

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WOUNDED WARRIOR PROJECT, INC. Doing business as WOUNDED WARRIOR PROJECT Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4899 BELFORT ROAD 300 City or town, state or province, country, and ZIP or foreign postal code JACKSONVILLE, FL 32256 F Name and address of principal officer: MICHAEL LINNINGTON 4899 BELFORT ROAD, JACKSONVILLE, FL 32256	D Employer identification number 20-2370934 E Telephone number (904) 296-7350 G Gross receipts \$ 440,724,915. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.WOUNDEDWARRIORPROJECT.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2005 M State of legal domicile: VA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF WOUNDED WARRIOR PROJECT (WWP) IS TO HONOR AND EMPOWER WOUNDED WARRIORS.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	4
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	800
6	Total number of volunteers (estimate if necessary)	338
7a	Total unrelated business revenue from Part VIII, column (C), line 12	77,296.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	69,149.
8	Contributions and grants (Part VIII, line 1h)	268,863,639.
9	Program service revenue (Part VIII, line 2g)	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,948,560.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,556,478.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	287,368,677.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	57,799,019.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	75,631,194.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	8,992,756.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 69,379,424.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	133,955,390.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	276,378,359.
19	Revenue less expenses. Subtract line 18 from line 12	10,990,318.
20	Total assets (Part X, line 16)	388,388,385.
21	Total liabilities (Part X, line 26)	61,956,266.
22	Net assets or fund balances. Subtract line 21 from line 20	326,432,119.

Part II Signature Block

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

Sign Here	Signature of officer ERIC MILLER, CFO Type or print name and title	Date 3/4/2022
Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature Date 3/17/2022
	Firm's name ▶ GRANT THORNTON LLP Firm's address ▶ 445 BROADHOLLOW ROAD MELVILLE, NY 11747	Check <input type="checkbox"/> if self-employed PTIN P00741490 Firm's EIN ▶ 36-6055558 Phone no. 631-577-1867

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

ERIC MILLER

- The books are in the care of ▶ 4899 BELFORT ROAD, SUITE 300 - JACKSONVILLE, FL 32256
Telephone No. ▶ 904-296-7350 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning OCT 1, 2020, and ending SEP 30, 2021.

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF WWP IS TO HONOR AND EMPOWER WOUNDED WARRIORS. WWP SERVES VETERANS AND SERVICE MEMBERS WHO INCURRED A PHYSICAL OR MENTAL INJURY, ILLNESS, OR WOUND, CO-INCIDENT TO THEIR MILITARY SERVICE ON OR AFTER SEPT 11, 2001.

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

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

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

4a (Code:) (Expenses \$ 77,014,629. including grants of \$ 35,190,068.) (Revenue \$) BRAIN HEALTH & MENTAL HEALTH WELLNESS PROGRAMS - THROUGH WWP'S BRAIN HEALTH AND MENTAL HEALTH WELLNESS PROGRAMS, WWP HONORS ITS COMMITMENT TO BE THERE FOR THIS GENERATION OF WOUNDED, ILL OR INJURED SERVICE MEMBERS - NO MATTER HOW LONG OR DIFFICULT THEIR ROAD TO RECOVERY. INTERACTIVE PROGRAMS, REHABILITATIVE RETREATS, AND PROFESSIONAL HEALTHCARE 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. IN ORDER TO ENSURE THAT WARRIORS AND FAMILY MEMBERS RECEIVE HIGH-QUALITY CARE IN A TIMELY MANNER, WWP UTILIZES A DEDICATED TRIAGE TEAM THAT PROVIDES APPROPRIATE REFERRALS INTO WWP'S MENTAL HEALTH PROGRAMS. SEE SCHEDULE O

4b (Code:) (Expenses \$ 35,302,577. including grants of \$ 4,164,381.) (Revenue \$) FINANCIAL WELLNESS PROGRAMS - AN IMPORTANT COMPONENT OF SUCCESSFUL TRANSITION TO CIVILIAN LIFE FOR WOUNDED SERVICE MEMBERS IS THE OPPORTUNITY TO PURSUE A MEANINGFUL CAREER, ACHIEVE FINANCIAL STABILITY, AND PROVIDE FOR HIS OR HER FAMILY. TOTAL FINANCIAL WELLNESS PROGRAMS EXPENSES WERE \$35,302,577, INCLUDING GRANTS OF \$4,164,381, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2021. WWP PROVIDES THE FOLLOWING FINANCIAL WELLNESS PROGRAMS: SEE SCHEDULE O

4c (Code:) (Expenses \$ 29,477,695. including grants of \$) (Revenue \$) CONNECTION PROGRAMS - WHEN WOUNDED, ILL, AND INJURED SERVICE MEMBERS RETURN HOME AND BEGIN THEIR ADJUSTMENT TO CIVILIAN LIFE, MAINTAINING A NETWORK OF SUPPORT WITH OTHER VETERANS IS VITAL TO A SUCCESSFUL TRANSITION. FURTHER, ON-GOING CONNECTION WITH PEERS AND A SUPPORTIVE COMMUNITY IS CRITICAL IN DECREASING WARRIOR ISOLATION. WWP CONNECTION PROGRAMS PROVIDE MEANINGFUL OPPORTUNITIES FOR WARRIORS AND FAMILIES TO BOND WITH THEIR PEERS AND LOCAL COMMUNITIES. THROUGH EDUCATIONAL, RECREATIONAL, AND FAMILY-ORIENTED ACTIVITIES, WARRIORS GAIN A RENEWED SENSE OF CAMARADERIE. THESE OPPORTUNITIES INTRODUCE VETERANS TO NEW EXPERIENCES, AND TO THE CARE AND SUPPORT THEY NEED THROUGHOUT THEIR JOURNEY. SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ 68,000,559. including grants of \$ 14,770,142.) (Revenue \$)

4e Total program service expenses 209,795,460.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
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.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL S LINNINGTON CHIEF EXECUTIVE OFFICER	50.00 0.00			X				351,054.	0.	34,651.
(2) JENNIFER M SILVA CHIEF PROGRAM OFFICER	50.00 0.00			X				326,334.	0.	36,234.
(3) ERIC S MILLER CHIEF FINANCIAL OFFICER	50.00 0.00			X				311,294.	0.	36,234.
(4) GARY A CORLESS CHIEF DEVELOPMENT OFFICER	50.00 0.00			X				311,294.	0.	32,020.
(5) CHRISTOPHER TONER CHIEF OF STAFF	50.00 0.00			X				270,934.	0.	33,540.
(6) JOHN T HAMRE III VP DIRECT RESPONSE	50.00 0.00					X		273,399.	0.	17,985.
(7) MICHAEL RICHARDSON (THRU 4/2021) VP INDEPENDENCE & MENTAL HEALTH	50.00 0.00					X		237,405.	0.	32,342.
(8) ANGELA STROHL VP HUMAN RESOURCES	50.00 0.00					X		228,208.	0.	33,557.
(9) SCOTT COSTER VP INFORMATION TECHNOLOGY	50.00 0.00					X		228,682.	0.	30,890.
(10) TRACY FARRELL VP ENGAGEMENT & PHYSICAL HLTH	50.00 0.00					X		228,208.	0.	15,391.
(11) KATHRYN BONGIOVANNI SEC AND GEN COUNSEL	50.00 0.00			X				139,614.	0.	16,180.
(12) DR JONATHAN WOODSON CHAIR (THRU 9/2021)	5.00 0.00	X		X				0.	0.	0.
(13) KATHLEEN WIDMER VICE CHAIR/CHAIR (AS OF 9/2021)	5.00 0.00	X		X				0.	0.	0.
(14) JOE CARVALHO DIRECTOR (AS OF 9/2021)	5.00 0.00	X						0.	0.	0.
(15) TIFFANY DAUGHERTY DIRECTOR	5.00 0.00	X						0.	0.	0.
(16) CARI DESANTIS DIRECTOR (THRU 9/2021)	5.00 0.00	X						0.	0.	0.
(17) LISA DISBROW DIRECTOR	5.00 0.00	X						0.	0.	0.

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 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			
(18) JUAN GARCIA DIRECTOR	5.00 0.00	X					0.	0.	0.	
(19) MICHAEL C HALL DIRECTOR	5.00 0.00	X					0.	0.	0.	
(20) KATHLEEN HILDRETH DIRECTOR	5.00 0.00	X					0.	0.	0.	
(21) PATTY HOROHO DIRECTOR (AS OF 9/2021)	5.00 0.00	X					0.	0.	0.	
(22) KENNETH HUNZEKER DIRECTOR	5.00 0.00	X					0.	0.	0.	
(23) WILL REYNOLDS DIRECTOR	5.00 0.00	X					0.	0.	0.	
(24) BILL SELMAN DIRECTOR	5.00 0.00	X					0.	0.	0.	
(25) ALONZO SMITH DIRECTOR	5.00 0.00	X					0.	0.	0.	
(26) RICHARD T TRYON DIRECTOR	5.00 0.00	X					0.	0.	0.	
1b Subtotal							2,906,426.	0.	319,024.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,906,426.	0.	319,024.	

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 105

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEURO COMMUNITY CARE, 12520 CAPITAL BLVD, STE 401-139, WAKE FOREST, NC 27587	INDEPENDENCE PROGRAM	10,281,711.
CREATIVE DIRECT RESPONSE INC, 16900 SCIENCE DRIVE, STE 210, BOWIE, MD 20715	DIRECT RESPONSE	3,700,815.
NEURO-REHAB MANAGEMENT, INC, 800 WEST CUMMINGS PARK, STE 4950, WOBURN, MA 01801	INDEPENDENCE PROGRAM	3,024,515.
BIS GLOBAL INC., 8200 GREENSBORO DR, STE 1500, MCLEAN, VA 22102	DIRECT RESPONSE	2,304,633.
TV FUNDRAISING SOLUTIONS LLC DBA DIRECT DON 4200 PARLIAMENT PLACE, 3RD FLOOR, LANHAM, M	DIRECT RESPONSE	2,170,258.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 58

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 535,396.				
	b	Membership dues	1b				
	c	Fundraising events	1c 850,247.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 314,683,577.				
	g	Noncash contributions included in lines 1a-1f	1g \$ 3,692,867.				
	h	Total. Add lines 1a-1f		316,069,220.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,251,859.		7,251,859.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		1,985,151.	77,296.	1,907,855.	
	6 a	Gross rents	(i) Real	313,982.			
			(ii) Personal				
	b	Less: rental expenses ...	6b 0.				
	c	Rental income or (loss)	6c 313,982.				
	d	Net rental income or (loss)		313,982.		313,982.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	113,269,456.			
			(ii) Other	53,663.			
	b	Less: cost or other basis and sales expenses	7b 101,575,432.				
	c	Gain or (loss)	7c 11,694,024.				
d	Net gain or (loss)		11,747,687.		11,747,687.		
8 a	Gross income from fundraising events (not including \$ 850,247. of contributions reported on line 1c). See Part IV, line 18		156,228.				
		8b	184,337.				
c	Net income or (loss) from fundraising events		-28,109.		-28,109.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MAILING LIST RENTALS	900099	1,280,691.		1,280,691.	
	b	PURCHASING CARD REBATE	900099	194,721.		194,721.	
	c	MISCELLANEOUS	900099	149,944.		149,944.	
	d	All other revenue					
	e	Total. Add lines 11a-11d		1,625,356.			
12	Total revenue. See instructions		338,965,146.	0.	77,296.	22,818,630.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	52,784,210.	52,784,210.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,340,381.	1,340,381.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,106,193.	803,447.	1,383,205.	919,541.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	58,105,272.	49,145,072.	2,314,002.	6,646,198.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,640,290.	1,382,821.	68,646.	188,823.
9 Other employee benefits	11,447,074.	9,749,832.	473,649.	1,223,593.
10 Payroll taxes	4,147,713.	3,437,257.	228,693.	481,763.
11 Fees for services (nonemployees):				
a Management				
b Legal	297,280.		297,280.	
c Accounting	240,000.		240,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	6,999,975.			6,999,975.
f Investment management fees	813,774.		813,774.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	194,577.		194,577.	
12 Advertising and promotion	11,320,241.	11,098,548.	93,599.	128,094.
13 Office expenses	902,979.	438,613.	117,283.	347,083.
14 Information technology	6,825,225.	4,384,571.	1,301,338.	1,139,316.
15 Royalties				
16 Occupancy	6,805,460.	4,327,849.	1,471,251.	1,006,360.
17 Travel	1,594,103.	1,520,808.	16,832.	56,463.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	142,396.	116,963.	4,940.	20,493.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	615,187.	419,523.	116,189.	79,475.
23 Insurance	578,752.	376,448.	120,132.	82,172.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM/OTHER PROVIDER	35,493,063.	30,033,433.	753,148.	4,706,482.
b DIRECT RESPONSE MAIL	29,121,796.	8,279,612.		20,842,184.
c DIRECT RESP TV & ONLINE	21,823,565.	11,311,404.		10,512,161.
d POSTAGE & SHIPPING	18,633,190.	5,020,026.	99,823.	13,513,341.
e All other expenses	20,324,465.	13,824,642.	6,013,916.	485,907.
25 Total functional expenses. Add lines 1 through 24e	295,297,161.	209,795,460.	16,122,277.	69,379,424.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	35,718,425.	23,337,893.	0.	12,380,532.

