

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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 <u>WOUNDED WARRIOR PROJECT, INC.</u>		D Employer identification number <u>20-2370934</u>
	Doing business as <u>WOUNDED WARRIOR PROJECT</u>		E Telephone number <u>(904) 296-7350</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<u>4899 BELFORT ROAD</u>	<u>300</u>	G Gross receipts \$ <u>352,256,711.</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>JACKSONVILLE, FL 32256</u>		
F Name and address of principal officer: <u>MICHAEL LINNINGTON</u> <u>4899 BELFORT ROAD JACKSONVILLE, FL 32256</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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	J Website: ▶ <u>WWW.WOUNDEDWARRIORPROJECT.ORG</u>		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: <u>2005</u>	M State of legal domicile: <u>VA</u>	

Part I Summary

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

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

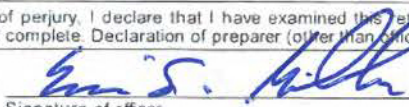
3 Number of voting members of the governing body (Part VI, line 1a)	<u>10.</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>10.</u>
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<u>732.</u>
6 Total number of volunteers (estimate if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


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

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

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		<u>4/12/18</u>
	Signature of officer	Date
	<u>ERIC S. MILLER</u>	<u>CFO</u>
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <u>DAWN M OLIVARDIA</u>	Preparer's signature 	Date <u>4/11/18</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00059252</u>
	Firm's name ▶ <u>GRANT THORNTON LLP</u>	Firm's EIN ▶ <u>36-6055558</u>		Phone no. <u>407-481-5100</u>	
	Firm's address ▶ <u>100 SOUTH ORANGE AVENUE, SUITE 2050 ORLANDO, FL 32801</u>				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

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

CONNECTION - THESE PROGRAMS FOCUS ON CONNECTING WARRIORS IN ISOLATION WITH THEIR PEERS, FAMILIES, AND COMMUNITIES, PROVIDING A PATH TO RECOVERY AND RESILIENCE. THROUGH THESE IMPORTANT INTERACTIONS, PROGRAM STAFF BUILD TRUST WITH WARRIORS, HELP IDENTIFY THEIR REINTEGRATION NEEDS, AND THEN MATCH WARRIORS TO INTERNAL PROGRAMS AND EXTERNAL RESOURCES. THE ORGANIZATION PROVIDES THE FOLLOWING CONNECTION PROGRAMS: ALUMNI, WWP PACKS, INTERNATIONAL SUPPORT, EMERGENCY FINANCIAL ASSISTANCE, AND PEER SUPPORT. FOR MORE INFORMATION SEE SCHEDULE O.

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

WARRIOR CARE NETWORK® - IN ORDER TO ENHANCE ACCESS AND PROVIDE POST TRAUMATIC STRESS DISORDER ("PTSD") TREATMENT THROUGH INTEGRATED CARE MODEL, WWP ESTABLISHED THE WARRIOR CARE NETWORK. WARRIOR CARE NETWORK CONSISTS OF FOUR LEADING NATIONAL ACADEMIC MEDICAL CENTERS ("AMCS") THAT CONNECT WARRIORS AND THEIR FAMILIES WITH WORLD-CLASS, EVIDENCE-BASED MENTAL HEALTH CARE. THESE AMCS PROVIDE WARRIORS WITH MULTI-WEEK, INTENSIVE OUTPATIENT PROGRAMS AND INDIVIDUALIZED CARE. TOTAL WARRIOR CARE NETWORK EXPENSES WERE \$35,011,046, INCLUDING GRANTS OF \$23,700,000, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017.

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

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

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 72,456,104. including grants of \$ 12,678,317.) (Revenue \$)

4e Total program service expenses 165,835,429.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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 temporarily restricted endowments, permanent endowments, or 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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes entries for 1a (239), 1b (0), 2a (732), 3a, 4a (GERMANY), 5a, 5b, 6a, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (10), 1b (10), 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 (or 1024 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 in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

ERIC MILLER 4899 BELFORD ROAD, SUITE 300 JACKSONVILLE, FL 32256

904-296-7350

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY K. ODIERNO CHAIR	5.00 0.	X		X				0.	0.	0.
(2) ROGER C. CAMPBELL VICE CHAIR (EFF. 9/16)	5.00 0.	X		X				0.	0.	0.
(3) JUSTIN CONSTANTINE DIRECTOR	5.00 0.	X						0.	0.	0.
(4) RICHARD M. JONES DIRECTOR	5.00 0.	X						0.	0.	0.
(5) KENNETH FISHER DIRECTOR	5.00 0.	X						0.	0.	0.
(6) RICHARD T. TRYON DIRECTOR	5.00 0.	X						0.	0.	0.
(7) JONATHAN WOODSON DIRECTOR (EFF. 10/16)	5.00 0.	X						0.	0.	0.
(8) JUAN GARCIA DIRECTOR (EFF. 10/16)	5.00 0.	X						0.	0.	0.
(9) CARI DESANTIS DIRECTOR (EFF. 1/17)	5.00 0.	X						0.	0.	0.
(10) KATHLEEN WIDMER DIRECTOR (EFF. 9/17)	5.00 0.	X						0.	0.	0.
(11) MICHAEL S. LINNINGTON CEO (EFF. 7/16)	50.00 0.			X				120,441.	0.	13,805.
(12) CHRISTOPHER TONER CHIEF OF STAFF (EFF. 10/16)	50.00 0.			X				41,436.	0.	5,963.
(13) ERIC S. MILLER CFO (EFF. 1/17)	50.00 0.			X				189,007.	0.	29,824.
(14) GARY A. CORLESS (EFF. 1/16) CHIEF DEVELOPMENT OFFICER	50.00 0.			X				254,542.	0.	22,419.

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) JENNIFER M. SILVA (EFF. 8/16) CHIEF PROGRAM OFFICER	50.00 0.			X				209,070.	0.	29,508.
(16) RONALD W. BURGESS FORMER CFO (THRU 12/16)	50.00 0.			X				271,727.	0.	31,741.
(17) MICHAEL C. RICHARDSON VP INDEPENDENCE & MENTAL HLTH	50.00 0.				X			207,029.	0.	29,425.
(18) TRACY FARRELL (EFF. 8/16) VP ENGAGEMENT & PHYSICAL HLTH	50.00 0.				X			157,442.	0.	14,063.
(19) JOHN T. HAMRE III VP DIRECT RESPONSE	50.00 0.				X			208,667.	0.	15,519.
(20) JONATHAN B. SULLIVAN VP ECONOMIC EMPOWERMENT	50.00 0.					X		205,888.	0.	30,508.
(21) AMBERLIE ALLRED GENERAL COUNSEL - CORP SEC.	50.00 0.					X		211,014.	0.	14,342.
(22) AYLA M. TEZEL VP COMMUNICATIONS	50.00 0.					X		204,304.	0.	23,928.
(23) JOHN W. ROBERTS NATIONAL SERVICE DIRECTOR	50.00 0.					X		179,455.	0.	29,382.
(24) ADELINE E. POUDRIER VP HUMAN RESOURCES(THRU 09/16)	50.00 0.					X		194,525.	0.	16,288.
(25) CHARLES W. FLETCHER FRMR INTERIM COO (4/16-9/16)	0. 0.						X	139,390.	0.	0.
1b Sub-total								605,426.	0.	72,011.
c Total from continuation sheets to Part VII, Section A								3,038,818.	0.	282,007.
d Total (add lines 1b and 1c)								3,644,244.	0.	354,018.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 37

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <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 **▶** 133

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

Part X Balance Sheet

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

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

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	226,764,438.
2	Total expenses (must equal Part IX, column (A), line 25)	2	231,827,345.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,062,907.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	314,207,381.
5	Net unrealized gains (losses) on investments	5	8,776,422.
6	Donated services and use of facilities	6	-879,306.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	317,041,590.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	225,418,220.	312,471,011.	372,546,396.	302,707,725.	211,476,891.	1,424,620,243.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,529,307.	14,314,117.	16,554,494.	16,413,731.	10,076,349.	65,887,998.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	1,953,057.	2,438,888.	2,444,079.	2,247,778.	3,032,220.	12,116,022.
11 Total support. Add lines 7 through 10						1,502,624,263.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	94.81%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	95.32%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box 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 (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	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. <i>Answer (a) and (b) below.</i>		
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. <i>Answer (a) and (b) below.</i>		
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

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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

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

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
MAILING LIST	594,472.	548,015.	1,230,492.	1,795,130.	1,691,882.	5,859,991.
REBATES			685,070.	404,915.	460,690.	1,550,675.
SPECIAL EVENT REVENUE	1,358,585.	1,890,873.	528,517.	47,733.	879,648.	4,705,356.
TOTALS	<u>1,953,057.</u>	<u>2,438,888.</u>	<u>2,444,079.</u>	<u>2,247,778.</u>	<u>3,032,220.</u>	<u>12,116,022.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2016

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
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) 2013	(b) 2014	(c) 2015	(d) 2016	(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)).

