUPPORT WOUNDED SERVICE MEMBERS, THEIR FAMILY MEMBERS, AND MILITARY MEDICAL STAFF ON MILITARY INSTALLATIONS LOCATED INTERNATIONALLY. AMERICA'S WARRIOR PARTNERSHIP - SUPPORTING COMMUNITY INTEGRATION EFFORTS FOR WARRIORS AND THEIR FAMILIES IN 5 COMMUNITIES: FLORIDA PANHANDLE; ORANGE COUNTY, CA; CHARLESTON, SC; GREENVILLE, SC; BUFFALO, NY. WARRIORS AND THEIR FAMILIES ARE CONNECTED TO DIVERSE LOCAL RESOURCES FOR EMPLOYMENT, HOMELESSNESS, HEALTH, AND FINANCIAL ASSISTANCE THROUGH THESE ONE-STOP LOCATIONS. BOULDER CREST RETREAT FOUNDATION - SUPPORTING FOUR (4) WARRIOR PATHH (PROGRESSIVE AND ALTERNATIVE TRAINING FOR HEALING HEROES) RETREATS, A NON-CLINICAL PROGRAM THAT FACILITATES POSTTRAUMATIC GROWTH FOR WARRIORS WITH PTSD AND/OR COMBAT STRESS. BURN PITS 360 - TO SUPPORT INITIATIVES AND STAKEHOLDER ENGAGEMENTS WITH THE TOXIC EXPOSURE WORKING GROUP "TEAM" THAT WWP CHAIRS. CARING FOR MILITARY FAMILIES: ELIZABETH DOLE FOUNDATION - SUPPORT THE DEVELOPMENT OF A COMMUNITY NAVIGATORS INITIATIVE WITHIN THE DOLE CAREGIVER FELLOWS PROGRAM TO FULLY EMPOWER DOLE CAREGIVER FELLOWS TO CONNECT THEIR LOCAL COMMUNITIES OF CAREGIVERS TO THE RESOURCES AND PEER SUPPORT THEY NEED. ALSO TO RESEARCH, STUDY AND ADDRESS THE EFFECTS OF CAREGIVING FOR INJURED, ILL, AND WOUNDED WARRIORS ON MILITARY CHILDREN WHO RESIDE WITH THE CAREGIVER AND WARRIORS. CENTER FOR A NEW AMERICAN SECURITY - SUPPORTING THE DEVELOPMENT OF A TOXIC EXPOSURE DATA MAP. COMBINED ARMS - SUPPORTS COMMUNITY INTEGRATION FOR WARRIORS AND THEIR FAMILIES IN HOUSTON, TX. IN THIS VETERAN-DENSE AREA, WARRIORS AND THEIR FAMILIES ARE LINKED WITH LOCAL AND NATIONAL RESOURCES VIA A CONNECTION HUB THAT PROVIDES ASSISTANCE WITH VOLUNTEERISM, EMPLOYMENT, FINANCES, HOMELESSNESS, HEALTH AND PHYSICAL ACTIVITIES. CREATIVETS - PROVIDE CONTINUED PROGRAMMING FOR MENTAL AND BRAIN HEALTH AND WELLNESS THROUGH MUSIC THERAPY. EL PASO COUNTY HOMELESS VETERANS COALITION - TO SERVE ROUGHLY 190 HOMELESS VETERANS AND 40+ AT RISK VETERANS BY FUNDING THE MAJORITY OF THE EPCHVCS ANNUAL STAND DOWN. ADDITIONALLY, FUNDING WILL GO TO SUPPORT A PART-TIME CASE MANAGER. THIS CASE MANAGER IS CRUCIAL TO EFFICIENTLY FINDING THE CORRECT SUPPORT STRUCTURE TO HANDLING THE UNIQUE NEEDS OF EACH HOMELESS VETERAN AND ENSURING NO VETERAN FALLS THROUGH THE CRACKS, RESOURCES ARE UTILIZED EFFECTIVELY, AND PROPER CONNECTIONS AND REFERRALS ARE MADE. EMORY UNIVERSITY - TO SERVE WARRIORS THROUGH THE WARRIOR CARE NETWORK PROGRAM. PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK. FIVE STAR VETERANS CENTER - SUPPORT FIVE (5) POST-9/11 HOMELESS-MALE VETERANS, AT VHAS PER DIEM RATE OF \$45.29 PER DAY, WITH HOUSING AND ACCESS TO