

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.

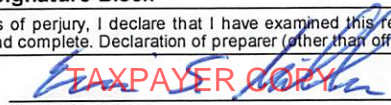
A For the 2019 calendar year, or tax year beginning 10/01, 2019, and ending 09/30, 2020


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WOUNDED WARRIOR PROJECT, INC.		D Employer identification number 20-2370934
	Doing business as WOUNDED WARRIOR PROJECT		E Telephone number (904) 296-7350
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 451,977,436.
	4899 BELFORD ROAD	300	
City or town, state or province, country, and ZIP or foreign postal code JACKSONVILLE, FL 32256		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: MICHAEL LINNINGTON 4899 BELFORD ROAD, JACKSONVILLE, FL 32256		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.WOUNDEDWARRIORPROJECT.ORG		L Year of formation: 2005 M State of legal domicile: VA	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary		Prior Year	Current Year
Activities & Governance	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 <input type="checkbox"/> 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	13.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	805.
	6 Total number of volunteers (estimate if necessary)	6	591.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	63,566.
b Net unrelated business taxable income from Form 990-T, line 39	7b	55,197.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	266,271,219.	268,863,639.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,058,402.	12,948,560.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,127,147.	5,556,478.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	282,456,768.	287,368,677.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)		70,328,291.	75,631,194.
16a Professional fundraising fees (Part IX, column (A), line 11e)		9,379,379.	8,992,756.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 64,345,052.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		157,983,782.	133,955,390.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	282,645,182.	276,378,359.	
19 Revenue less expenses. Subtract line 18 from line 12	-188,414.	10,990,318.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 366,150,605.	End of Year 388,388,385.
	21 Total liabilities (Part X, line 26)	57,388,394.	61,956,266.
	22 Net assets or fund balances. Subtract line 21 from line 20.	308,762,211.	326,432,119.

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 03/02/2021
	ERIC MILLER Type or print name and title	CFO

Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature 	Date 03/17/2021	Check <input type="checkbox"/> if self-employed	PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558			
	Firm's address ▶ 445 BROAD HOLLOW ROAD MELVILLE, NY 11747	Phone no. 631-577-1867			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. WOUNDED WARRIOR PROJECT, INC.	Taxpayer identification number (TIN) 20-2370934
	Number, street, and room or suite no. If a P.O. box, see instructions. 4899 BELFORD ROAD, SUITE 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JACKSONVILLE, FL 32256	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ERIC MILLER

• The books are in the care of ► 4899 BELFORD ROAD, SUITE 300 JACKSONVILLE, FL 32256

Telephone No. ► 904 296-7350 Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 08/16, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 ____ or
► tax year beginning 10/01, 20 19, and ending 09/30, 20 20.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF 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? [X] 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 [X] 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 \$ 64,349,952. including grants of \$ 30,851,645.) (Revenue \$ 0.)

MENTAL HEALTH & WELLNESS PROGRAMS - THROUGH MENTAL HEALTH AND WELLNESS PROGRAMS, WWP HONORS ITS COMMITMENT TO BE THERE FOR THIS GENERATION OF WOUNDED, ILL, OR INJURED SERVICE MEMBERS - NO MATTER HOW LONG OR DIFFICULT THEIR ROAD TO RECOVERY. INTERACTIVE PROGRAMS, REHABILITATIVE RETREATS, AND PROFESSIONAL SERVICES PROVIDE WARRIORS WITH THE TOOLS TO DEVELOP AND MAINTAIN HEALTHY, MEANINGFUL RELATIONSHIPS, SET GOALS FOR THE FUTURE, AND BUILD RESILIENCE WITHOUT THE BARRIERS OR STIGMAS ASSOCIATED WITH MENTAL HEALTH ISSUES. MORE THAN 149,000 HOURS OF POST TRAUMATIC STRESS DISORDER TREATMENT WAS PROVIDED. SEE SCHEDULE O.

4b (Code:) (Expenses \$ 32,768,872. including grants of \$ 33,731.) (Revenue \$ 0.)

CONNECTION PROGRAMS - THESE PROGRAMS FOCUS ON CONNECTING WARRIORS AND FAMILIES WITH PEERS, PROGRAMS, AND COMMUNITIES, PROVIDING A PATH TO RECOVERY AND RESILIENCE. THROUGH THESE IMPORTANT INTERACTIONS, PROGRAM STAFF BUILD TRUST WITH WARRIORS, HELP IDENTIFY THEIR REINTEGRATION NEEDS, BRING THEM OUT OF ISOLATION AND THEN GUIDE THEM TO INTERNAL PROGRAMS AND EXTERNAL RESOURCES. WWP HAD 147,081 WARRIORS AND 37,286 FAMILY MEMBERS REGISTERED AS OF SEPTEMBER 30, 2020. TOTAL CONNECTION PROGRAMS EXPENSES WERE \$32,768,872, INCLUDING GRANTS OF \$33,731, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020. FOR MORE INFORMATION SEE SCHEDULE O.

4c (Code:) (Expenses \$ 42,851,497. including grants of \$ 13,939,477.) (Revenue \$ 0.)

FINANCIAL WELLNESS PROGRAMS - AN IMPORTANT COMPONENT OF SUCCESSFUL TRANSITION TO CIVILIAN LIFE FOR WOUNDED SERVICE MEMBERS IS THE OPPORTUNITY TO PURSUE A MEANINGFUL CAREER, ACHIEVE FINANCIAL STABILITY, AND PROVIDE FOR HIS OR HER FAMILY. TOTAL FINANCIAL WELLNESS PROGRAMS EXPENSES WERE \$42,851,498, INCLUDING GRANTS OF \$13,939,477, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020. FOR MORE INFORMATION SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.) ATTACHMENT 1
(Expenses \$ 56,714,044. including grants of \$ 12,974,166.) (Revenue \$)

4e Total program service expenses 196,684,365.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 22-38 cover various organizational requirements and reporting obligations.

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 number, Question text, and Yes/No columns. Rows 1a-1c cover Form 1096 reporting and backup withholding rules.

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

		Yes	No
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 805		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)? . .	X	
b	If "Yes," enter the name of the foreign country GERMANY 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	X	
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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.		X
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.		X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (13), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on 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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week 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			
(1) MICHAEL S. LINNINGTON CHIEF EXECUTIVE OFFICER	50.00 0.			X			337,595.	0.	34,571.	
(2) JENNIFER M. SILVA CHIEF PROGRAM OFFICER	50.00 0.			X			315,256.	0.	36,152.	
(3) ERIC S. MILLER CHIEF FINANCIAL OFFICER	50.00 0.			X			300,927.	0.	36,151.	
(4) GARY A. CORLESS CHIEF DEVELOPMENT OFFICER	50.00 0.			X			300,447.	0.	32,641.	
(5) CHRISTOPHER TONER CHIEF OF STAFF	50.00 0.			X			263,648.	0.	35,099.	
(6) JOHN T HAMRE III VP DIRECT RESPONSE	50.00 0.				X		259,850.	0.	17,455.	
(7) MICHAEL C RICHARDSON VP INDEPENDENCE & MENTAL HLTH	50.00 0.				X		233,320.	0.	32,285.	
(8) SCOTT COSTER VP INFO. TECH.	50.00 0.					X	221,013.	0.	31,886.	
(9) DAWN BOLAND (THRU 11/19) SECRETARY AND GENERAL COUNSEL	50.00 0.			X			222,013.	0.	30,184.	
(10) ANGELA STROHL VP HUMAN RESOURCES	50.00 0.					X	220,563.	0.	29,626.	
(11) BREA KRATZERT VP DEVELOPMENT	50.00 0.				X		220,482.	0.	28,893.	
(12) CRAIG CARROLL VP FINANCE & ACCOUNTING	50.00 0.					X	215,666.	0.	33,225.	
(13) NEAL BOORNAZIAN VP MARKETING	50.00 0.					X	209,364.	0.	32,011.	
(14) TRACY FARRELL VP ENGAGEMENT & PHYSICAL HLTH	50.00 0.			X			216,891.	0.	15,833.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TOM KASTNER ----- VP FINANCIAL WELLNESS	50.00 ----- 0.					X		213,434.	0.	10,993.
(16) DR. JONATHAN WOODSON ----- CHAIR	5.00 ----- 0.	X		X				0.	0.	0.
(17) KATHLEEN WIDMER ----- VICE CHAIR	5.00 ----- 0.	X		X				0.	0.	0.
(18) RICHARD T TRYON ----- DIRECTOR	5.00 ----- 0.	X						0.	0.	0.
(19) JUAN GARCIA ----- DIRECTOR	5.00 ----- 0.	X						0.	0.	0.
(20) CARI DESANTIS ----- DIRECTOR	5.00 ----- 0.	X						0.	0.	0.
(21) ALONZO SMITH ----- DIRECTOR	5.00 ----- 0.	X						0.	0.	0.
(22) LISA DISBROW ----- DIRECTOR	5.00 ----- 0.	X						0.	0.	0.
(23) MICHAEL C HALL ----- DIRECTOR	5.00 ----- 0.	X						0.	0.	0.
(24) KATHLEEN HILDRETH ----- DIRECTOR (BEG 01/20)	5.00 ----- 0.	X						0.	0.	0.
(25) BILL SELMAN ----- DIRECTOR (BEG 01/20)	5.00 ----- 0.	X						0.	0.	0.
1b Sub-total								3,750,469.	0.	437,005.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,750,469.	0.	437,005.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 90

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 134

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) KENNETH HUNZEKER ----- DIRECTOR (BEG 01/20)	5.00 0.	X						0.	0.	0.
(27) WILL REYNOLDS ----- DIRECTOR (BEG 09/20)	5.00 0.	X						0.	0.	0.
(28) JUSTIN CONSTANTINE ----- DIRECTOR (THRU 09/20)	5.00 0.	X						0.	0.	0.
(29) TIFFANY DAUGHERTY ----- DIRECTOR (BEG 09/20)	5.00 0.	X						0.	0.	0.
(30) KATHRYN BONGIOVANNI ----- SEC AND GEN COUNSEL (BEG 04/20)	50.00 0.			X				0.	0.	0.