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

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1A

PARTICIPATION IN LOBBYING MEETINGS IN WASHINGTON, DC

SCHEDULE C, PART II-B, LINE 1B

WOUNDED WARRIOR PROJECT EMPLOYEES ARE OCCASIONALLY UTILIZED TO MANAGE AND ASSIST WITH LOBBYING ACTIVITIES.

SCHEDULE C, PART II-B, LINE 1C

WOUNDED WARRIOR PROJECT ENGAGED OUTSIDE SERVICES TO PREPARE AN EDUCATIONAL VIDEO WITH A CALL TO LEGISLATIVE ACTION.

SCHEDULE C, PART II-B, LINE 1G

COMPENSATION AND TRAVEL RELATED EXPENSES FOR WOUNDED WARRIOR PROJECT EMPLOYEES RELATING TO DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY.

SCHEDULE C, PART II-B, LINE 1I

WOUNDED WARRIOR PROJECT ENGAGED OUTSIDE SERVICES TO LOBBY ON LEGISLATION ASSOCIATED WITH INFERTILITY CARE, CAREGIVER SERVICES, CARE FOR TRAUMATIC BRAIN INJURY, AND TRICARE BENEFITS.

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.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

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: Description, 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. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 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: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2016

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	1,305,557.	1,205,183.	1,302,411.	1,242,630.	1,184,673.
b Contributions					
c Net investment earnings, gains, and losses	123,177.	100,374.	-34,747.	120,099.	115,884.
d Grants or scholarships					
e Other expenditures for facilities and programs	64,890.		62,481.	60,318.	57,927.
f Administrative expenses					
g End of year balance	1,363,844.	1,305,557.	1,205,183.	1,302,411.	1,242,630.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment 73.3200 %
 - c** Temporarily restricted endowment 26.6800 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS

THE ORGANIZATION HAS ONE DONOR-RESTRICTED ENDOWMENT, WHICH RESTRICTS WWP TO SPEND INVESTMENT PROCEEDS ONLY ON THE INDEPENDENCE PROGRAM. THE ENDOWMENT NET ASSETS ARE REFLECTED ON THE STATEMENT OF FINANCIAL POSITION AT SEPTEMBER 30, 2017:

TEMPORARILY RESTRICTED \$1,363,844.

SCHEDULE D, PART X, LINE 2

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

THE ORGANIZATION FOLLOWS AUTHORITATIVE GUIDANCE WHICH REQUIRES THE ORGANIZATION TO EVALUATE ITS TAX POSITIONS FOR ANY UNCERTAINTIES BASED ON THE TECHNICAL MERITS OF THE POSITION TAKEN. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE UPHELD ON EXAMINATION BY TAXING AUTHORITIES. AS OF SEPTEMBER 30, 2017, THE ORGANIZATION DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS AS REQUIRED AND ALL OTHER APPLICABLE RETURNS IN THOSE JURISDICTIONS WHERE IT IS REQUIRED.

THE ORGANIZATION IS NOT SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO FISCAL 2014. HOWEVER, THE ORGANIZATION IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM FISCAL YEAR 2014 FORWARD. NO TAX EXPENSE, INTEREST OR PENALTIES HAVE BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED

Part XIII Supplemental Information *(continued)*

FINANCIAL STATEMENTS RELATED TO ANY UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART XI, LINE 2D

OTHER RECONCILING ITEMS

\$7,175,285 - INCOME EARNED BY THE WOUNDED WARRIOR PROJECT LONG TERM
SUPPORT TRUST SHOWN ON A CONSOLIDATED BASIS FOR FINANCIAL STATEMENT
PURPOSES

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I **General Information on 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		4.	PROGRAM SERVICES	SEE PART V	1,571,955.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		4.			1,571,955.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		4.			1,571,955.

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

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

PROCEDURE FOR MONITORING PROGRAM SERVICES OUTSIDE THE U.S.

THE ORGANIZATION DID NOT MAKE ANY GRANTS OUTSIDE OF THE UNITED STATES IN FISCAL YEAR 2017. THE ORGANIZATION DELIVERED PROGRAM SERVICES OUTSIDE OF THE UNITED STATES AS PART OF ITS INTERNATIONAL SUPPORT CONNECTION PROGRAM, WHICH ARE MONITORED BY PROGRAM DIRECTORS IN A CONSISTENT MANNER AS THOSE PROGRAM SERVICES DELIVERED INSIDE THE UNITED STATES. SEE BELOW FOR A DESCRIPTION OF THE INTERNATIONAL SUPPORT CONNECTION PROGRAM.

SCHEDULE F, PART I, LINE 3, COLUMN E

DESCRIPTION OF ACTIVITY IN EUROPE

INTERNATIONAL SUPPORT - LANDSTUHL REGIONAL MEDICAL CENTER ("LRMC") OF THE FIRST LOCATIONS WARRIORS ARE TRANSPORTED TO WHEN INJURED. MOST OF THE TIME DURING TRANSPORT, THEIR BELONGINGS ARE NOT TRANSPORTED WITH THEM. WWP WANTS TO MAKE THEIR STAY AND TRAVEL BACK TO THE UNITED STATES OF AMERICA AS COMFORTABLE AS POSSIBLE. WWP HAS DEDICATED RESOURCES AT LRMC THAT DISTRIBUTE TCP'S, PROVIDE SUPPORT FOR EVENTS AND VISITATION, AND EDUCATE WARRIORS ON WWP'S FREE PROGRAMS AND SERVICES.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

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

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

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CREATIVE DIRECT RESPONSE	DIRECT RESPONSE		X	75,436,721.	3,873,293.	71,563,428.
2 BKV	DIRECT RESPONSE		X	5,599,605.	1,932,235.	3,667,370.
3 THOMPSON, HABIB, & DENISON, INC.	DIRECT RESPONSE		X	1,250,683.	365,005.	885,678.
4 DONOR CARE CENTER, INC.	TELEMARKET FUNDRAISING		X	33,144.	19,243.	13,901.
5						
6						
7						
8						
9						
10						
Total				82,320,153.	6,189,776.	76,130,377.

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

ALL STATES

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

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

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

		(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).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

- 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) AMERICA'S WARRIOR PARTNERSHIP 1190 INTERSTATE PARKWAY AUGUSTA, GA 30909	47-1606321	501(C)(3)	4,548,415.				SEE SCHEDULE O
(2) ASSOCIATION FOR MENTAL HEALTH & WELLNESS P.O. BOX 373 RONKONKOMA, NY 11779	11-3012392	501(C)(3)	45,438.				SEE SCHEDULE O
(3) BOULDER CREST RETREAT FOUNDATION 18370 BLUEMONT VILLAGE LANE	27-3228310	501(C)(3)	100,000.				SEE SCHEDULE O
(4) CARING FOR MILITARY FAMILIES: ELIZABETH DOL 600 NEW HAMPSHIRE AVENUE NW	45-4292692	501(C)(3)	100,000.				SEE SCHEDULE O
(5) COMBINED ARMS 2929 MCKINNEY STREET HOUSTON, TX 77003	47-5648923	501(C)(3)	513,772.				SEE SCHEDULE O
(6) DOG TAG BAKERY INC 3206 GRACE STREET NW WASHINGTON, DC 20007	45-2130904	501(C)(3)	100,000.				SEE SCHEDULE O
(7) FIVE S.T.A.R VETERANS CENTER 40 ACME STREET JACKSONVILLE, FL 32211	45-3545974	501(C)(3)	33,427.				SEE SCHEDULE O
(8) GLOBAL WAR ON TERROR MEMORIAL FOUNDATION P.O. BOX 6652 PITTSBURGH, PA 15212	47-3700489	501(C)(3)	20,000.				SEE SCHEDULE O
(9) MILITARY CHILD EDUCATION COALITION 909 MOUNTAIN LION CIRCLE	74-2889416	501(C)(3)	250,000.				SEE SCHEDULE O
(10) THE MISSION CONTINUES 1141 SOUTH 7TH STREET SAINT LOUIS, MO 63104	20-8742553	501(C)(3)	2,000,000.				SEE SCHEDULE O
(11) MISSION HOUSE INC 800 SHETTER AVENUE	59-3376704	501(C)(3)	25,000.				SEE SCHEDULE O
(12) MOAA MILITARY FAMILY INITIATIVE 201 N WASHINGTON STREET	46-4219250	501(C)(3)	25,000.				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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

