



WOUNDED WARRIOR  
PROJECT®

**IMPACT REPORT FISCAL YEAR 2022**

WOUNDED WARRIOR  
ANGIE LUPE

# MISSION:



To honor and empower wounded warriors.



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Wounded warriors pay

**\$0**

for our programs  
and services

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In FY22, we invested nearly

**\$247M**

in life-changing programs  
for warriors, family  
members, and caregivers

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WOUNDED WARRIOR  
JAMES RIVERA

Watch WWP's 2022 Year In Review video to witness the impact we made on the lives of warriors and their families.



# WWP IMPACT IN 2022

Wounded Warrior Project® (WWP) is honored to serve a unique population — veterans who served after 9/11 and sustained a service-related injury, illness, or wound. The information presented is specifically representative of warriors registered with WWP.



## THE NEED:

**78%**

of warriors report that they feel isolated

## OUR IMPACT:

**6,400+**

virtual and in-person events, keeping warriors and their families connected and out of isolation

**97%**

said that they feel socially connected to their peers after participating in WWP Connection events



## THE NEED:

**76%**

of warriors report experiencing PTSD as a result of their service

## OUR IMPACT:

**73%**

of warriors experienced fewer PTSD symptoms after receiving treatment through Warrior Care Network®

**54,700+**

hours of treatment provided for PTSD, traumatic brain injury, substance use disorder, and military sexual trauma



## THE NEED:

**76%**

of warriors report pain at a level that is considered moderate or severe

**80%**

of warriors report sleep problems, putting it at number one on the list of all self-reported injuries and health problems

## OUR IMPACT:

**50%**

experienced a reduction in pain, reducing the interference of physical injuries on daily life

**58%**

experienced an improvement in sleep quality, which WWP found to be the best predictor of good quality of life



THE NEED:

**64%**

of warriors indicated that they, at some point in the past 12 months, did not have enough money to make ends meet

OUR IMPACT:

**68,000+**

career coaching services provided, resulting in 1,700+ warriors and family members achieving employment

**\$146.6M**

in VA benefits secured for warriors and their families



THE NEED:

**31%**

of warriors need aid and assistance from another person due to service-connected injuries or health problems and need an average of 55 hours of care per week

OUR IMPACT:

**200,000+**

hours of in-home and local care provided to the most catastrophically injured warriors, helping them reach and maintain a level of autonomy that would not otherwise be possible

Of the caregivers who support these warriors,

**50%**

have experienced fewer symptoms of depression after receiving support from the WWP Independence Program



FY22 HIGHLIGHT:

After years of tireless advocacy by WWP and other veterans service organizations, the Sergeant First Class Heath Robinson Honoring Our PACT Act of 2022 was officially signed into law in August 2022. Its passage is a long-awaited victory and finally addresses one of the most urgent issues for post-9/11 veterans – health problems related to exposure to burn pits and other toxic substances. This comprehensive legislation ensures that exposed veterans are able to access the health care and disability benefits they have earned from the Department of Veterans Affairs.



FY22 HIGHLIGHT:

In 2022, WWP expanded our impact by partnering with 53 like-minded organizations dedicated to our nation's service members and families. We believe that no single organization can meet the needs of all injured veterans. By collaborating with other military and veteran support organizations, we augment critical WWP services and reinforce our existing efforts in communities that need them most.

\*\*The information and statistics in this report represent program activity and impact during the 2022 fiscal year (October 1, 2021 – September 30, 2022) and from the 2022 Annual Warrior Survey, Longitudinal: Wave 2.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

2021 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.

For the 2021 calendar year, or tax year beginning OCT 1, 2021 and ending SEP 30, 2022

Header section containing organization name (WOUNDED WARRIOR PROJECT, INC.), EIN (20-2370934), address (4899 BELFORT ROAD, JACKSONVILLE, FL 32256), and principal officer (MICHAEL LINNINGTON).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and total assets.

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.

Signature block containing officer signature (ERIC MILLER, CFO), preparer signature (SCOTT THOMPSETT), and firm information (GRANT THORNTON LLP).

May the IRS discuss this return with the preparer shown above? See instructions. [X] 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](http://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](http://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.