1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **90**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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 618,730.					
	b	Membership dues	1b					
	c	Fundraising events	1c 892,783.					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 267,352,126.					
	g	Noncash contributions included in lines 1a-1f.	1g \$ 2,314,402.					
	h	Total. Add lines 1a-1f ▶		268,863,639.				
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶		0.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		8,770,910.			8,770,910.	
	4	Income from investment of tax-exempt bond proceeds . ▶		0.				
	5	Royalties ▶		2,262,590.		63,566.	2,199,024.	
	6a	Gross rents	(i) Real	458,563.				
			(ii) Personal					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c 458,563.					
	d	Net rental income or (loss) ▶		458,563.			458,563.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	168,516,894.				
			(ii) Other					
	b	Less: cost or other basis and sales expenses . .	7b 164,339,244.					
	c	Gain or (loss)	7c 4,177,650.					
	d	Net gain or (loss) ▶		4,177,650.			4,177,650.	
8a	Gross income from fundraising events (not including \$ 892,783. of contributions reported on line 1c). See Part IV, line 18		107,295.					
			269,515.					
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events. ▶		-162,220.			-162,220.		
9a	Gross income from gaming activities. See Part IV, line 19		0.					
			0.					
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities. ▶		0.					
10a	Gross sales of inventory, less returns and allowances		0.					
			0.					
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory. ▶		0.					
Miscellaneous Revenue	11a	MAILING RENTAL INCOME	Business Code 900099	1,693,329.			1,693,329.	
	b	PURCHASING CARD REBATE	900099	305,973.			305,973.	
	c	MISCELLANEOUS	900099	998,243.			998,243.	
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶		2,997,545.				
12	Total revenue. See instructions ▶		287,368,677.		63,566.	18,441,472.		

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 X

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	43,309,542.	43,309,542.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	14,489,477.	14,489,477.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,899,636.	868,865.	1,152,017.	878,754.
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	55,485,525.	46,163,945.	2,837,976.	6,483,604.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,558,146.	1,294,995.	76,243.	186,908.
9 Other employee benefits	11,725,109.	9,839,135.	570,523.	1,315,451.
10 Payroll taxes	3,962,778.	3,252,211.	241,028.	469,539.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	327,709.		327,709.	
c Accounting	296,567.		296,567.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	8,992,756.			8,992,756.
f Investment management fees	697,717.		697,717.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	339,555.		339,555.	
12 Advertising and promotion	8,650,245.	8,410,011.	103,703.	136,531.
13 Office expenses	877,180.	381,492.	116,101.	379,587.
14 Information technology.	5,120,593.	3,286,234.	1,241,629.	592,730.
15 Royalties.	0.			
16 Occupancy	7,018,954.	4,413,112.	1,763,173.	842,669.
17 Travel	1,692,019.	1,542,408.	36,752.	112,859.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	220,634.	188,128.	10,636.	21,870.
20 Interest	0.			
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	1,197,129.	781,416.	281,281.	134,432.
23 Insurance	598,529.	378,092.	136,022.	84,415.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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 SERVI	30,404,317.	24,430,508.	86,803.	5,887,006.
b DIRECT RESPONSE MAIL	23,054,734.	7,543,516.		15,511,218.
c DIRECT RESPONSE TV & ONLINE	18,629,765.	9,124,795.		9,504,970.
d POSTAGE & SHIPPING	16,309,246.	4,148,377.	93,466.	12,067,403.
e All other expenses _____	18,520,497.	12,838,106.	4,940,041.	742,350.
25 Total functional expenses. Add lines 1 through 24e	276,378,359.	196,684,365.	15,348,942.	64,345,052.
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"/> X if following SOP 98-2 (ASC 958-720)	30,435,230.	20,022,663.		10,412,567.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,000,853.	1	8,360,254.
	2 Savings and temporary cash investments.	22,601,824.	2	30,016,267.
	3 Pledges and grants receivable, net	4,353,762.	3	7,269,902.
	4 Accounts receivable, net.	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	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	5,652,625.	9	5,473,243.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 28,041,342.		
	b Less: accumulated depreciation.	10b 26,337,886.	2,389,685.	10c 1,703,456.
	11 Investments - publicly traded securities.	286,724,513.	11	301,724,796.
	12 Investments - other securities. See Part IV, line 11	13,524,189.	12	13,185,092.
	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	22,903,154.	15	20,655,375.
16 Total assets. Add lines 1 through 15 (must equal line 33)	366,150,605.	16	388,388,385.	
Liabilities	17 Accounts payable and accrued expenses.	34,655,989.	17	41,232,458.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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	22,732,405.	25	20,723,808.
	26 Total liabilities. Add lines 17 through 25.	57,388,394.	26	61,956,266.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.	301,860,795.	27	320,122,187.
	28 Net assets with donor restrictions.	6,901,416.	28	6,309,932.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
32 Total net assets or fund balances	308,762,211.	32	326,432,119.	
33 Total liabilities and net assets/fund balances.	366,150,605.	33	388,388,385.	

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	287,368,677.
2	Total expenses (must equal Part IX, column (A), line 25)	2	276,378,359.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,990,318.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	308,762,211.
5	Net unrealized gains (losses) on investments	5	6,697,906.
6	Donated services and use of facilities	6	-84,316.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	66,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	326,432,119.

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 on 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 on Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

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

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

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

f Enter the number of supported organizations

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2019

JSA
9E1210 1.000

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

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received...; 2 Tax revenues levied for the organization's benefit...; 3 The value of services or facilities furnished by a governmental unit...; 4 Total. Add lines 1 through 3...; 5 The portion of total contributions by each person...; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4...; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources...; 9 Net income from unrelated business activities, whether or not the business is regularly carried on...; 10 Other income. Do not include gain or loss from the sale of capital assets...; 11 Total support. Add lines 7 through 10...; 12 Gross receipts from related activities, etc. (see instructions)...; 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019... 94.74%; 15 Public support percentage from 2018 Schedule A, Part II, line 14... 94.83%; 16a 33 1/3% support test - 2019... [X]; 16b 33 1/3% support test - 2018... []; 17a 10%-facts-and-circumstances test - 2019... []; 17b 10%-facts-and-circumstances test - 2018... []; 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 in line 12 on 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 (as 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 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?	11 a	
b A family member of a person described in (a) above?	11 b	
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>	11 c	

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>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <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.		Yes	No
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>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
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>	3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MAILING RENTAL INCOME	1,795,130.	1,691,882.	1,714,934.	1,262,662.	1,693,329.	8,157,937.
PURCHASE CARD REBATES	404,915.	460,690.	547,533.	562,567.	305,973.	2,281,678.
SPECIAL EVENTS REVENUE	47,733.	879,648.	156,935.	312,367.	107,295.	1,503,978.
MISCELLANEOUS			276,813.	366,880.	998,243.	1,641,936.
TOTALS	<u>2,247,778.</u>	<u>3,032,220.</u>	<u>2,696,215.</u>	<u>2,504,476.</u>	<u>3,104,840.</u>	<u>13,585,529.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

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 organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

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

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 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).

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

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."

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1A

WOUNDED WARRIOR PROJECT HAS UTILIZED VOLUNTEERS TO SUPPORT LOBBYING ACTIVITIES BEFORE THE U.S. CONGRESS. WWP HAS PAID THE TRAVEL, LODGING AND MEAL COSTS FOR VETERANS FROM ACROSS THE UNITED STATES TO VISIT WASHINGTON, D.C. FOR THE PURPOSE OF DIRECTLY LOBBYING MEMBERS OF CONGRESS AND THEIR STAFF, AND HELP EDUCATE LAWMAKERS ABOUT THE ISSUES AFFECTING THE VETERANS AND CAREGIVERS WE SERVE.

SCHEDULE C, PART II-B, LINE 1B

WOUNDED WARRIOR PROJECT EMPLOYS PUBLIC POLICY PROFESSIONALS TO HELP EDUCATE COMMUNITY LEADERS ABOUT THE ISSUES AFFECTING THE VETERANS AND CAREGIVERS WE SERVE. THIS MEANS THAT, OCCASIONALLY, WOUNDED WARRIOR PROJECT MEETS WITH GOVERNMENT OFFICIALS TO PROVIDE OUR INSIGHT ON PROPOSED CHANGES TO LAWS AND REGULATIONS AFFECTING VETERAN AND CAREGIVER HEALTH AND BENEFITS.

SCHEDULE C, PART II-B, LINE 1D

WOUNDED WARRIOR PROJECT HAS PAID FOR SOFTWARE SERVICES TO DELIVER LOBBYING MESSAGES FROM SUPPORTERS TO MEMBERS OF CONGRESS. SOFTWARE CAPABILITIES INCLUDE HOSTING PRE-WRITTEN MESSAGES ON THE WWP WEBSITE IN SUPPORT OF SPECIFIC LEGISLATION THAT INTERESTED USERS CAN POPULATE WITH PERSONAL INFORMATION TO DETERMINE HIS/HER MEMBER OF CONGRESS AND SUBSEQUENTLY DELIVER ELECTRONIC MAIL ON HIS/HER BEHALF. SOFTWARE CAPABILITIES ALSO INCLUDE MASS E-MAILING FUNCTIONS TO DISTRIBUTE A QUARTERLY NEWSLETTER WITH INFORMATION ABOUT BILLS THAT WWP SUPPORTS TO CONGRESSIONAL STAFF.

Part IV Supplemental Information (continued)

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)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

WOUNDED WARRIOR PROJECT, INC.

20-2370934

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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., 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?, 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)?, 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.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB 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., 1b If the organization elected, as permitted under FASB 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:, 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 FASB ASC 958 relating to these items:

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

JSA 9E1268 1.000

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 make 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 program
 - 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 on 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	1,319,466.	1,324,845.	1,363,844.	1,305,557.	1,205,183.
b Contributions					
c Net investment earnings, gains, and losses	101,061.	59,312.	89,938.	123,177.	100,374.
d Grants or scholarships					
e Other expenditures for facilities and programs	66,991.	64,691.	128,937.	64,890.	
f Administrative expenses					
g End of year balance	1,353,536.	1,319,466.	1,324,845.	1,363,844.	1,305,557.

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

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment 73.8800 %
- c** Term endowment 26.1200 %

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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		6,601,859.	6,171,217.	430,642.
d Equipment		1,561,663.	1,405,519.	156,144.
e Other		19,877,820.	18,761,150.	1,116,670.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,703,456.

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 ASSETS	19,143,080.
(2) DEPOSITS	981,504.
(3) SUPPLIES	530,791.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT OF USE LIABILITY	20,723,808.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FASB 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	409,721,442.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 6,697,906.		
b	Donated services and use of facilities	2b 109,188,723.		
c	Recoveries of prior year grants	2c 66,000.		
d	Other (Describe in Part XIII.)	2d 7,097,853.		
e	Add lines 2a through 2d		2e	123,050,482.
3	Subtract line 2e from line 1		3	286,670,960.
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 697,717.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	697,717.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	287,368,677.

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	385,001,803.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 109,273,039.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 48,122.		
e	Add lines 2a through 2d		2e	109,321,161.
3	Subtract line 2e from line 1		3	275,680,642.
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 697,717.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	697,717.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	276,378,359.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS

WWP 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, 2020:

PERMANENT ENDOWMENT: \$1,000,000

TEMPORARILY RESTRICTED ENDOWMENT: \$353,536

SCHEDULE D, PART X, LINE 2

WWP HAS RECEIVED A TAX DETERMINATION LETTER 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.