- 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) PARALYZED VETERANS OF AMERICA 801 EIGHTEENTH STREET, NW	13-1946868	501(C)(3)	100,000.				SEE SCHEDULE O
(2) PAT TILLMAN FOUNDATION 217 N. JEFFERSON STREET, SUITE 602	20-1072336	501(C)(3)	100,000.				SEE SCHEDULE O
(3) PROJECT HEALING WATERS FLY FISHING INC P.O. BOX 695 LA PLATA, MD 20646	61-1518154	501(C)(3)	23,858.				SEE SCHEDULE O
(4) STUDENT VETERANS OF AMERICA 1012 14TH STREET NW NO 1200	26-1971279	501(C)(3)	100,000.				SEE SCHEDULE O
(5) SYRACUSE UNIVERSITY SKYTOP OFFICE BLDG SKYTOP RD	15-0532081	501(C)(3)	100,000.				SEE SCHEDULE O
(6) TEAM RED, WHITE & BLUE 1110 W PLATT STREET TAMPA, FL 33606	27-2196347	501(C)(3)	500,000.				SEE SCHEDULE O
(7) TEAM RUBICON 6171 W CENTURY BLVD LOS ANGELES, CA 90045	27-1720480	501(C)(3)	2,078,947.				SEE SCHEDULE O
(8) TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS IN 3033 WILSON BOULEVARD NO 630	92-0152268	501(C)(3)	100,000.				SEE SCHEDULE O
(9) UNITED VETERANS BEACON HOUSE, INC. 1715 UNION BLVD BAY SHORE, NY 11706	11-3246402	501(C)(3)	29,460.				SEE SCHEDULE O
(10) VETERANS HEALTH COUNCIL 624 4TH ST PATTERSON HEIGHTS	81-4567669	501(C)(3)	100,000.				SEE SCHEDULE O
(11) WARFIGHTER OUTFITTERS INC 160 S OAK ST SISTERS, OR 97759	47-1896901	501(C)(3)	180,000.				SEE SCHEDULE O
(12) EMORY UNIVERSITY (WARRIOR CARE NETWORK) 1599 CLIFTON ROAD 3RD FLOOR	58-0566256	501(C)(3)	5,175,000.				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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I General Information on Grants and Assistance

- 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) BE THE CHANGE, INC. D/B/A GOT YOUR 6 200 CLARENDON STREET, 44TH FLOOR	26-0402451	501(C)(3)	400,000.				SEE SCHEDULE O
(2) MA GENERAL HOSPITAL (WARRIOR CARE NETWORK) 100 CAMBRIDGE ST STE 1310 BOSTON, MA 02114	04-1564655	501(C)(3)	8,175,000.				SEE SCHEDULE O
(3) NATIONAL ASSOCIATION OF COUNTIES RESEARCH F 25 MASSACHUSETTS AVE, SUITE 500	53-0241255	501(C)(3)	210,000.				SEE SCHEDULE O
(4) NATIONAL MILITARY FAMILY ASSOCIATION 3601 EISENHOWER AVE STE 425	52-0899384	501(C)(3)	625,000.				SEE SCHEDULE O
(5) OPERATION HOMEFRONT 1355 CENTRAL PARKWAY S STE 100	32-0033325	501(C)(3)	1,000,000.				SEE SCHEDULE O
(6) REGENTS UCLA (WARRIOR CARE NETWORK) 11000 KINROSS AVE, STE 211	95-6006143	501(C)(3)	5,175,000.				SEE SCHEDULE O
(7) RUSH UNIVERSITY (WARRIOR CARE NETWORK) 1653 W. CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	5,175,000.				SEE SCHEDULE O
(8) TRAVIS MANION FOUNDATION P.O. BOX 1485 DOYLESTOWN, PA 18901	41-2237951	501(C)(3)	250,000.				SEE SCHEDULE O
(9) VAIL VETERANS FOUNDATION INC DBA VAIL VETER 12 VAIL RD, STE 200; P.O. BOX 6473	20-5254885	501(C)(3)	20,000.				SEE SCHEDULE O
(10)							
(11)							
(12)							

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

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) (2016)

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	1,041.	941,124.			
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 I, LINE 2

PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U.S.

WOUNDED WARRIOR PROJECT MONITORS GRANT FUNDS ACCORDING TO THE TERMS OF AN APPLICABLE WRITTEN AGREEMENT. UNDER SUCH AGREEMENTS, GRANTEEES ARE RESPONSIBLE FOR PROVIDING PERIODIC REPORTS. WOUNDED WARRIOR PROJECT USES THESE REPORTS TO ENSURE THAT GRANT FUNDS ARE SPENT FOR THEIR INTENDED PURPOSES. IN SOME CASES, SITE VISITS ARE CONDUCTED. SEE SCHEDULE O FOR GRANT DESCRIPTIONS.

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 LIMITED FINANCIAL ASSISTANCE TO WARRIORS AND IMMEDIATE FAMILY MEMBERS WHO ENCOUNTER EMERGENCY SITUATIONS WHICH IMPACT THEIR LIFE, SAFETY, OR SHELTER.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Compensation Information

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

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

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

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

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

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

Only 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		

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 ERIC S. MILLER CFO (EFF. 1/17)	(i)	180,604.	8,403.	0.	7,536.	22,288.	218,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 GARY A. CORLESS (EFF. 1 CHIEF DEVELOPMENT OFFICER	(i)	240,181.	14,361.	0.	0.	22,419.	276,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JENNIFER M. SILVA (EFF. CHIEF PROGRAM OFFICER	(i)	184,478.	24,592.	0.	7,222.	22,286.	238,578.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 RONALD W. BURGESS FORMER CFO (THRU 12/16)	(i)	271,727.	0.	0.	10,600.	21,141.	303,468.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MICHAEL C. RICHARDSON VP INDEPENDENCE & MENTAL HLTH	(i)	181,543.	25,486.	0.	8,266.	21,159.	236,454.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 TRACY FARRELL (EFF. 8/1 VP ENGAGEMENT & PHYSICAL HLTH	(i)	157,442.	0.	0.	6,162.	7,901.	171,505.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JOHN T. HAMRE III VP DIRECT RESPONSE	(i)	190,260.	18,407.	0.	7,295.	8,224.	224,186.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JONATHAN B. SULLIVAN VP ECONOMIC EMPOWERMENT	(i)	180,402.	25,486.	0.	8,220.	22,288.	236,396.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 AMBERLIE ALLRED GENERAL COUNSEL - CORP SEC.	(i)	184,187.	26,827.	0.	6,058.	8,284.	225,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 AYL M. TEZEL VP COMMUNICATIONS	(i)	180,159.	24,145.	0.	6,646.	17,282.	228,232.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 JOHN W. ROBERTS NATIONAL SERVICE DIRECTOR	(i)	159,632.	19,823.	0.	7,166.	22,216.	208,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 ADELIN E. POUDEIR VP HUMAN RESOURCES (THRU 09/16)	(i)	134,424.	25,486.	34,615.	0.	16,288.	210,813.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 CHARLES W. FLETCHER FRMR INTERIM COO (4/16-9/16)	(i)	139,390.	0.	0.	0.	0.	139,390.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 STEVEN F. NARDIZZI FORMER CEO (THRU 3/16)	(i)	148,592.	0.	0.	5,941.	4,948.	159,481.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 JEREMY M. CHWAT (THRU 9 FORMER CHF STRATEGY OFCR	(i)	238,680.	50,302.	77,884.	3,739.	16,358.	386,963.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 ADAM SILVA (THRU 5/16) FORMER CHF PROGRAM OFCR	(i)	136,179.	50,302.	0.	7,454.	602.	194,537.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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				
RYAN CLEMENT PAVLU (THR 1 FORMER NAT'L SERVICE DIRECTOR	(i)	133,836.	14,532.	0.	5,931.	2,330.	156,629.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
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 4A

SEVERANCE PAYMENT

JEREMY CHWAT AND ADELINE POUQUIER RECEIVED SEVERANCE PAYMENTS IN CALENDAR YEAR 2016 OF \$77,884 AND \$34,615, RESPECTIVELY. THESE AMOUNTS HAVE BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III).

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	179.	1,221,731.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		512.	846,063.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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.		

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

IN ACCORDANCE WITH THE ORGANIZATION'S RECORDKEEPING POLICIES, WOUNDED WARRIOR PROJECT HAS REPORTED THE NUMBER OF INDIVIDUAL CONTRIBUTIONS RECEIVED IN COLUMN B.

SCHEDULE M, PART I, LINE 32A

USE OF THIRD PARTY TO SELL NONCASH CONTRIBUTIONS TO THE EXTENT WWP RECEIVES CONTRIBUTIONS OF DONATED STOCK, IT TASKS ITS INVESTMENT BROKER TO CONVERT THE STOCK INTO CASH FOR USE IN FULFILLING THE ORGANIZATION'S MISSION.