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	8,360,254.	1	
	2 Savings and temporary cash investments	30,016,267.	2	30,205,244.
	3 Pledges and grants receivable, net	7,269,902.	3	7,102,333.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,473,243.	9	10,282,438.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 28,779,382.		
	b Less: accumulated depreciation	10b 26,742,505.	1,703,456.	10c 2,036,877.
	11 Investments - publicly traded securities	301,724,796.	11	361,721,580.
	12 Investments - other securities. See Part IV, line 11	13,185,092.	12	19,136,936.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	20,655,375.	15	20,398,716.
16 Total assets. Add lines 1 through 15 (must equal line 33)	388,388,385.	16	450,884,124.	
Liabilities	17 Accounts payable and accrued expenses	41,232,458.	17	40,586,350.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	20,723,808.	25	20,352,138.
	26 Total liabilities. Add lines 17 through 25	61,956,266.	26	60,938,488.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	320,122,187.	27	385,633,685.
	28 Net assets with donor restrictions	6,309,932.	28	4,311,951.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	326,432,119.	32	389,945,636.
33 Total liabilities and net assets/fund balances	388,388,385.	33	450,884,124.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	338,965,146.
2	Total expenses (must equal Part IX, column (A), line 25)	2	295,297,161.
3	Revenue less expenses. Subtract line 2 from line 1	3	43,667,985.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	326,432,119.
5	Net unrealized gains (losses) on investments	5	19,886,845.
6	Donated services and use of facilities	6	-21,079.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-20,234.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	389,945,636.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2020)

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	211,476,891.	246,204,557.	266,271,219.	268,863,639.	316,069,220.	1308885526.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	211,476,891.	246,204,557.	266,271,219.	268,863,639.	316,069,220.	1308885526.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						1308885526.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	211,476,891.	246,204,557.	266,271,219.	268,863,639.	316,069,220.	1308885526.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,076,349.	9,686,211.	10,556,562.	11,492,063.	11,355,972.	53,167,157.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				56,197.	77,296.	133,493.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,032,220.	2,696,215.	2,504,476.	3,104,840.	1,781,584.	13,119,335.
11 Total support. Add lines 7 through 10						1375305511.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	95.17 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	94.74 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MAILING RENTAL INCOME

2016 AMOUNT: \$ 1,691,882.

2017 AMOUNT: \$ 1,714,934.

2018 AMOUNT: \$ 1,262,662.

2019 AMOUNT: \$ 1,693,329.

2020 AMOUNT: \$ 1,280,691.

PURCHASE CARD REBATES

2016 AMOUNT: \$ 460,690.

2017 AMOUNT: \$ 547,533.

2018 AMOUNT: \$ 562,567.

2019 AMOUNT: \$ 305,973.

2020 AMOUNT: \$ 194,721.

SPECIAL EVENTS REVENUE

2016 AMOUNT: \$ 879,648.

2017 AMOUNT: \$ 156,935.

2018 AMOUNT: \$ 312,367.

2019 AMOUNT: \$ 107,295.

2020 AMOUNT: \$ 156,228.

MISCELLANEOUS

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 276,813.

2018 AMOUNT: \$ 366,880.

2019 AMOUNT: \$ 998,243.

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.)

2020 AMOUNT: \$ 149,944.

Multiple horizontal lines for supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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 <p style="text-align: center;">WOUNDED WARRIOR PROJECT, INC.</p>	Employer identification number <p style="text-align: center;">20-2370934</p>
--	---

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

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

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2020**

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?	X		
d Mailings to members, legislators, or the public?	X		18,869.
e Publications, or published or broadcast statements?	X		
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		26,203.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		
i Other activities?		X	
j Total. Add lines 1c through 1i			45,072.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

SCHEDULE C, PART II-B, LINE 1A

WWP HAS USED VOLUNTEERS TO SUPPORT LOBBYING ACTIVITIES BEFORE THE U.S.

CONGRESS. WWP HAS DIRECTLY FACILITATED MEETINGS BETWEEN VETERANS AND

THEIR ELECTED REPRESENTATIVES, TO INCLUDE VIRTUAL MEETINGS ON

LEGISLATION AND PHYSICAL VISITS TO WASHINGTON, DC.

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1B

WWP 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 1C

WWP PARTICIPATED IN A COALITION OF A FULL-PAGE FREE OF CHARGE

ADVERTISEMENT IN THE WASHINGTON POST RELATED TO CAREGIVER ADVOCACY.

WWP CO-SIGNED AN OP-ED THAT WAS PUBLISHED FREE OF CHARGE IN THE

MILITARY TIMES ON THE SUBJECT OF TOXIC EXPOSURE.

SCHEDULE C, PART II-B, LINE 1D

WWP HAS PAID FOR SOFTWARE SERVICES TO DELIVER LOBBYING MESSAGES FROM

SUPPORTERS TO MEMBERS OF CONGRESS. SOFTWARE CAPABILITIES INCLUDE

HOSTING PRE-WRITTEN MESSAGES ON THE WWP WEBSITE IN SUPPORT OF SPECIFIC

LEGISLATION THAT INTERESTED USERS CAN POPULATE WITH PERSONAL

INFORMATION TO DETERMINE HIS/HER MEMBER OF CONGRESS AND SUBSEQUENTLY

DELIVER ELECTRONIC MAIL ON HIS/HER BEHALF. SOFTWARE CAPABILITIES ALSO

INCLUDE MASS E-MAILING FUNCTIONS TO DISTRIBUTE A QUARTERLY NEWSLETTER

WITH INFORMATION ABOUT BILLS THAT WWP SUPPORTS TO CONGRESSIONAL STAFF

AND VETERANS.

SCHEDULE C, PART II-B, LINE 1E

WWP WRITES AND DISTRIBUTES A QUARTERLY NEWSLETTER DISTRIBUTED TO VETERANS

Schedule C (Form 990 or 990-EZ) 2020

Part IV Supplemental Information (continued)

AND THEIR ELECTED REPRESENTATIVES THAT OCCASIONALLY INCLUDE CALLS TO ACTION AND SUPPORT FOR SPECIFIC LEGISLATION. THE NEWSLETTER IS IN DIGITAL FORM, DELIVERED OVER E-MAIL, AND IS AVAILABLE FOR VIEWING ON THE WWP WEBSITE.

SCHEDULE C, PART II-B, LINE 1G

THIS INCLUDES COMPENSATION AND TRAVEL RELATED EXPENSES FOR WWP 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 BRIAN NEUMAN DEPARTMENT OF VETERANS AFFAIRS CLOTHING ALLOWANCE IMPROVEMENT ACT OF 2021 AND THE MAJOR RICHARD STAR ACT.

SCHEDULE C, PART II-B, LINE 1H

WWP FACILITATED THE PARTICIPATION OF VETERAN VOLUNTEERS IN A LIVE PRESS CONFERENCE IN SUPPORT OF THE GLOBAL WAR ON TERRORISM MEMORIAL LOCATION ACT. THE EVENT TOOK PLACE OUTSIDE OF THE U.S. CAPITOL BUILDING AND INCLUDED THE PARTICIPATION OF OTHER VETERAN GROUPS AND MEMBERS OF CONGRESS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,353,536.	1,319,466.	1,324,845.	1,363,844.	1,305,557.
b Contributions					
c Net investment earnings, gains, and losses	222,193.	101,061.	59,312.	89,938.	123,177.
d Grants or scholarships					
e Other expenditures for facilities and programs	67,836.	66,991.	64,691.	128,937.	64,890.
f Administrative expenses					
g End of year balance	1,507,893.	1,353,536.	1,319,466.	1,324,845.	1,363,844.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 66.3000 %
 - c Term endowment 33.7000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				0.
c Leasehold improvements		6,881,906.	6,249,973.	631,933.
d Equipment		5,260,236.	4,145,903.	1,114,333.
e Other		16,637,240.	16,346,629.	290,611.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,036,877.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT OF USE LEASE LIABILITY	20,352,138.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	20,352,138.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	433,905,975.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	19,886,845.	
b	Donated services and use of facilities	2b	56,846,469.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	19,074,952.	
e	Add lines 2a through 2d		2e	95,808,266.
3	Subtract line 2e from line 1		3	338,097,709.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	813,774.	
b	Other (Describe in Part XIII.)	4b	53,663.	
c	Add lines 4a and 4b		4c	867,437.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	338,965,146.

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

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

1	Total expenses and losses per audited financial statements		1	348,192,025.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	56,867,548.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-3,105,247.	
e	Add lines 2a through 2d		2e	53,762,301.
3	Subtract line 2e from line 1		3	294,429,724.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	813,774.	
b	Other (Describe in Part XIII.)	4b	53,663.	
c	Add lines 4a and 4b		4c	867,437.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	295,297,161.

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.

PART V, LINE 4:

INTENDED USES OF ENDOWMENT FUNDS

WWP HAS ONE DONOR-RESTRICTED ENDOWMENT, WHICH RESTRICTS WWP TO SPEND

INVESTMENT PROCEEDS ONLY ON THE INDEPENDENCE PROGRAM. THE ENDOWMENT NET

ASSETS ARE REFLECTED ON THE STATEMENT OF FINANCIAL POSITION AT SEPTEMBER

30, 2021:

PERMANENT ENDOWMENT: \$1,000,000

TEMPORARILY RESTRICTED ENDOWMENT: \$507,893

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXATION UNDER 501(C)(3) OF

THE INTERNAL REVENUE CODE ("CODE"), BUT IS SUBJECT TO TAX ON INCOME

Part XIII Supplemental Information (continued)

UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS EXCLUDED BY THE CODE. THE ORGANIZATION HAS PROCESSES IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS, TO IDENTIFY AND REPORT UNRELATED INCOME, TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS WHERE IT HAS NEXUS, AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.

THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE. IN ADDITION, THE ORGANIZATION HAS DETERMINED THAT IT HAS NOT GENERATED MATERIAL UNRELATED BUSINESS INCOME AND, THEREFORE, NO INCOME TAX PROVISION IS REQUIRED.

SCHEDULE D, PART XI, LINE 2D

OTHER RECONCILING ITEMS

\$19,074,952 - INVESTMENT INCOME EARNED BY THE WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST SHOWN ON A CONSOLIDATED BASIS.

SCHEDULE D, PART XII, LINE 2D

OTHER RECONCILING ITEMS

\$ -3,105,247 EXPENSES INCURRED BY THE WOUNDED WARRIOR PROJECT LONG TERM

Part XIII Supplemental Information (continued)

SUPPORT TRUST SHOWN ON A CONSOLIDATED BASIS FOR FINANCIAL STATEMENT

PURPOSES.

\$ -3,105,247 - TOTAL RECONCILING ITEMS ON LINE 2D

SCHEDULE D, PART IX & PART X

IN ACCORDANCE WITH ASU NO. 2016-02, LEASES(TOPIC 842), WWP AS LESSEE,

ACCOUNTS FOR LEASE AGREEMENTS BY RECORDING ON ITS CONSOLIDATED STATEMENT

OF FINANCIAL POSITION A RIGHT-OF-USE("ROU") LEASE ASSET AND LIABILITY TO

REFLECT THE RIGHTS AND OBLIGATIONS OF THE LEASE AGREEMENTS, RESPECTIVELY.

WWP ELECTED THE SHORT-TERM LEASE PRACTICAL EXPEDIENT AND ACCORDINGLY, DOES

NOT RECORD ROU LEASE ASSETS OR LEASE LIABILITIES WITH TERMS LESS THAN 12

MONTHS. WWP ALSO ELECTED THE PRACTICAL EXPEDIENT NOT TO SEPARATE THE

NON-LEASE COMPONENTS OF A CONTRACT FROM THE LEASE COMPONENT TO WHICH THEY

RELATE FOR ALL ASSET CLASSES. IN ADDITION, WWP UTILIZES THE PORTFOLIO

APPROACH TO GROUP LEASES WITH SIMILAR CHARACTERISTICS. THE VALUE OF THE

RIGHT OF USE LEASE LIABILITY BASED ON THE PRESENT VALUE OF THE FUTURE

LEASE PAYMENT IS \$20,352,138. THE VALUE OF THE RIGHT OF USE LEASE ASSET IS

\$18,912,752.

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.

PART I, LINE 2:

PROCEDURE FOR MONITORING PROGRAM SERVICES OUTSIDE THE U.S.

WWP DELIVERED PROGRAM SERVICES OUTSIDE OF THE UNITED STATES AS PART OF

ITS INTERNATIONAL SUPPORT CONNECTION PROGRAM, WHICH ARE MONITORED BY

PROGRAM DIRECTORS IN A CONSISTENT MANNER AS THOSE PROGRAM SERVICES

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

INTERNATIONAL SUPPORT CONNECTION PROGRAM. WWP DID NOT MAKE ANY GRANTS

OUTSIDE OF THE UNITED STATES IN FISCAL YEAR 2021.

SCHEDULE F, PART I, LINE 3, COLUMN E

DESCRIPTION OF ACTIVITY IN EUROPE

INTERNATIONAL SUPPORT - LANDSTUHL REGIONAL MEDICAL CENTER ("LRMC"),

LOCATED IN LANDSTUHL, GERMANY, IS ONE OF THE FIRST LOCATIONS WARRIORS

ARE MEDICALLY EVACUATED TO WHEN INJURED OVERSEAS, ESPECIALLY FROM

COMBAT ZONES IN THE MIDDLE EAST REGION OF THE WORLD AND AFGHANISTAN.

MOST OF THE TIME THEIR BELONGINGS ARE NOT TRANSPORTED WITH THEM. WWP

ENDEAVORS TO MAKE THEIR HOSPITAL STAY AND TRAVEL BACK TO THE UNITED

STATES AS COMFORTABLE AS POSSIBLE. WWP HAS DEDICATED PERSONNEL AND

RESOURCES AT LRMC THAT DISTRIBUTE TRANSITIONAL CARE PACKS, PROVIDE

SUPPORT FOR EVENTS AND VISITATION, AND EDUCATE WARRIORS AND FAMILIES ON

WWP'S FREE PROGRAMS AND SERVICES.

SCHEDULE F, PART IV, LINES 1 & 3

WOUNDED WARRIOR INVESTS A PORTION OF ITS PORTFOLIO IN OFFSHORE PASSIVE

FOREIGN CORPORATIONS; NEVERTHELESS ITS OWNERSHIP ACTIVITIES MAY NOT

REACH THE THRESHOLDS REQUIRED FOR FILING THE FORMS 926 AND/OR 5471. TO

THE EXTENT SUCH A FORM WAS COMPLETED, IT HAS BEEN FILED WITH THE

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.

ORGANIZATION'S FORM 990-T.

Multiple horizontal lines for supplemental information.

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.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a 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			
CREATIVE DIRECT RESPONSE - 16900 SCIENCE DRIVE, SUITE	DIRECT RESPONSE		X	127,295,575.	3,099,722.	124,195,853.
TV FUNDRAISING SOLUTIONS LLC DBA DIRECT DONOR TV - 16900	DIRECT RESPONSE		X	13,194,741.	2,163,670.	11,031,071.
THOMPSON, HABIB, & DENNISON INC. - 80 HAYDEN AVE, SUITE	DIRECT RESPONSE		X	2,838,906.	627,766.	2,211,140.
RUE CLAIR DIGITAL LLC DBA STREETLIGHT DIGITAL - 13396	PEER 2 PEER		X	1,316,800.	578,598.	738,202.
INKIND DBA GOODUNITED - 796 MEETING STREET, CHARLESTON,	DIRECT RESPONSE		X	762,364.	46,440.	715,924.
GLOBALFACES DIRECT CORP - 30 LESMIL ROAD, UNIT 2, TORONTO,	DIRECT RESPONSE		X	52,638.	251,000.	-198,362.
GIVEBRIDGE INC. - 525 W MONROE STREET, SUITE 900,	DIRECT RESPONSE		X	42,884.	227,733.	-184,849.
Total				145,503,908.	6,994,929.	138,508,979.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		CARRY FORWARD 5K (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	1,006,475.			1,006,475.
	2 Less: Contributions	850,247.			850,247.
	3 Gross income (line 1 minus line 2)	156,228.			156,228.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	184,337.			184,337.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				184,337.
11 Net income summary. Subtract line 10 from line 3, column (d)				-28,109.	