WWP FOLLOWS AUTHORITATIVE GUIDANCE WHICH REQUIRES WWP TO EVALUATE ITS TAX POSITIONS FOR ANY UNCERTAINTIES BASED ON THE TECHNICAL MERITS OF THE POSITION TAKEN. WWP 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, 2020, WWP DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS. WWP HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, WWP HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS AS REQUIRED AND ALL OTHER APPLICABLE RETURNS IN THOSE JURISDICTIONS WHERE REQUIRED.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

OTHER RECONCILING ITEMS

\$7,097,853 - INCOME EARNED BY THE WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST SHOWN ON A CONSOLIDATED BASIS FOR FINANCIAL STATEMENT PURPOSES.

SCHEDULE D, PART XII, LINE 2D

OTHER RECONCILING ITEMS

\$48,122 - EXPENSE INCURRED BY THE WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST SHOWN ON A CONSOLIDATED BASIS FOR FINANCIAL STATEMENT PURPOSES.

\$48,122 - TOTAL RECONCILING ITEMS ON LINE 2D

SCHEDULE D, PART IX & PART X

IN ACCORDANCE WITH ASU NO. 2016-02, LEASES(TOPIC 842), WWP AS LESSEE, ACCOUNTS FOR LEASE AGREEMENTS BY RECORDING ON ITS CONSOLIDATED STATEMENT OF FINANCIAL POSITION A RIGHT-OF-USE("ROU") LEASE ASSET AND LIABILITY TO REFLECT THE RIGHTS AND OBLIGATIONS OF THE LEASE AGREEMENTS, RESPECTIVELY. WWP ELECTED THE SHORT-TERM LEASE PRACTICAL EXPEDIENT AND ACCORDINGLY, DOES NOT RECORD ROU LEASE ASSETS OR LEASE LIABILITIES WITH TERMS LESS THAN 12 MONTHS. WWP ALSO ELECTED THE PRACTICAL EXPEDIENT NOT TO SEPARATE THE NON-LEASE COMPONENTS OF A CONTRACT FROM THE LEASE COMPONENT TO WHICH THEY RELATE FOR ALL ASSET CLASSES. IN ADDITION, WWP UTILIZES THE PORTFOLIO APPROACH TO GROUP LEASES WITH SIMILAR CHARACTERISTICS. THE VALUE OF THE RIGHT OF USE LEASE LIABILITY BASED ON THE PRESENT VALUE OF THE FUTURE LEASE PAYMENT IS \$20,723,808. THE VALUE OF THE RIGHT OF USE

Part XIII Supplemental Information *(continued)*

LEASE ASSET IS \$19,143,080.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on 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.

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants 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 the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	1.	5.	PROGRAM SERVICES	SEE PART V	561,525.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	1.	5.			561,525.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	5.			561,525.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2019

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

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ▶ _____

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

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

Part IV Foreign Forms

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

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).

SCHEDULE F, PART I, LINE 2

PROCEDURE FOR MONITORING PROGRAM SERVICES OUTSIDE THE U.S.

WWP 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. WWP DID NOT MAKE ANY GRANTS OUTSIDE OF THE UNITED STATES IN FISCAL YEAR 2020.

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 OVERSEAS, 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 ENDEAVORS TO MAKE THEIR HOSPITAL STAY AND TRAVEL BACK TO THE UNITED STATES AS COMFORTABLE AS POSSIBLE. WWP HAS DEDICATED PERSONNEL AND RESOURCES AT LRMC THAT DISTRIBUTE TRANSITIONAL CARE PACKS, 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)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ 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.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					113,247,660.	8,992,756.	104,254,904.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		COURAGE AWARDS (event type)	CARRY FORWARD (event type)	1. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	248,391.	725,156.	26,531.	1,000,078.
	2	Less: Contributions	248,391.	622,331.	22,061.	892,783.
	3	Gross income (line 1 minus line 2)		102,825.	4,470.	107,295.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		269,100.	415.	269,515.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				269,515.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-162,220.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	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 ▶ _____

- 15 a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation 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).

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
CREATIVE DIRECT RESPONSE 16900 SCIENCE DRIVE, SUITE 210 BOWIE MD 20715	DIRECT RESPONSE		X	95,025,365.	3,162,115.	91,863,250.
TV FUNDRAISING SOLUTIONS DBA DIRECT DONOR TV 16900 SCIENCE DRIVE, SUITE 210 BOWIE MD 20715	DIRECT RESPONSE		X	7,072,913.	1,902,025.	5,170,888.
BKV UNIFIED LLC DBA DRUM 3390 PEACHTREE ROAD, 10TH FLOOR ATLANTA GA 30326	DIRECT RESPONSE		X	6,430,429.	1,761,286.	4,669,143.
GIVEBRIDGE INC. 525 W MONROE STREET, STE 900 CHICAGO IL 60661	DIRECT RESPONSE		X	2,228,632.	1,748,304.	480,328.
THOMPSON, HABIB, & DENISION, INC. 80 HAYDEN AVE, STE 300 LEXINGTON MA 02421	DIRECT RESPONSE		X	2,482,257.	412,515.	2,069,742.

AMERIDIAL INC.	DIRECT					
4877 HIGBEE AVE NW	RESPONSE	X	8,064.	6,511.	1,553.	
CANTON						
OH 44718						

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN NATIONAL RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	33,731.				SEE SCHEDULE O
(2) AMERICA'S WARRIOR PARTNERSHIP 1190 INTERSTATE PARKWAY AUGUSTA, GA 30909	47-1606321	501(C)(3)	1,000,000.				SEE SCHEDULE O
(3) BASTION COMMUNITY OF RESILIENCE 1607 JOLIET STREET NEW ORLEANS, LA 70118	27-4383654	501(C)(3)	153,645.				SEE SCHEDULE O
(4) BOULDER CREST RETREAT FOUNDATION 18370 BLUEMONT VILL LN BLUEMONT, VA 20135	27-3228310	501(C)(3)	200,000.				SEE SCHEDULE O
(5) CANINE COMPANIONS FOR INDEPENDENCE 2965 DUTTON AVENUE SANTA ROSA, CA 95407	94-2494324	501(C)(3)	90,000.				SEE SCHEDULE O
(6) CARING FOR MILITARY FAMILIES: ELIZABETH DOL 600 NEW HAMPSHIRE AVE NW,WA,DC 20037	45-4292692	501(C)(3)	1,800,000.				SEE SCHEDULE O
(7) COMBINED ARMS 2929 MCKINNEY STREET HOUSTON, TX 77003	47-5648923	501(C)(3)	950,000.				SEE SCHEDULE O
(8) COMFORT CREW FOR MILITARY KIDS 8127 MESA DRIVE B206 #117 AUSTIN, TX 78759	26-0141940	501(C)(3)	50,000.				SEE SCHEDULE O
(9) COMMIT FOUNDATION 280 W KAGY BLVD, STE D 313, BOZEMAN, 59715	45-5219311	501(C)(3)	90,000.				SEE SCHEDULE O
(10) CONCUSSION LEGACY FOUNDATION 867 BOYLSTON ST. #5 BOSTON, MA 02116	77-0689904	501(C)(3)	100,521.				SEE SCHEDULE O
(11) DOG TAG INC 3206 GRANCE STREET, NW WASHINGTON, DC 20007	45-2130904	501(C)(3)	110,000.				SEE SCHEDULE O
(12) EMORY UNIVERSITY 1599 CLIFTON RD 3RD FLR, ATLANTA GA 30322	58-0566256	501(C)(3)	5,311,541.				SEE SCHEDULE O

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FARMER VETERAN COALITION 4614 2ND STREET, SUITE 4 DAVIS, CA 95618	46-2362098	501(C)(3)	100,000.				SEE SCHEDULE O
(2) FIELDS 4 VALOR FARMS INC 229 FARRAGUT ST NW WASHINGTON, DC 20011	81-3478142	501(C)(3)	40,000.				SEE SCHEDULE O
(3) FIVE STAR VETERANS CENTER 40 ACME STREET JACKSONVILLE, FL 32211	45-3545974	501(C)(3)	75,000.				SEE SCHEDULE O
(4) GEORGIA SOUTHWESTERN FOUNDATION P. O. BOX 647 AMERICUS, GA 31709	58-1386358	501(C)(3)	100,000.				SEE SCHEDULE O
(5) GREATER WASHINGTON EDUCATIONAL TELECOMMUNIC 3939 CAMPBELL AVE ARLINGTON, VA 22206	53-0242992	501(C)(3)	550,000.				SEE SCHEDULE O
(6) HEADSTRONG PROJECT 655 MADISON AVE 18TH FLR, NEW YORK NY 10065	45-5261907	501(C)(3)	500,000.				SEE SCHEDULE O
(7) HOMES FOR OUR TROOPS INC 6 MAIN STREET TAUNTON, MA 02780	54-2143612	501(C)(3)	450,000.				SEE SCHEDULE O
(8) MASSACHUSETTS GENERAL HOSPITAL 100 CAMBRIDGE ST STE 1310 BOSTON, MA 02114	04-1564655	501(C)(3)	13,071,217.				SEE SCHEDULE O
(9) MILITARY CHILD EDUCATION COALITION 909 MTN LION CIRCLE HARKER HEIGHTS TX 76548	74-2889416	501(C)(3)	400,000.				SEE SCHEDULE O
(10) MILITARY FAMILY ADVISORY NETWORK 1321 DUKE STREET ALEXANDRIA, VA 22314	46-3173337	501(C)(3)	50,000.				SEE SCHEDULE O
(11) NORTHEAST FLORIDA WOMEN VETERANS 2133 BROADWAY AVE JACKSONVILLE, FL 32209	30-0758834	501(C)(3)	30,000.				SEE SCHEDULE O
(12) OPERATION HEALING FORCES INC 380 PARK PLACE BLVD, STE 175, FL 33759	45-3798803	501(C)(3)	100,000.				SEE SCHEDULE O

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

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2019

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Department of the Treasury
Internal Revenue Service

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

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Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OPERATION HOMEFRONT 1355 CENTRAL PKWY S SAN ANTONIO, TX 78232	32-0033325	501(C)(3)	1,250,000.				SEE SCHEDULE O
(2) OUR MILITARY KIDS INC 6861 ELM STREET MCLEAN, VA 22101	56-2483648	501(C)(3)	200,000.				SEE SCHEDULE O
(3) PSYCHARMOR INSTITUTE 11199 SORRENTO VALLEY ROAD 203, CA 92121	46-5124059	501(C)(3)	247,500.				SEE SCHEDULE O
(4) RUSH UNIVERSITY MEDICAL CENTER 1653 W. CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	9,156,914.				SEE SCHEDULE O
(5) SONGWRITING WITH INC 632 FOGG ST, STE 8, NASHVILLE, TN 37203	26-1626709	501(C)(3)	50,000.				SEE SCHEDULE O
(6) STOP THE ADDICTION FATALITY EPIDEMIC - SAFE 3118 WA BLVD, ARLINGTON, VA 22201	83-0781172	501(C)(3)	90,000.				SEE SCHEDULE O
(7) SYRACUSE UNIVERSITY SKYTOP OFC BLDG SKYTOP RD SYRACUSE NY 13244	15-0532081	501(C)(3)	775,000.				SEE SCHEDULE O
(8) TEAM RED, WHITE & BLUE 1110 W PLATT STREET TAMPA, FL 33606	27-2196347	501(C)(3)	500,000.				SEE SCHEDULE O
(9) THE HONOR FOUNDATION 11055 ROSELLE ST, SAN DIEGO, CA 92121	46-2952873	501(C)(3)	200,000.				SEE SCHEDULE O
(10) THE MISSION CONTINUES 1141 SOUTH 7TH STREET SAINT LOUIS, MO 63104	20-8742553	501(C)(3)	250,000.				SEE SCHEDULE O
(11) THE QL PLUS PROGRAM DBA QUALITY LIFE PLUS 6748 OLD MCLEAN VILLGE DR, MCLEAN, VA 22101	27-0172688	501(C)(3)	25,000.				SEE SCHEDULE O
(12) TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS IN 3033 WILSON BLVD NO 630, ARLINGTON VA 22201	92-0152268	501(C)(3)	195,000.				SEE SCHEDULE O

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TRAVIS MANION FOUNDATION P.O. BOX 1485 DOYLESTOWN, PA 18901	41-2237951	501(C)(3)	975,000.				SEE SCHEDULE O
(2) UCLA HEALTH SCIENCES DEVELOPMENT 11000 KINROSS AVE BLDG, LOS ANGELES CA 90095	95-6006143	501(C)(3)	2,514,473.				SEE SCHEDULE O
(3) UNITED STATES VETERANS INITIATIVE 800 W 6TH ST, STE 1505, LOS ANGELES, 90017	95-4382752	501(C)(3)	400,000.				SEE SCHEDULE O
(4) US CHAMBER OF COMMERCE FOUNDATION 1615 H STREET NW WASHINGTON, DC 20062	53-0045720	501(C)(3)	125,000.				SEE SCHEDULE O
(5) VAIL VETERANS FOUNDATION INC DBA VAIL VETER 12 VAIL RD, STE 200, VAIL CO 81658	20-5254885	501(C)(3)	100,000.				SEE SCHEDULE O
(6) VETERANS OF FOREIGN WARS FOUNDATION 406 WEST 34TH STREET KANSAS CITY, MO 64111	43-1758998	501(C)(3)	660,000.				SEE SCHEDULE O
(7) WARRIOR CANINE CONNECTION 14934 SCHAEFFER ROAD BOYDS, MD 20841	45-2981579	501(C)(3)	90,000.				SEE SCHEDULE O
(8) WARRIOR REUNION FOUNDATION 35 HICKORY MEADOW RD COCKEYSVILLE, MD 21030	81-5360521	501(C)(3)	50,000.				SEE SCHEDULE O
(9) YELLOW RIBBON FUND INC 7101 WISCONSIN AVE, STE 800, BETHESDA 20841	36-4567583	501(C)(3)	100,000.				SEE SCHEDULE O
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 46.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EMERGENCY FINANCIAL ASSISTANCE	917.	1,546,477.			
2 COVID-19 RELIEF	11,113.	11,113,000.			
3 CAREGIVER RELIEF	610.	1,830,000.			
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.

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.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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.

SCHEDULE I, PART III, LINE 1(A)

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	MICHAEL S. LINNINGTON CHIEF EXECUTIVE OFFICER	(i)	281,593.	56,002.	0.	11,200.	23,371.	372,166.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	CHRISTOPHER TONER CHIEF OF STAFF	(i)	219,785.	43,863.	0.	10,190.	24,909.	298,747.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	ERIC S. MILLER CHIEF FINANCIAL OFFICER	(i)	250,944.	49,983.	0.	11,200.	24,951.	337,078.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	GARY A. CORLESS CHIEF DEVELOPMENT OFFICER	(i)	250,464.	49,983.	0.	7,690.	24,951.	333,088.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	JENNIFER M. SILVA CHIEF PROGRAM OFFICER	(i)	262,773.	52,483.	0.	11,200.	24,952.	351,408.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	MICHAEL C RICHARDSON VP INDEPENDENCE & MENTAL HLTH	(i)	194,557.	38,763.	0.	9,005.	23,280.	265,605.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	JOHN T HAMRE III VP DIRECT RESPONSE	(i)	220,284.	39,566.	0.	8,116.	9,339.	277,305.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	TRACY FARRELL VP ENGAGEMENT & PHYSICAL HLTH	(i)	183,843.	33,048.	0.	6,497.	9,336.	232,724.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	BREA KRATZERT VP DEVELOPMENT	(i)	183,762.	36,720.	0.	5,649.	23,244.	249,375.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	SCOTT COSTER VP INFO. TECH.	(i)	184,293.	36,720.	0.	7,062.	24,824.	252,899.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	ANGELA STROHL VP HUMAN RESOURCES	(i)	183,843.	36,720.	0.	4,802.	24,824.	250,189.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	CRAIG CARROLL VP FINANCE & ACCOUNTING	(i)	183,762.	31,904.	0.	8,620.	24,605.	248,891.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	TOM KASTNER VP FINANCIAL WELLNESS	(i)	184,633.	28,801.	0.	8,352.	2,641.	224,427.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	NEAL BOORNAZIAN VP MARKETING	(i)	180,674.	28,690.	0.	7,200.	24,811.	241,375.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	DAWN BOLAND (THRU 11/19) SECRETARY AND GENERAL COUNSEL	(i)	222,013.	0.	0.	8,124.	22,060.	252,197.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16		(i)							
		(ii)							

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.

SCHEDULE J, PART I, LINE 7

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. WWP DOCUMENTS THE BASIS FOR ITS BONUS DETERMINATION IN MEETING

MINUTES OR OTHER INTERNAL DOCUMENTS, WHICH ARE PREPARED AT THE TIME

BONUSES ARE APPROVED, AND REFLECT THE UNDERLYING PARTICULAR BONUS

DETERMINATIONS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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 instructions and the latest information.

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	843.	643,576.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	234.	1,152,246.	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 ▶ (TICKETS)	X	184.	405,353.	FMV
26 Other ▶ (SUPPLIES)	X	149.	111,472.	FMV
27 Other ▶ (MEMBERSHIPS)	X	5.	1,755.	FMV
28 Other ▶ ()				

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

JSA

9E1298 1.000

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.

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.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION CONTINUED

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.

WARRIORS NEVER PAY FOR WWP PROGRAMS BECAUSE THEY PAID THEIR DUES ON THE
BATTLEFIELD.

FORM 990, PART III, LINE 2

IMPACT OF COVID-19 ON MISSION AND PROGRAMS

IN MARCH 2020, THE WORLD HEALTH ORGANIZATION CLASSIFIED THE OUTBREAK AND
SPREAD OF THE COVID-19 VIRUS ("COVID") AS A GLOBAL PANDEMIC. COVID HAS
HAD A PROFOUND NEGATIVE IMPACT ON THE MENTAL, PHYSICAL AND FINANCIAL
WELLBEING OF THE WORLD POPULATION. WOUNDED AND INUJURED VETERANS AND
SERVICE MEMBERS ARE AT EVEN GREATER RISK FROM THE NEGATIVE IMPACTS OF
COVID DUE TO PRE-PANDEMIC CONDITIONS INCLUDING WEAKENED IMMUNE SYSTEMS,
EXCESSIVE ISOLATION AND FINANCIAL HARDSHIPS. THEREFORE, IN ORDER TO
ADDRESS HIEGHTENED WARRIOR NEEDS, AND TO COMPLY WITH CENTER FOR DISEASE
CONTROL COVID GUIDELINES, WWP EXPANDED ITS PROGRAM OFFERINGS TO INCLUDE
VIRTUAL EVENTS AND TO PROVIDE ADDITIONAL FINANCIAL SUPPORT.

WWP MADE OVER 30,000 CHECK IN CALLS IN APRIL AND MAY OF 2020 TO ENSURE

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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SOCIALLY DISTANCED VETERANS WERE SUPPORTED. DURING FISCAL YEAR 2020, WWP CONDUCTED 3,057 VIRTUAL EVENTS, SUCH AS ADAPTIVE WORKOUTS, FAMILY COOKING NIGHTS AND PEER SUPPORT GROUPS, WITH 44,243 PARTICIPANTS IN ATTENDANCE. PARTICIPANT SURVEY RESULTS CONFIRM THE VALUE OF THESE VIRTUAL EVENTS:

- 92% SAY WWP VIRTUAL EVENTS HAVE HELPED THEM THROUGH THIS TIME OF SOCIAL DISTANCING AND QUARANTINE
- 93% SAY WWP VIRTUAL PROGRAMS HAVE HELPED RELIEVE STRESS BROUGHT ON BY THE CORONAVIRUS PANDEMIC
- 94% SAY WWP PROGRAMS ARE STILL MEETING THEIR NEEDS - EVEN WHILE BEING HELD VIRTUALLY

WARRIOR AND CAREGIVER FINANCIAL ASSISTANCE

WWP ISSUED INDIVIDUAL \$1,000 EMERGENCY ASSISTANCE GRANTS, \$11,113,000 IN TOTAL, TO QUALIFIED WARRIORS IN FINANCIAL DISTRESS DUE TO COVID. IN ADDITION, DUE TO THE HEIGHTENED CHALLENGES THAT COVID CREATED FOR WARRIORS AND CAREGIVERS IN THE INDEPENDENCE PROGRAM. WWP PROVIDED INDIVIDUAL \$3,000 RELIEF ASSISTANCE GRANTS, \$1,830,000 IN TOTAL, TO QUALIFIED CAREGIVERS WHO ARE CARING FOR THE MOST SEVERELY INJURED WARRIORS.