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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
TICKETS	X	399.	725,359.	FAIR MARKET VALUE
SUPPLIES	X	99.	60,455.	FAIR MARKET VALUE
BACKPACKS	X	12.	41,599.	FAIR MARKET VALUE
MEMBERSHIP	X	1.	15,650.	FAIR MARKET VALUE
EQUIPMENT	X	1.	3,000.	FAIR MARKET VALUE
TOTALS		<u>512.</u>	<u>846,063.</u>	

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

Department of the Treasury
Internal Revenue Service

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION CONTINUED

WOUNDED WARRIOR PROJECT, INC. ("WWP" OR "WOUNDED WARRIOR PROJECT"), IS A NOT-FOR-PROFIT 501(C)(3) CORPORATION ORGANIZED FEBRUARY 23, 2005, IN THE STATE OF VIRGINIA, FOR THE PURPOSE OF SERVING VETERANS AND SERVICE MEMBERS WHO INCURRED A PHYSICAL OR MENTAL INJURY, ILLNESS, OR WOUND, CO-INCIDENT TO THEIR MILITARY SERVICE ON OR AFTER SEPTEMBER 11, 2001.

THE MISSION OF WOUNDED WARRIOR PROJECT IS TO HONOR AND EMPOWER WOUNDED WARRIORS. WWP EMPOWERS WARRIORS TO LIVE LIFE ON THEIR OWN TERMS, MENTOR FELLOW WARRIORS, AND EMBODY THE WWP LOGO BY CARRYING THEIR PEERS TOWARDS RECOVERY.

FORM 990, PART III, LINE 4A

TOTAL CONNECTION PROGRAM EXPENSES WERE \$33,819,577, INCLUDING GRANTS AND INDIVIDUAL ASSISTANCE OF \$1,941,124, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017.

PROGRAM SERVICE DESCRIPTIONS

CONNECTION PROGRAMS - THESE PROGRAMS FOCUS ON CONNECTING WARRIORS IN ISOLATION WITH THEIR PEERS, FAMILIES, AND COMMUNITIES, PROVIDING A PATH TO RECOVERY AND RESILIENCE. THROUGH THESE IMPORTANT INTERACTIONS, PROGRAM STAFF BUILD TRUST WITH WARRIORS, HELP IDENTIFY THEIR READJUSTMENT REINTEGRATION NEEDS, AND THEN MATCH THEM WARRIORS TO INTERNAL PROGRAMS

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

AND EXTERNAL RESOURCES. THE ORGANIZATION PROVIDES THE FOLLOWING CONNECTION PROGRAMS: ALUMNI, WWP PACKS, INTERNATIONAL SUPPORT, EMERGENCY FINANCIAL ASSISTANCE, AND PEER SUPPORT.

ALUMNI - THE ALUMNI PROGRAM PROVIDES SUPPORT AND CAMARADERIE FOR WOUNDED WARRIORS THROUGH COMMUNICATION, EVENTS AND NETWORKING. IT OFFERS A WIDE RANGE OF ACTIVITIES INCLUDING SPORTING EVENTS, EDUCATIONAL SESSIONS, PERSONAL AND PROFESSIONAL DEVELOPMENT SUMMITS AND RECREATIONAL EVENTS THAT PROVIDE INDIVIDUALS A CHANCE TO ENGAGE WITH OTHER WOUNDED WARRIORS. THIS PROGRAM ALSO IDENTIFIES, TRAINS, AND CHALLENGES LEADERS WITHIN THE WOUNDED WARRIOR POPULATION TO SUPPORT THEIR PEERS IN THEIR CONTINUED PATH TOWARD PHYSICAL AND MENTAL HEALTH AND WELL-BEING. THE ALUMNI PROGRAM HAD 107,151 WARRIORS AND 25,277 FAMILY MEMBERS REGISTERED AS OF SEPTEMBER 30, 2017, WITH A SATISFACTION RATING OF 95% FOR THOSE WHO PARTICIPATED IN ALUMNI PROGRAM ACTIVITIES.

WWP PACKS - BACKPACKS ARE PROVIDED TO WOUNDED SERVICE MEMBERS ARRIVING AT U.S. MILITARY HOSPITALS AND TRAUMA CENTERS. WWP BACKPACKS CONTAIN CLOTHING AND COMFORT ITEMS TO MAKE A WARRIOR'S HOSPITAL STAY MORE COMFORTABLE. INJURED WARRIORS OVERSEAS WHO ARE EVACUATED FROM FIELD HOSPITALS TO LARGER MILITARY TREATMENT FACILITIES ABROAD RECEIVE A TRANSITIONAL CARE PACK ("TCP"), WHICH INCLUDES CLOTHING AND TOILETRIES FOR THEIR IMMEDIATE COMFORT. THE WWP PACKS PROGRAM DELIVERED 205 BACKPACKS AND 704 TRANSITIONAL CARE PACKS TO WOUNDED WARRIORS IN FISCAL YEAR 2017. SINCE WWP'S INCEPTION, 19,475 BACKPACKS AND 45,648

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TRANSITIONAL CARE PACKS HAVE BEEN DELIVERED TO WOUNDED WARRIORS.

INTERNATIONAL SUPPORT - LANDSTUHL REGIONAL MEDICAL CENTER ("LRMC") IS ONE OF THE FIRST LOCATIONS WARRIORS ARE TRANSPORTED TO WHEN INJURED. MOST OF THE TIME DURING TRANSPORT, THEIR BELONGINGS ARE NOT TRANSPORTED WITH THEM. WWP WANTS TO MAKE THEIR STAY AND TRAVEL BACK TO THE UNITED STATES OF AMERICA AS COMFORTABLE AS POSSIBLE. WWP HAS DEDICATED RESOURCES AT LRMC THAT DISTRIBUTE TCP'S, PROVIDE SUPPORT FOR EVENTS AND VISITATION, AND EDUCATE WARRIORS ON WWP'S FREE PROGRAMS AND SERVICES.

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

PEER SUPPORT - PEER SUPPORT IS THE PROGRAMMATIC EMBODIMENT OF WWP'S LOGO, FOSTERING RELATIONSHIPS THAT ENABLE ONE WARRIOR TO HELP ANOTHER THROUGH THE RECOVERY PROCESS. THE WWP PEER SUPPORT PROGRAM MENTORS SERVE AS LISTENERS, ROLE MODELS, AND MOTIVATORS WHO CAN SHARE THEIR UNDERSTANDING AND PERSPECTIVE WITH FELLOW WARRIORS. WWP'S GOAL OF PEER SUPPORT IS FOR THE WARRIOR BEING MENTORED TO EVENTUALLY MENTOR A FELLOW WARRIOR - EMBODYING THE WWP'S MISSION AND LOGO. THE PEER SUPPORT PROGRAM SERVED 4,608 ATTENDEES AT PEER FACILITATED SUPPORT GROUPS IN FISCAL 2017.

FORM 990, PART III, LINE 4C

PROGRAM SERVICE DESCRIPTIONS

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

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICE DESCRIPTIONS

PHYSICAL HEALTH & WELLNESS PROGRAMS - WWP ENVISIONS A GENERATION OF INJURED WARRIORS LIVING WELL-ADJUSTED ACTIVE, HEALTHY LIVES. INACTIVITY, WEIGHT GAIN, AND SLEEP ISSUES SERIOUSLY AFFECT A WARRIOR'S QUALITY OF LIFE. THROUGH WWP'S TWO PHYSICAL HEALTH & WELLNESS PROGRAMS, WARRIORS REGAIN THEIR PHYSICAL INDEPENDENCE AND WELL-BEING. THE ORGANIZATION PROVIDES THE FOLLOWING PHYSICAL HEALTH & WELLNESS PROGRAMS:

PHYSICAL HEALTH & WELLNESS ("PH&W") - PH&W IS DESIGNED TO REDUCE STRESS, COMBAT DEPRESSION, AND PROMOTE AN OVERALL HEALTHY AND ACTIVE LIFESTYLE BY ENCOURAGING PARTICIPATION IN FUN, EDUCATIONAL ACTIVITIES. PH&W HAS SOMETHING TO OFFER WARRIORS IN EVERY STAGE OF RECOVERY. THREE PRIMARY AREAS ARE FITNESS, NUTRITION, AND WELLNESS. IN FISCAL YEAR 2017, 725 WARRIORS PARTICIPATED IN A COACHING MODEL BASED PROGRAM. 98% OF PARTICIPANTS STATED THAT AS A RESULT OF THEIR EXPERIENCE IN THIS PROGRAM

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THEY WILL SEEK OUT OTHER PHYSICAL FITNESS, NUTRITION, AND WELLNESS OPPORTUNITIES AND 91% OF PARTICIPANTS STATED THAT THEY PARTICIPATED IN OTHER FITNESS OPPORTUNITIES 90 DAYS AFTER PROGRAM COMPLETION. THERE WERE ALSO MORE THAN 8,000 PARTICIPANTS IN OTHER WWP PH&W PROGRAM EVENTS. TOTAL PH&W EXPENSES WERE \$6,165,383, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017.

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 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. THE SOLDIER RIDE PROGRAM SERVED 956 PARTICIPANTS IN FISCAL YEAR 2017. 90% OF PARTICIPANTS SAID SOLDIER RIDE MADE THEM FEEL MORE CONFIDENT THAT THEY CAN MEET THEIR PHYSICAL FITNESS, NUTRITION AND WELLNESS GOALS. TOTAL SOLDIER RIDE EXPENSES WERE \$6,937,067, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017.