FIVE STAR VETERAN CENTERS SUITE OF WRAPAROUND SERVICES AND PROGRAMMING. HEADSTRONG PROJECT - PROVIDING ACCESS TO WORLD-CLASS MENTAL HEALTH</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE I, PART II, LINE 1, COLUMN H	<p>THCARE TO UPWARDS OF 80 POST-9/11 VETERANS THAT IS INDIVIDUALLY BASED ON THE NEEDS OF EACH WARRIOR. HILLVETS - SUPPORT VETERANS IN HILLVETS LEAD, A PROGRAM FOCUSED ON ADVANCING POS T 9/11 WARRIORS IN COMMUNICATIONS/JOURNALISM, DEFENSE POLICY, AND VETERANS POLICY-RELATED FIELDS. HOMES FOR OUR TROOPS, INC. - SUPPORTING KEY SPECIAL ADAPTATIONS IN 12 HOMES FOR SE VERELY WOUNDED WARRIORS, WITH SPECIAL ATTENTION TO WWP ALUMNI. LONG ISLAND CARES, INC. - S UPPORTING VETERANS IN THE LONG ISLAND AREA WITH PROGRAMS THAT INCLUDE MILITARY APPRECIATIO N TUESDAYS, MOBILE PANTRY THAT PROVIDES DELIVERIES TO VETERANS, VETS WORK AND OTHER COMMUN ITY OUTREACH INITIATIVES. MASSACHUSETTS GENERAL HOSPITAL - TO SERVE WARRIORS THROUGH THE W ARRIOR CARE NETWORK PROGRAM. PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK. MILITARY CHILD EDUCATION COALITION - SUP PORT THE STUDENT 2 STUDENT PROGRAM AND PARENT TO PARENT WORKSHOPS FOR STUDENTS AND PARENTS IN COLORADO SPRINGS AREA SCHOOLS, AS WELL AS A PUBLIC AWARENESS EFFORT EDUCATING TEACHERS /ADMINISTRATORS, PARENTS, AND STUDENTS REGARDING ACCOMMODATIONS UNDER SECTION 504 OF THE A MERICAN WITH DISABILITIES ACT FOR CHILDREN OF WOUNDED WARRIORS AND CAREGIVERS. NATIONAL MI LITARY FAMILY ASSOCIATION ("NMFA") - SUPPORTING RESEARCH, STUDYING, AND ADDRESSING THE EFF ECTS OF CAREGIVING FOR INJURED, ILL, AND WOUNDED WARRIORS ON MILITARY CHILDREN WHO RESIDE WITH THE CAREGIVER AND WARRIORS. ADDITIONALLY, PROVIDING SUPPORT TO APPROXIMATELY 1,300 CH ILDREN TO PARTICIPATE IN NMFA'S OPERATION PURPLE CAMP. NAVY-MARINE CORPS RELIEF SOCIETY - SUPPORTING THE COMBAT CASUALTY ASSISTANCE VISITING NURSE PROGRAM TO ALLOW NMCRS NURSES TO VISIT WITH WOUNDED, ILL, AND INJURED VETERANS AND FAMILIES AND PROVIDE CASE/RESOURCE MANAG EMENT. NORTHEAST FLORIDA WOMEN VETERANS - PROVIDING FEMALE VETERANS IN THE JACKSONVILLE AR EA FOR PROGRAMS AND SERVICES TO AID WITH FOOD, CLOTHING, EMPLOYMENT ASSISTANCE, TRANSPORT ATION, CLAIMS, AND SHELTER. OPERATION HOMEFRONT - PROVIDING IMMEDIATE (CRITICAL) FINANCIAL ASSISTANCE TO WARRIORS AND FAMILY MEMBERS IN NEED. OUR MILITARY KIDS, INC. - SUPPORTING T HE SEVERELY INJURED PROGRAM, WHICH PROVIDES SCHOLARSHIPS FOR ENRICHMENT ACTIVITIES AND TUT ORING FOR CHILDREN OF SEVERELY INJURED WARRIORS. PERMISSION TO START DREAMING FOUNDATION - RAISE AWARENESS AND FUNDING FOR PROGRAMS THAT ENRICH THE LIVES OF SOLDIERS AND THEIR FAMI LIES IN A TANGIBLE WAY THROUGH EVENTS