FORM 990, PART III, LINE 4A

TOTAL MENTAL HEALTH & WELLNESS PROGRAMS EXPENSES WERE \$64,349,952, INCLUDING GRANTS OF \$30,851,645, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020. THE ORGANIZATION PROVIDES THE FOLLOWING MENTAL HEALTH & WELLNESS PROGRAMS:

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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COMBAT STRESS RECOVERY PROGRAM ("CSRP"): THIS PROGRAM ADDRESSES THE MENTAL HEALTH AND COGNITIVE NEEDS OF SERVICE MEMBERS DEALING WITH THE INVISIBLE WOUNDS OF WAR, NAMELY POST TRAUMATIC STRESS DISORDER ("PTSD") AND TRAUMATIC BRAIN INJURY "(TBI)". CSRP CHALLENGES WARRIORS TO SET GOALS AND UNDERSTAND THEIR "NEW NORMAL." MANY WARRIORS BEGIN THEIR RECOVERY JOURNEY WITH WWP PROJECT ODYSSEY®, AN OUTDOOR, REHABILITATIVE RETREAT THAT PROMOTES PEER CONNECTION, CHALLENGING EXPERIENCES, AND HEALING WITH OTHER VETERANS. CSRP PROVIDES LICENSED MENTAL HEALTH COUNSELORS AT PROJECT ODYSSEY EVENTS. CSRP 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, CONSISTENT FOLLOW-UP AND THE IDENTIFICATION AND USE OF COMMUNITY-BASED RESOURCES.

DURING FISCAL YEAR 2020, 1,249 PARTICIPANTS ATTENDED A PROJECT ODYSSEY RETREAT, OVER 1,969 TOTAL WARRIORS AND FAMILY SUPPORT MEMBERS WERE SERVED THROUGH MENTAL HEALTH OUTREACH AND REFERRALS, AND 8,659 COUNSELING SESSIONS WERE DELIVERED TO WARRIORS AND THEIR FAMILIES. 97% OF PROJECT ODYSSEY PARTICIPANTS RATED THE RESILIENCY SKILLS LEARNED AS USEFUL OR VERY USEFUL. 73% OF PARTICIPANTS REPORTED THEY ARE RECEIVING MENTAL SUPPORT AFTER ATTENDING PROJECT ODYSSEY.

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

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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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 SERVED 1,906 PARTICIPANTS THROUGH MORE THAN 21,400 EMOTIONAL SUPPORT CALLS, IN THE WWP TALK PROGRAM IN FISCAL YEAR 2020. 95% OF WWP TALK PARTICIPANTS WERE SATISFIED WITH THE PROGRAM.

WWP'S WARRIOR CARE NETWORK PROVIDES TREATMENT FOR PTSD AND TBI THROUGH AN INTEGRATED CARE MODEL. THE WARRIOR CARE NETWORK CONSISTS OF WWP'S OVERSIGHT AND FUNDING 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. INNOVATION AND DATA SHARING ARE THE CORNERSTONES OF THE WARRIOR CARE NETWORK.

WWP ISSUES MONETARY GRANTS TO THE AMCS TO FUND THIS PROGRAM TOTALING \$30,054,145, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020.

WWP'S WARRIOR CARE NETWORK GRANT AGREEMENTS HAVE SIGNIFICANT FUTURE CONDITIONS, AND ACCORDINGLY, A PORTION OF THE EXPENSE FOR THOSE GRANTS WILL NOT BE RECOGNIZED UNTIL SPECIFIC CONDITIONS ARE SATISFIED.

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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AS OF SEPTEMBER 30, 2020, FUTURE CONDITIONAL PAYMENTS ON THESE GRANT AGREEMENTS ARE ESTIMATED TO BE PAID AS FOLLOWS:

WARRIOR CARE NETWORK

2021	\$24,645,112
2022	\$28,778,826
2023	\$26,165,695
2024	\$ 3,324,500

TOTAL	\$82,913,593

COMPLEX CASE COORDINATION: COMPLEX CASE COORDINATION IS A SPECIALIZED PROGRAM DESIGNED TO ASSIST WARRIORS IN SPECIFIC CRISIS SITUATIONS. WWP WORKS WITH GOVERNMENT AND PRIVATE ORGANIZATIONS TO FACILITATE THE APPROPRIATE LEVEL OF CARE AND SUPPORT FOR THESE WARRIORS BASED ON THEIR SPECIFIC NEEDS.

FORM 990, PART III, LINE 4B

WWP PROVIDES THE FOLLOWING CONNECTION PROGRAMS:

CONNECTION PROGRAM: THE CONNECTION PROGRAM PROVIDES SUPPORT AND CAMARADERIE FOR WOUNDED WARRIORS AND THEIR FAMILY MEMBERS THROUGH COMMUNICATION, CONNECTION EVENTS AND NETWORKING. IT OFFERS A WIDE RANGE OF ACTIVITIES INCLUDING SKILL BUILDING EDUCATIONAL SESSIONS, SPORTING EVENTS, PERSONAL AND PROFESSIONAL DEVELOPMENT SUMMITS AND RECREATIONAL EVENTS THAT PROVIDE INDIVIDUALS A CHANCE TO ENGAGE WITH OTHER WOUNDED WARRIORS AND FAMILY MEMBERS. 64,769 WARRIORS AND FAMILY SUPPORT MEMBERS

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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WERE SERVED THROUGH THE CONNECTION PROGRAM. 95% OF THOSE WHO PARTICIPATED IN CONNECTION PROGRAM ACTIVITIES WERE SATISFIED WITH THE PROGRAM.

THE CONNECTION PROGRAM ALSO PROVIDES BEDSIDE CARE, COMFORT AND BACKPACKS TO WOUNDED SERVICE MEMBERS ARRIVING AT U.S. MILITARY TREATMENT FACILITIES AND VA POLYTRAUMA REHABILITATION CENTERS. WWP BACKPACKS CONTAIN CLOTHING AND COMFORT ITEMS TO MAKE A WARRIOR'S HOSPITAL STAY MORE COMFORTABLE, AS WELL AS AN ENTRY POINT INTO WWP'S PROGRAMS AS THEY TRANSITION THROUGH CARE. WARRIORS WHO ARE INJURED OVERSEAS AND EVACUATED FROM FIELD HOSPITALS TO LARGER MILITARY TREATMENT FACILITIES ABROAD RECEIVE A TRANSITIONAL CARE PACK, WHICH INCLUDES CLOTHING AND TOILETRIES FOR THEIR IMMEDIATE COMFORT. WWP DELIVERED 102 BACKPACKS AND 490 TRANSITIONAL CARE PACKS TO WOUNDED WARRIORS IN FISCAL YEAR 2020. SINCE WWP'S INCEPTION, 6,002 BACKPACKS AND 47,258 TRANSITIONAL CARE PACKS HAVE BEEN DELIVERED TO WOUNDED WARRIORS.

INTERNATIONAL SUPPORT: LANDSTUHL REGIONAL MEDICAL CENTER ("LRMC") IS ONE OF THE FIRST LOCATIONS WARRIORS ARE MEDICALLY EVACUATED TO WHEN INJURED OVERSEAS, 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 ENDEAVORS TO MAKE THEIR HOSPITAL STAY AND TRAVEL BACK TO THE UNITED STATES AS COMFORTABLE AS POSSIBLE. WWP HAS DEDICATED PERSONNEL AND RESOURCES AT LRMC THAT DISTRIBUTE TRANSITIONAL CARE PACKS, PROVIDE SUPPORT FOR EVENTS AND VISITATION, AND

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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EDUCATE WARRIORS AND FAMILIES ON WWP'S FREE PROGRAMS AND SERVICES.

PEER SUPPORT: PEER SUPPORT IS THE PROGRAMMATIC EMBODIMENT OF WWP'S LOGO, FOSTERING RELATIONSHIPS THAT ENABLE WARRIORS TO HELP OTHER WARRIORS THROUGH THE RECOVERY PROCESS. MORE THAN 100 WWP PEER-LED GROUPS MEET ON A REGULAR BASIS ACROSS THE UNITED STATES, PROVIDING CAMARADERIE AND OPPORTUNITIES FOR WARRIORS TO ENGAGE WITH OTHER WARRIORS WHO CAN SHARE THEIR UNDERSTANDING AND PERSPECTIVE. THE PEER SUPPORT PROGRAM SERVED 12,407 ATTENDEES AT PEER FACILITATED SUPPORT GROUPS IN FISCAL YEAR 2020.

SOLDIER RIDE®: SOLDIER RIDE IS A UNIQUE THREE TO FIVE-DAY PROGRAM FOR WARRIORS TO USE CYCLING AND THE BONDS OF SERVICE TO OVERCOME PHYSICAL, MENTAL AND EMOTIONAL WOUNDS. WARRIORS OF ALL ABILITY LEVELS CAN CYCLE ON ADAPTIVE HAND CYCLES, TRIKES AND BICYCLES. IN ADDITION TO THE PHYSICAL BENEFITS, SOLDIER RIDE HELPS RAISE PUBLIC AWARENESS OF THE CHALLENGES WOUNDED WARRIORS FACE TODAY. WARRIORS HAVE THE OPPORTUNITY TO TAKE PART IN ANNUAL EVENTS, INCLUDING RIDES INITIATING FROM THE SOUTH LAWN OF THE WHITE HOUSE TO THOSE HELD IN LOCAL COMMUNITIES ACROSS THE NATION. SOLDIER RIDE SERVED 2,041 PARTICIPANTS IN FISCAL YEAR 2020. 92% OF PARTICIPANTS SAID SOLDIER RIDE INCREASED THEIR OVERALL SELF-CONFIDENCE.

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 ACCESS TO INFORMATION ON THEIR EARNED GOVERNMENT

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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BENEFITS AND COMMUNITY RESOURCES AVAILABLE FOR THEIR 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 GUIDE 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 2020, THERE WERE APPROXIMATELY 28,136 ISSUES AWARDED ON BEHALF OF WARRIORS THROUGH BENEFITS SERVICE, WITH AN ECONOMIC IMPACT OF \$142 MILLION.

WARRIORS TO WORK®: WWP'S WARRIORS TO WORK IS ONE OF THE CORNERSTONES OF ITS EFFORTS TO ACHIEVE THE GOAL OF FINANCIALLY 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 2020, 1,888 WARRIORS AND FAMILY MEMBERS THAT PARTICIPATED IN THE WARRIORS TO WORK PROGRAM WERE PLACED IN POSITIONS, WITH AN AVERAGE FULL-TIME SALARY OF \$52,622 AND AN AVERAGE PART-TIME

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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SALARY OF \$20,838, RESPECTIVELY, WHICH HAD AN ECONOMIC IMPACT OF \$87 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 EMERGENT SITUATIONS THAT IMPACT THEIR LIFE, SAFETY, OR SHELTER. THIS PROGRAM ALSO PROVIDES FINANCIAL EDUCATION TO HELP WARRIORS AND THEIR FAMILY WITH LONG-TERM FINANCIAL STABILITY.

DURING THE YEAR ENDED SEPTEMBER 30, 2020, THROUGH ITS EFA PROGRAM, WWP ISSUED INDIVIDUAL \$1,000 EMERGENCY ASSISTANCE GRANTS, \$11,113,000 IN TOTAL, TO QUALIFIED WARRIORS IN FINANCIAL DISTRESS DUE TO COVID.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICE DESCRIPTIONS

INDEPENDENCE PROGRAM - WWP'S INDEPENDENCE PROGRAM IS DESIGNED FOR THE MOST SEVERELY WOUNDED, ILL, OR INJURED VETERANS WHO MUST RELY ON THEIR FAMILIES AND CAREGIVERS DUE TO MODERATE TO SEVERE TBI, SPINAL-CORD INJURY, OR OTHER NEUROLOGICAL CONDITIONS. OFTENTIMES, THESE SEVERELY INJURED WARRIORS' COGNITIVE OR PHYSICAL CHALLENGES REQUIRE EXTENSIVE, CONTINUOUS CARE.

THE PROGRAM PROVIDES CRITICAL SERVICES AND SUPPORT TO ALLOW WOUNDED WARRIORS TO REMAIN AS INDEPENDENT AS POSSIBLE AND SUPPORTED IN-HOME. SERVICES INCLUDE TRAINING IN IMPORTANT LIFE SKILLS AND ENABLE INVOLVEMENT

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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IN MEANINGFUL SOCIAL AND RECREATIONAL WELLNESS ACTIVITIES, AS WELL AS ALTERNATIVE THERAPIES, SUCH AS EQUINE, MUSIC AND ART THERAPY. THE PROGRAM ALSO PROVIDES FAMILY AND CAREGIVER RESPITE AND SUPPORT TO HELP RELIEVE THE DAILY DEMANDS AND STRESS EXPERIENCED IN PROVIDING CONTINUOUS CARE.

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 AND IS DESIGNED AS A COMPREHENSIVE LONG-TERM PARTNERSHIP INTENDED TO ADAPT TO THE WARRIORS' EVER-CHANGING NEEDS. THE INDEPENDENCE PROGRAM PROVIDED OVER 190,083 HOURS OF COMMUNITY-BASED SUPPORT TO 704 WARRIORS. 95% OF PARTICIPANTS WERE SUPPORTED IN THEIR HOMES AND COMMUNITIES. IN ADDITION, DUE TO THE HEIGHTENED CHALLENGES THAT COVID CREATED FOR WARRIORS AND CAREGIVERS IN THE INDEPENDENCE PROGRAM, WWP PROVIDED INDIVIDUAL \$3,000 RELIEF ASSISTANCE GRANTS, \$1,830,000 IN TOTAL, TO QUALIFIED CAREGIVERS. TOTAL INDEPENDENCE PROGRAM EXPENSES WERE \$23,046,385, INCLUDING GRANTS OF \$2,490,521 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020.

COMMUNITY PARTNERSHIPS - WWP UNDERSTANDS THAT THE NEEDS OF WOUNDED WARRIORS AND THEIR FAMILIES CANNOT BE MET BY ONE ORGANIZATION. 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 INNOVATIVE, SIMILARLY FOCUSED NOT-FOR-PROFIT ORGANIZATIONS, INCLUDING ISSUANCE OF MONETARY GRANTS. TOTAL COMMUNITY PARTNERSHIPS EXPENSES WERE \$14,924,706, INCLUDING MONETARY GRANTS OF

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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\$10,483,645, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020.

PHYSICAL HEALTH & WELLNESS PROGRAMS - 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 PHYSICAL HEALTH & WELLNESS ("PH&W") PROGRAMS, 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 OF PROGRAM DELIVERY ARE FITNESS, NUTRITION, AND WELLNESS.

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. IN ADDITION, WWP CONNECTS WARRIORS WITH LOCAL COMMUNITY ADAPTIVE SPORTS LEAGUES AND RESOURCES TO INCREASE THEIR NETWORK OF SUPPORT.

IN FISCAL YEAR 2020, 959 TOTAL WARRIORS AND FAMILY SUPPORT MEMBERS PARTICIPATED IN A COACHING MODEL-BASED PROGRAM. 43% OF PARTICIPANTS REPORTED AN IMPROVEMENT IN THEIR NUTRITIONAL QUALITY AFTER PARTICIPATION IN THE PROGRAM. 64% OF PARTICIPANTS REPORTED THAT THEY MET THE PHYSICAL ACTIVITY GUIDELINES AFTER PARTICIPATION IN THE PROGRAM. THERE WERE ALSO

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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MORE THAN 8,639 PARTICIPANTS IN OTHER WWP PH&W PROGRAM EVENTS. TOTAL PHYSICAL HEALTH & WELLNESS PROGRAM EXPENSES WERE \$12,462,602 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020.

GOVERNMENT RELATIONS

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. TOTAL GOVERNMENT RELATIONS EXPENSES WERE \$6,280,351 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2020.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

THE FORM 990 IS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN CONJUNCTION WITH WOUNDED WARRIOR PROJECT'S MANAGEMENT. ALL INFORMATION REPORTED ON THE FORM 990 WAS PROVIDED BY MANAGEMENT AND REVIEWED BY THE ACCOUNTING FIRM. THE FORM 990 IS PRESENTED TO THE AUDIT 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

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT

WWP ADHERES TO A CONFLICT OF INTEREST AND RELATED PARTY TRANSACTION POLICY ("POLICY") DESIGNED TO FOSTER PUBLIC CONFIDENCE IN THE INTEGRITY OF WWP AND TO PROTECT WWP'S INTERESTS WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTERESTS OF A DIRECTOR, OFFICER, EXECUTIVE OR EMPLOYEE. AMONG OTHER THINGS, THE POLICY REQUIRES DIRECTORS, OFFICERS, EXECUTIVES, AND EMPLOYEES TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.

EACH NEW DIRECTOR, OFFICER, EXECUTIVE, AND EMPLOYEE WHO JOINS WWP COMPLETES A GOVERNANCE/CONFLICT OF INTEREST INTAKE FORM. NEW EMPLOYEES RECEIVE A COPY OF THE POLICY AND SIGN A STATEMENT AFFIRMING SUCH PERSON HAS RECEIVED A COPY OF THE POLICY, HAS READ AND UNDERSTANDS THE POLICY, AND HAS AGREED TO COMPLY WITH IT.

ON AN ANNUAL BASIS, EACH DIRECTOR, OFFICER, EXECUTIVE, AND EMPLOYEE COMPLETES A CONFLICT OF INTEREST DISCLOSURE FORM AND ACKNOWLEDGES THE POLICY. COMPLETED ANNUAL FORMS ARE REVIEWED IN ACCORDANCE WITH THE PROCEDURES SET FORTH IN THE POLICY. ADDITIONALLY, ON AN ANNUAL BASIS, EACH CURRENT DIRECTOR COMPLETES A QUESTIONNAIRE TO DETERMINE "INDEPENDENCE" FOR PURPOSES OF FORM 990, PART VI, LINE 1(B).

THE NOMINATING AND GOVERNANCE COMMITTEE, IN CONSULTATION WITH THE GENERAL COUNSEL, REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY BY REVIEWING ANNUAL STATEMENTS AND TAKING SUCH OTHER ACTIONS

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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AS ARE NECESSARY FOR EFFECTIVE OVERSIGHT.

FORM 990, PART VI, LINE 14

WWP MAINTAINS DEPARTMENT LEVEL POLICIES. UPDATED DOCUMENT RETENTION POLICIES ARE UNDER DEVELOPMENT.

FORM 990, PART VI, LINE 15A AND 15B

PROCESS FOR DETERMINING COMPENSATION

COMPENSATION FOR THE ORGANIZATION'S CEO IS DETERMINED BY THE BOARD OF DIRECTORS. COMPENSATION FOR ALL OTHER OFFICERS, EXECUTIVES AND EMPLOYEES 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, EXECUTIVES AND EMPLOYEES. 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.

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.

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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FORM 990, PART VII

SECRETARY AND GENERAL COUNSEL, KATHRYN BONGIOVANNI, COMMENCED SERVICE IN APRIL OF 2020. MS. BONGIOVANNI REPORTS NO COMPENSATION ON THE FORM 990 SINCE THIS 990 REPORTS COMPENSATION PAID IN 2019 AND SHE WAS NOT EMPLOYED IN THAT CALENDAR YEAR.

FORM 990, PART IX

FUNCTIONAL EXPENSE ALLOCATION

THE COSTS OF PROVIDING PROGRAM SERVICES AND SUPPORTING ACTIVITIES HAVE BEEN SUMMARIZED ON A FUNCTIONAL BASIS IN THE ACCOMPANYING FINANCIAL STATEMENTS. 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 ACTIVITIES (I.E., FUNDRAISING AND MANAGEMENT AND GENERAL ACTIVITIES). THESE COSTS, WHICH ARE NOT SPECIFICALLY ATTRIBUTABLE TO A SPECIFIC PROGRAM OR SUPPORTING ACTIVITY, ARE ALLOCATED BY MANAGEMENT ON A CONSISTENT BASIS AMONG PROGRAM AND SUPPORTING SERVICES BENEFITED, BASED ON EITHER FINANCIAL OR NONFINANCIAL DATA, SUCH AS HEADCOUNT OR ESTIMATES OF TIME AND EFFORT INCURRED BY PERSONNEL.

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

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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AND SUPPORT WITHIN THE INDEPENDENCE PROGRAM, LICENSED MENTAL HEALTH COUNSELING WITHIN CSR. THIS AMOUNT ALSO INCLUDES THIRD PARTY PROVIDERS THAT SUPPORT DONATION PLATFORMS WITHIN FUNDRAISING.

FORM 990, PART IX, LINE 24B, LINE 24C, AND LINE 24D
DIRECT RESPONSE MAIL, TV & ONLINE, POSTAGE & SHIPPING
THESE AMOUNTS PRIMARILY CONSISTS OF THE COSTS RELATED TO CONTENT DEVELOPMENT, THE COSTS RELATED TO THE PRODUCTION AND BROADCAST OF TELEVISION SPOTS, AND DEVELOPMENT AND DISTRIBUTION OF ONLINE CAMPAIGNS, AND THE COST OF THE MAILING OF THE CAMPAIGNS.