MENTAL HEALTH & WELLNESS PROGRAMS - THROUGH THE ORGANIZATION'S MENTAL HEALTH AND WELLNESS PROGRAMS, WWP HONORS ITS COMMITMENT TO BE THERE FOR THIS GENERATION OF WOUNDED SERVICE MEMBERS - NO MATTER HOW LONG OR DIFFICULT THEIR ROAD TO RECOVERY. INTERACTIVE PROGRAMS, OUTDOOR REHABILITATIVE RETREATS, AND PROFESSIONAL SERVICES PROVIDE WARRIORS WITH

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THE TOOLS TO MAINTAIN HEALTHY, MEANINGFUL RELATIONSHIPS, SET GOALS FOR THE FUTURE, AND BUILD RESILIENCE WITHOUT THE BARRIERS OR STIGMAS ASSOCIATED WITH MENTAL HEALTH ISSUES. THE ORGANIZATION PROVIDES THE FOLLOWING MENTAL HEALTH AND WELLNESS PROGRAMS:

COMBAT STRESS RECOVERY PROGRAM ("CSRP") - THIS PROGRAM ADDRESSES THE MENTAL HEALTH AND COGNITIVE NEEDS OF SERVICE MEMBERS DEALING WITH THE INVISIBLE WOUNDS OF WAR. CSRP CHALLENGES WARRIORS TO SET GOALS AND UNDERSTAND THEIR "NEW NORMAL." MANY WARRIORS BEGIN THEIR JOURNEY WITH PROJECT ODYSSEY®, AN OUTDOOR, REHABILITATIVE RETREAT THAT PROMOTES PEER CONNECTION, CHALLENGING EXPERIENCES, AND HEALING WITH OTHER COMBAT VETERANS. CSRP PROVIDES LICENSED MENTAL HEALTH COUNSELORS AT PROJECT ODYSSEY EVENTS. CSRP ALSO PROVIDES CONTINUED CARE SERVICES TO IMPROVE WARRIOR RESILIENCY AND PSYCHOLOGICAL WELL-BEING. THIS IS ACCOMPLISHED THROUGH THE ESTABLISHMENT OF GOALS AND THE IDENTIFICATION AND USE OF COMMUNITY BASED RESOURCES. DURING FISCAL YEAR 2017, 2,730 PARTICIPANTS ATTENDED A PROJECT ODYSSEY RETREAT, OVER 1,800 WARRIORS WERE SERVED THROUGH MENTAL HEALTH OUTREACH AND REFERRALS, AND 3,442 HOURS OF COUNSELING WERE DELIVERED TO WARRIORS AND THEIR FAMILIES. 91% OF PROJECT ODYSSEY PARTICIPANTS RATED THE RESILIENCY SKILLS LEARNED AS USEFUL OR VERY USEFUL. 92% OF PARTICIPANTS SAID THEY WOULD SEEK MENTAL HEALTH SUPPORT AS A RESULT OF PROJECT ODYSSEY.

CSRP ALSO PROVIDES WWP TALK, A NON-CLINICAL TELEPHONIC, EMOTIONAL SUPPORT PROGRAM FOR WARRIORS, THEIR FAMILIES AND CAREGIVERS, WHICH HELPS BRIDGE

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THE GAP THAT MAY PREVENT PARTICIPATION IN OTHER PROGRAMS. THIS HELPLINE WAS CREATED FOR WOUNDED SERVICE MEMBERS LIVING WITH PTSD, DEPRESSION, COMBAT STRESS, OR OTHER MENTAL HEALTH CONDITIONS. TOGETHER, THE WARRIOR, 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 929 PARTICIPANTS IN THE WWP TALK PROGRAM IN FISCAL YEAR 2017. 90% OF WWP TALK PARTICIPANTS WERE SATISFIED WITH THE PROGRAM. TOTAL CSRP PROGRAM EXPENSES (INCLUDING WWP TALK) WERE \$23,060,062, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017.

WARRIOR CARE NETWORK®: - IN ORDER TO ENHANCE ACCESS AND PROVIDE POST TRAUMATIC STRESS DISORDER ("PTSD") TREATMENT THROUGH AN INTEGRATED CARE MODEL, WWP ESTABLISHED THE WARRIOR CARE NETWORK. FOR MORE INFORMATION SEE FORM 990, PART III, LINE 4C.

FINANCIAL WELLNESS PROGRAMS - AN IMPORTANT COMPONENT TO SUCCESSFUL TRANSITION INTO CIVILIAN LIFE FOR WOUNDED SERVICE MEMBERS IS THE OPPORTUNITY TO PURSUE A MEANINGFUL CAREER, ACHIEVE FINANCIAL STABILITY, AND PROVIDE FOR HIS OR HER FAMILY. THE ORGANIZATION PROVIDES THE FOLLOWING FINANCIAL WELLNESS PROGRAMS:

BENEFITS SERVICE: TO HELP WARRIORS MAKE THE MOST OF THEIR EARNED BENEFITS AND SUCCESSFULLY TRANSITION TO LIFE AFTER INJURY, WWP PROVIDES THE TOOLS THEY NEED TO BECOME FINANCIALLY SECURE. THE BENEFITS SERVICE TEAM ENSURES WARRIORS AND THEIR FAMILIES HAVE INFORMATION AND ACCESS TO

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GOVERNMENT BENEFITS AND COMMUNITY RESOURCES NECESSARY FOR SUCCESSFUL TRANSITION TO LIFE AFTER INJURY. A KEY PART OF THIS PROGRAM IS WWP'S TEAM OF HIGHLY TRAINED PERSONNEL THAT ARE ACCREDITED BY THE U.S. DEPARTMENT OF VETERAN AFFAIRS TO REPRESENT WARRIORS AND ADVOCATE ON THEIR BEHALF. WWP PERSONNEL REPRESENT WARRIORS IN THEIR FILING OF CLAIMS FOR BENEFITS WITH THE U.S. DEPARTMENT OF VETERAN AFFAIRS AND U.S. DEPARTMENT OF DEFENSE. WWP PERSONNEL WORK CLOSELY WITH EACH AGENCY SO THEY CAN WALK WARRIORS THROUGH EVERY STEP OF THE PROCESS. WHEN A CLAIM IS FILED, WWP MAKES SURE IT IS PROCESSED CORRECTLY THE FIRST TIME AND GUIDES INJURED SERVICE MEMBERS THROUGH THIS CRUCIAL PART OF THEIR TRANSITION. IN FISCAL YEAR 2017, THERE WERE APPROXIMATELY 15,600 ISSUES AWARDED ON BEHALF OF WARRIORS THROUGH BENEFITS SERVICE, WITH AN ECONOMIC IMPACT OF \$85.4 MILLION. TOTAL BENEFITS SERVICE EXPENSES WERE \$9,679,675, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017.

WARRIORS TO WORK® - WARRIORS TO WORK IS ONE OF THE CORNERSTONES OF WWP'S EFFORTS TO ACHIEVE THE GOAL OF ECONOMICALLY EMPOWERED WOUNDED WARRIORS. THIS PROGRAM ASSISTS WOUNDED WARRIORS WITH THEIR TRANSITION TO THE CIVILIAN WORKFORCE. IT OFFERS A COMPLETE PACKAGE OF CAREER GUIDANCE AND SUPPORT SERVICES INCLUDING RESUME ASSISTANCE, INTERVIEWING SKILLS, NETWORKING, JOB TRAINING, AND JOB PLACEMENT. THE PROGRAM STAFF PROVIDES CONTINUED INDIVIDUAL COUNSELING AND PERSONAL SUPPORT TO ALL PROGRAM PARTICIPANTS AS THEY STRIVE TO BUILD A CAREER IN THE CIVILIAN WORKFORCE. IN FISCAL YEAR 2017, 2,621 WARRIORS AND FAMILY MEMBERS WHO PARTICIPATED IN THE WARRIORS TO WORK PROGRAM WERE PLACED IN FULL-TIME OR PART-TIME

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EMPLOYMENT, WITH AN AVERAGE SALARY OF \$45,134 AND \$18,757, RESPECTIVELY, WHICH HAD AN ECONOMIC IMPACT OF \$99.5 MILLION FROM ANNUALIZED EMPLOYMENT COMPENSATION. TOTAL WARRIORS TO WORK EXPENSES WERE \$8,466,914, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017.

GOVERNMENT RELATIONS AND COMMUNITY PARTNERSHIPS - ONE OF WWP'S STRATEGIC PRIORITIES IS TO IMPROVE THE LIVES OF VETERANS BY EXPANDING OUR IMPACT THROUGH COLLABORATION. WWP HAS DEDICATED RESOURCES FOR THESE EFFORTS. WWP'S GOVERNMENT RELATIONS TEAM ADVOCATES FOR LEGISLATION AND POLICY THAT POSITIVELY IMPACT THE LIVES OF SERVICE MEMBERS, VETERANS, AND FAMILIES, AS WELL AS FUTURE VETERANS. WWP ALSO EDUCATES VETERANS AND THEIR FAMILIES ABOUT THE PROGRAMS AND SERVICES AVAILABLE FROM THE FEDERAL GOVERNMENT, ENABLING THEM TO UTILIZE THE BENEFITS AND ENTITLEMENTS THEY'VE EARNED. WWP ALSO HAS A DEDICATED COMMUNITY PARTNERSHIPS TEAM THAT ENGAGES AND AMPLIFIES THE NETWORK OF SUPPORT FOR WARRIORS AND THEIR FAMILIES THROUGH RELATIONSHIPS AND INVESTMENTS IN SIMILARLY FOCUSED ORGANIZATIONS, INCLUDING ISSUANCE OF FINANCIAL GRANTS. TOTAL GOVERNMENT RELATIONS AND COMMUNITY PARTNERSHIPS EXPENSES WERE \$18,147,003, INCLUDING GRANTS OF \$12,678,317, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017.

FORM 990, PART VI, LINE 2

CHIEF PROGRAM OFFICER, JENNIFER SILVA AND FORMER OFFICER, ADAM SILVA HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

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THE FORM 990 IS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN CONJUNCTION WITH WOUNDED WARRIOR PROJECT'S MANAGEMENT. ALL INFORMATION REPORTED ON THE FORM 990 WAS PROVIDED BY MANAGEMENT AND REVIEWED BY THE ACCOUNTING FIRM. THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE WHO REVIEWS, APPROVES AND RECOMMENDS TO THE FULL BOARD THAT IT BE APPROVED FOR FILING. FOLLOWING FULL BOARD APPROVAL, THE FORM 990 IS ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT

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

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

ON AN ANNUAL BASIS, EACH DIRECTOR, OFFICER, AND EMPLOYEE COMPLETES A CONFLICT OF INTEREST DISCLOSURE FORM AND ACKNOWLEDGES THE POLICY.

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

THE NOMINATING AND GOVERNANCE COMMITTEE IN CONSULTATION WITH THE GENERAL COUNSEL REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY BY REVIEWING ANNUAL STATEMENTS AND TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR EFFECTIVE OVERSIGHT.

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

FORM 990, PART VI, LINE 19
HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC
FORM 990 AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE AT WWW.WOUNDEDWARRIORPROJECT.ORG. WWP'S FORM

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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.

FORM 990, PART IX

FUNCTIONAL EXPENSE ALLOCATION

THE COSTS OF PROVIDING PROGRAMS AND SUPPORTING SERVICES (I.E., FUNDRAISING AND MANAGEMENT AND GENERAL ACTIVITIES) HAVE BEEN SUMMARIZED ON A FUNCTIONAL BASIS. WWP INCURS EXPENSES THAT DIRECTLY RELATE TO, AND CAN BE ASSIGNED TO, A SPECIFIC PROGRAM OR SUPPORTING ACTIVITY. WWP ALSO CONDUCTS A NUMBER OF ACTIVITIES WHICH BENEFIT BOTH ITS PROGRAM OBJECTIVES AS WELL AS SUPPORTING SERVICES. THESE COSTS, WHICH ARE NOT SPECIFICALLY ATTRIBUTABLE TO A SINGLE PROGRAM OR SUPPORTING ACTIVITY, ARE ALLOCATED BY MANAGEMENT ON A CONSISTENT BASIS FROM REPORTING PERIOD TO REPORTING PERIOD AMONG PROGRAM AND SUPPORTING SERVICES BENEFITED, BASED ON EITHER FINANCIAL OR NONFINANCIAL DATA, INCLUDING HEADCOUNT AND AS ESTIMATES OF TIME AND EFFORT INCURRED BY PERSONNEL.

FORM 990, PART IX, LINE 24A

WARRIOR EVENTS AND ACTIVITIES

THIS AMOUNT CONSISTS OF THE COSTS RELATED TO WWP'S PROGRAM EVENTS AND ACTIVITIES THAT ARE FREE OF CHARGE TO WARRIORS, THEIR CAREGIVERS, AND FAMILY MEMBERS. EXAMPLES OF THESE EVENTS AND ACTIVITIES ARE OUTLINED IN GREATER DETAIL WITHIN THE INDIVIDUAL PROGRAM DESCRIPTIONS FOUND IN PART III AND SCHEDULE O.

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INCLUDED IN THIS AMOUNT ARE EXPENSES FOR TRAVEL, HOTEL, MEALS, MATERIALS AND OTHER RELATED ACTIVITY COSTS FOR EVENT PARTICIPANTS. THIS AMOUNT ALSO INCLUDES EXPENSES INCURRED BY WWP PROGRAM STAFF WHO FACILITATE AND DELIVER THESE SERVICES.

FORM 990, PART IX, LINE 24B

DIRECT RESPONSE MAIL, TV & ONLINE

THIS AMOUNT PRIMARILY CONSISTS OF THE COSTS RELATED TO CONTENT DEVELOPMENT, PRINTING AND MAILING OF CAMPAIGNS, THE COSTS RELATED TO THE PRODUCTION AND BROADCAST OF TELEVISION SPOTS, AND THE DEVELOPMENT AND DISTRIBUTION OF ONLINE CAMPAIGNS.

FORM 990, PART IX, LINE 24C

PROGRAM/OTHER PROVIDER SERVICES

THIS AMOUNT PRIMARILY CONSISTS OF THIRD PARTY PROVIDERS THAT DELIVER FREE DIRECT SERVICES WITHIN WWP PROGRAM EVENTS AND ACTIVITIES. EXAMPLES OF THESE SERVICES INCLUDE CASE MANAGEMENT, LIFE SKILLS TRAINING, HOMECARE AND SUPPORT WITHIN THE INDEPENDENCE PROGRAM, LICENSED MENTAL HEALTH COUNSELORS WITHIN PROJECT ODYSSEY, AND FITNESS ACTIVITIES WITHIN PHYSICAL HEALTH & WELLNESS.

FORM 990, PART IX, JOINT COSTS

WWP ALLOCATES JOINT COSTS THAT MEET THE CRITERIA FOR PURPOSE, AUDIENCE AND CONTENT BETWEEN FUNDRAISING EXPENSES AND PROGRAM EXPENSES.

ACCORDINGLY, WWP ALLOCATES JOINT COSTS THAT BENEFIT PROGRAM SERVICES AND INCLUDE A FUNDRAISING APPEAL. THE PROGRAMMATIC COMPONENT OF THESE

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ACTIVITIES INCLUDES THE EDUCATION AND RECRUITMENT OF WOUNDED SERVICE MEMBERS THAT HAVE NOT YET ENGAGED WITH WWP, A CALL TO ACTION TO ENLIST THE PUBLIC'S AID IN IDENTIFYING WOUNDED SERVICE MEMBERS THAT WOULD BENEFIT FROM WWP'S FREE PROGRAMS AND SERVICES, AND AN OPPORTUNITY TO THANK VETERANS FOR THEIR SACRIFICES IN SERVING OUR COUNTRY. THESE JOINT COSTS INCLUDE DIRECT RESPONSE TELEVISION AND CERTAIN DIRECT MAIL CAMPAIGNS.

FORM 990, PART X, LINE 27-29

WWP HAS ELECTED TO EARLY ADOPT ACCOUNTING STANDARDS UPDATE ("ASU") 2016-14, PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES, FOR PURPOSES OF PREPARING ITS FISCAL YEAR 2017 AUDITED CONSOLIDATED FINANCIAL STATEMENTS. AS A RESULT OF THE ADOPTION, THE THREE CLASSES OF NET ASSETS, HAVE BEEN REPLACED WITH TWO NEW CLASSES OF NET ASSETS, WHICH ARE BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS ("WITH DONOR RESTRICTION AND WITHOUT DONOR RESTRICTION"). AS THE CURRENT FORM 990 DOES NOT YET REFLECT ASU 2016-14, WWP HAS REFLECTED THE "WITHOUT DONOR RESTRICTION" NET ASSETS WITHIN LINE 27 "UNRESTRICTED NET ASSETS" AND THE "WITH DONOR RESTRICTION" NET ASSETS WITHIN LINE 28 "TEMPORARILY RESTRICTED NET ASSETS."