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.  WOUNDED WARRIOR PROJECT, INC.	Taxpayer identification number (TIN)  20-2370934
	Number, street, and room or suite no. If a P.O. box, see instructions. 4899 BELFORT ROAD, 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 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
Form 990-T (corporation)	07		

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, 2023, 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, 2021, and ending SEP 30, 2022.

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE 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 \$ 83,947,880. including grants of \$ 27,546,593. ) (Revenue \$ ) MENTAL AND BRAIN HEALTH PROGRAMS - THROUGH WWP'S MENTAL AND BRAIN HEALTH 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. 5,630 TOTAL WARRIORS AND FAMILY SUPPORT MEMBERS (SEE SCHEDULE O)

4b (Code: ) (Expenses \$ 43,748,564. including grants of \$ 29,500. ) (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 CONNECTION WITH THEIR PEERS, COHESION, AND PURPOSE. THESE OPPORTUNITIES INTRODUCE VETERANS TO NEW EXPERIENCES, AND TO THE CARE AND SUPPORT THEY NEED THROUGHOUT THEIR JOURNEYS OF RECOVERY AND REHABILITATION. (SEE SCHEDULE O)

4c (Code: ) (Expenses \$ 37,050,072. including grants of \$ 6,527,153. ) (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 \$37,050,072, INCLUDING GRANTS OF \$6,527,153, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022. WWP PROVIDES THE FOLLOWING FINANCIAL WELLNESS PROGRAMS: (SEE SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 81,844,557. including grants of \$ 17,277,490. ) (Revenue \$ )

4e Total program service expenses 246,591,073.



**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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 1a-1c regarding Form 1096 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 17 regarding employee counts, tax returns, business income, foreign accounts, and various organizational requirements.

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 Enter the number of voting members... 13; 1b Enter the number of voting members included... 13; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

- 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. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
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 ERIC MILLER - 904-296-7350 4899 BELFORT ROAD, SUITE 300, JACKSONVILLE, FL 32256

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				435,108.	0.	52,541.
(2) JENNIFER M SILVA CHIEF PROGRAM OFFICER	50.00 0.00			X				343,311.	0.	36,641.
(3) ERIC S MILLER CHIEF FINANCIAL OFFICER	50.00 0.00			X				338,461.	0.	36,641.
(4) GARY A CORLESS (THRU 12/2021) CHIEF DEVELOPMENT OFFICER	50.00 0.00			X				330,226.	0.	31,948.
(5) CHRISTOPHER TONER CHIEF OF STAFF	50.00 0.00			X				309,826.	0.	33,410.
(6) JOHN T HAMRE III VP DIRECT RESPONSE	50.00 0.00					X		306,957.	0.	17,324.
(7) JOSE RAMOS VP GOVT & CMTY RELATIONS	50.00 0.00					X		274,781.	0.	31,336.
(8) SCOTT COSTER (AS OF 11/2021) CHIEF INFORMATION OFFICER	50.00 0.00			X				272,626.	0.	33,041.
(9) KATHRYN BONGIOVANNI SEC & GEN COUNSEL	50.00 0.00			X				270,525.	0.	24,993.
(10) ANGELA STROHL VP HUMAN RESOURCES	50.00 0.00					X		259,934.	0.	31,028.
(11) VILMA CONSUEGRA (AS OF 11/2021) CHIEF MKTG & COMMS OFFICER	50.00 0.00			X				258,083.	0.	32,604.
(12) BREA KRATZERT VP DEVELOPMENT	50.00 0.00					X		259,834.	0.	28,751.
(13) TRACY FARRELL VP ENGAGEMENT & PHYSICAL HLTH	50.00 0.00					X		258,061.	0.	17,298.
(14) CHRIS NEEDLES (AS OF 06/2022) CHIEF DEVELOPMENT OFFICER	50.00 0.00			X				0.	0.	0.
(15) KATHLEEN WIDMER CHAIR	5.00 0.00	X		X				0.	0.	0.
(16) KEN HUNZEKER VICE CHAIR	5.00 0.00	X		X				0.	0.	0.
(17) JOSEPH CARVALHO 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) KRISTEN ROBINSON DARCY DIRECTOR (AS OF 09/2022)	5.00 0.00	X						0.	0.	0.
(19) TIFFANY DAUGHERTY DIRECTOR	5.00 0.00	X						0.	0.	0.
(20) LISA DISBROW DIRECTOR	5.00 0.00	X						0.	0.	0.
(21) JEFF DOLVEN DIRECTOR (AS OF 09/2022)	5.00 0.00	X						0.	0.	0.
(22) JUAN GARCIA DIRECTOR	5.00 0.00	X						0.	0.	0.
(23) MICHAEL T. HALL DIRECTOR	5.00 0.00	X						0.	0.	0.
(24) KATHY HILDRETH DIRECTOR	5.00 0.00	X						0.	0.	0.
(25) PATRICIA HOROHO DIRECTOR	5.00 0.00	X						0.	0.	0.
(26) WILL B. REYNOLDS III DIRECTOR	5.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,917,733.	0.	407,556.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,917,733.	0.	407,556.

**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 151

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEURO COMMUNITY CARE, 12521 CAPITAL BLVD, STE 401-139, WAKE FOREST, NC 27587	INDEPENDENCE PROGRAM	11,381,457.
CREATIVE DIRECT RESPONSE INC, 16900 SCIENCE DRIVE, STE 210, BOWIE, MD 20715	DIRECT RESPONSE	3,929,376.
NEURO-REHAB MANAGEMENT INC, 800 WEST CUMMINGS PARK, STE 4950, WOBURN, MA 01801	INDEPENDENCE PROGRAM	3,673,434.
TV FUNDRAISING SOLUTIONS LLC DBA DIRECT DON 4200 PARLIAMENT PLACE, 3RD FLOOR, LANHAM, M	DIRECT RESPONSE	2,809,087.
BIS GLOBAL INC., 8200 GREENSBORO DR, STE 1500, MCLEAN, VA 22102	DIRECT RESPONSE	2,489,954.

**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 65

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for BILL SELMAN, ALONZO SMITH, and RICHARD T TRYON.

Total to Part VII, Section A, line 1c

**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	<b>1 a</b> Federated campaigns .....	<b>1a</b>	517,484.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	962,435.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	386,884,402.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 5,362,872.				
	<b>h Total.</b> Add lines 1a-1f .....			388,364,321.			
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			10,207,476.		10,207,476.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			1,561,389.	79,787.	1,481,602.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	346,030.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		346,030.			
	<b>d</b> Net rental income or (loss) .....			346,030.		346,030.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	35,557,420.	74,853.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		35,636,939.	0.		
<b>c</b> Gain or (loss) .....	<b>7c</b>		-79,519.	74,853.			
<b>d</b> Net gain or (loss) .....			-4,666.		-4,666.		
<b>8 a</b> Gross income from fundraising events (not including \$ 962,435. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		174,559.				
<b>b</b> Less: direct expenses .....	<b>8b</b>		518,657.				
<b>c</b> Net income or (loss) from fundraising events .....			-344,098.		-344,098.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> MAILING LIST RENTALS	<b>Business Code</b>	900099	1,238,401.		1,238,401.	
	<b>b</b> PURCHASING CARD REBATE		900099	528,354.		528,354.	
	<b>c</b> _____						
	<b>d</b> All other revenue .....		900099	258,884.		258,884.	
	<b>e Total.</b> Add lines 11a-11d .....			2,025,639.			
<b>12 Total revenue.</b> See instructions .....			402,156,091.	0.	79,787.	13,711,983.	



**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	44,892,397.	44,892,397.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	6,488,339.	6,488,339.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,883,234.	694,785.	1,872,125.	316,324.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	67,645,436.	58,244,981.	1,611,775.	7,788,680.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,988,110.	1,685,947.	72,994.	229,169.
<b>9</b> Other employee benefits .....	13,259,257.	11,444,823.	410,142.	1,404,292.
<b>10</b> Payroll taxes .....	4,853,780.	4,070,429.	253,455.	529,896.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	492,583.		492,583.	
<b>c</b> Accounting .....	255,424.		255,424.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	8,904,728.			8,904,728.
<b>f</b> Investment management fees .....	787,201.		787,201.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	168,626.		168,626.	
<b>12</b> Advertising and promotion .....	11,329,805.	10,716,213.		613,592.
<b>13</b> Office expenses .....	1,696,383.	991,624.	220,678.	484,081.
<b>14</b> Information technology .....	8,827,724.	6,126,532.	1,476,656.	1,224,536.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	7,154,614.	4,768,426.	1,483,527.	902,661.
<b>17</b> Travel .....	4,853,550.	4,458,621.	81,872.	313,057.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	643,368.	496,684.	86,177.	60,507.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	777,792.	544,342.	145,139.	88,311.
<b>23</b> Insurance .....	625,394.	424,956.	124,615.	75,823.
<b>24</b> 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.)				
<b>a</b> PROGRAM/OTHER PROVIDER	43,471,176.	35,271,630.	1,721,615.	6,477,931.
<b>b</b> DIRECT RESPONSE MAIL	34,336,591.	11,710,003.		22,626,588.
<b>c</b> DIRECT RESP TV & ONLINE	25,468,173.	12,618,020.		12,850,153.
<b>d</b> WARRIOR EVENTS	21,746,965.	21,746,965.		
<b>e</b> All other expenses	30,575,639.	9,195,356.	6,557,658.	14,822,625.
<b>25</b> Total functional expenses. Add lines 1 through 24e	344,126,289.	246,591,073.	17,822,262.	79,712,954.
<b>26</b> 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)	39,432,643.	29,177,403.	0.	10,255,240.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	30,205,244.	<b>2</b>	10,306,087.
	<b>3</b> Pledges and grants receivable, net .....	7,102,333.	<b>3</b>	46,812,690.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	10,282,438.	<b>9</b>	11,382,378.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 29,445,913.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 26,479,243.	2,036,877.	<b>10c</b> 2,966,670.
	<b>11</b> Investments - publicly traded securities .....	361,721,580.	<b>11</b>	335,301,372.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	19,136,936.	<b>12</b>	20,474,865.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	20,398,716.	<b>15</b>	22,409,693.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	450,884,124.	<b>16</b>	449,653,755.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	40,586,350.	<b>17</b>	44,007,367.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	20,352,138.	<b>25</b>	23,121,796.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	60,938,488.	<b>26</b>	67,129,163.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	385,633,685.	<b>27</b>	376,313,962.
	<b>28</b> Net assets with donor restrictions .....	4,311,951.	<b>28</b>	6,210,630.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	389,945,636.	<b>32</b>	382,524,592.
<b>33</b> Total liabilities and net assets/fund balances .....	450,884,124.	<b>33</b>	449,653,755.	

Form 990 (2021)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	402,156,091.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	344,126,289.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	58,029,802.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	389,945,636.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-65,761,359.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	310,513.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	382,524,592.

**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 on 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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

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

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

f Enter the number of supported organizations .....

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	246,204,557.	266,271,219.	268,836,639.	316,069,220.	388,364,321.	1485745956.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	246,204,557.	266,271,219.	268,836,639.	316,069,220.	388,364,321.	1485745956.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						1485745956.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	246,204,557.	266,271,219.	268,836,639.	316,069,220.	388,364,321.	1485745956.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	9,686,211.	10,556,652.	11,492,063.	11,355,972.	12,114,895.	55,205,793.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....			56,197.	77,296.	79,787.	213,280.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,696,215.	2,504,476.	3,104,840.	1,781,584.	2,200,198.	12,287,313.
<b>11 Total support.</b> Add lines 7 through 10						1553452342.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	95.64 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	95.17 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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>b</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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.



**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990) 2021

**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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**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

2017 AMOUNT: \$ 1,714,934.

2018 AMOUNT: \$ 1,262,662.

2019 AMOUNT: \$ 1,693,329.

2020 AMOUNT: \$ 1,280,691.

2021 AMOUNT: \$ 1,238,401.

PURCHASE CARD REBATES

2017 AMOUNT: \$ 547,533.

2018 AMOUNT: \$ 562,567.

2019 AMOUNT: \$ 305,973.

2020 AMOUNT: \$ 194,721.

2021 AMOUNT: \$ 528,354.

SPECIAL EVENTS REVENUE

2017 AMOUNT: \$ 156,935.

2018 AMOUNT: \$ 312,367.

2019 AMOUNT: \$ 107,295.

2020 AMOUNT: \$ 156,228.

2021 AMOUNT: \$ 174,559.

MISCELLANEOUS

2017 AMOUNT: \$ 276,813.

2018 AMOUNT: \$ 366,880.

2019 AMOUNT: \$ 998,243.

2020 AMOUNT: \$ 149,944.

**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.)

2021 AMOUNT: \$ 258,884.

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

WOUNDED WARRIOR PROJECT, INC.