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, COLUMN IV

THESE AMOUNTS REPRESENT THE CONTRIBUTIONS RECEIVED DURING THE CURRENT TAX YEAR THAT HAVE BEEN GENERATED BY THE ACTIVITIES OF THE PROFESSIONAL FUNDRAISING SERVICE PROVIDERS LISTED ON SCHEDULE G. THESE AMOUNTS DO NOT INCLUDE CONTRIBUTIONS RECEIVED IN THE CURRENT TAX YEAR THAT WERE ATTRIBUTABLE TO ACTIVITIES PERFORMED BY THESE PROFESSIONAL FUNDRAISING SERVICE PROVIDERS IN PRIOR TAX YEARS.

SCHEDULE G, PART I, LINE 2B, COLUMN V

Part IV Supplemental Information (continued)

THESE AMOUNTS REPRESENT THE CONTRACTUAL FEES PAID TO THESE PROFESSIONAL FUNDRAISING SERVICE PROVIDERS FOR THEIR ACTIVITIES PERFORMED DURING THE CURRENT TAX YEAR. THE ORGANIZATION ANTICIPATES THAT THESE FEES AND ASSOCIATED ACTIVITIES WILL GENERATE CONTRIBUTIONS IN THE CURRENT TAX YEAR, AS WELL AS IN FUTURE TAX YEARS.

SCHEDULE G, PART I, LINE 2B

GLOBAL FACES DIRECT CORP. IS A NEW FACE-TO-FACE (F2F) VENDOR THAT BEGAN FUNDRAISING FOR WWP LATE IN THE TAX YEAR ENDING SEPTEMBER 30, 2021. GIVEBRIDGE INC. IS A F2F FUNDRAISING SERVICE PROVIDER THAT HALTED ACTIVITIES EARLY IN THE CURRENT TAX YEAR DUE TO COVID-19, AND RESUMED ACTIVITIES LATER IN THE TAX YEAR ENDING SEPTEMBER 30, 2021. F2F FUNDRAISING HAS BEEN SUCCESSFUL FOR WWP IN SECURING ONGOING MONTHLY DONORS. THESE SERVICE PROVIDERS ARE PAID WHEN THEY SIGN UP A NEW DONOR, AND WWP RECEIVES ONGOING FUTURE DONATIONS AT NO ADDITIONAL COST. CONSEQUENTLY, IT IS ANTICIPATED THAT THE DONATIONS FOR EACH INDIVIDUAL DONOR OVER THE TIME THAT THEY CONTRIBUTE TO WWP WILL EXCEED THE UPFRONT FEE PAID TO THESE SERVICE PROVIDERS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

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
UCLA HEALTH SCIENCES DEVELOPMENT 11000 KINROSS AVE BLDG, SUITE 211 LOS ANGELES, CA 90095	95-6006143	501(C)(3)	7,252,531.	0.			SEE SCHEDULE I, PART IV
RUSH UNIVERSITY MEDICAL CENTER 1653 W. CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	8,481,668.	0.			SEE SCHEDULE I, PART IV
EMORY HEALTHCARE 1599 CLIFTON ROAD 3RD FLOOR ATLANTA, GA 30322	58-0566256	501(C)(3)	5,414,349.	0.			SEE SCHEDULE I, PART IV
MASSACHUSETTS GENERAL HOSPITAL 100 CAMBRIDGE ST STE 1310 BOSTON, MA 02114	04-1564655	501(C)(3)	13,091,120.	0.			SEE SCHEDULE I, PART IV
GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION - 3939 CAMPBELL AVE - ARLINGTON, VA 22206	53-0242992	501(C)(3)	250,000.	0.			SEE SCHEDULE I, PART IV
WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST - 200 BELLEVUE PARKWAY STE 250 - WILMINGTON, DE 19809	37-6558533	501(C)(3)	4,000,000.	0.			SEE SCHEDULE I, PART IV

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 60
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALUTE INC 18 N. BOTHWELL PALATINE, IL 60007	06-1718308	501(C)(3)	150,000.	0.			SEE SCHEDULE I, PART IV
HEADSTRONG PROJECT 655 MADISON AVE, 18TH FLOOR NEW YORK, NY 10065	45-5261907	501(C)(3)	750,000.	0.			SEE SCHEDULE I, PART IV
NORTHEAST FLORIDA WOMEN VETERANS 103 CENTURY 21 DRIVE, STE 201 JACKSONVILLE, FL 32216	30-0758834	501(C)(3)	110,000.	0.			SEE SCHEDULE I, PART IV
OPERATION HOMEFRONT 1355 CENTRAL PARKWAY S STE 100 SAN ANTONIO, TX 78232	32-0033325	501(C)(3)	2,750,000.	0.			SEE SCHEDULE I, PART IV
GEORGE W. BUSH INSTITUTE 2943 SMU BOULEVARD DALLAS, TX 75205	20-4119317	501(C)(3)	40,000.	0.			SEE SCHEDULE I, PART IV
BASTION COMMUNITY OF RESILIENCE 1607 JOLIET STREET NEW ORLEANS, LA 70118	27-4383654	501(C)(3)	353,645.	0.			SEE SCHEDULE I, PART IV
SYRACUSE UNIVERSITY INSTITUTE FOR VETERANS AND MILITARY FAMILIES (IVMF) - 640 SKYTOP ROAD SKYTOP OFFICE BLDG - SYRACUSE, NY 13244	15-0532081	501(C)(3)	200,000.	0.			SEE SCHEDULE I, PART IV
US CHAMBER OF COMMERCE FOUNDATION 1615 H STREET NW WASHINGTON, DC 20062	46-1561597	501(C)(3)	125,000.	0.			SEE SCHEDULE I, PART IV
OPERATION HEALING FORCES INC 380 PARK PLACE BLVD, STE 175 CLEARWATER, FL 33759	45-3798803	501(C)(3)	300,000.	0.			SEE SCHEDULE I, PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARRIOR REUNION FOUNDATION 35 HICKORY MEADOW RD COCKEYSVILLE, MD 21030	81-5360521	501(C)(3)	50,000.	0.			SEE SCHEDULE I, PART IV
HOMES FOR OUR TROOPS INC 6 MAIN STREET TAUNTON, MA 02780	54-2143612	501(C)(3)	454,000.	0.			SEE SCHEDULE I, PART IV
FIRE WATCH PROJECT INC 114 CAMP K9 RD PONTE VEDRA, FL 32081	85-3790585	501(C)(3)	100,000.	0.			SEE SCHEDULE I, PART IV
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS INC - 3033 WILSON BOULEVARD NO 630 - ARLINGTON, VA 22201	92-0152268	501(C)(3)	75,000.	0.			SEE SCHEDULE I, PART IV
SHEPHERD CENTER FOUNDATION INC 2020 PEACHTREE ROAD NW ATLANTA, GA 30309	20-1238224	501(C)(3)	241,497.	0.			SEE SCHEDULE I, PART IV
STUDENT VETERANS OF AMERICA 1012 14TH ST NW STE 1200 WASHINGTON, DC 20005	26-1971279	501(C)(3)	100,000.	0.			SEE SCHEDULE I, PART IV
OUR MILITARY KIDS INC 6861 ELM STREET MCLEAN, VA 22101	56-2483648	501(C)(3)	50,000.	0.			SEE SCHEDULE I, PART IV
BOULDER CREST FOUNDATION 18370 BLUEMONT VILLAGE LANE BLUEMONT, VA 20135	27-3228310	501(C)(3)	300,000.	0.			SEE SCHEDULE I, PART IV
WARRIOR CANINE CONNECTION 14934 SCHAEFFER ROAD BOYDS, MD 20841	45-2981579	501(C)(3)	100,000.	0.			SEE SCHEDULE I, PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PSYCHARMOR INSTITUTE 11199 SORRENTO VALLEY ROAD #203 SAN DIEGO, CA 92121	46-5124059	501(C)(3)	50,400.	0.			SEE SCHEDULE I, PART IV
CAMP CORRAL 801 N WEST ST RALEIGH, NC 27603	45-3555807	501(C)(3)	350,000.	0.			SEE SCHEDULE I, PART IV
COMBINED ARMS 2929 MCKINNEY STREET HOUSTON, TX 77003	47-5648923	501(C)(3)	950,000.	0.			SEE SCHEDULE I, PART IV
COMFORT CREW FOR MILITARY KIDS 8127 MESA DRIVE B206 #117 AUSTIN, TX 78759	26-0141940	501(C)(3)	50,000.	0.			SEE SCHEDULE I, PART IV
ANCHORAGE COMMUNITY MENTAL HEALTH (COHEN VETERANS NETWORK) - 72 CUMMINGS POINT ROAD - STAMFORD, CT 06902	47-3950655	501(C)(3)	25,000.	0.			SEE SCHEDULE I, PART IV
THREE RANGERS FOUNDATION PO BOX 713 SHERIDAN, OR 97378	47-2067593	501(C)(3)	100,000.	0.			SEE SCHEDULE I, PART IV
THE HONOR FOUNDATION 11055 ROSELLE STREET, SUITE 120 SAN DIEGO, CA 92121	46-2952873	501(C)(3)	250,000.	0.			SEE SCHEDULE I, PART IV
EOD WARRIOR FOUNDATION 716 CRESTVIEW AVENUE NICEVILLE, FL 32578	20-8618412	501(C)(3)	100,000.	0.			SEE SCHEDULE I, PART IV
FARMER VETERAN COALITION 4614 2ND STREET, SUITE 4 DAVIS, CA 95618	46-2362098	501(C)(3)	300,000.	0.			SEE SCHEDULE I, PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIELDS 4 VALOR FARMS INC 229 FARRAGUT ST NW WASHINGTON, DC 20011	81-3478142	501(C)(3)	80,000.	0.			SEE SCHEDULE I, PART IV
USA CARES INC 11760 COMMONWEALTH DRIVE LOUISVILLE, KY 40299	05-0588761	501(C)(3)	100,000.	0.			SEE SCHEDULE I, PART IV
ARMED SERVICES YMCA OF ALASKA 14040 CENTRAL LOOP, SUITE B WOODBIDGE, VA 22193	91-1883466	501(C)(3)	30,000.	0.			SEE SCHEDULE I, PART IV
DOG TAG INC 3206 GRANCE STREET, NW WASHINGTON, DC 20007	45-2130904	501(C)(3)	350,000.	0.			SEE SCHEDULE I, PART IV
HOPE FOR THE WARRIORS 8003 FORBES PLACE, SUITE 201 SPRINGFIELD, VA 22151	20-5182295	501(C)(3)	100,000.	0.			SEE SCHEDULE I, PART IV
MELWOOD HORTICULTURAL TRAINING CENTER INC. - 5606 DOWER HOUSE ROAD - UPPR MARLBORO, MD 20772	52-0857690	501(C)(3)	200,000.	0.			SEE SCHEDULE I, PART IV
NATIONAL MILITARY FAMILY ASSOCIATION - 2800 EISENHOWER AVENUE - ALEXANDRIA, VA 22314	52-0899384	501(C)(3)	750,000.	0.			SEE SCHEDULE I, PART IV
HILLVETS FOUNDATION 127 12TH STREET SE WASHINGTON, DC 20003	47-3616097	501(C)(3)	50,000.	0.			SEE SCHEDULE I, PART IV
OPERATION NEW UNIFORM INC 8825 PERIMETER PARK BLVD STE 503 JACKSONVILLE, FL 32216	45-3798803	501(C)(3)	50,000.	0.			SEE SCHEDULE I, PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENTAGON FEDERAL CREDIT UNION FOUNDATION - 2930 EISENHOWER AVE - ALEXANDRIA, VA 22314	54-2062271	501(C)(3)	200,000.	0.			SEE SCHEDULE I, PART IV
GREEN BERET FOUNDATION 14351 BLANCO ROAD SAN ANTONIO, TX 78216	27-1206961	501(C)(3)	200,000.	0.			SEE SCHEDULE I, PART IV
FIVE STAR VETERANS CENTER INC. 40 ACME STREET JACKSONVILLE, FL 32211	45-3545974	501(C)(3)	75,000.	0.			SEE SCHEDULE I, PART IV
UNITED STATES VETERANS INITIATIVE (U.S.VETS) - 800 W 6TH STREET, STE 1505 - LOS ANGELES, CA 90017	95-4382752	501(C)(3)	400,000.	0.			SEE SCHEDULE I, PART IV
CARING FOR MILITARY FAMILIES: THE ELIZABETH DOLE FOUNDATION - 600 NEW HAMPSHIRE AVENUE NW - WASHINGTON, DC 20037	45-4292692	501(C)(3)	750,000.	0.			SEE SCHEDULE I, PART IV
ROSALYN CARTER INSTITUTE FOR CAREGIVERS INC - PO BOX 647 - AMERICUS, GA 31709	84-5152046	501(C)(3)	100,000.	0.			SEE SCHEDULE I, PART IV
SOLDIERS TO SIDELINES INC 8234 BURNLEY RD TOWNSON, MD 21204	46-5638383	501(C)(3)	100,000.	0.			SEE SCHEDULE I, PART IV
VETERANS PATH INC PO BOX 1408 SAN RAFAEL, CA 94915	47-4428490	501(C)(3)	100,000.	0.			SEE SCHEDULE I, PART IV
GOLD STAR PEAK INC PO BOX 772413 EAGLE RIVER, AK 99577	82-5258523	501(C)(3)	60,000.	0.			SEE SCHEDULE I, PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEAM RED, WHITE & BLUE INC 198 14TH ST NW ATLANTA, GA 30318	27-2196347	501(C)(3)	250,000.	0.			SEE SCHEDULE I, PART IV
CODE OF SUPPORT FOUNDATION 4220 KING STREET ALEXANDRIA, VA 22302	27-3485502	501(C)(3)	200,000.	0.			SEE SCHEDULE I, PART IV
MILITARY FAMILY ADVISORY NETWORK 22015 W 66TH ST UNIT 860635 SHAWNEE, KS 22314	46-3173337	501(C)(3)	275,000.	0.			SEE SCHEDULE I, PART IV
NAVY SEAL FOUNDATION INC 1619 D STREET VIRGINIA BEACH, VA 23459	31-1728910	501(C)(3)	200,000.	0.			SEE SCHEDULE I, PART IV
THE MISSION CONTINUES 1141 SOUTH 7TH STREET SAINT LOUIS, MO 63104	20-8742553	501(C)(3)	350,000.	0.			SEE SCHEDULE I, PART IV
HESPERUS PO BOX 261 PERIDOT, AZ 85542	85-2279224	501(C)(3)	50,000.	0.			SEE SCHEDULE I, PART IV
VETS COMMUNITY CONNECTIONS 7110 WOODLAND AVENUE TAKOMA PARK, MD 20912	82-4702420	501(C)(3)	100,000.	0.			SEE SCHEDULE I, PART IV
VETERANS VILLAGE OF SAN DIEGO (VVSD) - 4141 PACIFIC HWY - SAN DIEGO, CA 92110	95-3649525	501(C)(3)	250,000.	0.			SEE SCHEDULE I, PART IV
AMERICA'S WARRIOR PARTNERSHIP 1190 INTERSTATE PARKWAY AUGUSTA, GA 30909	47-1606321	501(C)(3)	500,000.	0.			SEE SCHEDULE I, PART IV

Schedule I (Form 990)

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 noncash assistance
EMERGENCY FINANCIAL ASSISTANCE	518	1,304,381.	0.		

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

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, GRANTEES ARE RESPONSIBLE FOR

PROVIDING PERIODIC IMPACT REPORTS. WOUNDED WARRIOR PROJECT USES THESE

REPORTS TO ENSURE THAT GRANT FUNDS ARE SPENT FOR THEIR INTENDED PURPOSES.

IN SOME CASES, SITE VISITS ARE CONDUCTED.

GRANTEES ARE INVITED THROUGH AN INVITATION-ONLY PROCESS AND ARE EVALUATED

Part IV Supplemental Information

FOR FUNDING BASED ON HOW PROGRAMMING COMPLEMENTS WWP, TO INCLUDE: FILLING A

GAP IN DIRECT SERVICES, AUGMENTING DIRECT SERVICES, PREVENTING DUPLICATIVE

EFFORTS, SCALING IMPACT IN THE VETERAN COMMUNITY, AMPLIFYING MESSAGING

AROUND ISSUES AFFECTING POST-9/11 WOUNDED/ILL/INJURED VETERANS AND THEIR

FAMILIES, BUILDING RELATIONSHIPS AND COLLABORATION WITH ORGANIZATIONS

SERVING VETERANS AND FAMILIES, AND GROWING OR INCUBATING SMALL

ORGANIZATIONS WITH THE ABILITY TO SCALE INNOVATIVE PROGRAMMING.

ORGANIZATIONS SUBMIT PROPOSALS, ENSURING INTENT AND FUNDING OBJECTIVES ARE

MET. WOUNDED WARRIOR PROJECT CONDUCTS DUE DILIGENCE IN REVIEWING AND

NETTING GRANTEES AND ESTABLISHES REQUIRED REPORTING ELEMENTS AS PART OF THE

GRANT AGREEMENT. GRANTEES PARTICIPATE IN ONGOING CHECK-IN MEETINGS AND

PROVIDE PERIODIC REPORTS DURING THE YEAR-LONG GRANT TERM. WOUNDED WARRIOR

PROJECT ENSURES COMPLIANCE AND SUCCESSFUL COMPLETION OF ALL GRANT

REQUIREMENTS.

SCHEDULE I, PART III, LINE 1(A)

WWP'S EMERGENCY FINANCIAL ASSISTANCE PROVIDES FINANCIAL ASSISTANCE TO

WARRIORS AND IMMEDIATE FAMILY MEMBERS WHO ENCOUNTER EMERGENCY SITUATIONS

WHICH IMPACT THEIR LIFE, SAFETY, OR SHELTER.

SCHEDULE I, PART II, LINE 1, COLUMN H

PURPOSE OF GRANT OR ASSISTANCE

AMERICA'S WARRIOR PARTNERSHIP - TO SUSTAIN SUPPORT IN CURRENT

OPERATIONS IN AWP'S SIX COMMUNITY INTEGRATION GROUPS IN THE FOLLOWING

LOCATIONS: FLORIDA PANHANDLE; PALMETTO, FL; ORANGE COUNTY, CA;

GREENVILLE, SC; BUFFALO, NY; ATLANTA, GA; GREENVILLE, SC; AND THE

NAVAJO NATION IN AZ AND TO TRAIN AND MENTOR COMMUNITY INTEGRATION

Part IV Supplemental Information

PROGRAMS IN INDIANAPOLIS, IN; THE STATE OF ALASKA AND THE PERMIAN BASIN

AREA IN TEXAS; AND NEW MEXICO. THESE ONE-STOP LOCATIONS CONNECT

WARRIORS AND THEIR FAMILIES TO DIVERSE LOCAL RESOURCES FOR EMPLOYMENT,

HOMELESSNESS, HEALTH, AND FINANCIAL ASSISTANCE.

ANCHORAGE COMMUNITY MENTAL HEALTH (COHEN VETERANS NETWORK) - TO SUPPORT

COUNSELING SERVICES FOR POST-9/11 VETERANS AND MILITARY FAMILIES.

ARMED SERVICES YMCA OF ALASKA - TO SUPPORT FOOD SECURITY, THE GUARDIAN

ANGEL PROGRAM, AND THE 2022 COMBAT FISHING TOURNAMENT.

BASTION COMMUNITY OF RESILIENCE - SUPPORT BCR'S TWO-DAY PER WEEK

"HEADWAY PROGRAM" FOR POST-9/11 VETERANS WHO ARE LIVING WITH A

TRAUMATIC BRAIN INJURY, POST-TRAUMATIC STRESS, SPINAL CORD INJURY, OR

OTHER NEUROLOGICAL CONDITIONS.

BOULDER CREST FOUNDATION - SUPPORT TWO WARRIOR PROGRESSIVE ALTERNATVIE

TRAINING ("PATHH") PROGRAMS FOR POST-9/11 SPECIAL OPERATIONS FORCES AND

EXPLOSIVE ORDNANCE DISPOSAL VETERANS AND SERVICE MEMBERS. IN THE

SEVEN-DAY INTENSIVE AND IMMERSIVE (IN-PERSON) STAY, WARRIOR PATHH

INCLUDES JOURNALING, PHYSICAL TRAINING, AND PROVEN WARRIOR-SPECIFIC

MODALITIES THAT EMPOWER THE PARTICIPANTS TO MAKE PEACE WITH THEIR PAST,

LEARN TO LIVE IN THE PRESENT, AND CREATE PLANS FOR THEIR FUTURE.

CAMP CORRAL - TO SUPPORT CAMP CORRAL'S ONE-WEEK IN-PERSON RESIDENTIAL

SUMMER CAMPS FOR CHILDREN OF POST-9/11 WOUNDED, INJURED, OR ILL

VETERANS IN LOCATIONS ACROSS THE UNITED STATES.

Part IV Supplemental Information

CARING FOR MILITARY FAMILIES: THE ELIZABETH DOLE FOUNDATION - TO

SUPPORT RAND 2.0, A FOLLOW-UP STUDY TO THE 2014 HIDDEN HEROES:

AMERICA'S MILITARY CAREGIVERS RAND STUDY, WHICH WAS INSTRUMENTAL IN

UNDERSTANDING THE MILITARY CAREGIVER POPULATION.

CODE OF SUPPORT FOUNDATION - TO SUPPORT THE IMPLEMENTATION AND

EXPANSION OF CODE OF SUPPORT FOUNDATION'S PEER NAVIGATORS AND CASE

COORDINATION SERVICES WITH A FOCUS ON POST-9/11 VETERANS.

COMBINED ARMS (CAX) - TO SUPPORT CAX'S COORDINATED SERVICES AND

COLLABORATIVE BACKBONE MODEL AS A MEANS TO PREVENT POST-9/11 VETERAN

UNEMPLOYMENT AND UNDEREMPLOYMENT, SUBSTANCE USE DISORDER, FAMILY

CHALLENGES, HOMELESSNESS, CRIMINAL BEHAVIOR, AND SUICIDE. IN ADDITION

TO SUPPORTING THIS MODEL, CAX WILL IMPLEMENT A COMMUNITY LEADER PROGRAM

VIA THE COMBINED ARMS MOBILE APP (ECHOLINK) TO PROVIDE FASTER, MORE

EFFECTIVE ACCESS TO RESOURCES FOR TRANSITIONING POST-9/11 VETERANS.

COMFORT CREW FOR MILITARY KIDS - TO SUPPORT CLEARING THE WAITLIST IN

COMFORT CREW'S "WITH YOU ALL THE WAY!" DEALING WITH DEPLOYMENT KITS,

"TOGETHER AGAIN!" HELPING MILITARY FAMILIES RECONNECT KITS, AND "TAKING

CARE OF YOU!" SUPPORT FOR KIDS OF INJURED HEROES KITS FOR MILITARY

KIDS. ADDITIONALLY SUPPORTS THE DEVELOPMENT OF THE COMFORT CREW

ACADEMY, A VIRTUAL PLATFORM THAT WILL ENHANCE AND EXPAND ON THE

COMPONENTS IN THE COMFORT KITS.

DOG TAG INC - TO SUPPORT GROWTH AND EXPANSION OF DOG TAG INC.'S

INNOVATIVE FELLOWSHIP PROGRAM FOR POST-9/11 VETERANS WITH

SERVICE-CONNECTED DISABILITIES, MILITARY SPOUSES, AND CAREGIVERS IN

Part IV Supplemental Information

CHICAGO, IL.

EOD WARRIOR FOUNDATION - TO SUPPORT EXPLOSIVE ORDINANCE DISPOSAL

WARRIOR FOUNDATION'S FINANCIAL RELIEF PROGRAM FOR POST-9/11 EOD SERVICE

MEMBERS, VETERANS, AND THEIR FAMILIES.

EMORY HEALTHCARE - AN ACADEMIC MEDICAL CENTER IN THE WARRIOR CARE

NETWORK. PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A

FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK.

FARMER VETERAN COALITION - TO SUPPORT FARMER VETERAN COALITION'S FARMER

VETERAN FELLOWSHIP FUND PROVIDING DIRECT ASSISTANCE TO POST-9/11

VETERANS WHO ARE IN THE BEGINNING STAGES OF FARMING OR RANCHING AND

LOOKING TO DEVELOP A CAREER IN AGRICULTURE. ASSISTANCE IS PROVIDED

THROUGH THE PURCHASE OF CAPITAL EQUIPMENT TO MAKE A DIFFERENCE IN THE

LAUNCH OF A FARM BUSINESS.

FIELDS 4 VALOR FARMS INC - TO SUPPORT FIELDS 4 VALOR'S PROGRAMMATIC AND

OPERATIONAL NEEDS, STAFFING, AND TO MAKE IMPROVEMENTS TO THE FARM TO

SUPPORT WEEKLY FOOD DELIVERY TO VETERANS AND THEIR FAMILIES IN THE

BRANDYWINE, MD AREA. ADDITIONALLY, TO SUPPORT THE FIELDS 4 VALOR'S

VETERAN FARMING APPRENTICESHIP PROGRAM FOR POST-9/11 VETERANS.

FIVE STAR VETERANS CENTER INC. - TO SUPPORT POST-9/11 HOMELESS MALE

VETERANS WITH HOUSING AND ACCESS TO FIVE STAR VETERAN CENTER'S SUITE OF

WRAPAROUND SERVICES AND PROGRAMMING.

GEORGE W. BUSH INSTITUTE - TO SUPPORT BUSH INSTITUTE'S VETERAN WELLNESS

Part IV Supplemental Information

ALLIANCE TO BUILD UPON INITIAL PHASE RESEARCH THAT GENERATED RESEARCH-BASED AND VETERAN APPROVED DEFINITION OF HIGH-QUALITY CARE FOR PTSD AND MILD TRAUMATIC BRAIN INJURY. THIS NEXT PHASE EXPANDS THE WORK TO INCLUDE DEPRESSION AND SUBSTANCE USE DISORDERS AND ESTABLISHES OUTCOME METRICS FOR THE DEFINITIONS AMONG ALLIANCE MEMBERS. THIS WORK IS THE FIRST TIME THESE DEFINITIONS AND ASSOCIATED OUTCOME METRICS WILL BE ESTABLISHED AND SERVE AS A BENCHMARK FOR MENTAL AND BRAIN HEALTH ORGANIZATIONS AIMING TO DELIVER HIGH-QUALITY CARE FOR VETERANS SEEKING CARE FOR THESE CHALLENGES.

GOLD STAR PEAK INC - TO SUPPORT THE DEVELOPMENT OF THE BASE CAMP OF GOLD STAR PEAK IN ALASKA TO HOLD SINGLE- AND MULTI-DAY ADVENTURES, EVENTS, AND TRAININGS FOR CAMP GOLD STAR PARTICIPANTS INCLUDING POST-9/11 VETERANS AND GOLD STAR FAMILIES.

GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION - ASSIST BRAINLINE IN CONTINUING DAILY OPERATIONS OF PROVIDING TBI EDUCATION AND CONTENT TO OVER 4.8 MILLION UNIQUE WEB PAGE VISITORS, AS WELL AS ADD SPECIFIC WWP CO-BRANDED CONTENT. THIS CONTENT WILL INCLUDE AT LEAST 100 ARTICLES, 30 VIDEOS, 36 BLOG POSTS, AND ADDITIONAL SOCIAL MEDIA POSTS.

GREEN BERET FOUNDATION - TO SUPPORT POST-9/11 GREEN BERETS AND THEIR FAMILIES THROUGH THE CASUALTY SUPPORT, HEALTH & WELLNESS SUPPORT, AND FAMILY SUPPORT PROGRAMS.

HILLVETS FOUNDATION - TO SUPPORT ONE HILLVETS HOUSE FELLOW WHO WOULD LEARN AND DEVELOP ADVOCACY EXPERIENCE FROM MULTIPLE ANGLES; A MINIMUM OF FOUR DINNERS, ONE PER QUARTER, FOR HILLVETS FELLOWS; HILLVETS'

Part IV Supplemental Information

FELLOWS PARTICIPATION IN WWP'S FLY-IN(S); AND WWP'S PARTICIPATION IN THE TWO CAPCON EVENTS ASSOCIATED WITH HILLVETS' LEAD PROGRAM.

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.

HESPERUS - TO SUPPORT TUITION FOR HESPERUS' SUMMIT PROGRAM FOR NATIVE AMERICAN VETERANS, A MAJORITY OF WHICH WILL BE POST-9/11 AND SUPPORT CURRICULUM DEVELOPMENT FOR THE SUMMIT PROGRAM.

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

HOPE FOR THE WARRIORS - TO SUPPORT HFTW'S CRITICAL CARE COORDINATION WHICH PROVIDES INTEGRATED CASE MANAGEMENT, FINANCIAL EDUCATION WITH AN EMPHASIS ON LONG-TERM FINANCIAL STABILITY, AND RESOURCE REFERRALS TO ASSIST POST-9/11 SERVICE MEMBERS, VETERANS, CAREGIVERS, AND THEIR FAMILIES.

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

MELWOOD HORTICULTURAL TRAINING CENTER INC. - TO SUPPORT MELWOOD'S MST/OPERATION TOHIDU PROGRAM TO SERVE POST-9/11 WOMEN MILITARY SEXUAL TRAUMA SURVIVORS THROUGH A HYBRID OF VIRTUAL AND IN-PERSON PROGRAMMING.

Part IV Supplemental Information

MILITARY FAMILY ADVISORY NETWORK - TO SUPPORT THE IMPLEMENTATION OF
 MFAN'S 2021 MILITARY FAMILY SUPPORT PROGRAMMING SURVEY; THE EXPANSION
 OF MFAN'S REGIONAL RESPONSE TO ADDRESS FOOD INSECURITY IN THE TIDEWATER
 REGION OF VIRGINIA (NORFOLK, HAMPTON ROADS, AND VIRGINIA BEACH); AND
 SUPPORT FOUR FOOD DISTRIBUTION EVENTS IN GEOGRAPHIC AREAS THAT SHOWED
 THE GREATEST NEED IN MFAN'S DATA: FORT HOOD, TEXAS; FORT BRAGG, NORTH
 CAROLINA; JOINT BASE LEWIS-MCCHORD, WASHINGTON; AND NORFOLK, VIRGINIA.

NATIONAL MILITARY FAMILY ASSOCIATION - TO SUPPORT NMFA'S OPERATION
 PURPLE CAMP, OPERATION PURPLE CAMP AT HOME, AND OPERATION PURPLE
 HEALING ADVENTURES SERVING POST-9/11 MILITARY KIDS AND POST-9/11
 MILITARY FAMILIES.

NAVY SEAL FOUNDATION INC - TO SUPPORT THE NAVY SEAL FOUNDATION'S
 TRAGEDY ASSISTANCE AND EMERGENCY RELIEF PROGRAMS FOR POST-9/11 VETERANS
 OR SERVICE MEMBERS. FUNDING FACILITATES DIRECT SERVICES IN BRAIN AND
 MENTAL HEALTH, AS WELL AS OVERARCHING HUMAN PERFORMANCE PROGRAMS THAT
 ADDRESS COMPLEX ISSUES NAVY SEAL OPERATORS FACE.

NORTHEAST FLORIDA WOMEN VETERANS - PROVIDING FEMALE VETERANS IN THE
 JACKSONVILLE AREA WITH PROGRAMS AND SERVICES TO AID WITH FOOD,
 CLOTHING, EMPLOYMENT ASSISTANCE, TRANSPORTATION, CLAIMS, AND SHELTER.

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

OPERATION HOMEFRONT - PROVIDING IMMEDIATE (CRITICAL) FINANCIAL

Part IV Supplemental Information

ASSISTANCE TO VETERANS AND FAMILY MEMBERS IN NEED.

OPERATION NEW UNIFORM INC - TO SUPPORT ONU'S FINDING THE UNIFORM PHASE OF THE TRANSITIONAL TRAINING PROGRAM PROVIDING INSTRUCTIONAL SUPPORT TO FACILITATE IN-PERSON COHORTS IN JACKSONVILLE, FL AND TAMPA, FL FOR TRANSITIONING POST-9/11 VETERANS.

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

PENTAGON FEDERAL CREDIT UNION FOUNDATION - TO SUPPORT PENFED FOUNDATION'S EMERGENCY FINANCIAL ASSISTANCE PROGRAM AND FAMILY & CAREGIVER SUPPORT PROGRAM SERVING WOUNDED, INJURED, OR ILL POST-9/11 VETERANS.

PSYCHARMOR INSTITUTE - TO PROVIDE EDUCATIONAL COURSES AND CONSULTANCY SERVICES IN SUPPORT OF DEVELOPING PTSD AND SUICIDE PREVENTION CONTENT FOR WOUNDED WARRIOR PROJECT EMPLOYEES AND WARRIORS. THIS CONTENT WILL ALSO BE USED BY OTHER ORGANIZATIONS.

ROSALYN CARTER INSTITUTE FOR CAREGIVERS INC - TO SUPPORT RCI'S OPERATION FAMILY CAREGIVER, A ONE-ON-ONE VIRTUAL COACHING PROGRAM FOR MILITARY AND VETERAN CAREGIVERS IN ENGLISH OR SPANISH FOR POST-9/11 CAREGIVERS. ADDITIONALLY, SUPPORTING RCI'S OPERATION CAREGIVER SUPPORT, A GROUP-BASED CURRICULUM FOR POST-9/11 CAREGIVERS COVERING TOPICS SUCH AS MANAGING EMOTIONS, MITIGATING STRESS, SAFETY PLANNING, AND EXPLORING CAREGIVER ROLES.

Part IV Supplemental Information

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

SALUTE INC - PROVIDE FINANCIAL ASSISTANCE TO REDUCE BARRIERS TO CARE
FOR WARRIORS ATTENDING WARRIOR CARE NETWORK. ASSISTANCE INCLUDES
MORTGAGE OR RENT PAYMENTS, VEHICLE PAYMENTS, INSURANCE PAYMENTS, AND/OR
UTILITIES PAYMENTS.

SHEPHERD CENTER FOUNDATION INC - SUPPORT THE EXPANSION AND IMPROVEMENT
OF SHARE'S HYBRID TREATMENT PROGRAM OVER A TWO-YEAR PERIOD TO TREAT
POST-9/11 VETERANS AND FURTHER SHEPARD CENTER'S BRAIN INJURY RESEARCH.

SOLDIERS TO SIDELINES INC - TO SUPPORT STS'S COACHING SEMINAR PROGRAMS
TO EDUCATE VETERANS AND POST-9/11 VETERANS, IN FOUR VIRTUAL COACHING
SEMINARS.

STUDENT VETERANS OF AMERICA - SUPPORT THE FORMALIZATION OF SVA'S
DISABILITY SERVICES LIAISON WITHIN THE CAMPUS LIAISON PROGRAM BY
TRAINING DISABILITY SERVICE LIAISONS TO REACH THE REPRESENTED POST-9/11
VETERANS WHO REPORT A DISABILITY REQUIRING AN ACADEMIC ACCOMMODATION.

SYRACUSE UNIVERSITY INSTITUTE FOR VETERANS AND MILITARY FAMILIES (IVMF)
- SUPPORT CONTINUATION OF IVMF'S VETERAN EMPLOYMENT WORK THROUGH THEIR
ONWARD TO OPPORTUNITY (O2O) PROGRAM. OFFERED AT NO COST TO
PARTICIPANTS, THE O2O PROGRAM PROVIDES IN-DEMAND, INDUSTRY-VALIDATED
SKILLS TRAINING AND EMPLOYMENT PLACEMENT SERVICES TO THE
MILITARY-CONNECTED COMMUNITY VIA 50 DIFFERENT LEARNING PATHWAYS.

Part IV Supplemental Information

TEAM RED, WHITE & BLUE INC - TO SUPPORT THE EXPANSION OF TEAM RWB'S

OPERATION EAGLE WELCOME OUTREACH INITIATIVE TO ENGAGE MEMBERS, CONTINUE

SUPPORT FOR TEAM RWB'S CHAPTER AND COMMUNITY PROGRAM (CCP), AND THE

FURTHER DEVELOPMENT OF TEAM RWB'S MOBILE APP INFRASTRUCTURE TO

SUPPLEMENT CCP ACTIVITIES AND MEMBER ENGAGEMENT.

FIRE WATCH PROJECT INC - SUPPORT STAFF EXPANSION TO ALLOW FIRE WATCH TO

EXPAND ITS VETERAN SUICIDE PREVENTION PROGRAMS AND REACH WITHIN AND

BEYOND NORTHEAST FLORIDA.

THE HONOR FOUNDATION - TO SUPPORT ENHANCED INFRASTRUCTURE,

IMPLEMENTATION, AND PROGRAM MANAGEMENT OF THE HONOR FOUNDATION'S (THF)

PROGRAM IN FORT BRAGG, NORTH CAROLINA. THF PROVIDES A TAILORED PROGRAM

FOR TRANSITIONING SPECIAL OPERATION FORCES TO HELP THEM DEFINE THEIR

NEXT GOALS AND FIND THEIR NEXT CAREER.

THE MISSION CONTINUES - TO SUPPORT TMC'S WOMEN VETERANS LEADERSHIP

PROGRAM, PROVIDING LEADERSHIP SKILLS AND KNOWLEDGE FOR POST-9/11 WOMEN

VETERANS AND CONTINUED SUPPORT OF TMC'S SIGNATURE SERVICE PLATOONS

PROGRAM ENABLING VETERANS AND COMMUNITY MEMBERS TO WORK TOGETHER TO DO

GOOD IN THEIR COMMUNITIES.

THREE RANGERS FOUNDATION - TO SUPPORT COUNSELORS FOR THE RANGERS FOR

LIFE PROGRAM TO ASSIST TRANSITIONING RANGERS AT BATTALION 1/75 AT

HUNTER ARMY AIRFIELD AND BATTALION 2/75 AT JOINT BASE LEWIS-MCCHORD.

TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS INC - SUPPORT THE DELIVERY OF

Part IV Supplemental Information

TWO INTENSIVE CLINICAL PROGRAMS (ICPS) CONDUCTED IN PARTNERSHIP WITH HOME BASE AND SPONSOR TAPS' VIRTUAL MILITARY SURVIVOR SEMINAR AND FAMILY PROGRAM.

UCLA HEALTH SCIENCES DEVELOPMENT - AN ACADEMIC MEDICAL CENTER IN THE WARRIOR CARE NETWORK. PLEASE REFER TO THE PROGRAM DESCRIPTION IN PART III, LINE 4A FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK.

UNITED STATES VETERANS INITIATIVE (U.S.VETS) - TO SUPPORT POST-9/11 VETERANS SERVED IN U.S.VETS' THERAPEUTIC COMMUNITIES, PROVIDING DIRECT CASE MANAGEMENT, AS WELL AS HYBRID AND VIRTUAL SUPPORTIVE SERVICES TO HOMELESS AND AT-RISK VETERANS WHO LIVE IN TRANSITIONAL, LONG-TERM, OR PERMANENT HOUSING AT U.S.VETS' RESIDENTIAL SITES. TO SUPPORT U.S.VETS' VIRTUAL AND HYBRID PROGRAMMING MODEL EXPANSION AND INCREASE NATIONAL COORDINATION FOR THE ADVANCE PROGRAM AND THE WOMEN VETS ON POINT PROGRAM SERVING POST-9/11 VETERANS.

US CHAMBER OF COMMERCE FOUNDATION - SUPPORT HIRING OUR HEROES' CAREER SUMMITS AND MILITARY SPOUSE AND CAREGIVER FELLOWSHIPS FOR POST-9/11 CAREGIVERS.

USA CARES INC - TO SUPPORT FINANCIAL ASSISTANCE GRANTS, THROUGH THE USA CARES MILITARY ASSISTANCE RESPONSE PROGRAM, FOR POST-9/11 VETERANS AND THEIR FAMILIES.

VETERANS PATH INC - TO SUPPORT THE ACCELERATED MIND PERFORMANCE TRAINING AND THE WOMEN'S ANCHOR PROGRAM FOR POST-9/11 WOMEN VETERANS.

Part IV Supplemental Information

VETS COMMUNITY CONNECTIONS - TO SUPPORT VCC'S OPERATIONAL COSTS FOR
 COMMUNITY INTEGRATION EFFORTS FOR POST-9/11 VETERANS, SERVICE MEMBERS,
 FAMILIES, AND CAREGIVERS IN SAN DIEGO COUNTY, CA VCC'S OPERATION ALLY
 PROGRAM THAT ENGAGES BUSINESSES TO WORK WITH LOCAL ORGANIZATIONS TO
 FILL GAPS IN VETERAN SUPPORT AND GROW THE VCC VETERAN RESOURCE
 DATABASE.

VETERANS VILLAGE OF SAN DIEGO (VVSD) - TO SUPPORT VVSD'S MULTI-PRONGED
 APPROACH THROUGH TRANSITIONAL HOUSING PROGRAMS, DRUG TREATMENT AT THE
 VETERANS REHABILITATION CENTER, AND THROUGH THE EMPLOYMENT PROGRAM TO
 SERVE POST-9/11 VETERANS EXPERIENCING HOMELESSNESS.

WARRIOR CANINE CONNECTION - SUPPORT WCC'S MISSION BASED TRAUMA RECOVERY
 PROGRAM ACROSS THE COUNTRY AND EXPAND ITS PROGRAM REACH TO WWP ALUMNI
 WHO MAY BENEFIT FROM IT MOST.

WARRIOR REUNION FOUNDATION - SUPPORT REUNIONS FOR POST-9/11 MILITARY
 UNITS, BRINGING TOGETHER SERVICE MEMBERS AND GOLD STAR FAMILY MEMBERS
 TO HEAL TOGETHER.

WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST - SEE PART II LINE 4D
 AND SCHEDULE O FOR FULL DESCRIPTION AND PURPOSE OF THE WWP LONG TERM
 SUPPORT TRUST.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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 **1b**

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? **2**

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

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

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

a Receive a severance payment or change-of-control payment? **4a**

b Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**

c Participate in or receive payment from an equity-based compensation arrangement? **4c**

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? **5a**

b Any related organization? **5b**

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization? **6a**

b Any related organization? **6b**

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 **7**

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

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

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

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

Schedule J (Form 990) 2020

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)	295,054.	56,000.	0.	11,400.	23,251.	385,705.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER M SILVA CHIEF PROGRAM OFFICER	(i)	272,339.	53,995.	0.	11,400.	24,834.	362,568.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ERIC S MILLER CHIEF FINANCIAL OFFICER	(i)	259,872.	51,422.	0.	11,400.	24,834.	347,528.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GARY A CORLESS CHIEF DEVELOPMENT OFFICER	(i)	259,872.	51,422.	0.	7,186.	24,834.	343,314.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHRISTOPHER TONER CHIEF OF STAFF	(i)	228,063.	42,871.	0.	8,738.	24,802.	304,474.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHN T HAMRE III VP DIRECT RESPONSE	(i)	228,168.	45,231.	0.	8,759.	9,226.	291,384.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL RICHARDSON(THRU 4/2021) VP INDEPENDENCE & MENTAL HEALTH	(i)	201,514.	35,891.	0.	9,158.	23,184.	269,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANGELA STROHL VP HUMAN RESOURCES	(i)	190,428.	37,780.	0.	8,827.	24,730.	261,765.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SCOTT COSTER VP INFORMATION TECHNOLOGY	(i)	190,902.	37,780.	0.	6,161.	24,729.	259,572.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) TRACY FARRELL VP ENGAGEMENT & PHYSICAL HLTH	(i)	190,428.	37,780.	0.	6,152.	9,239.	243,599.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KATHRYN BONGIOVANNI SEC AND GEN COUNSEL	(i)	123,864.	15,750.	0.	0.	16,180.	155,794.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

NON-FIXED PAYMENTS

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

DISCRETIONARY BONUSES FOR OFFICERS AND HIGHLY COMPENSATED EMPLOYEES ARE

BASED ON OBJECTIVE, INDIVIDUAL PERFORMANCE CRITERIA AND JOB COMPETENCIES.

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

OFFICER 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 AND

HIGHLY COMPENSATED EMPLOYEES. WWP DOCUMENTS THE BASIS FOR ITS BONUS

DETERMINATION IN MEETING MINUTES OR OTHER INTERNAL DOCUMENTS, WHICH ARE

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

PARTICULAR BONUS DETERMINATIONS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1,250	1,640,876.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	273	1,881,429.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (TICKETS)	X	842	118,385.	FMV
26 Other (SUPPLIES)	X	54	52,177.	FMV
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 V, Donee Acknowledgement **29**

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

Part II

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

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE M, LINE 32B:

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 ORGANIZATION'S

MISSION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MORE THAN 43,000 HOURS OF MENTAL HEALTH TREATMENT WAS PROVIDED. 3,979

TOTAL WARRIORS AND FAMILY SUPPORT MEMBERS WERE SERVED THROUGH MENTAL

HEALTH OUTREACH AND REFERRALS, AND 17,786 COUNSELING SESSIONS WERE

DELIVERED TO WARRIORS AND THEIR FAMILIES. TOTAL BRAIN HEALTH AND MENTAL

HEALTH WELLNESS PROGRAMS EXPENSES WERE \$77,014,629, INCLUDING GRANTS OF

\$35,190,068, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2021. WWP PROVIDES

THE FOLLOWING BRAIN HEALTH AND MENTAL HEALTH WELLNESS PROGRAMS:

PROJECT ODYSSEY: WWP'S PROJECT ODYSSEY IS A 12-WEEK MENTAL HEALTH

PROGRAM THAT USES ADVENTURE-BASED LEARNING TO HELP WARRIORS MANAGE AND

OVERCOME THEIR INVISIBLE WOUNDS, ENHANCE THEIR RESILIENCY SKILLS, AND

EMPOWER THEM TO LIVE PRODUCTIVE AND FULFILLING LIVES. THE PROGRAM

STARTS WITH A FIVE-DAY MENTAL HEALTH WORKSHOP, WHERE WARRIORS ARE

CHALLENGED TO STEP OUTSIDE THE COMFORT OF THEIR EVERYDAY ROUTINES. THIS

OPENS THEM UP TO NEW EXPERIENCES THAT HELP THEM DEVELOP THEIR COPING

AND COMMUNICATION SKILLS. AFTER THE WORKSHOP, PARTICIPANTS WORK

TOGETHER WITH WWP TO STAY ENGAGED, ACHIEVE THEIR PERSONAL GOALS, AND

MAKE LIFELONG POSITIVE CHANGES. DURING FISCAL YEAR 2021, 1,319

PARTICIPANTS PARTICIPATED IN A PROJECT ODYSSEY PROGRAM.

WWP TALK: WWP TALK IS A TELEPHONIC EMOTIONAL SUPPORT PROGRAM THAT

BREAKS DOWN THE BARRIERS OF ISOLATION AND HELPS BOTH WARRIORS AND

FAMILY MEMBERS PLAN INDIVIDUALIZED PATHS TOWARD PERSONAL GROWTH.

PARTICIPANTS WORK ONE-ON-ONE WITH A DEDICATED TEAM MEMBER DURING WEEKLY

EMOTIONAL SUPPORT CALLS. TOGETHER, THEY SET TANGIBLE GOALS AND DEVELOP

SKILLS THAT LEAD TO POSITIVE CHANGES, LIKE INCREASED RESILIENCE AND

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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IMPROVED PSYCHOLOGICAL WELL-BEING. WWP SERVED 1,839 PARTICIPANTS THROUGH MORE THAN 22,000 EMOTIONAL SUPPORT CALLS, IN THE WWP TALK PROGRAM IN FISCAL YEAR 2021. 98% OF WWP TALK PARTICIPANTS WERE SATISFIED WITH THE PROGRAM.

WARRIOR CARE NETWORK: TO ACCELERATE THE DEVELOPMENT OF ADVANCED MODELS OF MENTAL HEALTH CARE, WWP PARTNERS WITH FOUR WORLD-RENOWNED ACADEMIC MEDICAL CENTERS (AMCS) TO FORM WARRIOR CARE NETWORK, LEVERAGING OUR COLLECTIVE COMMITMENT AND EXPERTISE. PARTNERING WITH EMORY UNIVERSITY, MASSACHUSETTS GENERAL HOSPITAL, RUSH UNIVERSITY MEDICAL CENTER, AND UCLA HEALTH SCIENCES DEVELOPMENT, THE WARRIOR CARE NETWORK TREATMENT MODEL PROVIDES A YEAR'S WORTH OF MENTAL HEALTH CARE DURING A TWO-TO-THREE-WEEK INTENSIVE OUTPATIENT PROGRAM. WARRIORS WHO COMPLETE THE PROGRAM HAVE SEEN A SIGNIFICANT IMPROVEMENT IN PTSD AND DEPRESSION SYMPTOMS, TRANSLATING TO INCREASED RESILIENCY AND IMPROVED QUALITY OF LIFE. WARRIOR CARE NETWORK PROVIDES VETERANS WITH A PATH TO LONG-TERM WELLNESS, IMPROVING THE WAY WARRIORS ARE TREATED TODAY AND FOR GENERATIONS TO COME.

THE WARRIOR CARE NETWORK CONTINUES TO EXPAND ITS ADVANCED MODELS OF MENTAL HEALTHCARE BEYOND PTSD TO INCLUDE TREATMENT FOR TRAUMATIC BRAIN INJURY, SUBSTANCE USE DISORDER, AND OTHER INVISIBLE WOUNDS OF WAR.

DURING THE YEAR, WARRIOR CARE NETWORK SERVED 709 VETERANS IN INTENSIVE OUTPATIENT PROGRAMS AND 1,810 VETERANS IN TRADITIONAL OUTPATIENT THERAPY. IN ADDITION, THE NETWORK PROVIDED TREATMENT AND PSYCHOEDUCATION TO 728 VETERAN FAMILY MEMBERS/CAREGIVERS. TREATMENT OUTCOMES SHOW SIGNIFICANT REDUCTIONS IN POST-TRAUMATIC STRESS DISORDER

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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(PTSD) SYMPTOMS FOR BOTH VETERANS AND FAMILY MEMBERS. IN RESPONSE TO PATIENT DEMAND, THE NETWORK ALSO PROVIDED GRANTS TO TREAT VETERANS WITH PTSD AND CO-OCCURRING TRAUMATIC BRAIN INJURY (TBI) AND/OR SUBSTANCE USE DISORDER (SUD). IN THE INTENSIVE OUTPATIENT PROGRAM, WARRIOR CARE NETWORK HELPED VETERANS EXPERIENCING PTSD SIGNIFICANTLY REDUCE THEIR SYMPTOMS IN JUST 2-3 WEEKS. THE MAJORITY OF WARRIORS REPORTING SEVERE PTSD SYMPTOMS AT THE BEGINNING OF THE PROGRAM ARE PROVIDED EVIDENCE-BASED TREATMENT THAT REDUCES THEIR SYMPTOMS TO A MILD OR MODERATE LEVEL AT THE END OF THE PROGRAM. WARRIOR CARE NETWORK USES CLINICALLY VALIDATED ASSESSMENTS TO TRACK THIS REDUCTION IN SYMPTOMS. ADDITIONALLY, IN SATISFACTION SURVEYS, 96% OF PARTICIPANTS INDICATED THAT THEY WERE SATISFIED WITH THE CARE THEY RECEIVED AND 95% INDICATED THAT THEY WOULD TELL A FELLOW WARRIOR ABOUT THE PROGRAM.

WWP ISSUED MONETARY GRANTS TO AMCS IN THE WARRIOR CARE NETWORK TOTALING \$34,239,668, SEE SCHEDULE I FOR THE YEAR ENDED SEPTEMBER 30, 2021.

WWP'S WARRIOR CARE NETWORK GRANT AGREEMENTS HAVE SIGNIFICANT FUTURE CONDITIONS, AND ACCORDINGLY, A PORTION OF THE EXPENSE FOR THOSE GRANTS WILL NOT BE RECOGNIZED UNTIL SPECIFIC CONDITIONS ARE SATISFIED. AS OF SEPTEMBER 30, 2021, FUTURE CONDITIONAL PAYMENTS ON THESE GRANT AGREEMENTS ARE ESTIMATED TO BE PAID AS FOLLOWS:

2022 \$ 32,711,303
2023 \$ 38,109,085
2024 \$ 38,905
TOTAL \$ 70,859,293

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COMPLEX CASE COORDINATION: WWP'S COMPLEX CASE COORDINATION TEAM SERVES

WARRIORS UNDER UNIQUE CIRCUMSTANCES WHICH ARE MULTI-FACETED AND REQUIRE

URGENT ACTION. THESE CASES CANNOT BE ADDRESSED BY ONE EXISTING WWP

PROGRAM, AS THEY SPAN ACROSS FOCUS AREAS, INVOLVING MULTIPLE PROGRAMS

AND EXTERNAL RESOURCES. THE TEAM IS COMPRISED OF SUBJECT MATTER EXPERTS

FROM MULTIPLE FOCUS AREAS, ALLOWING THEM TO ADDRESS ALL COMPONENTS OF

THE CASE CONCURRENTLY AND WITH AN INTEGRATED APPROACH. THIS PROGRAM

CONNECTS WARRIORS TO INPATIENT AND OUTPATIENT PROGRAMS WITHIN THE

VETERAN AFFAIRS (VA) AND COMMUNITY CARE NETWORK IN A COORDINATED AND

COLLABORATIVE EFFORT. WWP SERVED 476 PARTICIPANTS THROUGH THE COMPLEX

CASE COORDINATION PROGRAM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

BENEFITS: WWP'S BENEFITS TEAM ADVOCATES FOR INJURED VETERANS AND THEIR

FAMILY MEMBERS TO OBTAIN THEIR WELL-EARNED GOVERNMENT BENEFITS. WWP'S

VA-CERTIFIED TEAM OF REPRESENTATIVES PROVIDES WARRIORS AND FAMILY

MEMBERS WITH THE SUPPORT AND QUALIFIED HELP NEEDED TO NAVIGATE THE

BENEFITS CLAIMS PROCESS. THE BENEFITS TEAM HELPS WARRIORS AND THEIR

FAMILIES TO UNDERSTAND THEIR OPTIONS, RECEIVE THEIR BENEFITS, AND

REMAIN FOCUSED ON THEIR RECOVERIES. IN FISCAL YEAR 2021, THERE WERE

APPROXIMATELY 35,807 ISSUES AWARDED ON BEHALF OF WARRIORS THROUGH

BENEFITS SERVICE, WITH AN ECONOMIC IMPACT OF \$159.3 MILLION.

WARRIORS TO WORK: WWP'S WARRIORS TO WORK PROGRAM PROVIDES WARRIORS AND

THEIR FAMILY MEMBERS WITH THE RESOURCES AND ASSISTANCE THEY NEED TO BE

SUCCESSFUL IN THE CIVILIAN WORKFORCE. THROUGH PERSONALIZED SERVICES,

PARTICIPANTS RECEIVE ACCESS TO JOB PLACEMENT OPPORTUNITIES, RESUME

WRITING ASSISTANCE, INTERVIEW PREPARATION, AND NETWORKING

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OPPORTUNITIES. PROGRAM PARTICIPANTS LEARN THE SKILLS NECESSARY TO FIND MEANINGFUL EMPLOYMENT, LIVE FINANCIALLY RESILIENT LIVES, AND ARE EMPOWERED TO REACH THEIR HIGHEST CAREER AMBITIONS. IN FISCAL YEAR 2021, 2,109 WARRIORS AND FAMILY MEMBERS THAT PARTICIPATED IN THE WARRIORS TO WORK PROGRAM WERE PLACED IN POSITIONS, WITH AN AVERAGE FULL-TIME SALARY OF \$57,367 AND AN AVERAGE PART-TIME SALARY OF \$21,032, WHICH HAD AN ESTIMATED ECONOMIC IMPACT OF \$102.6 MILLION BASED ON ANNUALIZED EMPLOYMENT COMPENSATION.

EMERGENCY FINANCIAL ASSISTANCE: WWP'S PROGRAMS AND SERVICES ARE BUILT TO GUIDE WARRIORS TOWARD THEIR NEXT MISSION IN LIFE. ALONG THAT JOURNEY, UNEXPECTED CHALLENGES AND EMERGENCIES CAN HAPPEN THAT CAN SET A WARRIOR'S RECOVERY PROGRESS BACK SIGNIFICANTLY. THE WWP EMERGENCY FINANCIAL ASSISTANCE SERVICE PROVIDES GRANTS TO WARRIORS WHO ARE UP AGAINST THE MOST URGENT AND CRITICAL FINANCIAL CHALLENGES SO THEY CAN BUILD THE BEST LIVES FOR THEMSELVES AND THEIR FAMILIES. WWP ALSO OFFERS A FINANCIAL EDUCATION PROGRAM THAT EMPOWERS WARRIORS TO TAKE CHARGE OF AND MANAGE THEIR FINANCES TO BUILD A STRONG FOUNDATION FOR THEMSELVES AND THEIR FAMILIES. THE PROGRAM OFFERS A VARIETY OF OPPORTUNITIES, SUCH AS EDUCATIONAL SEMINARS, ONE-ON-ONE COUNSELING, AND ONLINE RESOURCES, THAT EQUIP WARRIORS WITH THE TOOLS AND SUPPORT THEY NEED TO ACHIEVE FINANCIAL WELLNESS TODAY AND FOR A BETTER TOMORROW. WWP ISSUED GRANTS TO 518 WARRIORS TOTALING \$1,304,381. SEE SCHEDULE I, PART III

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

WWP HAD 158,808 WARRIORS AND 40,808 FAMILY MEMBERS REGISTERED AS OF SEPTEMBER 30, 2021. TOTAL CONNECTION PROGRAMS EXPENSES WERE

\$29,477,695, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2021. WWP PROVIDES

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THE FOLLOWING CONNECTION PROGRAMS:

ALUMNI: VETERANS WHO REGISTER WITH AND JOIN WWP ARE CALLED ALUMNI. THE

ALUMNI PROGRAM PROVIDES SUPPORT AND CAMARADERIE FOR WOUNDED WARRIORS

AND THEIR FAMILY MEMBERS THROUGH COMMUNICATION, CONNECTION EVENTS AND

NETWORKING. IT OFFERS A WIDE RANGE OF ACTIVITIES INCLUDING SKILL

BUILDING EDUCATIONAL SESSIONS, SPORTING EVENTS, PERSONAL AND

PROFESSIONAL DEVELOPMENT SUMMITS AND RECREATIONAL EVENTS THAT PROVIDE

INDIVIDUALS A CHANCE TO ENGAGE WITH OTHER WOUNDED WARRIORS AND FAMILY

MEMBERS. 52,585 WARRIORS AND 20,016 FAMILY SUPPORT MEMBERS WERE SERVED

THROUGH THE ALUMNI PROGRAM. 96% OF THOSE WHO PARTICIPATED IN ALUMNI

PROGRAM ACTIVITIES WERE SATISFIED WITH THE PROGRAM.

THE ALUMNI PROGRAM ALSO PROVIDES BEDSIDE CARE, COMFORT, AND BACKPACKS

TO WOUNDED SERVICE MEMBERS ARRIVING AT U.S. MILITARY TREATMENT

FACILITIES AND VA POLYTRAUMA REHABILITATION CENTERS. WWP BACKPACKS

CONTAIN CLOTHING AND PERSONAL ITEMS TO MAKE A WARRIOR'S HOSPITAL STAY

MORE COMFORTABLE, AS WELL AS AN ENTRY POINT INTO WWP'S PROGRAMS AS THEY

TRANSITION THROUGH CARE. WARRIORS WHO ARE INJURED OVERSEAS AND

EVACUATED FROM FIELD HOSPITALS TO LARGER MILITARY TREATMENT FACILITIES

ABROAD RECEIVE A TRANSITIONAL CARE PACK ("TCP"), WHICH INCLUDES

CLOTHING AND TOILETRIES FOR THEIR IMMEDIATE COMFORT. WWP DELIVERED 35

BACKPACKS AND 320 TCPS TO WOUNDED WARRIORS IN FISCAL YEAR 2021. SINCE

WWP'S INCEPTION, 6,037 BACKPACKS AND 47,578 TCPS HAVE BEEN DELIVERED TO

WOUNDED WARRIORS.

INTERNATIONAL SUPPORT: LANDSTUHL REGIONAL MEDICAL CENTER ("LRMC"),

LOCATED IN LANDSTUHL, GERMANY, IS ONE OF THE FIRST LOCATIONS WARRIORS

ARE MEDICALLY EVACUATED TO WHEN INJURED OVERSEAS, ESPECIALLY FROM

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COMBAT ZONES IN THE MIDDLE EAST REGION OF THE WORLD AND AFGHANISTAN.
 MOST OF THE TIME THEIR BELONGINGS ARE NOT TRANSPORTED WITH THEM. WWP
 ENDEAVORS TO MAKE THEIR HOSPITAL STAY AND TRAVEL BACK TO THE UNITED
 STATES AS COMFORTABLE AS POSSIBLE. WWP HAS DEDICATED PERSONNEL AND
 RESOURCES AT LRMC THAT DISTRIBUTE TCPS, PROVIDE SUPPORT FOR EVENTS AND
 VISITATION, AND EDUCATE WARRIORS AND FAMILIES ON WWP'S FREE PROGRAMS
 AND SERVICES.

PEER SUPPORT: DURING MILITARY SERVICE, WARRIORS FORM BONDS WITH ONE
 ANOTHER THAT ARE AS STRONG AS FAMILY TIES; WWP UNDERSTANDS THAT NO ONE
 KNOWS WHAT A WARRIOR IS GOING THROUGH BETTER THAN SOMEONE WHO HAS BEEN
 THERE. WWP'S PEER SUPPORT PROGRAM IS COMPOSED OF SMALL, WARRIOR-ONLY
 GROUPS LED BY PEERS WHO HAVE OVERCOME CHALLENGES AND EXPERIENCED
 SUCCESS TRANSITIONING TO CIVILIAN LIFE. AS PEER SUPPORT GROUP LEADERS,
 THEY ARE NOW LIVING THE WWP LOGO; CARRYING OTHER WARRIORS WHEN THEY
 NEED IT THE MOST. THESE WARRIORS ARE GIVING BACK TO THEIR FELLOW
 VETERANS BY PROVIDING THEM WITH A SAFE, JUDGMENT-FREE ENVIRONMENT TO
 CONNECT WITH THEIR PEERS AND STRENGTHEN THE BONDS OF SHARED SERVICE.
 THE PEER SUPPORT PROGRAM SERVED 16,270 ATTENDEES AT PEER FACILITATED
 EVENTS AND SUPPORT GROUPS IN FISCAL YEAR 2021.

RESOURCE CENTER: WARRIORS AND FAMILY MEMBERS REGISTERING WITH WWP OFTEN
 COMMUNICATE WITH THE RESOURCE CENTER FIRST. THE TEAM WELCOMES WARRIORS
 AND THEIR FAMILIES INTO WWP AND SERVES AS A CONNECTION POINT AT EVERY
 STEP ALONG THEIR INDIVIDUAL JOURNEYS. AS THEIR NEEDS EVOLVE, THE
 RESOURCE CENTER CONTINUES TO LISTEN, IDENTIFY NEXT STEPS, AND CONNECT
 THEM WITH WWP PROGRAMS AS WELL AS OTHER RESOURCES IN THEIR COMMUNITY.
 THE RESOURCE CENTER SERVICED 42,216 INCOMING CONTACTS INCLUDING CALLS,

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IN-PERSON, FAX, EMAIL, AND LIVE CHATS IN FISCAL YEAR 2021.

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

INDEPENDENCE PROGRAM

WWP'S INDEPENDENCE PROGRAM PROVIDES LONG-TERM SUPPORT TO

CATASTROPHICALLY WOUNDED WARRIORS LIVING WITH INJURIES SUCH AS A

MODERATE TO SEVERE TRAUMATIC BRAIN INJURY, SPINAL CORD INJURY, OR

NEUROLOGICAL CONDITIONS THAT IMPACTS THEIR INDEPENDENCE. THE PROGRAM IS

DESIGNED TO SUPPORT WARRIORS WHO, WITHOUT HIGH-TOUCH SERVICES, WOULD

STRUGGLE TO LIVE DAY TO DAY DUE TO THE SEVERITY OF THEIR INJURIES. WWP

CONTRACTS WITH SPECIALIZED CASE MANAGER TEAMS TO INCREASE ACCESS TO

COMMUNITY SERVICES, OFFER REHABILITATION THROUGH THERAPY, AND EMPOWER

WARRIORS TO LIVE A MORE INDEPENDENT LIFE. SUPPLEMENTING VA CARE,

SERVICES ARE HIGHLY INDIVIDUALIZED AND INCLUDE IN-HOME CARE, LIFE

SKILLS COACHING, TRADITIONAL THERAPIES (PHYSICAL, OCCUPATIONAL, SPEECH,

ETC.), AND ALTERNATIVE THERAPIES (ART, MUSIC, EQUINE, ETC.). BECAUSE

EVERY JOURNEY IS DIFFERENT, WE WORK AS A TEAM WITH WARRIORS, THEIR

FAMILY MEMBERS, AND THEIR CAREGIVERS TO SET INDIVIDUALIZED GOALS TO

LIVE A FULFILLING LIFE, AT HOME, WITH THEIR LOVED ONES. AS OF SEPTEMBER

30, 2021, THERE WERE 722 WARRIORS RECEIVING SERVICES THROUGH THE

INDEPENDENCE PROGRAM AT AN AVERAGE ANNUAL COST PER WARRIOR FOR

CONTRACTED OUTSIDE SERVICES OF \$21,390. TOTAL INDEPENDENCE PROGRAM

EXPENSES WERE \$28,289,538. INCLUDING GRANTS OF \$4,000,000 TO THE

WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST (THE "TRUST"), SEE

BELOW, AND A \$250,000 GRANT TO GREATER WASHINGTON EDUCATIONAL

TELECOMMUNICATIONS ASSOCIATION, SEE SCHEDULE I.

IN FISCAL YEAR 2021, WWP ADDED CONTINUOUS CARE SERVICES TO THIS

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PROGRAM. THE GOAL OF CONTINUOUS CARE SERVICES IS TO EMPOWER THESE SEVERELY INJURED WARRIORS AND THEIR FAMILY MEMBERS TO PREPARE FOR THEIR FUTURE BY DEVELOPING LIFE CARE, ESTATE AND FINANCIAL PLANS. WWP PROVIDES WARRIORS AND THEIR FAMILY MEMBERS WITH FREE, THIRD-PARTY PROFESSIONAL SERVICES TO SUPPORT THIS CRITICAL LONG-TERM PLANNING. IN ADDITION, IN THE EVENT OF THE LOSS OR SEPARATION OF THEIR CAREGIVER, THE WARRIOR IS AFFORDED A CAPPED AMOUNT OF FINANCIAL SUPPORT TO HELP PAY FOR HOUSING, HOME CARE AID OR LONG-TERM FACILITY SUPPORT. THESE PROFESSIONAL SERVICES AND FINANCIAL SUPPORT ARE FUNDED BY THE TRUST.

THE PURPOSE OF THE TRUST IS TO PROVIDE THE ECONOMIC MEANS TO MAINTAIN SEVERELY WOUNDED, ILL OR INJURED WARRIORS IN SETTINGS THAT ARE AS INDEPENDENT AS POSSIBLE, AND TO ASSIST WITH LONG TERM CARE NEEDS IN THE EVENT OF A WARRIOR'S SEPARATION FROM THEIR CAREGIVER. SPECIFICALLY, THE TRUST PROVIDES FUNDS TO ENSURE HOME CARE, RESIDENTIAL OPTIONS AND OTHER NECESSARY SERVICES REMAIN AVAILABLE TO THESE WARRIORS, WHO UPON THE LOSS OF THEIR CAREGIVER, ARE AT RISK FOR INSTITUTIONALIZATION. WWP IS RESPONSIBLE FOR IDENTIFYING THE WARRIORS WHO ARE MEMBERS OF THE CHARITABLE CLASS OF PERSONS SERVED BY THE TRUST. THE TRUST WILL GENERALLY MAKE APPROVED DISTRIBUTIONS DIRECTLY TO SERVICE PROVIDERS TO PROVIDE FOR THE NEEDS OF WARRIORS. DISTRIBUTIONS FOR THE BENEFIT OF A SPECIFIC WARRIOR TAKE INTO ACCOUNT HIS OR HER HEALTH, FINANCIAL NEEDS, CARE REQUIREMENTS, ABILITY TO LIVE INDEPENDENTLY, COMMUNITY-BASED RESOURCES AVAILABLE, AND IN GENERAL, SERVICES REQUIRED TO PROVIDE FOR A BETTER QUALITY OF LIFE. FURTHER, WWP TAKES INTO CONSIDERATION THE AVAILABILITY OF GOVERNMENT BENEFITS AND OTHER FORMS OF PUBLIC FUNDING AND RESOURCES THAT MAY PROVIDE FOR SOME OR ALL OF THE NEEDS OF THE WARRIOR.

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THE TRUST IS A TYPE I SUPPORTING ORGANIZATION, OPERATED, SUPERVISED,
AND CONTROLLED BY WWP, ITS SUPPORTED ORGANIZATION. ALL FUNDS HELD BY
THE TRUST MUST BE USED FOR PURPOSES DEFINED BY THE TRUST AND WILL NOT
BE RETURNED TO WWP UNLESS THE TRUST IS TERMINATED. WWP DOES NOT HAVE
ANY PLANS TO TERMINATE THE TRUST. A SEPARATE IRS FORM 990 IS FILED FOR
THE WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST. ACCORDINGLY, ALL
DISTRIBUTIONS OUT OF THE TRUST ARE RECORDED IN THE TRUST'S FORM 990.
DISTRIBUTIONS FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2021 TOTALED
\$894,753. TRUST NET ASSETS TOTALED \$140,979,992 AS OF SEPTEMBER 30,
2021.

PHYSICAL HEALTH AND WELLNESS PROGRAMS

WHEN WARRIORS COMMIT TO MAKING CHANGES TO IMPROVE THEIR HEALTH, WWP'S
PHYSICAL HEALTH AND WELLNESS ("PH&W") TEAM IS READY TO ASSIST. THROUGH
MOVEMENT, NUTRITIONAL EDUCATION, COACHING, GOAL-SETTING, AND
SKILL-BUILDING, WARRIORS ARE EMPOWERED TO MAKE LONG-TERM CHANGES TOWARD
A HEALTHIER LIFE. THE CORNERSTONE OF THE PHYSICAL HEALTH AND WELLNESS
PROGRAM IS A 90-DAY COACHING PROGRAM, WHICH HELPS WARRIORS DEVELOP AN
ACTIVE LIFESTYLE AND BETTER NUTRITION HABITS. WARRIORS REACH THEIR
GOALS THROUGH VARIOUS ACTIVITIES AND CHALLENGES THAT HELP THEM IMPROVE
THEIR PHYSICAL HEALTH, MENTAL HEALTH, AND OVERALL WELL-BEING. IN FISCAL
YEAR 2021, 8,217 TOTAL WARRIORS AND FAMILY SUPPORT MEMBERS PARTICIPATED
IN A COACHING MODEL-BASED PROGRAM. 43% OF PARTICIPANTS REPORTED AN
IMPROVEMENT IN THEIR NUTRITIONAL QUALITY AFTER PARTICIPATION IN THE
PROGRAM. 65% OF PARTICIPANTS REPORTED THAT THEY MET THE PHYSICAL
ACTIVITY GUIDELINES AFTER PARTICIPATION IN THE PROGRAM. THERE WERE ALSO
MORE THAN 8,200 PARTICIPANTS IN OTHER WWP PH&W PROGRAM EVENTS.

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PH&W ALSO OFFERS AN ADAPTIVE SPORTS PROGRAM THAT EMPOWERS WARRIORS TO UNLEASH THEIR HIGHEST POTENTIAL BY PARTICIPATING IN MODIFIED ATHLETIC OPPORTUNITIES DESIGNED FOR THEIR INDIVIDUAL ABILITIES. THROUGH SINGLE AND MULTI-DAY CLINICS, WARRIORS LEARN TO USE ADAPTIVE SPORTS EQUIPMENT AND DEVELOP ATHLETIC SKILLS. ADDITIONALLY, WARRIORS ARE INTRODUCED TO SEASONED ADAPTIVE SPORTS ATHLETES AND CONNECTED WITH LOCAL RESOURCES. THIS LAYS THE GROUNDWORK FOR THEM TO CONTINUE IMPROVING THEIR PHYSICAL FITNESS WHILE CONNECTING WITH OTHER VETERANS AND THEIR COMMUNITY THROUGH SPORT.

SOLDIER RIDE: WWP'S SOLDIER RIDE IS A UNIQUE, MULTI-DAY RIDING EVENT THAT HELPS WARRIORS BUILD THEIR CONFIDENCE AND STRENGTH THROUGH SHARED PHYSICAL ACTIVITIES AND BONDS OF SERVICE IN A SUPPORTIVE ENVIRONMENT. THE PROGRAM INCORPORATES SKILL-BUILDING PRACTICES THAT ACCOMMODATE ALL ABILITY LEVELS. WARRIORS NEVER RIDE ALONE; THEY MOVE FORWARD TOGETHER, AS A UNIT, JUST AS THEY DID DURING THEIR MILITARY SERVICE. SOLDIER RIDE SERVED 1,609 PARTICIPANTS IN FISCAL YEAR 2021. 92% OF PARTICIPANTS SAID SOLDIER RIDE INCREASED THEIR OVERALL SELF-CONFIDENCE.

TOTAL PHYSICAL HEALTH & WELLNESS PROGRAM EXPENSES WERE \$17,284,995 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2021.

COMMUNITY PARTNERSHIPS

WWP BELIEVES THAT NO SINGLE ORGANIZATION CAN MEET ALL THE NEEDS OF WOUNDED, INJURED, OR ILL VETERANS ALONE. THROUGH ITS COMMUNITY PARTNERSHIPS PROGRAM, WWP COLLABORATES WITH AND INVESTS IN OTHER MILITARY AND VETERAN SUPPORT ORGANIZATIONS TO AMPLIFY THE IMPACT OF

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WWP'S MISSION AND EXPAND OUR REACH, CREATING SYSTEMS OF SUPPORT TO
FULFILL THE WIDE RANGE OF CHALLENGES OUR NATION'S INJURED VETERANS
FACE. TOTAL COMMUNITY PARTNERSHIP EXPENSES WERE \$15,963,309, INCLUDING
MONETARY GRANTS OF \$10,484,142, FOR THE FISCAL YEAR ENDED SEPTEMBER 30,
2021. SEE SCHEDULE I

GOVERNMENT RELATIONS

AS THE VOICE OF OUR NATION'S WARRIORS IN WASHINGTON, DC, THE WWP'S
GOVERNMENT RELATIONS TEAM FIGHTS TO ADDRESS THE ISSUES THAT MATTER MOST
TO VETERANS. USING FEEDBACK AND INSIGHTS FROM WARRIORS, THE GOVERNMENT
RELATIONS TEAM ADVOCATES FOR POLICIES AND INITIATIVES THAT MAKE A
DIFFERENCE - IMPROVING THE LIVES OF MILLIONS OF VETERANS, THEIR FAMILY
MEMBERS, AND CAREGIVERS. ON THE FRONT LINES OF MILITARY AND VETERAN
ISSUES, WWP ADVOCATES FOR SOLUTIONS IN AREAS SUCH AS VETERANS' MENTAL
HEALTH, ACCESS TO COMMUNITY CARE, WOMEN VETERAN'S CARE, RESEARCH FOR
BRAIN INJURIES, TOXIC EXPOSURES, TRANSITION ASSISTANCE BENEFITS AND
MORE. TOTAL GOVERNMENT RELATIONS EXPENSES WERE \$6,462,717 FOR THE
FISCAL YEAR ENDED SEPTEMBER 30, 2021.

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

EXPENSES \$ 68,000,559. INCLUDING GRANTS OF \$ 14,770,142. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, 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

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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, SECTION B, 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, EXECUTIVE OR EMPLOYEE. AMONG OTHER THINGS, THE POLICY

REQUIRES DIRECTORS, OFFICERS, EXECUTIVES, AND EMPLOYEES TO DISCLOSE ANY

ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.

EACH NEW DIRECTOR, OFFICER, EXECUTIVE, AND EMPLOYEE WHO JOINS WWP COMPLETES

A GOVERNANCE/CONFLICT OF INTEREST INTAKE FORM. NEW EMPLOYEES RECEIVE A COPY

OF THE POLICY AND SIGN A STATEMENT AFFIRMING SUCH PERSON HAS RECEIVED A

COPY OF THE POLICY, HAS READ AND UNDERSTANDS THE POLICY, AND HAS AGREED TO

COMPLY WITH IT.

ON AN ANNUAL BASIS, EACH DIRECTOR, OFFICER, EXECUTIVE, AND EMPLOYEE

COMPLETES A CONFLICT OF INTEREST DISCLOSURE FORM AND ACKNOWLEDGES THE

POLICY. COMPLETED ANNUAL FORMS ARE REVIEWED IN ACCORDANCE WITH THE

PROCEDURES SET FORTH IN THE POLICY. ADDITIONALLY, ON AN ANNUAL BASIS, EACH

CURRENT DIRECTOR COMPLETES A QUESTIONNAIRE TO DETERMINE "INDEPENDENCE" FOR

PURPOSES OF FORM 990, PART VI, LINE 1(B).

THE NOMINATING AND GOVERNANCE COMMITTEE, IN CONSULTATION WITH THE GENERAL

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
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

FORM 990, PART VI, SECTION C, 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.

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FORM 990, PART IX

FUNCTIONAL EXPENSE ALLOCATION

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

FORM 990, PART IX STATEMENT OF FUNCTIONAL EXPENSES, LINE 12

ADVERTISING AND PROMOTION

ADVERTISING AND PROMOTION EXPENSE PRIMARILY CONSISTS OF THE COSTS FOR WWP TO PRODUCE AND PLACE MEDIA ADVERTISEMENTS THAT HELP IMPROVE THE AMERICAN PUBLIC'S AWARENESS AND UNDERSTANDING OF THE NEEDS OF WOUNDED WARRIORS AND THEIR FAMILY MEMBERS, WHILE ALSO MAKING WARRIORS AND THEIR FAMILIES AWARE OF THE FREE PROGRAMS AND SERVICES AVAILABLE TO THEM THROUGH THE ORGANIZATION. THESE ADVERTISEMENTS DO NOT HAVE ANY FUNDRAISING COMPONENT.

FORM 990, PART IX, LINE 24A

PROGRAM/OTHER PROVIDER SERVICES

THIS AMOUNT PRIMARILY CONSISTS OF THE COSTS OF THIRD PARTY PROVIDERS

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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 COUNSELING WITHIN WWP'S MENTAL HEALTH WELLNESS PROGRAMS. THIS AMOUNT ALSO INCLUDES THIRD PARTY PROVIDERS THAT SUPPORT DONATION PLATFORMS WITHIN FUNDRAISING.

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

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

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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THE COST OF CONDUCTING THESE ACTIVITIES INCLUDED A TOTAL OF \$35,418,428

OF JOINT COSTS FOR THE YEAR ENDED SEPTEMBER 30, 2021. OF THESE COSTS,

\$23,337,896 WAS ALLOCATED TO PROGRAM EXPENSES AND \$12,080,532 WAS

ALLOCATED TO FUNDRAISING EXPENSES.

FORM 990, PART X, INVESTMENTS

THE ORGANIZATION HAS AN INVESTMENT MANAGEMENT AND OVERSIGHT POLICY

AUTHORIZED BY THE BOARD OF DIRECTOR THAT PROVIDES GOVERNANCE AND

GUIDANCE ON THE MANAGEMENT OF CASH AND CASH EQUIVALENTS, AND

INVESTMENTS. THE POLICY PROVIDES THAT THE ORGANIZATION MAINTAIN AN

ADEQUATE LEVEL OF CASH TO MEET ITS ON-GOING OPERATIONAL REQUIREMENTS.

IN ADDITION, THE POLICY SETS FORTH THE STRUCTURE FOR INVESTMENT OF

EXCESS CASH BASED ON THE FINANCIAL NEEDS OF THE ORGANIZATION, THE TIME

HORIZON OF THOSE NEEDS AND THE BOARD OF DIRECTORS' INVESTMENT

PHILOSOPHY.

THE BOARD OF DIRECTORS HAS DESIGNATED A RISK RESERVE FUND TO ENSURE THE

LONG-TERM SUSTAINABILITY OF THE MISSION, PROGRAMS, AND ONGOING

OPERATIONS OF THE ORGANIZATION. THE RISK RESERVE FUND SERVES AS AN

INTERNAL RESOURCE THAT ENABLES THE ORGANIZATION TO RESPOND TO VARYING

CONDITIONS AND EVENTS THAT NEGATIVELY IMPACT ITS FINANCIAL POSITION,

SUCH AS A SUDDEN AND SIGNIFICANT DECREASE IN DONOR CONTRIBUTIONS, A

SUDDEN AND SIGNIFICANT INCREASE IN EXPENSES, OR A SIGNIFICANT

UNINSURED/UNDERINSURED LOSS. BOARD OF DIRECTORS APPROVAL IS REQUIRED

FOR ANY REQUESTED USE OF THE RISK RESERVE FUND. THE RISK RESERVE FUND

MINIMUM AND MAXIMUM BALANCE IS ESTABLISHED IN ACCORDANCE WITH THE WWP

RISK RESERVE POLICY. NO FUNDS WERE DISTRIBUTED FROM THE RISK RESERVE

FUND DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2021.

Name of the organization WOUNDED WARRIOR PROJECT, INC.	Employer identification number 20-2370934
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THE BOARD OF DIRECTORS HAS DESIGNATED A STRATEGIC FUND FOR INVESTMENT

IN STRATEGIC INITIATIVES AND INNOVATION THAT ENABLE AND SUPPORT WWP'S

MISSION. USE OF THE STRATEGIC FUND MAY INCLUDE RESEARCH AND

DEVELOPMENT, PILOT PROGRAMS, THIRD-PARTY GRANTS, AND CAPACITY

EXPANSION, TECHNOLOGY AND INFRASTRUCTURE INVESTMENTS. BOARD OF

DIRECTORS APPROVAL IS REQUIRED FOR ANY REQUESTED USE OF THE STRATEGIC

FUND. THE STRATEGIC FUND MINIMUM BALANCE IS ESTABLISHED IN ACCORDANCE

WITH THE WWP STRATEGIC FUND POLICY. \$8,312,000 WAS DISTRIBUTED FROM THE

STRATEGIC FUND DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2021.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LONG TERM SUPPORT TRUST ACCOUNT PAYABLE -20,234.

IMPACT OF COVID-19 ON MISSION AND PROGRAMS

IN MARCH 2020, THE WORLD HEALTH ORGANIZATION CLASSIFIED THE OUTBREAK

AND SPREAD OF COVID-19 VIRUS ("COVID") AS A GLOBAL PANDEMIC. COVID

CONTINUES TO HAVE A PROFOUND NEGATIVE IMPACT ON THE MENTAL, PHYSICAL

AND FINANCIAL WELLBEING OF THE WORLD POPULATION. WOUNDED AND INJURED

VETERANS AND SERVICE MEMBERS ARE AT EVEN GREATER RISK FROM THE NEGATIVE

IMPACTS OF COVID DUE TO PRE-PANDEMIC CONDITIONS INCLUDING WEAKENED

IMMUNE SYSTEMS, EXCESSIVE ISOLATION AND FINANCIAL HARDSHIPS. THEREFORE,

IN ORDER TO ADDRESS HEIGHTENED WARRIOR NEEDS, AND TO COMPLY WITH CENTER

FOR DISEASE CONTROL COVID GUIDELINES, WWP EXPANDED ITS PROGRAM

OFFERINGS TO INCLUDE VIRTUAL EVENTS. DURING FISCAL YEAR 2021, WWP

CONDUCTED 3,864 VIRTUAL EVENTS, SUCH AS ADAPTIVE WORKOUTS, FAMILY GAME

NIGHTS SUCH AS LEGO BUILDING, AND PEER SUPPORT GROUPS, WITH MORE THAN

61,000 PARTICIPANTS IN ATTENDANCE. PARTICIPANT SURVEY RESULTS CONFIRM

**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 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

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

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

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

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

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST	B	4,000,000.	
(2)			
(3)			
(4)			
(5)			
(6)			