SCHEDULE I, PART II, LINE 1, COLUMN H

PURPOSE OF GRANT OR ASSISTANCE

AMERICA'S WARRIOR PARTNERSHIP - AMERICA'S WARRIOR PARTNERSHIP IS COMMITTED TO EMPOWERING COMMUNITIES TO EMPOWER VETERANS. THEY FILL THE GAPS THAT EXIST BETWEEN CURRENT VETERAN SERVICE ORGANIZATIONS BY HELPING

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NONPROFITS CONNECT WITH THE VETERANS, MILITARY MEMBERS AND FAMILIES IN NEED: BOLSTERING THEIR EFFICACY, IMPROVING THEIR RESULTS AND EMPOWERING THEIR INITIATIVES. AMERICA'S WARRIOR PARTNERSHIP IS A FORCE MULTIPLIER FOR WARRIOR COMMUNITY INTEGRATION THAT ENHANCES COMMUNITIES WHERE GREAT AMERICANS CHOOSE TO LIVE AND CONTRIBUTE.

ASSOCIATION FOR MENTAL HEALTH & WELLNESS - PROVIDE PSYCHOSOCIAL AND VOCATIONAL REHABILITATION TO PERSONS WITH PSYCHIATRIC ILLNESSES.

BOULDER CREST RETREAT FOUNDATION - PROVIDES WARRIOR PATHH (PROGRESSIVE AND ALTERNATIVE TRAINING FOR HEALING HEROES) RETREATS, AN 18 MONTH PROGRAM THAT BEGINS WITH A 7-DAY COMBAT STRESS RECOVERY RETREAT FOR WARRIORS. WARRIOR PATHH IS THE NATION'S FIRST NON-CLINICAL PROGRAM DESIGNED TO CULTIVATE AND FACILITATE POST TRAUMATIC GROWTH AMONGST THOSE STRUGGLING WITH PTSD AND/OR COMBAT STRESS. WARRIOR PATHH ENABLES PARTICIPANTS TO TRANSFORM TIMES OF DEEP STRUGGLE INTO PROFOUND STRENGTH AND GROWTH.

CARING FOR MILITARY FAMILIES: ELIZABETH DOLE FOUNDATION - STRENGTHENS AND EMPOWERS AMERICA'S MILITARY CAREGIVERS AND THEIR FAMILIES BY RAISING PUBLIC AWARENESS, DRIVING RESEARCH, CHAMPIONING POLICY, AND LEADING COLLABORATIONS THAT MAKE A SIGNIFICANT IMPACT ON THEIR LIVES. BRINGS THE MILITARY CAREGIVER JOURNEY MAP TO THE LOCAL LEVEL BY SUPPORTING THE HIDDEN HEROES CITIES.

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COMBINED ARMS - BUILDING A LONG-STANDING CULTURE OF COLLABORATION AMONG MILITARY SERVICE ORGANIZATIONS IN THE GREATER HOUSTON AREA. AS A RESULT, LOCAL WARRIORS HAVE MORE OPPORTUNITIES TO ENGAGE AND RECEIVE SUPPORT.

DOG TAG BAKERY INC - PROVIDES AN ENTREPRENEUR PROGRAM. PARTICIPANTS RECEIVE A CERTIFICATION WITH GEORGETOWN UNIVERSITY BY ROTATING THROUGH BUSINESS PRACTICES OF BAKERY AND ADDITIONAL SOFT SKILLS OF BUSINESS EFFECTIVENESS AND WELL-BEING.

FIVE S.T.A.R VETERANS CENTER - TO ENSURE A POSITIVE IMPACT IN NORTH FLORIDA BY OFFERING SAFE/SECURE HOUSING TO DISPLACED VETERANS, IN AN ATTEMPT TO ALLEVIATE VETERAN HOMELESSNESS AND PROVIDE MUCH NEEDED MENTAL HEALTH AND WELLNESS SUPPORT.

GLOBAL WAR ON TERROR MEMORIAL FOUNDATION ("GWOT") - TO PROVIDE THE ORGANIZING, FUNDRAISING, AND COORDINATING EFFORTS TO ESTABLISH A GWOT MEMORIAL ON THE NATIONAL MALL IN WASHINGTON D.C. TO HONOR OUR FALLEN WARRIORS.

MILITARY CHILD EDUCATION COALITION - TO ENSURE ALL MILITARY-CONNECTED CHILDREN AFFECTED BY MOBILITY, FAMILY SEPARATION, AND TRANSITION HAVE QUALITY EDUCATIONAL EXPERIENCES. SERVE WARRIOR FAMILIES BY DELIVERING PROGRAMS TO MEET THE NEEDS OF MILITARY-CONNECTED STUDENTS, PARENTS, AND PROFESSIONALS.

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THE MISSION CONTINUES - EMPOWERS VETERANS WHO ARE ADJUSTING TO LIFE AT HOME TO FIND PURPOSE THROUGH COMMUNITY IMPACT. PROVIDES WARRIORS ADDITIONAL OPPORTUNITIES TO GIVE BACK TO THEIR COMMUNITIES.

MISSION HOUSE INC - PROVIDES MEDICAL, MENTAL HEALTH, HYGIENE, FOOD, CLOTHING, AND SOCIAL SERVICES ASSISTANCE TO LOCAL HOMELESS.

MOAA MILITARY FAMILY INITIATIVE - PROVIDES EDUCATIONAL ASSISTANCE FOR CHILDREN OF MILITARY FAMILIES.

PARALYZED VETERANS OF AMERICA - PROVIDE WOUNDED VETERANS, MILITARY SPOUSES AND CAREGIVERS ACADEMIC SCHOLARSHIPS.

PAT TILLMAN FOUNDATION - PROVIDES MILITARY VETERANS AND THEIR SPOUSES ACADEMIC SCHOLARSHIPS.

PROJECT HEALING WATERS FLY FISHING INC - DEDICATED TO THE PHYSICAL AND EMOTIONAL REHABILITATION OF DISABLED ACTIVE DUTY MILITARY AND DISABLED VETERANS THROUGH FLY FISHING AND ASSOCIATED ACTIVITIES.

STUDENT VETERANS OF AMERICA - PROVIDES SUPPORT IN EFFECTIVE RECRUITMENT PRACTICES AND SUPPORT OF STUDENT VETERANS AS THEY PURSUE HIGHER EDUCATION AND PROVIDE NEEDED REFERRALS AND SUPPORTIVE RESOURCES. FOCUS ON EDUCATION AND EMPLOYMENT GOALS AND DEVELOPMENT OF RESOURCES FOR COLLEGE CAMPUSES.

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

SYRACUSE UNIVERSITY - SUPPORTS IVMF (INSTITUTE FOR VETERANS AND MILITARY FAMILIES) TO AID SERVICE MEMBERS, VETERANS AND THEIR FAMILIES WITH INNOVATIVE PROGRAMS FOR CAREER, VOCATIONS AND ENTREPRENEURSHIP EDUCATION.

TEAM RED, WHITE & BLUE - ENRICHES THE LIVES OF AMERICA'S VETERANS BY CONNECTING THEM TO THEIR COMMUNITY THROUGH PHYSICAL AND SOCIAL ACTIVITY.

TEAM RUBICON - UNITES THE SKILLS AND EXPERIENCES OF VETERANS WITH THOSE OF FIRST RESPONDERS TO RAPIDLY DEPLOY EMERGENCY RESPONSE TEAMS TO COMMUNITIES AFFECTED BY DISASTERS ACROSS THE COUNTRY. IN FY17 WWP GRANTED AN ADDITIONAL \$1,000,000 FOR PURPOSE OF DEPLOYING VETERANS AND FIRST RESPONDERS TO COMMUNITIES IN NEED OF EMERGENT ASSISTANCE AS A RESULT OF HURRICANE HARVEY AND TO BUILD CAPACITY FOR FUTURE RELIEF EFFORTS IN TEXAS THE GULF COAST.

TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS INC - HELP SURVIVORS COPE WITH THE LOSS OF A MILITARY LOVED ONE.

UNITED VETERANS BEACON HOUSE, INC. - PROVIDES COMPASSIONATE CARE TO ALL THOSE GRIEVING THE LOSS OF A MILITARY LOVED ONE AND FURTHER THE WORK AND RESEARCH BEING DONE ON THOSE SUFFERING FROM INJURIES CAUSED BY TOXIC EXPOSURE.

VETERANS HEALTH COUNCIL - IN PARTNERSHIP WITH TAPS (TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS), CONDUCTING RESEARCH AND AWARENESS AROUND TOXIC

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

EXPOSURES POST 9/11 SERVICE MEMBERS HAVE BEEN IN CONTACT WITH IN COMBAT ZONES.

WARFIGHTER OUTFITTERS INC - PROVIDES VETERANS ENGAGEMENT OPPORTUNITIES WITH FELLOW VETERANS WHILE PARTICIPATING IN OUTDOOR RECREATIONAL ACTIVITIES.