Employer identification number

20-2370934

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  WOUNDED WARRIOR PROJECT, INC.	Employer identification number  20-2370934
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 15,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 25,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  WOUNDED WARRIOR PROJECT, INC.	Employer identification number  20-2370934
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  WOUNDED WARRIOR PROJECT, INC.	Employer identification number  20-2370934
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">WOUNDED WARRIOR PROJECT, INC.</p>	Employer identification number <p style="text-align: center;">20-2370934</p>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 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) 2021

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" 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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....	X		13,500.
<b>d</b> Mailings to members, legislators, or the public? .....	X		20,475.
<b>e</b> Publications, or published or broadcast statements? .....	X		
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		61,371.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			95,346.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."**

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

**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 VETERANS AND CAREGIVERS. THIS MEANS THAT, OCCASIONALLY, WWP MEETS WITH GOVERNMENT OFFICIALS TO PROVIDE INSIGHT ON PROPOSED CHANGES TO LAWS AND REGULATIONS AFFECTING VETERAN AND CAREGIVER HEALTH AND BENEFITS.

SCHEDULE C, PART II-B, LINE 1C

WWP GENERATES "CALLS TO ACTION" FOR THE PUBLIC BY DIRECTING THEM TO PRE-WRITTEN LETTERS (E-MAILS) TO CONGRESS HOSTED ON THE WWP WEBSITE. WWP HAS PAID A SOCIAL MEDIA OUTLET TO ADVERTISE AND PROMOTE A LINK TO A CALL TO ACTION THAT DIRECTED USERS TO ASK THEIR MEMBERS OF CONGRESS TO SUPPORT TOXIC EXPOSURE LEGISLATION.

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 ADDRESS INFORMATION TO DETERMINE HIS/HER MEMBERS 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

**Part IV** Supplemental Information (continued)

AND THEIR ELECTED REPRESENTATIVES THAT OCCASIONALLY INCLUDES CALLS TO

ACTION AND SUPPORT FOR SPECIFIC LEGISLATION. THE NEWS LETTER 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

RELATED 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 VETERAN AFFAIRS CLOTHING ALLOWANCE IMPROVEMENT ACT OF 2021

AND THE MAJOR RICHARD STAR ACT.

SCHEDULE C, PART II-B, LINE 1H

WWP HOSTED A RALLY IN SUPPORT OF TOXIC EXPOSURE LEGISLATION THE HONORING

OUR PACT ACT THAT INCLUDED INVITATIONS FOR MEDIA COVERAGE AND QR CODE

POSTERS FOR A WWP WEBSITE-HOSTED CONGRESSIONAL LETTER-WRITING CAMPAIGN.

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**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) 2021

**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	1,507,893.	1,353,536.	1,319,466.	1,324,845.	1,363,844.
b Contributions					
c Net investment earnings, gains, and losses	-255,614.	222,193.	101,061.	59,312.	89,938.
d Grants or scholarships					
e Other expenditures for facilities and programs	74,093.	67,836.	66,991.	64,691.	128,937.
f Administrative expenses					
g End of year balance	1,178,186.	1,507,893.	1,353,536.	1,319,466.	1,324,845.

- 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  84.8800 %
  - c Term endowment  15.1200 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | 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		7,084,606.	6,448,805.	635,801.
d Equipment		5,529,637.	4,398,168.	1,131,469.
e Other		16,831,670.	15,632,270.	1,199,400.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,966,670.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	23,121,796.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	23,121,796.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	368,072,768.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-65,761,359.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	53,705,281.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	350,000.
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-22,272,499.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-33,978,577.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	402,051,345.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	787,201.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-682,455.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	104,746.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	402,156,091.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	394,144,666.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	53,705,281.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-3,582,158.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	50,123,123.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	344,021,543.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	787,201.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-682,455.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	104,746.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	344,126,289.