HELD IN LOCAL COMMUNITIES. RUSH UNIVERSITY MEDICAL C ENTER - TO EXPAND CLINICAL CAPACITY AND TO SERVE WARRIORS THROUGH THE WARRIOR CARE NETWORK PROGRAM. PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A FOR MORE INFORMATIO N ON THE WARRIOR CARE NETWORK. SALUTE, INC. - PROVIDES FINANCIAL ASSISTANCE, ON AN AS NEED ED BASIS, FOR WARRIORS PARTICIPATING IN THE WARRIOR CARE NETWORK. SYRACUSE UNIVERSITY (IVM F) - SUPPORTING WARRIORS AND THEIR SPOUSES IN THE ONWARD TO OPPORTUNITY VETERAN CAREER TRA NSITION PROGRAM. O20 IS A CARE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE I, PART II, LINE 1, COLUMN H	<p>ER TRAINING PROGRAM THAT PROVIDES THE VETERAN AND MILITARY SPOUSE COMMUNITY END-TO-END AND LIFELONG SUPPORT ON THEIR POST-SERVICE EMPLOYMENT JOURNEY. TEAM RED, WHITE & BLUE - SUPPORTS THE CHAPTER & COMMUNITY PROGRAM TO DELIVER LOCAL OPPORTUNITIES FOR VETERANS, WOUNDED WARRIORS AND THEIR FAMILIES, AND THE COMMUNITY TO CONNECT THROUGH PHYSICAL AND SOCIAL ACTIVITIES. TEAM RUBICON - SUPPORTS TRAINING AND VOLUNTEER OPPORTUNITIES AFTER A NATURAL DISASTER FOR WARRIORS AND THEIR FAMILIES. WARRIORS AND FAMILIES ARE CONNECTED WITH EACH OTHER AND COMMUNITIES BY EMPOWERING THEM TO USE THE SKILLS THEY LEARNED IN MILITARY SERVICE TO HEAL COMMUNITIES AFTER A NATURAL DISASTER. TEAM RUBICON UTILIZES WARRIORS STRENGTHS AND GIVES THEM A NEW MISSION OF SERVICE AFTER LEAVING THE MILITARY. THE MISSION CONTINUES - SUPPORTING VOLUNTEER OPPORTUNITIES FOR WARRIORS AND THEIR FAMILIES TO CONNECT WITH COMMUNITIES THROUGH SERVICE PROJECTS AND PEER-TO-PEER RELATIONSHIPS. THESE VOLUNTEER OPPORTUNITIES EMPOWER WARRIORS TO FIND A NEW PURPOSE AFTER LEAVING THE SERVICE. TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC. - SUPPORTS A GOOD GRIEF CAMP IN JACKSONVILLE, FL, RESEARCH ON TOXIC EXPOSURE FOR POST-9/11 VETERANS, AND THREE INTENSIVE CLINICAL PROGRAMS FOR SURVIVORS WHO EXPERIENCED SEVERE TRAUMA AFTER WITNESSING THE SUICIDE OR EXPERIENCING THE POSTMORTEM DISCOVERY OF THEIR LOVED ONE'S BODY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>SCHEDULE I, PART II, LINE 1, COLUMN H (continued)</p>	<p>TRAVIS MANION FOUNDATION - SUPPORTS CHARACTER DOES MATTER AMBASSADOR TRAINING AND LEADING WITH YOUR STRENGTHS WORKSHOPS TO TEACH WARRIORS HOW TO BE LEADERS IN THEIR COMMUNITIES AFTER MILITARY SERVICE. UCLA HEALTH SCIENCES DEVELOPMENT - TO EXPAND CLINICAL CAPACITY AND TO SERVE WARRIORS THROUGH THE WARRIOR CARE NETWORK PROGRAM (\$5,217,648). PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK. ADDITIONALLY, TO EXPAND THEIR SURGICAL TREATMENT OFFERINGS TO VETERAN PATIENTS WHOSE PHYSICAL INJURIES IMPEDE THEIR ABILITY TO LIVE