EMORY UNIVERSITY, EMORY HEALTHCARE VETERANS PROGRAM - AN ACADEMIC MEDICAL CENTER IN THE WARRIOR CARE NETWORK. THE WARRIOR CARE NETWORK IS A COLLABORATION BETWEEN WWP AND FOUR NATIONALLY RECOGNIZED AMCS PROVIDING TREATMENT AND CARE FOR WOUNDED WARRIORS SUFFERING FROM PTSD. GRANT FUNDS ARE USED TO PROVIDE PARTICIPANTS WITH A FREE, INNOVATIVE TWO TO THREE WEEK INTENSIVE OUTPATIENT PROGRAM, INCLUDING ALL CLINICAL AND NON-CLINICAL CARE, TRAVEL AND LODGING. THE TREATMENT PROGRAM INTEGRATES EVIDENCE-BASED PSYCHOLOGICAL AND PHARMACOLOGICAL TREATMENTS, REHABILITATIVE MEDICINE, WELLNESS, NUTRITION, MINDFULNESS TRAINING, AND FAMILY SUPPORT.

BE THE CHANGE, INC. D/B/A GOT YOUR 6 - COLLABORATE WITH WWP TO PROMOTE A CULTURE CHANGE CAMPAIGN AND OTHER MARKETING OPPORTUNITIES TO EMPOWER VETERANS AND TO FURTHER THE PERCEPTION OF VETERANS AS LEADERS AND CIVIC ASSETS.

MASSACHUSETTS GENERAL HOSPITAL, HOME BASE VETERAN AND FAMILY CARE - AN ACADEMIC MEDICAL CENTER IN THE WARRIOR CARE NETWORK. THE WARRIOR CARE

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

NETWORK IS A COLLABORATION BETWEEN WWP AND FOUR NATIONALLY RECOGNIZED AMCS PROVIDING TREATMENT AND CARE FOR WOUNDED WARRIORS SUFFERING FROM PTSD. GRANT FUNDS ARE USED TO PROVIDE PARTICIPANTS WITH A FREE, INNOVATIVE TWO TO THREE WEEK INTENSIVE OUTPATIENT PROGRAM, INCLUDING ALL CLINICAL AND NON-CLINICAL CARE, TRAVEL AND LODGING. THE TREATMENT PROGRAM INTEGRATES EVIDENCE-BASED PSYCHOLOGICAL AND PHARMACOLOGICAL TREATMENTS, REHABILITATIVE MEDICINE, WELLNESS, NUTRITION, MINDFULNESS TRAINING, AND FAMILY SUPPORT. IN FY17, AN ADDITIONAL ONE-TIME GRANT WAS MADE TO SUPPORT CONSTRUCTION OF A STATE-OF-THE-ART NATIONAL CENTER OF EXCELLENCE FOR VETERANS AND FAMILIES, SIGNIFICANTLY INCREASING CAPACITY FOR TREATMENT AND CURE.

NATIONAL ASSOCIATION OF COUNTIES RESEARCH FOUNDATION - CONNECTS AND SUPPORTS VETERANS AND THEIR COMMUNITIES THROUGH CONNECTING THEM WITH LOCAL RESOURCES.

NATIONAL MILITARY FAMILY ASSOCIATION - PROVIDES SERVICES, INCLUDING OPERATION PURPLE CAMPS AND OPERATION PURPLE HEALING ADVENTURES, TO CHILDREN OF INJURED SERVICE MEMBERS AND THEIR CAREGIVERS, CHILDREN OF DEPLOYED AND RETURNING SERVICE MEMBERS, AND CHILDREN AND FAMILIES DEALING WITH DEPLOYMENT AND REINTEGRATION ISSUES.

OPERATION HOMEFRONT - OPERATION HOMEFRONT PROVIDES EMERGENCY FINANCIAL AND OTHER ASSISTANCE TO THE FAMILIES OF OUR SERVICE MEMBERS AND WOUNDED WARRIORS.

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

REGENTS UCLA DBA UCLA HEALTH SCIENCES DEVELOPMENT, OPERATION MEND - AN ACADEMIC MEDICAL CENTER IN THE WARRIOR CARE NETWORK. THE WARRIOR CARE NETWORK IS A COLLABORATION BETWEEN WWP AND FOUR NATIONALLY RECOGNIZED AMCS PROVIDING TREATMENT AND CARE FOR WOUNDED WARRIORS SUFFERING FROM PTSD. GRANT FUNDS ARE USED TO PROVIDE PARTICIPANTS WITH A FREE, INNOVATIVE TWO TO THREE WEEK INTENSIVE OUTPATIENT PROGRAM, INCLUDING ALL CLINICAL AND NON-CLINICAL CARE, TRAVEL AND LODGING. THE TREATMENT PROGRAM INTEGRATES EVIDENCE-BASED PSYCHOLOGICAL AND PHARMACOLOGICAL TREATMENTS, REHABILITATIVE MEDICINE, WELLNESS, NUTRITION, MINDFULNESS TRAINING, AND FAMILY SUPPORT.

RUSH UNIVERSITY MEDICAL CENTER, ROAD HOME PROGRAM - AN ACADEMIC MEDICAL CENTER IN THE WARRIOR CARE NETWORK. THE WARRIOR CARE NETWORK IS A COLLABORATION BETWEEN WWP AND FOUR NATIONALLY RECOGNIZED AMCS PROVIDING TREATMENT AND CARE FOR WOUNDED WARRIORS SUFFERING FROM PTSD. GRANT FUNDS ARE USED TO PROVIDE PARTICIPANTS WITH A FREE, INNOVATIVE TWO TO THREE WEEK INTENSIVE OUTPATIENT PROGRAM, INCLUDING ALL CLINICAL AND NON-CLINICAL CARE, TRAVEL AND LODGING. THE TREATMENT PROGRAM INTEGRATES EVIDENCE-BASED PSYCHOLOGICAL AND PHARMACOLOGICAL TREATMENTS, REHABILITATIVE MEDICINE, WELLNESS, NUTRITION, MINDFULNESS TRAINING, AND FAMILY SUPPORT.

TRAVIS MANION FOUNDATION - EMPOWERS VETERANS AND FAMILIES OF FALLEN HEROES TO DEVELOP CHARACTER IN FUTURE GENERATIONS.

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number
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VAIL VETERANS FOUNDATION D/B/A VAIL VETERANS PROGRAM - PROVIDE CAREGIVERS
RETREAT PROGRAM WHERE IDENTIFIED CHALLENGES CAN BE DISCUSSED AND
ASSISTANCE IN IDENTIFYING WAYS OF SELF-CARE IN CAREGIVERS' EVERYDAY
LIVES.

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
PHYSICAL HEALTH AND WELLNESS		6,165,383.	
SOLDIER RIDE		6,937,067.	
COMBAT STRESS RECOVERY		23,060,062.	
BENEFITS SERVICE		9,679,675.	
WARRIORS TO WORK		8,466,914.	
GOVERNMENT RELATIONS AND COMMUNITY PARTNERSHIPS	12,678,317.	18,147,003.	
TOTALS	<u>12,678,317.</u>	<u>72,456,104.</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, OR, PA,
RI, SC, VA, WV, WI,

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CREATIVE DIRECT RESPONSE 16900 SCIENCE DRIVE, SUITE 210 BOWIE, MD 20715	DIRECT RESPONSE	16,157,125.

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number
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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	13,730,772.
RESOURCE ONE 2900 EAST APACHE STREET TULSA, OK 74110	DIRECT RESPONSE	11,225,698.
ERNST & YOUNG US LLP P.O. BOX 933514 ATLANTA, GA 31193	PROG MGNT WCN	3,938,415.
HEARTLAND DIRECT INTERNATIONAL LLC 4807 E. 91ST ST TULSA, OK 74137	DIRECT RESPONSE	3,491,617.

ATTACHMENT 4

FORM 990, PART IX - OTHER EXPENSES

<u>DESCRIPTION</u>	(A) <u>TOTAL</u> <u>EXPENSES</u>	(B) <u>PROGRAM</u> <u>SERVICE EXP.</u>	(C) <u>MANAGEMENT</u> <u>AND GENERAL</u>	(D) <u>FUNDRAISING</u> <u>EXPENSES</u>
POSTAGE & SHIPPING	15,073,427.	3,469,215.	98,046.	11,506,166.
PROCESSING FEES	4,526,506.		7,901.	4,518,605.
EDUCATION DEVELOPMENT	436,606.	323,261.	50,784.	62,561.
MISCELLANEOUS	3,247,160.	1,898,418.	722,572.	626,170.
TOTALS	<u>23,283,699.</u>	<u>5,690,894.</u>	<u>879,303.</u>	<u>16,713,502.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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) WOUNDED WARRIOR PROJECT LT SUPPORT TRUST 37-6558533 100 SOUTH WEST STREET WILMINGTON, DE 19801	TRUST	DE	501(C)(3)	11-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) 2016

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	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

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

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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/efile, click on Charities & Non-Profits, and click on 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.

		Enter filer's identifying number, see instructions
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.	Employer identification number (EIN) or 20-2370934
	Number, street, and room or suite no. If a P.O. box, see instructions. 4899 BELFORT ROAD, SUITE 300	Social security number (SSN)
	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) 01

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 BELFORT 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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 08/15, 2018, 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, 2016, and ending 09/30, 2017.

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.