**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 (SEE SCHEDULE O). THE

ENDOWMENT NET ASSETS ARE REFLECTED ON THE STATEMENT OF FINANCIAL POSITION

AT SEPTEMBER 30, 2022:

PERMANENT ENDOWMENT: \$1,000,000

TEMPORARILY RESTRICTED ENDOWMENT: \$178,186

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 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

**Part XIII** Supplemental Information (continued)

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 \$23,121,796. THE VALUE OF THE RIGHT OF USE LEASE ASSET IS \$21,449,845.

SCHEDULE D, PART XI, LINE 2B AND PART XII, LINE 2A

DONATED SERVICES AND USE OF FACILITIES, REVENUE AND EXPENSE:

WWP'S CONSOLIDATED FINANCIAL STATEMENTS INCLUDE THE FOLLOWING IN-KIND

CONTRIBUTION REVENUE AND ASSOCIATED EXPENSE:

PUBLIC SERVICE ANNOUNCEMENTS: PUBLIC SERVICE ANNOUNCEMENTS ("PSAS") 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. THE ORGANIZATION PRODUCES AND DISTRIBUTES PUBLIC SERVICE TELEVISION, RADIO, INTERNET, AND NEWSPAPER ANNOUNCEMENTS THAT FOCUS ATTENTION ON THE CHALLENGES OF WOUNDED WARRIORS AND FAMILY MEMBERS, AND THE PROGRAMS AND SERVICES THE ORGANIZATION PROVIDES. THESE PSAS ARE BROADCASTED OR DELIVERED NATIONWIDE, AT NO CHARGE TO THE ORGANIZATION, TO ASSIST IN THE ACHIEVEMENT OF ITS MISSION. THESE PSAS ARE RECOGNIZED AS IN-KIND CONTRIBUTIONS AT FAIR VALUE, WITH A CORRESPONDING PSA EXPENSE ALLOCATED TO THE PROGRAMS BENEFITTED, AS THEY ARE DELIVERED TO THE PUBLIC. THE ORGANIZATION CONTRACTS WITH INDEPENDENT OUTSIDE AGENCIES TO TRACK AND ESTIMATE THE FAIR VALUE OF EACH PSA BASED ON THE DATE, TIME, AND MARKET IN

Schedule D (Form 990) 2021

**Part XIII** Supplemental Information (continued)

WHICH IT IS DISPLAYED.

PUBLIC AWARENESS: THE ORGANIZATION RECEIVES FREE ADVERTISING THROUGH BILLBOARD, MAGAZINE, AND RENTAL TRUCK ADVERTISEMENTS THAT SERVE AS PLATFORMS TO MARKET AND BRAND ITS MISSION. THESE DONATED ADVERTISEMENTS ARE RECOGNIZED AS IN-KIND CONTRIBUTIONS AT FAIR VALUE, WITH A CORRESPONDING EXPENSE ALLOCATED TO THE PROGRAMS BENEFITTED, AS THEY ARE DELIVERED TO THE PUBLIC. THE VALUATION OF THESE ADVERTISEMENTS IS PROVIDED BY THE SERVICE PROVIDER, WHO ESTIMATES THE FAIR VALUE BASED ON THE DATE, TIME, AND MARKET IN WHICH EACH IS DISPLAYED.

PROFESSIONAL SERVICES: THE ORGANIZATION RECEIVES DONATED PROFESSIONAL SERVICES THAT WOULD TYPICALLY BE PURCHASED IF NOT PROVIDED AS AN IN-KIND CONTRIBUTION. THESE SERVICES, WHICH REQUIRE SPECIALIZED SKILLS, ARE RECOGNIZED AS IN-KIND CONTRIBUTIONS AT FAIR VALUE WHEN THE PLEDGE IS MADE AND ARE EXPENSED WHEN THE SERVICES ARE RENDERED. THE ESTIMATED FAIR VALUE OF THESE PROFESSIONAL SERVICES IS PROVIDED BY THE SERVICE PROVIDER, WHO ESTIMATES THE FAIR VALUE BASED ON THE DATE, TIME, AND MARKET IN WHICH EACH SERVICE IS RENDERED.