FORM 990, PART IX, JOINT COSTS
IN ACCORDANCE WITH ASC 958, NOT-FOR-PROFIT ENTITIES, WWP ALLOCATES JOINT ADVERTISING COSTS THAT MEET THE CRITERIA FOR PURPOSE, AUDIENCE AND CONTENT BETWEEN FUNDRAISING EXPENSES AND PROGRAM EXPENSES. ACCORDINGLY, WWP ALLOCATES JOINT COSTS THAT BENEFIT PROGRAM SERVICES AND INCLUDE A FUNDRAISING APPEAL. THE PROGRAMMATIC COMPONENT OF THESE ACTIVITIES INCLUDES THE EDUCATION AND RECRUITMENT OF WOUNDED VETERANS AND SERVICE MEMBERS THAT HAVE NOT YET ENGAGED WITH WWP, A CALL TO ACTION TO ENLIST THE PUBLICS AID IN IDENTIFYING WOUNDED VETERANS AND SERVICE MEMBERS THAT WOULD BENEFIT FROM WWP'S FREE PROGRAMS AND SERVICES, AND AN OPPORTUNITY TO THANK WOUNDED WARRIORS FOR THEIR SACRIFICES IN SERVING OUR COUNTRY. THESE JOINT COSTS ARE INCURRED THROUGH DIRECT RESPONSE TELEVISION AND CERTAIN DIRECT MAIL CAMPAIGNS. THE COST OF CONDUCTING THESE ACTIVITIES INCLUDED A TOTAL OF \$30,435,230 OF JOINT COSTS FOR THE YEAR ENDED

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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SEPTEMBER 30, 2020. OF THESE COSTS, \$20,022,663 WAS ALLOCATED TO PROGRAM EXPENSES AND \$10,412,567 WAS ALLOCATED TO FUNDRAISING EXPENSES.

FORM 990, PART IX, LINE 9

OTHER CHANGES IN NET ASSETS

RECOVERIES OF PRIOR YEAR GRANTS - \$66,000

SCHEDULE I, PART II, LINE 1, COLUMN H

PURPOSE OF GRANT OR ASSISTANCE

AMERICAN NATIONAL RED CROSS - TO PROVIDE GRANT FUNDS FOR THE PURPOSE OF PURCHASING A PASSENGER VEHICLE FOR THE JOINT USE OF WWP AND RED CROSS AT LANDSTUHL REGIONAL MEDICAL CENTER. THE VEHICLE WILL BE USED TO TRANSPORT WWP AND RED CROSS STAFF, MOVE LOGISTICAL INVENTORY(BACKPACKS, COMFORT ITEMS, ETC.) TO AND FROM MAILROOMS AND STORAGE, AS WELL AS FOR WOUNDED WARRIOR AND RED CROSS EVENTS AND OUTREACH.

AMERICA'S WARRIOR PARTNERSHIP("AWP") - TO SUSTAIN SUPPORT OF CURRENT OPERATIONS IN AWP'S FIVE COMMUNITY INTEGRATION GROUPS IN THE FOLLOWING LOCATIONS: FLORIDA PANHANDLE; PALMETTO, FL; ORANGE COUNTY, CA; GREENVILLE, SC; AND BUFFALO, NY. THESE ONE-STOP LOCATIONS CONNECT WARRIORS AND THEIR FAMILIES TO DIVERSE LOCAL RESOURCES FOR EMPLOYMENT, HOMELESSNESS, HEALTH, AND FINANCIAL ASSISTANCE.

BASTION COMMUNITY OF RESILIENCE("BCR") - SUPPORT BCR'S TWO-DAY PER WEEK "HEADWAY PROGRAM" FOR POST-9/11 VETERANS WHO ARE LIVING WITH A TRAUMATIC

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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BRAIN INJURY, POST-TRAUMATIC STRESS, SPINAL CORD INJURY, OR OTHER NEUROLOGICAL CONDITIONS.

BOULDER CREST FOUNDATION - SUPPORT TWO WARRIOR PATHH (PROGRESSIVE AND ALTERNATIVE TRAINING FOR HEALING HEROES) RETREATS AND TWO PATHH ALUMNI REUNIONS FOR POST-9/11 VETERANS.

CANINE COMPANIONS FOR INDEPENDENCE - SUPPORT TWO WWP ALUMNI IN RECEIVING A SPECIALLY TRAINED ASSISTANCE (SERVICE) DOG THROUGH THE PTS SERVICE DOG PROGRAM. THIS COST INCLUDES THE BREEDING, RAISING, TRAINING, AND PLACEMENT OF THE ASSISTANCE DOGS.

CARING FOR MILITARY FAMILIES DBA THE ELIZABETH DOLE FOUNDATION ("EDF")- SUPPORT EDF'S RESPITE RELIEF PROGRAM, EXPANSION OF THE COMMUNITY NAVIGATOR'S PILOT PROGRAM, CAREGIVER COMMUNITY CONNECTION (C3) SERIES, AND NATIONAL ANNUAL CONVENING.

COMBINED ARMS("CAX") - TO SUPPORT CAX'S COORDINATED SERVICES AND COLLABORATIVE BACKBONE MODEL AS A MEANS TO PREVENT POST-9/11 VETERAN UNEMPLOYMENT AND UNDEREMPLOYMENT, SUBSTANCE USE DISORDER, FAMILY CHALLENGES, HOMELESSNESS, CRIMINAL BEHAVIOR, AND SUICIDE. IN ADDITION TO SUPPORTING THIS MODEL, CAX WILL IMPLEMENT A COMMUNITY LEADER PROGRAM VIA THE COMBINED ARMS MOBILE APP (ECHOLINK) TO PROVIDE FASTER, MORE EFFECTIVE ACCESS TO RESOURCES FOR TRANSITIONING POST-9/11 VETERANS.

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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COMFORT CREW FOR MILITARY KIDS - TO SUPPORT COMFORT CREW'S "TOGETHER AGAIN" KITS, "TAKING CARE OF YOU" KITS, AND "MEMORY BOX" KITS TO SERVE CHILDREN OF WOUNDED WARRIORS AND OF FALLEN HEROES.

COMMIT FOUNDATION - TO SUPPORT THE DEVELOPMENT AND IMPLEMENTATION OF A TAILORED TRANSITIONING MENTORING WORKSHOP FOR WWP ALUMNI.

CONCUSSION LEGACY FOUNDATION("CLF") - CLF'S "PROJECT ENLIST" SEEKS TO DRAMATICALLY ACCELERATE RESEARCH ON MILITARY VETERANS WITH TRAUMATIC BRAIN INJURY (TBI), CHRONIC TRAUMATIC ENCEPHALOPATHY (CTE), AND POST-TRAUMATIC STRESS (PTS) BY INCREASING THE NUMBER OF VETERAN BRAINS DONATED TO BRAIN BANKS FOR STUDY. PROJECT ENLIST ALSO AIMS TO PROVIDE A SERVICE TO VETERANS BY PROMOTING POSITIVE BRAIN HEALTH MESSAGES CURATED FROM THOUGHT LEADERS INCLUDING WWP-FUNDED ROAD HOME AND HOME BASE CLINICIANS. THE GOAL OF PROJECT ENLIST MESSAGING IS TO EDUCATE ON CURRENT BEST-PRACTICE INTERVENTIONS FOR COMMON SYMPTOMS OF BRAIN TRAUMA IN THE MILITARY COMMUNITY WHILE RECRUITING MEMBERS FOR PARTICIPATION IN RESEARCH TO PROVIDE EVEN BETTER SOLUTIONS IN THE FUTURE.

DOG TAG INC("DTI") - TO SUPPORT DTI'S INNOVATIVE FELLOWSHIP PROGRAM FOR POST-9/11 VETERANS WITH SERVICE-CONNECTED DISABILITIES, MILITARY SPOUSES, AND CAREGIVERS. THIS GRANT ALSO SUPPORTS DTI OPERATIONALIZING PROGRAMMING FOR THEIR GROWING ALUMNI NETWORK.

EMORY UNIVERSITY - AN ACADEMIC MEDICAL CENTER IN THE WARRIOR CARE

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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NETWORK. PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK.

FARMER VETERAN COALITION - TO SUPPORT FARMER VETERAN COALITION'S FARMER VETERAN FELLOWSHIP FUND PROVIDING DIRECT ASSISTANCE TO POST-9/11 VETERANS WHO ARE IN THE BEGINNING STAGES OF FARMING OR RANCHING AND LOOKING TO DEVELOP A CAREER IN AGRICULTURE. ASSISTANCE IS PROVIDED THROUGH THE PURCHASE OF CAPITAL EQUIPMENT TO MAKE A DIFFERENCE IN THE LAUNCH OF A FARM BUSINESS.

FIELDS 4 VALOR FARMS INC - TO SUPPORT FIELDS 4 VALOR'S OPERATIONAL NEEDS TO EXPAND STAFFING, OPERATIONAL NEEDS, AND MAKE IMPROVEMENTS TO THE FARM TO SUPPORT WEEKLY FOOD DELIVERY TO 30 VETERAN FAMILIES IN THE BRANDYWINE, MD AREA.

FIVE STAR VETERANS CENTER - TO SUPPORT FIVE POST-9/11 HOMELESS MALE VETERANS WITH HOUSING AND ACCESS TO FIVE STAR VETERAN CENTER'S SUITE OF WRAPAROUND SERVICES AND PROGRAMMING.

GEORGIA SOUTHWESTERN FOUNDATION - TO SUPPORT THE EXPANSION OF ROSALYNN CARTER INSTITUTE FOR CAREGIVERS ("RCI") OPERATION FAMILY CAREGIVER ("OFC") PROGRAM AND TO SUPPORT RCI DEVELOPING A LONG-TERM ENGAGEMENT STRATEGY FOR CAREGIVERS FOLLOWING THEIR PARTICIPATION IN THE OFC PROGRAM.

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION - ASSIST BRAINLINE IN CONTINUING DAILY OPERATIONS OF PROVIDING TBI EDUCATION AND CONTENT TO OVER 4.8 MILLION UNIQUE WEB PAGE VISITORS, AS WELL AS ADD SPECIFIC WWP CO-BRANDED CONTENT. THIS CONTENT WILL INCLUDE AT LEAST 100 ARTICLES, 30 VIDEOS, 36 BLOG POSTS, AND ADDITIONAL SOCIAL MEDIA POSTS.

HEADSTRONG PROJECT - PROVIDING ACCESS TO WORLD-CLASS MENTAL HEALTHCARE TO UPWARDS OF 80 POST-9/11 VETERANS THAT IS INDIVIDUALLY BASED ON THE NEEDS OF EACH WARRIOR.

HOMES FOR OUR TROOPS INC - SUPPORT SEVERAL KEY ADAPTATIONS IN 18 HOMES AND 360 DEGREE WALKWAYS AROUND 18 HOMES FOR POST-9/11 VETERANS.

MASSACHUSETTS GENERAL HOSPITAL - AN ACADEMIC MEDICAL CENTER IN THE WARRIOR CARE NETWORK. PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK.