FULL, HEALTHY LIVES (\$2,480,000). US ARMY WARRIOR CARE & TRANSITION PROGRAM - SUPPORTING WOUNDED, ILL AND INJURED SOLDIERS THROUGH A SOLDIER-CENTRIC PROCESS OF REHABILITATION AND ACHIEVEMENT OF PERSONAL GOALS, SPECIFICALLY THE WARRIOR GAMES 2019, IN TAMPA, FLORIDA. US CHAMBER OF COMMERCE FOUNDATION - SUPPORTING OF CAREGIVER AND SPOUSE EMPLOYMENT THROUGH TRANSITION SUMMITS AND MILITARY SPOUSE ECONOMIC EMPOWERMENT ZONES (MSEEZ). WORKING WITH A BROAD ARRAY OF PUBLIC AND PRIVATE SECTOR SUPPORTERS, MSEEZ CONNECTS MILITARY SPOUSES WITH A NETWORK OF EMPLOYERS IN THE LOCAL COMMUNITY AND A RANGE OF EMPLOYMENT-RELATED TOOLS AND RESOURCES. VA NATIONAL VETERANS SUMMER SPORTS - PROMOTING PHYSICAL AND PSYCHOLOGICAL REHABILITATION BY INTRODUCING VETERANS WITH DISABILITIES TO DIFFERENT ADAPTIVE SPORTS. VAIL VETERANS FOUNDATION INC DBA VAIL VETERANS PROGRAM - SUPPORTS VVPS SUMMER, WINTER, AND CAREGIVER RETREAT PROGRAMS FOR WOUNDED AND INJURED VETERANS AND THEIR FAMILIES. VETERANS HEALTH COUNCIL - SUPPORTS RESEARCH AND ADVOCACY ON TOXIC EXPOSURE FOR POST-9/11 VETERANS. VETERANS OF FOREIGN WARS FOUNDATION - SUPPORTING BENEFITS COUNSELORS AT 23 ACTIVE DUTY INSTALLATIONS TO AUGMENT WWPS BENEFIT SERVICES FOR TRANSITIONING WARRIORS. VETS COMMUNITY CONNECTIONS - SUPPORTS COMMUNITY INTEGRATION EFFORTS FOR WARRIORS AND THEIR FAMILIES IN 3 COMMUNITIES: SAN DIEGO, CA; PHOENIX, AZ; SOUTH BEND, IN. THROUGH ESTABLISHED NETWORKS IN THESE COMMUNITIES, INJURED VETS AND THEIR FAMILIES ARE CONNECTED TO LOCAL AND NATIONAL RESOURCES FOR ASSISTANCE WITH EMPLOYMENT, FINANCIAL ASSISTANCE, HOMELESSNESS, AND HEALTH. VIETNAM VETERANS OF SAN DIEGO - SUPPORTING A MULTI-PRONGED APPROACH TO HELPING VETERANS RECEIVE THE SERVICES THEY NEED TO LIVE A SOBER, HEALTHY LIFE AND SECURE PERMANENT HOUSING AND STABLE EMPLOYMENT FOR SUCCESSFUL TRANSITION BACK INTO THE COMMUNITY. WARRIOR REUNION FOUNDATION - SUPPORTING A REUNION FOR A MILITARY UNIT, BRINGING TOGETHER SERVICE MEMBERS AND GOLD STAR FAMILY MEMBERS TO HEAL TOGETHER.</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Wounded Warrior Project Inc

Employer identification number

20-2370934

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WOUNDED WARRIOR PROJECT LT SUPPORT TRUST 100 SOUTH WEST STREET WILMINGTON, DE 19801 37-6558533	TRUST	DE	501(C)(3)	12-TYPE I	WOUNDED WARR	Yes	

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

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

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

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

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

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation