

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury  
Internal Revenue Service

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

<b>B</b> Check if applicable:	<input type="checkbox"/>	Address change	<b>C</b> Name of organization WOUNDED WARRIOR PROJECT, INC. <b>Doing business as</b> WOUNDED WARRIOR PROJECT Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4899 BELFORT ROAD 300 City or town, state or province, country, and ZIP or foreign postal code JACKSONVILLE, FL 32256			<b>D</b> Employer identification number 20-2370934	
	<input type="checkbox"/>	Name change					
	<input type="checkbox"/>	Initial return					
	<input type="checkbox"/>	Final return/terminated					
<input type="checkbox"/>	Amended return	<b>F</b> Name and address of principal officer: MICHAEL LINNINGTON 4899 BELFORT ROAD, JACKSONVILLE, FL 32256			<b>E</b> Telephone number (904) 296-7350		
<input type="checkbox"/>	Application pending						
<b>I</b> 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			<b>G</b> Gross receipts \$ 427,811,633.		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> Website: ▶ WWW.WOUNDEDWARRIORPROJECT.ORG			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "No," attach a list. (see instructions)		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 2005		<b>M</b> State of legal domicile: VA		

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF WOUNDED WARRIOR PROJECT (WWP) IS TO HONOR AND EMPOWER WOUNDED WARRIORS.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	9	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9	
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	766	
	6	Total number of volunteers (estimate if necessary)	3,169	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 38	0		
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h)	246,204,557	266,271,219
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,728,924	12,058,402
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,829,215	4,127,147
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	263,762,696	282,456,768
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,096,336	44,953,730
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	63,280,199	70,328,291
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	7,206,453	9,379,379
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 66,311,184		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	166,438,264	157,983,782
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	274,021,252	282,645,182
19	Revenue less expenses. Subtract line 18 from line 12	-10,258,556	-188,414	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	20	Total assets (Part X, line 16)	344,555,780	366,150,605
	21	Total liabilities (Part X, line 26)	39,383,239	57,388,394
22	Net assets or fund balances. Subtract line 21 from line 20	305,172,541	308,762,211	

**Part II Signature Block**

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

<b>Sign Here</b>		Date <u>03/24/2020</u>
	ERIC MILLER CFO Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature 	Date 03/23/2020	Check <input type="checkbox"/> if self-employed	PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		Phone no. 631-577-1867	
	Firm's address ▶ 445 BROADHOLLOW ROAD MELVILLE, NY 11747				

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 62,679,772. including grants of \$ 25,757,630. ) (Revenue \$ 0. )

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

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

CONNECTION - THESE PROGRAMS FOCUS ON CONNECTING WARRIORS WITH THEIR PEERS, FAMILIES, AND COMMUNITIES, PROVIDING A PATH TO RECOVERY AND RESILIENCE. THROUGH THESE IMPORTANT INTERACTIONS, PROGRAM STAFF BUILD TRUST WITH WARRIORS, HELP IDENTIFY THEIR REINTEGRATION NEEDS, BRING THEM OUT OF ISOLATION AND THEN GUIDE THEM TO INTERNAL PROGRAMS AND EXTERNAL RESOURCES. TOTAL CONNECTION PROGRAMS EXPENSES WERE \$45,820,865, INCLUDING GRANTS OF \$5,255,563. FOR MORE INFORMATION SEE SCHEDULE O.

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

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

**4d** Other program services (Describe in Schedule O.) ATTACHMENT 1  
(Expenses \$ 61,062,534. including grants of \$ 11,473,200. ) (Revenue \$ )

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

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .		X
<b>3</b> 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
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .	X	
<b>b</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	
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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	
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 1a-1c cover Form 1096 reporting, W-2G forms, and backup withholding rules.

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . . <b>2a</b> 766		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	X	
<b>b</b>	If "Yes," enter the name of the foreign country: ► GERMANY See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 4 columns: Question, Line Number, Yes, No. Rows include questions 1a, 1b, 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 4 columns: Question, Line Number, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

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

**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) DR. JONATHAN WOODSON CHAIR	5.00 0.	X		X				0.	0.	0.
(2) KATHLEEN WIDMER VICE CHAIR	5.00 0.	X		X				0.	0.	0.
(3) JUSTIN CONSTANTINE DIRECTOR	5.00 0.	X						0.	0.	0.
(4) RICHARD T. TRYON DIRECTOR	5.00 0.	X						0.	0.	0.
(5) JUAN GARCIA DIRECTOR	5.00 0.	X						0.	0.	0.
(6) CARI DESANTIS DIRECTOR	5.00 0.	X						0.	0.	0.
(7) ALONZO SMITH DIRECTOR	5.00 0.	X						0.	0.	0.
(8) LISA DISBROW DIRECTOR	5.00 0.	X						0.	0.	0.
(9) MICHAEL C. HALL DIRECTOR	5.00 0.	X						0.	0.	0.
(10) RICHARD M. JONES DIRECTOR (THRU 9/20/19)	5.00 0.	X						0.	0.	0.
(11) MICHAEL S. LINNINGTON CHIEF EXECUTIVE OFFICER	50.00 0.			X				281,594.	0.	31,418.
(12) CHRISTOPHER TONER CHIEF OF STAFF	50.00 0.			X				259,246.	0.	34,153.
(13) ERIC S. MILLER CHIEF FINANCIAL OFFICER	50.00 0.			X				295,911.	0.	34,808.
(14) GARY A. CORLESS CHIEF DEVELOPMENT OFFICER	50.00 0.			X				289,193.	0.	31,671.

**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 CHIEF PROGRAM OFFICER	50.00 0.			X			315,189.	0.	31,479.	
( 16) DAWN M. BOLAND SECRETARY AND GENERAL COUNSEL	50.00 0.			X			138,750.	0.	17,879.	
( 17) MICHAEL C. RICHARDSON VP INDEPENDENCE & MENTAL HLTH	50.00 0.				X		233,306.	0.	31,284.	
( 18) JOHN T. HAMRE III VP DIRECT RESPONSE	50.00 0.				X		259,747.	0.	14,458.	
( 19) TRACY FARRELL VP ENGAGEMENT & PHYSICAL HLTH	50.00 0.				X		220,549.	0.	15,707.	
( 20) BREA KRATZERT VP DEVELOPMENT	50.00 0.				X		216,798.	0.	29,305.	
( 21) RENE' BARDORF (THRU 6/19) SR VP-GOV. & COMM. REL	50.00 0.					X	287,394.	0.	31,075.	
( 22) SCOTT COSTER VP INFO. TECH.	50.00 0.					X	213,337.	0.	30,460.	
( 23) ANGELA STROHL VP HUMAN RESOURCES	50.00 0.					X	213,208.	0.	25,940.	
( 24) CRAIG CARROLL VP FINANCE & ACCOUNTING	50.00 0.					X	210,437.	0.	31,158.	
( 25) AYLA M. TEZEL VP COMMUNICATIONS	50.00 0.					X	205,786.	0.	26,834.	
<b>1b Sub-total</b> . . . . .							1,125,944.	0.	132,050.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							2,663,495.	0.	296,460.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							3,789,439.	0.	428,510.	

**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 **72**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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 **82**





**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	711,947.				
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,194,854.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	264,364,418.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		3,227,028.				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		266,271,219.				
<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶			0.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			8,357,476.			8,357,476.
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶			0.			
	<b>5</b> Royalties . . . . . ▶			1,608,314.			1,608,314.
		(i) Real	(ii) Personal				
	<b>6a</b> Gross rents . . . . .						
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . . ▶			0.			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		148,479,296.	0.				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	144,775,104.	3,266.				
	<b>c</b> Gain or (loss) . . . . .	3,704,192.	-3,266.				
	<b>d</b> Net gain or (loss) . . . . . ▶			3,700,926.			3,700,926.
	<b>8a</b> Gross income from fundraising events (not including \$ <u>1,194,854.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>			312,367.			
	<b>b</b> Less: direct expenses . . . . . <b>b</b>			576,495.			
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶			-264,128.			-264,128.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>			0.			
<b>b</b> Less: direct expenses . . . . . <b>b</b>			0.				
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>			0.				
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>			0.				
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶			0.				
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> MAILING RENTAL INCOME		900099		1,262,662.			1,262,662.
<b>b</b> PURCHASING CARD REBATE		900099		562,567.			562,567.
<b>c</b> MISCELLANEOUS		900099		366,880.			366,880.
<b>d</b> All other revenue . . . . .				590,852.			590,852.
<b>e Total.</b> Add lines 11a-11d . . . . . ▶				2,782,961.			
<b>12 Total revenue.</b> See instructions. . . . . ▶				282,456,768.			16,185,549.

**Part IX Statement of Functional Expenses**

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

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

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	8,283,297.	<b>1</b>	8,000,853.
	<b>2</b> Savings and temporary cash investments	23,079,357.	<b>2</b>	22,601,824.
	<b>3</b> Pledges and grants receivable, net	6,038,026.	<b>3</b>	4,353,762.
	<b>4</b> Accounts receivable, net	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> 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.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges	11,822,038.	<b>9</b>	5,652,625.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 28,465,844.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 26,076,159.	3,061,442.	<b>10c</b> 2,389,685.
	<b>11</b> Investments - publicly traded securities	277,733,046.	<b>11</b>	286,724,513.
	<b>12</b> Investments - other securities. See Part IV, line 11	12,496,183.	<b>12</b>	13,524,189.
	<b>13</b> Investments - program-related. See Part IV, line 11	0.	<b>13</b>	0.
	<b>14</b> Intangible assets	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11	2,042,391.	<b>15</b>	22,903,154.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	344,555,780.	<b>16</b>	366,150,605.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	39,383,239.	<b>17</b>	34,655,989.
	<b>18</b> Grants payable	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> 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.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	<b>25</b>	22,732,405.
	<b>26 Total liabilities.</b> Add lines 17 through 25	39,383,239.	<b>26</b>	57,388,394.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	298,231,325.	<b>27</b>	301,860,795.
	<b>28</b> Temporarily restricted net assets	5,941,216.	<b>28</b>	5,901,416.
	<b>29</b> Permanently restricted net assets	1,000,000.	<b>29</b>	1,000,000.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	305,172,541.	<b>33</b>	308,762,211.
	<b>34</b> Total liabilities and net assets/fund balances	344,555,780.	<b>34</b>	366,150,605.

**Part XI Reconciliation of Net Assets**

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

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

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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)						
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	372,546,396.	302,707,725.	211,476,891.	246,204,557.	266,271,219.	1,399,206,788.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	372,546,396.	302,707,725.	211,476,891.	246,204,557.	266,271,219.	1,399,206,788.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						0.
<b>6 Public support.</b> Subtract line 5 from line 4						1,399,206,788.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4. . . . .	372,546,396.	302,707,725.	211,476,891.	246,204,557.	266,271,219.	1,399,206,788.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	16,554,494.	16,413,731.	10,076,349.	9,686,211.	9,965,790.	62,696,575.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	2,444,079.	2,247,778.	3,032,220.	2,696,215.	3,095,328.	13,515,620.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						1,475,418,983.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	94.83%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	94.76%
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2018.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test - 2017.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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



**Part IV Supporting Organizations**

(Complete only if you checked a box 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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>		
9c	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>		
10b	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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b>	A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b>	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>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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>	<b>1</b>	
<b>2</b>	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>	<b>2</b>	

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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>	<b>1</b>	

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

		Yes	No
<b>1</b>	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?	<b>1</b>	
<b>2</b>	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>	<b>2</b>	
<b>3</b>	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>	<b>3</b>	

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>	
<b>b</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>	<b>2b</b>	
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>	
<b>b</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>	<b>3b</b>	

**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.

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013 . . . . .			
<b>b</b> From 2014 . . . . .			
<b>c</b> From 2015 . . . . .			
<b>d</b> From 2016 . . . . .			
<b>e</b> From 2017 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7:                     \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014 . . . .			
<b>b</b> Excess from 2015 . . . .			
<b>c</b> Excess from 2016 . . . .			
<b>d</b> Excess from 2017 . . . .			
<b>e</b> Excess from 2018 . . . .			

**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	2014	2015	2016	2017	2018	TOTAL
MAILING RENTAL INCOME	1,230,492.	1,795,130.	1,691,882.	1,714,934.	1,262,662.	7,695,100.
PURCHASE CARD REBATES	685,070.	404,915.	460,690.	547,533.	562,567.	2,660,775.
SPECIAL EVENTS REVENUE	528,517.	47,733.	879,648.	156,935.	312,367.	1,925,200.
MISCELLANEOUS				276,813.	366,880.	643,693.
SUBLEASE INCOME					590,852.	590,852.
<b>TOTALS</b>	<u>2,444,079.</u>	<u>2,247,778.</u>	<u>3,032,220.</u>	<u>2,696,215.</u>	<u>3,095,328.</u>	<u>13,515,620.</u>

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2018

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

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

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

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

**4-Year Averaging Period Under Section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2015</b>	<b>(b) 2016</b>	<b>(c) 2017</b>	<b>(d) 2018</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? . . . . .		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .	X		
<b>c</b> Media advertisements? . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public? . . . . .		X	
<b>e</b> Publications, or published or broadcast statements? . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .	X		43,643.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .		X	
<b>i</b> Other activities? . . . . .		X	
<b>j</b> Total. Add lines 1c through 1i . . . . .			43,643.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

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

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

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

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

**Part IV Supplemental Information**

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

SEE PAGE 4

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**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1B

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

SCHEDULE C, PART II-B, LINE 1G

THIS INCLUDES COMPENSATION AND TRAVEL RELATED EXPENSES FOR WOUNDED WARRIOR PROJECT EMPLOYEES RELATING TO DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY. EXAMPLES INCLUDE RESEARCH AND OFFICE VISITS TO DISCUSS AND SUPPORT LEGISLATION SUCH AS THE RYAN KULES SPECIALLY ADAPTIVE HOUSING IMPROVEMENT ACT OF 2019 AND THE COMMANDER JOHN SCOTT HANNON VETERANS MENTAL HEALTH CARE IMPROVEMENT ACT OF 2019.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

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

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding 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 3 columns: Question number, Description, and Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2018

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
<b>1a</b> Beginning of year balance . . . . .	1,324,845.	1,363,844.	1,305,557.	1,205,183.	1,302,411.
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .	59,312.	89,938.	123,177.	100,374.	-34,747.
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	64,691.	128,937.	64,890.		62,481.
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	1,319,466.	1,324,845.	1,363,844.	1,305,557.	1,205,183.

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

- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  75.7900 %
  - c** Temporarily restricted endowment  24.2100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>	X	
<b>3a(ii)</b>		X
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		6,932,701.	6,363,183.	569,518.
<b>d</b> Equipment . . . . .		1,678,943.	1,306,309.	372,634.
<b>e</b> Other . . . . .		19,854,200.	18,406,667.	1,447,533.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				2,389,685.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	384,094,837.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	3,656,320.	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	93,447,856.	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	13,403.	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	5,273,956.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	102,391,535.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	281,703,302.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	756,732.	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-3,266.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	753,466.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	282,456,768.

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

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

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

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**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, 2019:

PERMANENT ENDOWMENT: \$1,000,000

TEMPORARILY RESTRICTED ENDOWMENT: \$319,466

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION HAS RECEIVED TAX DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE AND IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, ONLY UNRELATED BUSINESS INCOME IS SUBJECT TO INCOME TAX. THE ORGANIZATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION.

THE ORGANIZATION FOLLOWS AUTHORITATIVE GUIDANCE WHICH REQUIRES THE ORGANIZATION TO EVALUATE ITS TAX POSITIONS FOR ANY UNCERTAINTIES BASED ON THE TECHNICAL MERITS OF THE POSITION TAKEN. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE UPHOLD UPON EXAMINATION BY TAXING AUTHORITIES. AS OF SEPTEMBER 30, 2019, THE ORGANIZATION DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS AS REQUIRED AND ALL OTHER APPLICABLE RETURNS IN THOSE JURISDICTIONS WHERE REQUIRED.

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

OTHER RECONCILING ITEMS

\$5,273,956 - INCOME EARNED BY THE WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST SHOWN ON A CONSOLIDATED BASIS FOR FINANCIAL STATEMENT PURPOSES.

SCHEDULE D, PART XI LINE 4B

OTHER RECONCILING ITEM:

-\$3,266 LOSS ON DISPOSAL OF ASSETS RECLASSIFIED FROM FUNCTIONAL EXPENSES (AS REPORTED IN THE AUDITED FINANCIAL STATEMENTS)

SCHEDULE D, PART XII, LINE 2D

OTHER RECONCILING ITEMS

\$4,028 - EXPENSE INCURRED BY THE WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST SHOWN ON A CONSOLIDATED BASIS FOR FINANCIAL STATEMENT PURPOSES.

\$3,266 - LOSS ON DISPOSAL OF ASSETS REPORTED ON STATEMENT OF REVENUE PART VIII

\$7,294 - TOTAL RECONCILING ITEMS ON LINE 2D

SCHEDULE D, PART IX & PART X

EFFECTIVE OCTOBER 1, 2018, THE ORGANIZATION BEGAN ACCOUNTING FOR LEASES IN ACCORDANCE WITH ASU NO. 2016-02, LEASES (TOPIC 842.) THE ORGANIZATION LEASES OFFICE SPACE, STORAGE SPACE AND OFFICE EQUIPMENT PRIMARILY UNDER NON-CANCELABLE OPERATING LEASES. THESE LEASE AGREEMENTS PROVIDE FOR INCREASES IN SCHEDULED RENT, OPERATING EXPENSES, AND REAL ESTATE TAXES ATTRIBUTABLE TO THE LEASED PROPERTY. THE VALUE OF A RIGHT OF USE LEASE

**Part XIII** Supplemental Information *(continued)*

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LIABILITY BASED ON THE PRESENT VALUE OF FUTURE LEASE PAYMENTS IS  
\$22,732,405. THE VALUE OF THE ROU LEASE ASSET IS \$21,171,093.



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	1.	3.	PROGRAM SERVICES	SEE PART V	6,093,767.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	1.	3.			6,093,767.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	1.	3.			6,093,767.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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

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

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

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

SCHEDULE F, PART I, LINE 2

PROCEDURE FOR MONITORING PROGRAM SERVICES OUTSIDE THE U.S.

THE ORGANIZATION DELIVERED PROGRAM SERVICES OUTSIDE OF THE UNITED STATES

AS PART OF ITS INTERNATIONAL SUPPORT CONNECTION PROGRAM, WHICH ARE

MONITORED BY PROGRAM DIRECTORS IN A CONSISTENT MANNER AS THOSE PROGRAM

SERVICES DELIVERED INSIDE THE UNITED STATES. SEE BELOW FOR A DESCRIPTION

OF THE INTERNATIONAL SUPPORT CONNECTION PROGRAM. THE ORGANIZATION DID NOT

MAKE ANY GRANTS OUTSIDE OF THE UNITED STATES IN FISCAL YEAR 2019.

SCHEDULE F, PART I, LINE 3, COLUMN E

DESCRIPTION OF ACTIVITY IN EUROPE

INTERNATIONAL SUPPORT - LANDSTUHL REGIONAL MEDICAL CENTER ("LRMC") IS ONE

OF THE FIRST LOCATIONS WARRIORS ARE MEDICALLY EVACUATED TO WHEN INJURED

OVERSEES, ESPECIALLY FROM COMBAT ZONES IN THE MIDDLE EAST REGION OF THE

WORLD AND AFGHANISTAN. MOST OF THE TIME THEIR BELONGINGS ARE NOT

TRANSPORTED WITH THEM. WWP WANTS TO MAKE THEIR STAY AND TRAVEL BACK TO

THE UNITED STATES OF AMERICA AS COMFORTABLE AS POSSIBLE. WWP HAS

DEDICATED RESOURCES AT LRMC THAT DISTRIBUTE TCP'S, PROVIDE SUPPORT FOR

EVENTS AND VISITATION, AND EDUCATE WARRIORS AND FAMILIES ON WWP'S FREE

PROGRAMS AND SERVICES.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Name of the organization  
WOUNDED WARRIOR PROJECT, INC.

Employer identification number  
20-2370934

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				▶ 101,284,482.	9,379,379.	91,905,103.

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

ALL STATES

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		COURAGE AWARDS (event type)	CARRY FORWARD (event type)	2. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	772,016.	597,485.	137,720.	1,507,221.
	<b>2</b> Less: Contributions . . . . .	690,661.	444,626.	59,567.	1,194,854.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	81,355.	152,859.	78,153.	312,367.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	95,934.	70,744.	12,434.	179,112.
	<b>7</b> Food and beverages . . . . .	77,248.	5,618.	1,984.	84,850.
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	180,819.	107,534.	24,180.	312,533.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				576,495.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-264,128.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

## 990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
CREATIVE DIRECT RESPONSE  16900 SCIENCE DR, SUITE 210 BOWIE MD 20715	DIRECT RESPONSE		X	90,439,519.	4,035,260.	86,404,259.
BKV UNIFIED, LLC (DRUM)  3390 PEACHTREE RD NE, 10TH FLOOR ATLANTA GA 30326	DIRECT RESPONSE		X	8,129,296.	3,111,005.	5,018,291.
THOMPSON, HABIB, & DENISON, INC. 80 HAYDEN AVE, STE 300 LEXINGTON MA 02421	DIRECT RESPONSE		X	1,815,943.	379,836.	1,436,107.
AMERIDIAL INC.  4877 HIGBEE AVENUE NW CANTON OH 44718	DIRECT RESPONSE		X	9,912.	7,327.	2,585.
GIVEBRIDGE, INC.  525 W MONROE STREET, STE 900 CHICAGO IL 60661	DIRECT RESPONSE		X	889,812.	1,845,951.	-956,139.



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

**Part I General Information on Grants and Assistance**

- 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) AMERICAN NATIONAL RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	5,200,000.				SEE SCHEDULE O
(2) AMERICA'S WARRIOR PARTNERSHIP 1190 INTERSTATE PARKWAY AUGUSTA, GA 30909	47-1606321	501(C)(3)	500,000.				SEE SCHEDULE O
(3) BOULDER CREST RETREAT FOUNDATION 18370 BLUEMONT VILL LN, BLUEMONT, VA 20135	27-3228310	501(C)(3)	200,000.				SEE SCHEDULE O
(4) BURN PITS 360 4450 BEECHCRAFT RD ROBSTOWN, TX 78380	45-4258125	501(C)(3)	25,000.				SEE SCHEDULE O
(5) CARING FOR MILITARY FAMILIES: ELIZABETH DOL 600 NEW HAMPSHIRE AVE NW, WA DC 20037	45-4292692	501(C)(3)	350,000.				SEE SCHEDULE O
(6) CENTER FOR A NEW AMERICAN SECURITY 1152 15TH ST, NW STE 950, WA DC 20005	20-8084828	501(C)(3)	25,000.				SEE SCHEDULE O
(7) COMBINED ARMS 2929 MCKINNEY STREET HOUSTON, TX 77003	47-5648923	501(C)(3)	600,000.				SEE SCHEDULE O
(8) CREATIVETS 401 N COUNTRY CLUB DR ADDISON, IL 60101	46-3617663	501(C)(3)	75,000.				SEE SCHEDULE O
(9) EL PASO COUNTY HOMELESS VETERANS COALITION PO BOX 1841 COLORADO SPRINGS, CO 80901	84-1560800	501(C)(3)	66,000.				SEE SCHEDULE O
(10) EMORY UNIVERSITY 1599 CLIFTON RD 3RD FLR, ATLANTA GA 30322	58-0566256	501(C)(3)	3,501,107.				SEE SCHEDULE O
(11) FIVE STAR VETERANS CENTER 40 ACME STREET JACKSONVILLE, FL 32211	45-3545974	501(C)(3)	84,000.				SEE SCHEDULE O
(12) HEADSTRONG PROJECT 655 MADISON AVE 18TH FLR, NEW YORK NY 10065	45-5261907	501(C)(3)	500,000.				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) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HILLVETS 625 N WA ST #425, ALEXANDRIA, VA 22314	47-3616097	501(C)(3)	75,000.				SEE SCHEDULE O
(2) HOMES FOR OUR TROOPS INC. 6 MAIN STREET TAUNTON, MA 02780	54-2143612	501(C)(3)	573,200.				SEE SCHEDULE O
(3) LONG ISLAND CARES INC. 10 DAVIDS DRIVE HAUPPAUGE, NY 11788	11-2524512	501(C)(3)	48,563.				SEE SCHEDULE O
(4) MASSACHUSETTS GENERAL HOSPITAL 100 CAMBRIDGE ST STE 1310 BOSTON, MA 02114	04-1564655	501(C)(3)	8,639,884.				SEE SCHEDULE O
(5) MILITARY CHILD EDUCATION COALITION 909 MTN LION CIRCLE HARKER HEIGHTS TX 76548	74-2889416	501(C)(3)	150,000.				SEE SCHEDULE O
(6) NATIONAL MILITARY FAMILY ASSOCIATION 3601 EISENHOWER AVE, ALEXANDRIA VA 22034	52-0899384	501(C)(3)	80,000.				SEE SCHEDULE O
(7) NAVY-MARINE CORPS RELIEF SOCIETY 875 N RANDOLPH STREET ARLINGTON, VA 22203	53-0204618	501(C)(3)	50,000.				SEE SCHEDULE O
(8) NORTHEAST FLORIDA WOMEN VETERANS 2133 BROADWAY AVE JACKSONVILLE, FL 32209	30-0758834	501(C)(3)	30,000.				SEE SCHEDULE O
(9) OPERATION HOMEFRONT 1355 CENTRAL PKWY S SAN ANTONIO, TX 78232	32-0033325	501(C)(3)	750,000.				SEE SCHEDULE O
(10) OUR MILITARY KIDS, INC. 6861 ELM STREET MCLEAN, VA 22101	56-2483648	501(C)(3)	75,000.				SEE SCHEDULE O
(11) PERMISSION TO START DREAMING FOUNDATION 3110 JUDSON ST, PMB 144 GIG HARBOR WA 98335	27-5251886	501(C)(3)	7,000.				SEE SCHEDULE O
(12) RUSH UNIVERSITY MEDICAL CENTER 1653 W. CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	7,043,991.				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) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

**Part I General Information on Grants and Assistance**

- 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
<b>(1)</b> SALUTE, INC. P.O. BOX 2663 PALATINE, IL 60078	06-1718308	501(C)(3)	300,000.				SEE SCHEDULE O
<b>(2)</b> SYRACUSE UNIVERSITY SKYTOP OFC BLDG SKYTOP RD SYRACUSE NY 13244	15-0532081	501(C)(3)	375,000.				SEE SCHEDULE O
<b>(3)</b> TEAM RED, WHITE & BLUE 1110 W PLATT STREET TAMPA, FL 33606	27-2196347	501(C)(3)	250,000.				SEE SCHEDULE O
<b>(4)</b> TEAM RUBICON 6171 W CENTURY BLVD LOS ANGELES, CA 90045	27-1720480	501(C)(3)	3,000,000.				SEE SCHEDULE O
<b>(5)</b> THE MISSION CONTINUES 1141 SOUTH 7TH STREET SAINT LOUIS, MO 63104	20-8742553	501(C)(3)	1,300,000.				SEE SCHEDULE O
<b>(6)</b> TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS IN 3033 WILSON BLVD NO 630, ARLINGTON VA 22201	92-0152268	501(C)(3)	300,000.				SEE SCHEDULE O
<b>(7)</b> TRAVIS MANION FOUNDATION P.O. BOX 1485 DOYLESTOWN, PA 18901	41-2237951	501(C)(3)	400,000.				SEE SCHEDULE O
<b>(8)</b> UCLA HEALTH SCIENCES DEVELOPMENT 11000 KINROSS AVE BLDG, STE 211 LA CA 90095	95-6006143	501(C)(3)	7,697,648.				SEE SCHEDULE O
<b>(9)</b> US ARMY WARRIOR CARE & TRANSITION PROGRAM 2530 CRYSTAL DRIVE ARLINGTON, VA 22202	99-9999999	GOV	50,000.				SEE SCHEDULE O
<b>(10)</b> US CHAMBER OF COMMERCE FOUNDATION 1615 H STREET NW WASHINGTON, DC 20062	53-0045720	501(C)(3)	75,000.				SEE SCHEDULE O
<b>(11)</b> VA NATIONAL VETERANS SUMMER SPORTS 3350 LA JOLLA VILL DR SAN DIEGO CA 92161	23-7262137	501(C)(3)	200,000.				SEE SCHEDULE O
<b>(12)</b> VAIL VETERANS FOUNDATION INC DBA VAIL VETER 12 VAIL RD, STE 200, VAIL CO 81658	20-5254885	501(C)(3)	100,000.				SEE SCHEDULE O

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) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

**Part I 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) VETERANS HEALTH COUNCIL 624 4TH ST BEAVER FALLS PA 15010	81-4567669	501(C)(3)	90,000.				SEE SCHEDULE O
(2) VETERANS OF FOREIGN WARS FOUNDATION 406 WEST 34TH ST KANSAS CITY, MO 64111	43-1758998	501(C)(3)	410,000.				SEE SCHEDULE O
(3) VETS COMMUNITY CONNECTIONS PO BOX 5756 TAKOMA PARK, MD 20913	82-4702420	501(C)(3)	200,000.				SEE SCHEDULE O
(4) VIETNAM VETERANS OF SAN DIEGO 4141 PACIFIC HIGHWAY SAN DIEGO, CA 92110	95-3649525	501(C)(3)	350,000.				SEE SCHEDULE O
(5) WARRIOR REUNION FOUNDATION 35 HICKORY MEADOW RD COCKEYSVILLE, MD 21030	81-5360521	501(C)(3)	20,000.				SEE SCHEDULE O
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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) (2018)

**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	878.	1,187,337.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART III, LINE 1(A)

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

SCHEDULE I, PART I, LINE 2

PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S. WOUNDED WARRIOR PROJECT MONITORS GRANT FUNDS ACCORDING TO THE TERMS OF AN APPLICABLE WRITTEN AGREEMENT. UNDER SUCH AGREEMENTS, GRANTEEES ARE RESPONSIBLE FOR PROVIDING PERIODIC IMPACT REPORTS. WOUNDED WARRIOR

**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.

PROJECT USES THESE REPORTS TO ENSURE THAT GRANT FUNDS ARE SPENT FOR THEIR INTENDED PURPOSES. IN SOME CASES, SITE VISITS ARE CONDUCTED. SEE SCHEDULE O FOR GRANT DESCRIPTIONS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

**Part I 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	MICHAEL S. LINNINGTON CHIEF EXECUTIVE OFFICER	(i)	281,594.	0.	0.	9,047.	22,371.	313,012.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	CHRISTOPHER TONER CHIEF OF STAFF	(i)	219,784.	39,462.	0.	10,351.	23,802.	293,399.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	ERIC S. MILLER CHIEF FINANCIAL OFFICER	(i)	250,944.	44,967.	0.	11,000.	23,808.	330,719.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	GARY A. CORLESS CHIEF DEVELOPMENT OFFICER	(i)	245,177.	44,016.	0.	7,863.	23,808.	320,864.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	JENNIFER M. SILVA CHIEF PROGRAM OFFICER	(i)	262,773.	52,416.	0.	7,671.	23,808.	346,668.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	DAWN M. BOLAND SECRETARY AND GENERAL COUNSEL	(i)	124,903.	13,847.	0.	4,985.	12,894.	156,629.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	MICHAEL C. RICHARDSON VP INDEPENDENCE & MENTAL HLTH	(i)	194,558.	38,748.	0.	9,004.	22,280.	264,590.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	JOHN T. HAMRE III VP DIRECT RESPONSE	(i)	220,284.	39,463.	0.	5,411.	9,047.	274,205.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	TRACY FARRELL VP ENGAGEMENT & PHYSICAL HLTH	(i)	183,843.	36,706.	0.	6,779.	8,928.	236,256.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	BREA KRATZERT VP DEVELOPMENT	(i)	183,762.	33,036.	0.	7,062.	22,243.	246,103.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	RENE ' BARDORF (THRU 6/19) SR VP-GOV. & COMM. REL	(i)	239,646.	47,748.	0.	10,551.	20,524.	318,469.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	SCOTT COSTER VP INFO. TECH.	(i)	183,972.	29,365.	0.	6,780.	23,680.	243,797.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	ANGELA STROHL VP HUMAN RESOURCES	(i)	183,843.	29,365.	0.	2,260.	23,680.	239,148.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	CRAIG CARROLL VP FINANCE & ACCOUNTING	(i)	177,401.	33,036.	0.	8,411.	22,747.	241,595.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	AYLA M. TEZEL VP COMMUNICATIONS	(i)	183,762.	22,024.	0.	6,497.	20,337.	232,620.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16	AMBERLIE ALLRED FMR SECRETARY/GC (THRU 06/18)	(i)	148,994.	0.	0.	5,061.	5,820.	159,875.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.



**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS

DISCRETIONARY BONUSES ARE REPORTED ON SCHEDULE J, PART II, COLUMN B(II).

DISCRETIONARY BONUSES FOR OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED

EMPLOYEES ARE BASED ON OBJECTIVE, INDIVIDUAL PERFORMANCE CRITERIA. THE

CEO'S BONUS IS DETERMINED BY THE BOARD OF DIRECTORS, AND ALL OTHER

OFFICER, KEY EMPLOYEE AND HIGHLY COMPENSATED EMPLOYEE BONUSES ARE

DETERMINED BY THE CEO, BASED ON RANGES SET BY THE BOARD OF DIRECTORS.

COMPARABILITY DATA IS USED IN DETERMINING APPROPRIATE AND REASONABLE

BONUS RANGES FOR OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED

EMPLOYEES. THE ORGANIZATION DOCUMENTS THE BASIS FOR ITS BONUS

DETERMINATION IN MEETING MINUTES OR OTHER INTERNAL DOCUMENTS, WHICH ARE

PREPARED AT THE TIME BONUSES ARE APPROVED, AND REFLECT THE UNDERLYING

PARTICULAR BONUS DETERMINATIONS.

NO PERFORMANCE BONUS IS REPORTED ON THE CURRENT YEAR FORM 990 FOR THE

CEO, MICHAEL LINNINGTON, DUE TO THE TIMING OF WHEN THE BONUS PAYMENTS

WERE RECEIVED. THE CEO'S PERFORMANCE BONUS FOR THE FISCAL YEAR ENDING

SEPTEMBER 30, 2017 WAS PAID IN DECEMBER 2017 AND WAS REPORTED IN THE

**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.

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PRIOR YEAR FORM 990 (TO CORRESPOND WITH MR. LINNINGTON'S 2017 FORM W-2).

THE CEO'S FISCAL YEAR 2018 PERFORMANCE BONUS WAS PAID IN JANUARY 2019 AND

WILL BE PROPERLY REFLECTED IN NEXT YEAR'S FORM 990 (TO CORRESPOND WITH

MR. LINNINGTON'S 2019 W-2). CONSEQUENTLY, SINCE THE CEO DID NOT RECEIVE

A BONUS PAYMENT IN CALENDAR 2018, NO BONUS IS REPORTED ON THIS FORM 990.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .	X	559.	262,783.	FAIR MARKET VALUE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	230.	2,138,533.	FAIR MARKET VALUE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( ATCH 1 ) . . . . .		560.	825,712.	
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.		

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

Schedule M (Form 990) 2018

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

---

SCHEDULE M, PART I, COLUMN B

AMOUNTS IN COLUMN B REPRESENT THE NUMBER OF INDIVIDUAL CONTRIBUTIONS OF ONE OR MORE ITEMS.

SCHEDULE M, PART I, LINE 32A

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

**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	347.	433,882.	FAIR MARKET VALUE
SUPPLIES	X	186.	238,379.	FAIR MARKET VALUE
OTHER PROMO	X	1.	55,072.	FAIR MARKET VALUE
BACKPACKS	X	3.	35,589.	FAIR MARKET VALUE
EQUIPMENT	X	7.	28,681.	FAIR MARKET VALUE
GALA ITEMS	X	12.	23,943.	FAIR MARKET VALUE
OIL WELL RIGHTS	X	4.	10,166.	FAIR MARKET VALUE
TOTALS		<u>560.</u>	<u>825,712.</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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

20-2370934

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION CONTINUED

WARRIORS NEVER PAY FOR WWP PROGRAMS BECAUSE THEY PAID THEIR DUES ON THE BATTLEFIELD. WWP IS RECOGNIZED AS A 501 (C)(3) CHARITABLE ORGANIZATION ORGANIZED FEBRUARY 23, 2005, IN THE COMMONWEALTH OF VIRGINIA AS A NONSTOCK, NONPROFIT CORPORATION, FOR THE PURPOSE OF SERVING VETERANS AND SERVICE MEMBERS WHO INCURRED A PHYSICAL OR MENTAL INJURY, ILLNESS, OR WOUND, CO-INCIDENT TO THEIR MILITARY SERVICE ON OR AFTER SEPTEMBER 11, 2001. THE CONSOLIDATED FINANCIAL STATEMENTS INCLUDE WOUNDED WARRIOR PROJECT, INC. AND WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST (COLLECTIVELY, THE "ORGANIZATION").

FORM 990, PART III, LINE 4A

THE ORGANIZATION PROVIDES THE FOLLOWING MENTAL HEALTH AND WELLNESS PROGRAMS:

WARRIOR CARE NETWORK®: THE WARRIOR CARE NETWORK PROVIDES TREATMENT FOR PTSD AND TBI THROUGH AN INTEGRATED CARE MODEL. THE WARRIOR CARE NETWORK CONSISTS OF FOUR LEADING NATIONAL ACADEMIC MEDICAL CENTERS ("AMCS") THAT PROVIDE WARRIORS AND THEIR FAMILIES WITH WORLD-CLASS, EVIDENCE-BASED MENTAL HEALTH CARE. THESE AMCS PROVIDE WARRIORS WITH AN INDIVIDUALIZED MULTI-WEEK, INTENSIVE OUTPATIENT PROGRAM AND POST DISCHARGE CARE, AS WELL AS TRADITIONAL OUTPATIENT THERAPY. WWP ISSUED MONETARY GRANTS TO THE AMCS TO FUND THIS PROGRAM TOTALING \$24,882,630, FOR THE FISCAL YEAR ENDED

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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SEPTEMBER 30, 2019.

COMBAT STRESS RECOVERY PROGRAM ("CSRP"): THIS PROGRAM ADDRESSES THE MENTAL HEALTH AND COGNITIVE NEEDS OF SERVICE MEMBERS DEALING WITH THE INVISIBLE WOUNDS OF WAR, NAMELY PTSD AND TRAUMATIC BRAIN INJURY ("TBI"). CSRP CHALLENGES WARRIORS TO SET GOALS AND UNDERSTAND THEIR "NEW NORMAL." MANY WARRIORS BEGIN THEIR RECOVERY JOURNEY WITH PROJECT ODYSSEY®, AN OUTDOOR, REHABILITATIVE RETREAT THAT PROMOTES PEER CONNECTION, CHALLENGING EXPERIENCES, AND HEALING WITH OTHER VETERANS. CSRP PROVIDES LICENSED MENTAL HEALTH COUNSELORS AT PROJECT ODYSSEY EVENTS. CSRP ALSO PROVIDES POST-RETREAT CONTINUED CARE SERVICES TO IMPROVE WARRIOR RESILIENCY AND LONG-TERM PSYCHOLOGICAL WELL-BEING. THIS IS ACCOMPLISHED THROUGH THE ESTABLISHMENT OF GOALS AND THE IDENTIFICATION AND USE OF COMMUNITY-BASED RESOURCES. DURING FISCAL YEAR 2019, 2,561 PARTICIPANTS ATTENDED A PROJECT ODYSSEY RETREAT, OVER 2,851 WARRIORS WERE SERVED THROUGH MENTAL HEALTH OUTREACH AND REFERRALS, AND 16,696 COUNSELING SESSIONS WERE DELIVERED TO WARRIORS AND THEIR FAMILIES. 97.1% OF PROJECT ODYSSEY PARTICIPANTS RATED THE RESILIENCY SKILLS LEARNED AS USEFUL OR VERY USEFUL.

WWP TALK: THIS PROGRAM PROVIDES A NON-CLINICAL TELEPHONIC, EMOTIONAL SUPPORT PROGRAM FOR WARRIORS, THEIR FAMILIES AND CAREGIVERS, WHICH HELPS BRIDGE THE GAP THAT MAY PREVENT PARTICIPATION IN OTHER PROGRAMS. THIS MENTAL HEALTH SUPPORT LINE WAS CREATED FOR WOUNDED SERVICE MEMBERS LIVING WITH PTSD, DEPRESSION, COMBAT STRESS, AND OTHER MENTAL HEALTH CONDITIONS.

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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TOGETHER, THE WARRIOR, FAMILY MEMBER OR CAREGIVER AND WWP TALK TEAMMATES DEVELOP COPING STRATEGIES TO HELP THE WARRIOR OVERCOME CHALLENGES AND LEARN TO THRIVE AGAIN DESPITE INVISIBLE WOUNDS. WWP CONDUCTED 14,586 EMOTIONAL SUPPORT CALLS IN THE WWP TALK PROGRAM IN FISCAL YEAR 2019. 94.1% OF WWP TALK PARTICIPANTS WERE SATISFIED WITH THE PROGRAM.

COMPLEX CASE COORDINATION: COMPLEX CASE COORDINATION IS A SPECIALIZED PROGRAM DESIGNED TO ASSIST WARRIORS IN SPECIFIC CRISIS SITUATIONS. WWP WORKS WITH EXTERNAL ORGANIZATIONS TO FACILITATE THE APPROPRIATE LEVEL OF CARE AND SUPPORT FOR THESE WARRIORS BASED ON THEIR SPECIFIC NEEDS. MULTI-WEEK, INTENSIVE OUTPATIENT PROGRAM AND POST DISCHARGE CARE, AS WELL AS TRADITIONAL OUTPATIENT THERAPY. WWP ISSUED MONETARY GRANTS TO THE AMCS TO FUND THIS PROGRAM TOTALING \$24,882,630, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019.

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

FORM 990, PART III, LINE 4B

WWP PROVIDES THE FOLLOWING CONNECTION PROGRAMS:

ALUMNI PROGRAM: WHEN WARRIORS RETURN HOME AND BEGIN THEIR TRANSITION TO CIVILIAN LIFE, THE SENSE OF CAMARADERIE QUICKLY FADES, OFTEN LEADING TO ISOLATION. THE WOUNDED WARRIOR PROJECT® (WWP) ALUMNI PROGRAM CREATES



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MEANINGFUL OPPORTUNITIES FOR WARRIORS TO CONNECT WITH THEIR PEERS, FAMILIES, AND LOCAL COMMUNITIES. THROUGH EDUCATIONAL, RECREATIONAL, AND FAMILY FOCUSED EVENTS, WARRIORS CAN BUILD A NETWORK OF SUPPORT AND GAIN RENEWED SENSE OF CAMARADERIE. THESE OPPORTUNITIES AND CONNECTIONS PAVE THE WAY TO NEW EXPERIENCES AND IMPROVE SELF-CONFIDENCE FOR WARRIORS - WITH A COMMUNITY OF SUPPORT TO LEAN ON THROUGHOUT THEIR JOURNEY OF REHABILITATION AND RECOVERY. THE ALUMNI PROGRAM HAD 133,991 WARRIORS AND 34,484 FAMILY MEMBERS REGISTERED AS OF SEPTEMBER 30, 2019. AMONG WARRIORS PARTICIPATING IN ALUMNI EVENTS, 90% REPORTED FEELING SOCIALLY CONNECTED WITH THEIR PEERS, WHICH CAN BE VITAL TO TRANSITIONING VETERANS AND LEAD TO MORE POSITIVE MENTAL HEALTH OUTCOMES.

THE ALUMNI PROGRAM ALSO PROVIDES BACKPACKS CONTAINING ESSENTIAL CARE AND COMFORT ITEMS TO WOUNDED SERVICE MEMBERS AND THEIR FAMILIES ARRIVING AT U.S. MILITARY HOSPITALS AND TRAUMA CENTERS. INJURED WARRIORS OVERSEAS WHO ARE EVACUATED FROM FIELD HOSPITALS TO LARGER MILITARY TREATMENT FACILITIES ABROAD RECEIVE A TRANSITIONAL CARE PACK ("TCP"), WHICH INCLUDES CLOTHING AND TOILETRIES FOR THEIR IMMEDIATE COMFORT. WWP DELIVERED APPROXIMATELY 159 BACKPACKS AND 500 TCPS TO WOUNDED WARRIORS IN FISCAL YEAR 2019. SINCE WWP'S INCEPTION 5,900 BACKPACKS AND 46,768 TCPS HAVE BEEN DELIVERED TO WOUNDED WARRIORS.

INTERNATIONAL SUPPORT: LANDSTUHL REGIONAL MEDICAL CENTER ("LRMC") IS ONE OF THE FIRST LOCATIONS WARRIORS ARE MEDICALLY EVACUATED TO WHEN INJURED OVERSEAS, ESPECIALLY FROM COMBAT ZONES IN THE MIDDLE EAST REGION OF THE

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WORLD AND AFGHANISTAN. MOST OF THE TIME THEIR BELONGINGS ARE NOT TRANSPORTED WITH THEM. WWP WANTS TO MAKE THEIR STAY AND TRAVEL BACK TO THE UNITED STATES OF AMERICA AS COMFORTABLE AS POSSIBLE. WWP HAS DEDICATED RESOURCES AT LRMC THAT DISTRIBUTE TCP'S, PROVIDE SUPPORT FOR EVENTS AND VISITATION, AND EDUCATE WARRIORS AND FAMILIES ON WWP'S FREE PROGRAMS AND SERVICES.

PEER SUPPORT: PEER SUPPORT IS THE PROGRAMMATIC EMBODIMENT OF WWP'S LOGO, FOSTERING RELATIONSHIPS THAT ENABLE WARRIORS TO HELP OTHER WARRIORS THROUGH THE RECOVERY PROCESS. WWP PEER LED GROUPS MEET ON A REGULAR BASIS ACROSS THE UNITED STATES, PROVIDING CAMARADERIE AND OPPORTUNITIES FOR WARRIORS TO ENGAGE WITH OTHER WARRIORS WHO CAN SHARE THEIR UNDERSTANDING AND PERSPECTIVE. THE PEER SUPPORT PROGRAM SERVED 6,821 ATTENDEES AT PEER FACILITATED SUPPORT GROUPS IN FISCAL YEAR 2019.

SOLDIER RIDE®: SOLDIER RIDE IS A UNIQUE THREE TO FIVE-DAY PROGRAM FOR WARRIORS TO USE CYCLING AND THE BONDS OF SERVICE TO OVERCOME PHYSICAL, MENTAL AND EMOTIONAL WOUNDS. WARRIORS OF ALL ABILITY LEVELS CAN CYCLE ON ADAPTIVE HAND CYCLES, TRIKES AND BICYCLES. IN ADDITION TO THE PHYSICAL BENEFITS, SOLDIER RIDE HELPS RAISE PUBLIC AWARENESS OF THE CHALLENGES WOUNDED WARRIORS FACE TODAY. WARRIORS HAVE THE OPPORTUNITY TO TAKE PART IN ANNUAL EVENTS, INCLUDING RIDES INITIATING FROM THE SOUTH LAWN OF THE WHITE HOUSE TO THOSE HELD IN LOCAL COMMUNITIES ACROSS THE NATION. SOLDIER RIDE SERVED 1,288 PARTICIPANTS IN FISCAL YEAR 2019. 92.7% OF PARTICIPANTS SAID SOLDIER RIDE MADE THEM FEEL MORE CONFIDENT THAT THEY CAN MEET THEIR

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PHYSICAL FITNESS, NUTRITION AND WELLNESS GOALS.

FORM 990, PART III, LINE 4C

THE ORGANIZATION PROVIDES THE FOLLOWING FINANCIAL WELLNESS PROGRAMS:

BENEFITS SERVICE: THE BENEFITS SERVICE PROGRAM ENSURES THAT WARRIORS AND THEIR FAMILIES HAVE INFORMATION AND ACCESS TO GOVERNMENT BENEFITS AND COMMUNITY RESOURCES NECESSARY FOR SUCCESSFUL TRANSITION TO LIFE AFTER INJURY. A KEY PART OF THIS PROGRAM IS WWP'S TEAM OF HIGHLY TRAINED PERSONNEL THAT ARE ACCREDITED BY THE U.S. DEPARTMENT OF VETERAN AFFAIRS TO REPRESENT WARRIORS AND ADVOCATE ON THEIR BEHALF. WWP PERSONNEL REPRESENT WARRIORS IN THEIR FILING OF CLAIMS FOR BENEFITS WITH THE U.S. DEPARTMENT OF VETERAN AFFAIRS AND U.S. DEPARTMENT OF DEFENSE. WWP PERSONNEL WORK CLOSELY WITH EACH AGENCY SO THEY CAN WALK WARRIORS THROUGH EVERY STEP OF THE PROCESS. WHEN A CLAIM IS FILED, WWP MAKES SURE IT IS PROCESSED CORRECTLY THE FIRST TIME AND GUIDES INJURED SERVICE MEMBERS THROUGH THIS CRUCIAL PART OF THEIR TRANSITION. IN FISCAL YEAR 2019, THERE WERE APPROXIMATELY 21,181 ISSUES AWARDED ON BEHALF OF WARRIORS THROUGH BENEFITS SERVICE, WITH AN ECONOMIC IMPACT OF \$131.5 MILLION.

WARRIORS TO WORK®: WARRIORS TO WORK IS ONE OF THE CORNERSTONES OF WWP'S EFFORTS TO ACHIEVE THE GOAL OF ECONOMICALLY EMPOWERED WOUNDED WARRIORS. THIS PROGRAM ASSISTS WOUNDED WARRIORS WITH THEIR TRANSITION TO THE CIVILIAN WORKFORCE. IT OFFERS A COMPLETE PACKAGE OF CAREER GUIDANCE AND SUPPORT SERVICES INCLUDING RESUME WRITING ASSISTANCE, INTERVIEWING

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SKILLS, NETWORKING, JOB TRAINING, AND JOB PLACEMENT. THE PROGRAM STAFF PROVIDE ON-GOING INDIVIDUAL COUNSELING AND PERSONAL SUPPORT TO ALL PROGRAM PARTICIPANTS AS THEY STRIVE TO BUILD A CAREER IN THE CIVILIAN WORKFORCE. IN FISCAL YEAR 2019, 1,959 WARRIORS AND FAMILY MEMBERS WHO PARTICIPATED IN THE WARRIORS TO WORK PROGRAM WERE PLACED IN FULL-TIME AND PART-TIME EMPLOYMENT, WITH AN AVERAGE SALARY OF \$51,610 AND \$20,154, RESPECTIVELY, WHICH HAD AN ECONOMIC IMPACT OF \$87.8 MILLION FROM ANNUALIZED EMPLOYMENT COMPENSATION.

EMERGENCY FINANCIAL ASSISTANCE: WWP'S EMERGENCY FINANCIAL ASSISTANCE ("EFA") PROGRAM PROVIDES FINANCIAL ASSISTANCE TO WARRIORS AND IMMEDIATE FAMILY MEMBERS WHO ENCOUNTER EMERGENT SITUATIONS THAT IMPACT THEIR LIFE, SAFETY, OR SHELTER.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICE DESCRIPTIONS

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

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THE INDEPENDENCE PROGRAM IS A TEAM EFFORT, BRINGING TOGETHER THE WARRIOR AND HIS OR HER FULL SUPPORT TEAM TO DEVELOP AN INDIVIDUALIZED PLAN THAT IS FOCUSED ON GOALS THAT PROVIDE A FUTURE WITH PURPOSE. THE INDEPENDENCE PROGRAM IS DESIGNED AS A COMPREHENSIVE LONG-TERM PARTNERSHIP INTENDED TO ADAPT TO THE WARRIORS' EVER-CHANGING NEEDS. THE INDEPENDENCE PROGRAM PROVIDED OVER 222,465 HOURS OF COMMUNITY-BASED SUPPORT TO 719 WARRIORS. 94% OF PARTICIPANTS WERE SUPPORTED IN THEIR HOMES AND COMMUNITIES. TOTAL INDEPENDENCE PROGRAM EXPENSES WERE \$26,763,796, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019.

GOVERNMENT RELATIONS & COMMUNITY PARTNERSHIPS - ONE OF WWP'S STRATEGIC PRIORITIES IS TO IMPROVE THE LIVES OF VETERANS BY EXPANDING ITS IMPACT THROUGH ADVOCACY AND COLLABORATION. WWP HAS DEDICATED RESOURCES FOR THESE EFFORTS. WWP'S GOVERNMENT RELATIONS TEAM ADVOCATES FOR LEGISLATION AND POLICY THAT POSITIVELY IMPACT THE LIVES OF SERVICE MEMBERS, VETERANS, AND FAMILIES, AS WELL AS FUTURE VETERANS. WWP ALSO EDUCATES VETERANS AND THEIR FAMILIES ABOUT THE PROGRAMS AND SERVICES AVAILABLE FROM THE FEDERAL GOVERNMENT, ENABLING THEM TO UTILIZE THE BENEFITS AND ENTITLEMENTS THEY'VE EARNED.

IN ADDITION, WWP HAS A DEDICATED COMMUNITY PARTNERSHIPS TEAM THAT ENGAGES AND AMPLIFIES THE NETWORK OF SUPPORT FOR WARRIORS AND THEIR FAMILIES THROUGH RELATIONSHIPS AND INVESTMENTS IN SIMILARLY FOCUSED ORGANIZATIONS, INCLUDING ISSUANCE OF MONETARY GRANTS.

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TOTAL GOVERNMENT RELATIONS AND COMMUNITY PARTNERSHIPS EXPENSES WERE \$18,109,225, INCLUDING MONETARY GRANTS OF \$9,223,200, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019.

PHYSICAL HEALTH & WELLNESS ("PH&W") PROGRAM - WWP ENVISIONS INJURED WARRIORS LIVING WELL-ADJUSTED ACTIVE, HEALTHY LIVES. INACTIVITY, WEIGHT GAIN, PHYSICAL DISABILITIES, AND SLEEP ISSUES SERIOUSLY AFFECT A WARRIOR'S QUALITY OF LIFE. THROUGH WWP'S PH&W PROGRAM, WARRIORS REGAIN THEIR PHYSICAL INDEPENDENCE AND WELL-BEING. PH&W USES COACHING, SKILL-BUILDING, EDUCATION, AND PHYSICAL TRAINING TO REDUCE STRESS, COMBAT DEPRESSION, AND PROMOTE AN OVERALL HEALTHY AND ACTIVE LIFESTYLE. PH&W HAS SOMETHING TO OFFER WARRIORS IN EVERY STAGE OF RECOVERY. THREE PRIMARY AREAS ARE FITNESS, NUTRITION, AND WELLNESS. IN FISCAL YEAR 2019, MORE THAN 7,500 WARRIORS PARTICIPATED IN PH&W PROGRAM EVENTS. AN ADDITIONAL 1,136 WARRIORS PARTICIPATED IN A COACHING MODEL-BASED PROGRAM.

PH&W ALSO OFFERS AN ADAPTIVE SPORTS PROGRAM THAT TEACHES PHYSICALLY INJURED WARRIORS NEW SKILLS USING ADAPTIVE EQUIPMENT AND TECHNIQUES FOR ACTIVITIES SUCH AS WHEELCHAIR BASKETBALL, SKIING, SURFING AND SLED HOCKEY. WWP CONNECTS WARRIORS WITH LOCAL COMMUNITY ADAPTIVE SPORTS LEAGUES AND RESOURCES TO INCREASE THEIR NETWORK OF SUPPORT.

IN FISCAL YEAR 2019, 1,136 WARRIORS PARTICIPATED IN A COACHING MODEL-BASED PROGRAM. 97.9% OF PARTICIPANTS STATED THAT AS A RESULT OF THEIR EXPERIENCE IN THIS PROGRAM THEY WILL SEEK OUT PHYSICAL FITNESS,

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NUTRITION, AND WELLNESS OPPORTUNITIES AND 94.8% OF PARTICIPANTS STATED THAT THEY PARTICIPATED IN OTHER FITNESS OPPORTUNITIES 90 DAYS AFTER PROGRAM COMPLETION. THERE WERE ALSO MORE THAN 7,588 PARTICIPANTS IN OTHER WWP PH&W PROGRAM EVENTS. TOTAL PHYSICAL HEALTH & WELLNESS PROGRAM EXPENSES WERE \$16,189,513, INCLUDING MONETARY GRANTS OF \$2,250,000, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

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

FORM 990, PART VI, LINE 12C

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.

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

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

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

FORM 990, PART VI, LINE 14

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

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

PROCESS FOR DETERMINING COMPENSATION

COMPENSATION FOR THE ORGANIZATION'S CEO IS DETERMINED BY THE BOARD OF



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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 AUDITED CONSOLIDATED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE AT WWW.WOUNDEDWARRIORPROJECT.ORG. WWP'S FORM 1023 AND 990 T ARE AVAILABLE UPON REQUEST. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST AT MANAGEMENT'S DISCRETION FROM THE CORPORATE HEADQUARTERS AT 4899 BELFORT ROAD, SUITE 300, JACKSONVILLE, FL 32256.

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

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ATTRIBUTABLE TO A SINGLE PROGRAM OR SUPPORTING ACTIVITY, ARE ALLOCATED BY MANAGEMENT ON A CONSISTENT BASIS FROM REPORTING PERIOD TO REPORTING PERIOD AMONG PROGRAM AND SUPPORTING SERVICES BENEFITED, BASED ON EITHER FINANCIAL OR NONFINANCIAL DATA, INCLUDING HEADCOUNT OR ESTIMATES OF TIME AND EFFORT INCURRED BY PERSONNEL.

FORM 990, PART IX, LINE 24A

PROGRAM/OTHER PROVIDER SERVICES

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

FORM 990, PART IX, LINE 24B AND LINE 24D

DIRECT RESPONSE MAIL, TV & ONLINE

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

FORM 990, PART IX, LINE 24C

WARRIOR EVENTS AND ACTIVITIES

THIS AMOUNT CONSISTS OF THE COSTS RELATED TO WWP'S PROGRAM EVENTS AND

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

FORM 990, PART IX, JOINT COSTS  
IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") 958  
NOT-FOR-PROFIT ENTITIES, WWP ALLOCATES JOINT ADVERTISING COSTS THAT MEET THE CRITERIA FOR PURPOSE, AUDIENCE AND CONTENT BETWEEN FUNDRAISING EXPENSES AND PROGRAM EXPENSES. ACCORDINGLY, WWP ALLOCATES JOINT COSTS THAT BENEFIT PROGRAM SERVICES AND INCLUDE A FUNDRAISING APPEAL. THE PROGRAMMATIC COMPONENT OF THESE ACTIVITIES INCLUDES THE EDUCATION AND RECRUITMENT OF WOUNDED SERVICE MEMBERS THAT HAVE NOT YET ENGAGED WITH WWP, A CALL TO ACTION TO ENLIST THE PUBLICS' AID IN IDENTIFYING WOUNDED SERVICE MEMBERS THAT WOULD BENEFIT FROM WWP'S FREE PROGRAMS AND SERVICES, AND AN OPPORTUNITY TO THANK WOUNDED WARRIORS FOR THEIR SACRIFICES IN SERVING OUR COUNTRY. THESE JOINT COSTS ARE INCURRED THROUGH DIRECT RESPONSE TELEVISION AND CERTAIN DIRECT MAIL CAMPAIGNS. THE COST OF CONDUCTING THESE ACTIVITIES INCLUDED A TOTAL OF \$36,520,908 OF JOINT COSTS FOR THE YEAR ENDED SEPTEMBER 30, 2019. OF THESE COSTS, \$23,163,889 WAS ALLOCATED TO PROGRAM EXPENSES AND \$13,357,019 WAS ALLOCATED TO FUNDRAISING EXPENSES.

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SCHEDULE I, PART II, LINE 1, COLUMN H

PURPOSE OF GRANT OR ASSISTANCE

AMERICAN NATIONAL RED CROSS - PROVIDING COMFORT ITEMS AND ASSISTANCE TO PATIENTS AND FACILITATING EVENTS AND ACTIVITIES THAT SUPPORT WOUNDED SERVICE MEMBERS, THEIR FAMILY MEMBERS, AND MILITARY MEDICAL STAFF ON MILITARY INSTALLATIONS LOCATED INTERNATIONALLY.

AMERICA'S WARRIOR PARTNERSHIP - SUPPORTING COMMUNITY INTEGRATION EFFORTS FOR WARRIORS AND THEIR FAMILIES IN 5 COMMUNITIES: FLORIDA PANHANDLE; ORANGE COUNTY, CA; CHARLESTON, SC; GREENVILLE, SC; BUFFALO, NY. WARRIORS AND THEIR FAMILIES ARE CONNECTED TO DIVERSE LOCAL RESOURCES FOR EMPLOYMENT, HOMELESSNESS, HEALTH, AND FINANCIAL ASSISTANCE THROUGH THESE ONE-STOP LOCATIONS.

BOULDER CREST RETREAT FOUNDATION - SUPPORTING FOUR (4) WARRIOR PATHH (PROGRESSIVE AND ALTERNATIVE TRAINING FOR HEALING HEROES) RETREATS, A NON-CLINICAL PROGRAM THAT FACILITATES POSTTRAUMATIC GROWTH FOR WARRIORS WITH PTSD AND/OR COMBAT STRESS.

BURN PITS 360 - TO SUPPORT INITIATIVES AND STAKEHOLDER ENGAGEMENTS WITH THE TOXIC EXPOSURE WORKING GROUP "TEAM" THAT WWP CHAIRS.

CARING FOR MILITARY FAMILIES: ELIZABETH DOLE FOUNDATION - SUPPORT THE DEVELOPMENT OF A COMMUNITY NAVIGATORS INITIATIVE WITHIN THE DOLE CAREGIVER FELLOWS PROGRAM TO FULLY EMPOWER DOLE CAREGIVER FELLOWS TO

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CONNECT THEIR LOCAL COMMUNITIES OF CAREGIVERS TO THE RESOURCES AND PEER SUPPORT THEY NEED. ALSO TO RESEARCH, STUDY AND ADDRESS THE EFFECTS OF CAREGIVING FOR INJURED, ILL, AND WOUNDED WARRIORS ON MILITARY CHILDREN WHO RESIDE WITH THE CAREGIVER AND WARRIORS.

CENTER FOR A NEW AMERICAN SECURITY - SUPPORTING THE DEVELOPMENT OF A TOXIC EXPOSURE DATA MAP.

COMBINED ARMS - SUPPORTS COMMUNITY INTEGRATION FOR WARRIORS AND THEIR FAMILIES IN HOUSTON, TX. IN THIS VETERAN-DENSE AREA, WARRIORS AND THEIR FAMILIES ARE LINKED WITH LOCAL AND NATIONAL RESOURCES VIA A CONNECTION HUB THAT PROVIDES ASSISTANCE WITH VOLUNTEERISM, EMPLOYMENT, FINANCES, HOMELESSNESS, HEALTH AND PHYSICAL ACTIVITIES.

CREATIVETS - PROVIDE CONTINUED PROGRAMMING FOR MENTAL AND BRAIN HEALTH AND WELLNESS THROUGH MUSIC THERAPY.

EL PASO COUNTY HOMELESS VETERANS COALITION - TO SERVE ROUGHLY 190 HOMELESS VETERANS AND 40+ AT RISK VETERANS BY FUNDING THE MAJORITY OF THE EPCHVC'S ANNUAL STAND DOWN. ADDITIONALLY, FUNDING WILL GO TO SUPPORT A PART-TIME CASE MANAGER. THIS CASE MANAGER IS CRUCIAL TO EFFICIENTLY FINDING THE CORRECT SUPPORT STRUCTURE TO HANDLING THE UNIQUE NEEDS OF EACH HOMELESS VETERAN AND ENSURING NO VETERAN FALLS THROUGH THE CRACKS, RESOURCES ARE UTILIZED EFFECTIVELY, AND PROPER CONNECTIONS AND REFERRALS ARE MADE.

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EMORY UNIVERSITY - TO SERVE WARRIORS THROUGH THE WARRIOR CARE NETWORK PROGRAM. PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK.

FIVE STAR VETERANS CENTER - SUPPORT FIVE (5) POST-9/11 HOMELESS-MALE VETERANS, AT VHA'S PER DIEM RATE OF \$45.29 PER DAY, WITH HOUSING AND ACCESS TO FIVE STAR VETERAN CENTER'S SUITE OF WRAPAROUND SERVICES AND PROGRAMMING.

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

HILLVETS - SUPPORT VETERANS IN HILLVETS LEAD, A PROGRAM FOCUSED ON ADVANCING POST 9/11 WARRIORS IN COMMUNICATIONS/JOURNALISM, DEFENSE POLICY, AND VETERANS POLICY-RELATED FIELDS.

HOMES FOR OUR TROOPS, INC. - SUPPORTING KEY SPECIAL ADAPTATIONS IN 12 HOMES FOR SEVERELY WOUNDED WARRIORS, WITH SPECIAL ATTENTION TO WWP ALUMNI.

LONG ISLAND CARES, INC. - SUPPORTING VETERANS IN THE LONG ISLAND AREA WITH PROGRAMS THAT INCLUDE MILITARY APPRECIATION TUESDAYS, MOBILE PANTRY THAT PROVIDES DELIVERIES TO VETERANS, VETS WORK AND OTHER COMMUNITY

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OUTREACH INITIATIVES.

MASSACHUSETTS GENERAL HOSPITAL - TO SERVE WARRIORS THROUGH THE WARRIOR CARE NETWORK PROGRAM. PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK.

MILITARY CHILD EDUCATION COALITION - SUPPORT THE STUDENT 2 STUDENT PROGRAM AND PARENT TO PARENT WORKSHOPS FOR STUDENTS AND PARENTS IN COLORADO SPRINGS AREA SCHOOLS, AS WELL AS A PUBLIC AWARENESS EFFORT EDUCATING TEACHERS/ADMINISTRATORS, PARENTS, AND STUDENTS REGARDING ACCOMMODATIONS UNDER SECTION 504 OF THE AMERICAN WITH DISABILITIES ACT FOR CHILDREN OF WOUNDED WARRIORS AND CAREGIVERS.

NATIONAL MILITARY FAMILY ASSOCIATION ("NMFA") - SUPPORTING RESEARCH, STUDYING, AND ADDRESSING THE EFFECTS OF CAREGIVING FOR INJURED, ILL, AND WOUNDED WARRIORS ON MILITARY CHILDREN WHO RESIDE WITH THE CAREGIVER AND WARRIORS. ADDITIONALLY, PROVIDING SUPPORT TO APPROXIMATELY 1,300 CHILDREN TO PARTICIPATE IN NMFA'S OPERATION PURPLE CAMP.

NAVY-MARINE CORPS RELIEF SOCIETY - SUPPORTING THE COMBAT CASUALTY ASSISTANCE VISITING NURSE PROGRAM TO ALLOW NMCRS NURSES TO VISIT WITH WOUNDED, ILL, AND INJURED VETERANS AND FAMILIES AND PROVIDE CASE/RESOURCE MANAGEMENT.

NORTHEAST FLORIDA WOMEN VETERANS - PROVIDING FEMALE VETERANS IN THE

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JACKSONVILLE AREA WITH PROGRAMS AND SERVICES TO AID WITH FOOD, CLOTHING, EMPLOYMENT ASSISTANCE, TRANSPORTATION, CLAIMS, AND SHELTER.

OPERATION HOMEFRONT - PROVIDING IMMEDIATE (CRITICAL) FINANCIAL ASSISTANCE TO WARRIORS AND FAMILY MEMBERS IN NEED.

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

PERMISSION TO START DREAMING FOUNDATION - RAISE AWARENESS AND FUNDING FOR PROGRAMS THAT ENRICH THE LIVES OF SOLDIERS AND THEIR FAMILIES IN A TANGIBLE WAY THROUGH EVENTS HELD IN LOCAL COMMUNITIES.

RUSH UNIVERSITY MEDICAL CENTER - TO EXPAND CLINICAL CAPACITY AND TO SERVE WARRIORS THROUGH THE WARRIOR CARE NETWORK PROGRAM. PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK.

SALUTE, INC. - PROVIDES FINANCIAL ASSISTANCE, ON AN AS NEEDED BASIS, FOR WARRIORS PARTICIPATING IN THE WARRIOR CARE NETWORK.

SYRACUSE UNIVERSITY (IVMF) - SUPPORTING WARRIORS AND THEIR SPOUSES IN THE ONWARD TO OPPORTUNITY VETERAN CAREER TRANSITION PROGRAM. O20 IS A CAREER TRAINING PROGRAM THAT PROVIDES THE VETERAN AND MILITARY SPOUSE COMMUNITY



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END-TO-END AND LIFELONG SUPPORT ON THEIR POST-SERVICE EMPLOYMENT JOURNEY.

TEAM RED, WHITE & BLUE - SUPPORTS THE CHAPTER & COMMUNITY PROGRAM TO DELIVER LOCAL OPPORTUNITIES FOR VETERANS, WOUNDED WARRIORS AND THEIR FAMILIES, AND THE COMMUNITY TO CONNECT THROUGH PHYSICAL AND SOCIAL ACTIVITIES.

TEAM RUBICON - SUPPORTS TRAINING AND VOLUNTEER OPPORTUNITIES AFTER A NATURAL DISASTER FOR WARRIORS AND THEIR FAMILIES. WARRIORS AND FAMILIES ARE CONNECTED WITH EACH OTHER AND COMMUNITIES BY EMPOWERING THEM TO USE THE SKILLS THEY LEARNED IN MILITARY SERVICE TO HEAL COMMUNITIES AFTER A NATURAL DISASTER. TEAM RUBICON UTILIZES WARRIORS STRENGTHS AND GIVES THEM A NEW MISSION OF SERVICE AFTER LEAVING THE MILITARY.

THE MISSION CONTINUES - SUPPORTING VOLUNTEER OPPORTUNITIES FOR WARRIORS AND THEIR FAMILIES TO CONNECT WITH COMMUNITIES THROUGH SERVICE PROJECTS AND PEER-TO-PEER RELATIONSHIPS. THESE VOLUNTEER OPPORTUNITIES EMPOWER WARRIORS TO FIND A NEW PURPOSE AFTER LEAVING THE SERVICE.

TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS, INC. - SUPPORTS A GOOD GRIEF CAMP IN JACKSONVILLE, FL, RESEARCH ON TOXIC EXPOSURE FOR POST-9/11 VETERANS, AND THREE INTENSIVE CLINICAL PROGRAMS FOR SURVIVORS WHO EXPERIENCED SEVERE TRAUMA AFTER WITNESSING THE SUICIDE OR EXPERIENCING THE POSTMORTEM DISCOVERY OF THEIR LOVED ONE'S BODY.

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SCHEDULE I, PART II, LINE 1, COLUMN H (CONTINUED)

TRAVIS MANION FOUNDATION - SUPPORTS CHARACTER DOES MATTER AMBASSADOR TRAINING AND LEADING WITH YOUR STRENGTHS WORKSHOPS TO TEACH WARRIORS HOW TO BE LEADERS IN THEIR COMMUNITIES AFTER MILITARY SERVICE.

UCLA HEALTH SCIENCES DEVELOPMENT - TO EXPAND CLINICAL CAPACITY AND TO SERVE WARRIORS THROUGH THE WARRIOR CARE NETWORK PROGRAM (\$5,217,648). PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK. ADDITIONALLY, TO EXPAND THEIR SURGICAL TREATMENT OFFERINGS TO VETERAN PATIENTS WHOSE PHYSICAL INJURIES IMPEDE THEIR ABILITY TO LIVE FULL, HEALTHY LIVES (\$2,480,000).

US ARMY WARRIOR CARE & TRANSITION PROGRAM - SUPPORTING WOUNDED, ILL AND INJURED SOLDIERS THROUGH A SOLDIER-CENTRIC PROCESS OF REHABILITATION AND ACHIEVEMENT OF PERSONAL GOALS, SPECIFICALLY THE WARRIOR GAMES 2019, IN TAMPA, FLORIDA.

US CHAMBER OF COMMERCE FOUNDATION - SUPPORTING OF CAREGIVER AND SPOUSE EMPLOYMENT THROUGH TRANSITION SUMMITS AND MILITARY SPOUSE ECONOMIC EMPOWERMENT ZONES (MSEEZ). WORKING WITH A BROAD ARRAY OF PUBLIC AND PRIVATE SECTOR SUPPORTERS, MSEEZ CONNECTS MILITARY SPOUSES WITH A NETWORK OF EMPLOYERS IN THE LOCAL COMMUNITY AND A RANGE OF EMPLOYMENT-RELATED TOOLS AND RESOURCES.

VA NATIONAL VETERANS SUMMER SPORTS - PROMOTING PHYSICAL AND PSYCHOLOGICAL REHABILITATION BY INTRODUCING VETERANS WITH DISABILITIES TO DIFFERENT

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ADAPTIVE SPORTS.

VAIL VETERANS FOUNDATION INC DBA VAIL VETERANS PROGRAM - SUPPORTS VVP'S  
SUMMER, WINTER, AND CAREGIVER RETREAT PROGRAMS FOR WOUNDED AND INJURED  
VETERANS AND THEIR FAMILIES.

VETERANS HEALTH COUNCIL - SUPPORTS RESEARCH AND ADVOCACY ON TOXIC  
EXPOSURE FOR POST-9/11 VETERANS.

VETERANS OF FOREIGN WARS FOUNDATION - SUPPORTING BENEFITS COUNSELORS AT  
23 ACTIVE DUTY INSTALLATIONS TO AUGMENT WWP'S BENEFIT SERVICES FOR  
TRANSITIONING WARRIORS.

VETS COMMUNITY CONNECTIONS - SUPPORTS COMMUNITY INTEGRATION EFFORTS FOR  
WARRIORS AND THEIR FAMILIES IN 3 COMMUNITIES: SAN DIEGO, CA; PHOENIX, AZ;  
SOUTH BEND, IN. THROUGH ESTABLISHED NETWORKS IN THESE COMMUNITIES,  
INJURED VETS AND THEIR FAMILIES ARE CONNECTED TO LOCAL AND NATIONAL  
RESOURCES FOR ASSISTANCE WITH EMPLOYMENT, FINANCIAL ASSISTANCE,  
HOMELESSNESS, AND HEALTH.

VIETNAM VETERANS OF SAN DIEGO - SUPPORTING A MULTI-PRONGED APPROACH TO  
HELPING VETERANS RECEIVE THE SERVICES THEY NEED TO LIVE A SOBER, HEALTHY  
LIFE AND SECURE PERMANENT HOUSING AND STABLE EMPLOYMENT FOR SUCCESSFUL  
TRANSITION BACK INTO THE COMMUNITY.

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WARRIOR REUNION FOUNDATION - SUPPORTING A REUNION FOR A MILITARY UNIT,  
BRINGING TOGETHER SERVICE MEMBERS AND GOLD STAR FAMILY MEMBERS TO HEAL  
TOGETHER.

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
INDEPENDENCE PROGRAM	0.	26,763,796.	
GOVERNMENT RELATIONS & COMMUNITY PARTNERSHIPS	9,223,200.	18,109,225.	
PHYSICAL HEALTH & WELLNESS PROGRAM	2,250,000.	16,189,513.	
TOTALS	<u>11,473,200.</u>	<u>61,062,534.</u>	

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 3

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 BOULEVARD SUITE 401-139 WAKE FOREST, NC 27587	INDEPENDENCE PROGRAM	16,075,315.
APPIRIO, INC. 201 SOUTH CAPITAL AVENUE, SUITE 110 INDIANAPOLIS, IN 46225	IT	2,785,602.
BIS GLOBAL 7361 CALHOUN PLACE, SUITE 301 DEERWOOD, MD 20855	DIRECT RESPONSE	2,690,275.

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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-REHAB MANAGEMENT, INC. 800 WEST CUMMINGS PARK, SUITE 4950 WOBURN, MA 01801	INDEPENDENCE PROGRAM	2,666,581.
CREATIVE DIRECT RESPONSE, INC. 16900 SCIENCE DRIVE, SUITE 210 BOWIE, MD 20715	DIRECT RESPONSE	3,880,345.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

**Part I 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)	12-TYPE I	WOUNDED WARR	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	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)													

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**Part VII** **Supplemental Information**

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

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