MILITARY CHILD EDUCATION COALITION("MCEC")- SUPPORT CONTINUATION OF MCEC'S PARENT TO PARENT PROGRAM IN THE COLORADO SPRINGS, CO AREA AND MCEC PLACING MILITARY PARENT ADVOCATE COORDINATORS IN FOUR MILITARY INSTALLATIONS TO SPECIFICALLY ADDRESS THE UNIQUE NEEDS OF FAMILIES WHOSE MEMBERS INCLUDE A WOUNDED WARRIOR.

MILITARY FAMILY ADVISORY NETWORK("MFAN") - SUPPORT MFAN'S DEVELOPMENT OF A UNIQUE SURVEY REPORT AND ANALYSIS OF ITS MILITARY FAMILY SUPPORT

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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PROGRAMMING SURVEY, TAILORED TO WWP'S NEEDS.

NORTHEAST FLORIDA WOMEN VETERANS - PROVIDE GENERAL FUNDING FOR FINANCIAL ASSISTANCE, EMPLOYMENT COUNSELING AND PLACEMENT, AND IMMEDIATE QUALITY OF LIFE NECESSITIES.

OPERATION HEALING FORCES INC - SUPPORT OPERATION HEALING FORCES' IMMEDIATE NEEDS PROGRAM, WHICH PROVIDES DIRECT CRISIS SUPPORT TO SPECIAL OPERATIONS FORCES AND THEIR FAMILIES.

OPERATION HOMEFRONT - PROVIDE CRITICAL FINANCIAL ASSISTANCE TO WARRIORS AND FAMILY MEMBERS TO COVER UNEXPECTED HOUSEHOLD EXPENSES AND RELATED EMERGENT FUNDING NEEDS.

OUR MILITARY KIDS INC - SUPPORT THE SEVERELY INJURED PROGRAM, WHICH PROVIDES SCHOLARSHIPS FOR ENRICHMENT ACTIVITIES AND TUTORING FOR CHILDREN OF SEVERELY INJURED WARRIORS.

PSYCHARMOR INSTITUTE - TO COLLABORATE WITH WWP ON THE DEVELOPMENT OF PSYCHOEDUCATIONAL COURSES FOCUSED ON PTSD, TBI, RESILIENCY, AND SUICIDE PREVENTION FOR WWP EMPLOYEES, WARRIORS, AND FAMILY SUPPORT MEMBERS. CONTENT FOCUSES ON MILITARY CULTURE AND BARRIERS WARRIORS AND FAMILIES FACE AFTER SERVICE.

RUSH UNIVERSITY MEDICAL CENTER - AN ACADEMIC MEDICAL CENTER IN THE

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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WARRIOR CARE NETWORK. PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK.

SONGWRITING WITH INC - PROVIDES ACCESS TO PROGRAMMING WHERE WARRIORS ARE ABLE TO USE THE ARTS, SPECIFICALLY SONGWRITING, TO HEAL FROM THE INVISIBLE WOUNDS OF WAR. THE SONGWRITING EXPERIENCE INDUCES A CATHARTIC OUTLET FOR WARRIORS TO SHARE MILITARY EXPERIENCES WHICH CAN INCREASE RESILIENCE AND WELL-BEING.

STOP THE ADDICTION FATALITY EPIDEMIC - SAFE PROJECT SUPPORT SAFE PROJECT'S ADULT PREVENTION AND WELLNESS PROGRAM PILOTS WHICH WILL PROMOTE PREVENTION AND RESILIENCE TRAINING IN JACKSONVILLE, FL AND SAN ANTONIO, TX.

SYRACUSE UNIVERSITY - SUPPORT CONTINUATION OF INSTITUTE FOR VETERANS MILITARY FAMILIES VETERAN EMPLOYMENT WORK THROUGH THEIR ONWARD TO OPPORTUNITY PROGRAM, WHILE INCLUDING ADDITIONAL FUNDING TO SUPPORT THEIR ENTREPRENEURSHIP PORTFOLIO THROUGH THE V-WISE PROGRAM, AS WELL AS A NEW INITIATIVE TO SUPPORT POST-9/11 WOUNDED WARRIORS, PARTICULARLY WWP ALUMNI.

TEAM RED, WHITE & BLUE - CONTINUE SUPPORT FOR TEAM RWB'S CHAPTER AND COMMUNITY PROGRAM (CCP) AND THE FURTHER DEVELOPMENT OF TEAM RWB'S MOBILE APP INFRASTRUCTURE TO SUPPLEMENT CCP ACTIVITIES AND MEMBER ENGAGEMENT.

THE HONOR FOUNDATION("THF")- TO SUPPORT ENHANCED INFRASTRUCTURE,

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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IMPLEMENTATION, AND PROGRAM MANAGEMENT OF THF'S PROGRAM IN FORT BRAGG, NORTH CAROLINA. THF PROVIDES A TAILORED PROGRAM FOR TRANSITIONING SPECIAL OPERATION FORCES TO HELP THEM DEFINE THEIR NEXT GOALS AND FIND THEIR NEXT CAREER.

THE MISSION CONTINUES("TMC") - TO SUPPORT THE CONTINUATION AND FURTHERING OF TMC'S SIGNATURE SERVICE PLATOONS PROGRAM. A SERVICE PLATOON IS A TEAM OF VETERAN AND NON-VETERAN VOLUNTEERS THAT MOBILIZES TOGETHER TO SOLVE A SPECIFIC CHALLENGE IN THEIR COMMUNITY.

QUALITY LIFE PLUS("QL+") - SUPPORT TRAVEL AND HOTEL ACCOMMODATIONS FOR VETERANS GOING THROUGH QL+'S PROGRAM. THE QL+ PROGRAM IS DESIGNED TO ENGAGE WOUNDED, ILL, AND INJURED SERVICE MEMBERS AND VETERANS WITH ENGINEERING STUDENTS AT PARTNER UNIVERSITIES TO DEVELOP INNOVATIVE SOLUTIONS THAT ADDRESS BARRIERS DUE TO LIFE-ALTERING INJURIES AND MEDICAL CONDITIONS.

TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS INC("TAPS")- SUPPORT THE DELIVERY OF TWO INTENSIVE CLINICAL PROGRAMS CONDUCTED IN PARTNERSHIP WITH HOME BASE VETERAN AND FAMILY CARE AND SPONSOR TAPS' VIRTUAL MILITARY SURVIVOR SEMINAR AND FAMILY PROGRAM.

TRAVIS MANION FOUNDATION ("TMF") - TO SUPPORT TMF'S TWO SIGNATURE PROGRAMS LEADING WITH YOUR STRENGTHS AND CHARACTER DOES MATTER.

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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UCLA HEALTH SCIENCES DEVELOPMENT - AN ACADEMIC MEDICAL CENTER IN THE WARRIOR CARE NETWORK. PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK.

UNITED STATES VETERANS INITIATIVE ("U.S.VETS") - TO SUPPORT ENHANCING AND REBUILDING U.S.VETS THERAPEUTIC COMMUNITIES AND WOMEN'S PROGRAMMING FOR 1,500 POST-9/11 VETERANS.

US CHAMBER OF COMMERCE FOUNDATION - SUPPORT 10 CAREER READY SEMINARS/SUMMITS AND 20 MILITARY SPOUSE AND CAREGIVER FELLOWSHIPS IN THE NATIONAL CAPITAL REGION AND SAN ANTONIO, TX.

VAIL VETERANS FOUNDATION INC DBA VAIL VETERANS PROGRAM("VVP") - SUPPORT VVP'S 2020 MILITARY CAREGIVER RETREAT, 2020 MILITARY CAREGIVER REUNION, 2021 WINTER FAMILY PROGRAM, AND OUR MISSION CONTINUES PROGRAM.

VETERANS OF FOREIGN WARS FOUNDATION - CONTINUED SUPPORT OF BENEFITS COUNSELORS AT 23 BENEFITS DELIVERY AT DISCHARGE MILITARY INSTALLATION SITES FOR TRANSITIONING POST-9/11 SERVICE MEMBERS.

WARRIOR CANINE CONNECTION ("WCC")- SUPPORT WCC'S MISSION BASED TRAUMA RECOVERY PROGRAM, AND TO EXPAND ITS PROGRAM REACH TO WWP ALUMNI WHO MAY BENEFIT FROM IT MOST.

WARRIOR REUNION FOUNDATION - SUPPORT TWO REUNIONS FOR POST-9/11 MILITARY

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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UNITS, BRINGING TOGETHER SERVICE MEMBERS AND GOLD STAR FAMILY MEMBERS TO HEAL TOGETHER.

YELLOW RIBBON FUND INC ("YRF")- SUPPORT YRF'S KEYSTONE PROGRAM IN THE WASHINGTON, DC AREA. THE PROGRAM OFFERS AN ARRAY OF RESPITE OPPORTUNITIES FOR CAREGIVERS TO BOND WITH FELLOW CAREGIVERS.

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
INDEPENDENCE PROGRAM	2,490,521.	23,046,385.	
COMMUNITY PARTNERSHIPS	10,483,645.	14,924,706.	
PHYSICAL HEALTH & WELLNESS PROGRAM		12,462,602.	
GOVERNMENT RELATIONS		6,280,351.	
TOTALS	<u>12,974,166.</u>	<u>56,714,044.</u>	

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CT,
FL, GA, IL, KS, KY, MD, MA, MI,
MN, MS, NH, NJ, NM, NC, OH, OR, PA,
RI, SC, VA, WV, WI,

ATTACHMENT 3

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NEURO COMMUNITY CARE 12520 CAPITAL BLVD, STE 401-139 WAKE FOREST, NC 27587	INDEPENDENCE PROGRAM	17,605,471.
CREATIVE DIRECT RESPONSE INC 16900 SCIENCE DRIVE, STE 210 BOWIE, MD 20715	DIRECT RESPONSE	4,266,609.
NEURO-REHAB MANAGEMENT INC 800 WEST CUMMINGS PARK, STE 4950 WOBURN, MA 01801	INDEPENDENCE PROGRAM	3,734,379.
BKV UNIFIED LLC DBA DRUM 3390 PEACHTREE RD NE, 10TH FLOOR ATLANTA, GA 30326	DIRECT RESPONSE	3,726,206.
TV FUNDING SOLUTIONS DBA DIRECT DONOR TV 4200 PARLIMENT PLACE, 3RD FLOOR BOWIE, MD 20715	DIRECT RESPONSE	1,427,623.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WWP LONG TERM SUPPORT TRUST 37-6558533 100 SOUTH WEST STREET WILMINGTON, DE 19801	TRUST	DE	501(C)(3)	12-TYPE I	WOUNDED WARR	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
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(8)													
(9)													
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(12)													
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(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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