SCHEDULE D, PART XI, LINE 2D

OTHER RECONCILING ITEMS

\$-22,272,499 - AMOUNT REPRESENTS THE NET UNREALIZED LOSS ON INVESTMENT OWNED BY THE WWP LONG TERM SUPPORT TRUST. THE WWP LONG TERM SUPPORT TRUST IS A TYPE 1 SUPPORTING ORGANIZATION OF WWP AND IS CONSOLIDATED WITH WWP IN ITS ANNUAL FINANCIAL STATEMENTS IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE.

SCHEDULE D, PART XII, LINE 2D

**Part XIII** Supplemental Information (continued)

OTHER RECONCILING ITEMS

\$ -3,582,158 EXPENSES INCURRED BY THE WWP LONG TERM SUPPORT TRUST SHOWN ON

A CONSOLIDATED BASIS FOR FINANCIAL STATEMENT PURPOSES.

SCHEDULE D, PART XI AND XII, LINE 4B - OTHER ADJUSTMENTS:

SALE OF VEHICLES \$74,853

RECLASS OF ACCRUED EXPENSES OUT OF INCOME \$757,308

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization  WOUNDED WARRIOR PROJECT, INC.	Employer identification number  20-2370934
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	1	3	PROGRAM SERVICES	SEE PART V	707,436.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	1	5	INVESTMENTS		1,891,328.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		5,094,860.
<b>3 a</b> Subtotal .....	2	8			7,693,624.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	2	8			7,693,624.

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

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

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

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

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)



**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 2022.

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

WWP 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 REQUIRED, 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)**

**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.

**2021**

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>WOUNDED WARRIOR PROJECT, INC.</b>	Employer identification number <b>20-2370934</b>
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**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	121,310,462.	3,360,265.	117,950,197.
TV FUNDRAISING SOLUTIONS LLC DBA DIRECT DONOR TV - 16900	DIRECT RESPONSE		X	9,839,269.	2,189,068.	7,650,201.
THOMPSON, HABIB, & DENISON INC - 80 HAYDEN AVE, SUITE	DIRECT RESPONSE		X	3,212,611.	656,145.	2,556,466.
INKIND DBA GOODUNITED - 796 MEETING STREET, CHARLESTON,	DIRECT RESPONSE		X	1,851,452.	62,837.	1,788,615.
RUE CLAIR DIGITAL LLC DBA STREETLIGHT DIGITAL - 13396	PEER TO PEER		X	846,841.	569,370.	277,471.
GLOBALFACES DIRECT CORP - 30 LESMIL ROAD, UNIT 2, TORONTO,	DIRECT RESPONSE		X	485,384.	1,054,602.	-569,218.
GIVEBRIDGE INC - 525 W MONROE STREET, SUITE 900, CHICAGO,	DIRECT RESPONSE		X	323,399.	998,161.	-674,762.
INFOCISION - 325 SPRINGSIDE DRIVE, AKRON, OH 44333	DIRECT RESPONSE		X	10,634.	14,280.	-3,646.
<b>Total</b>				137,880,052.	8,904,728.	128,975,324.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CARRY FORWARD 5K (event type)	SOLDIER RIDE BABYLON (event type)	NONE (total number)	
Revenue	1	Gross receipts	1,002,231.	134,763.	1,136,994.
	2	Less: Contributions	864,365.	98,070.	962,435.
	3	Gross income (line 1 minus line 2)	137,866.	36,693.	174,559.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	78,471.	9,577.	88,048.
	7	Food and beverages	922.	1,012.	1,934.
	8	Entertainment			
	9	Other direct expenses	417,217.	11,458.	428,675.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			518,657.
11	Net income summary. Subtract line 10 from line 3, column (d)			-344,098.	

**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, COLUMN VI

GIVEBRIDGE INC, GLOBAL FACES DIRECT CORP, AND INFOCISION ARE FACE-TO-FACE (F2F) FUNDRAISING SERVICE PROVIDERS. 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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS 431 18TH STREET, NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	50,000.	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
ARMED SERVICES YMCA OF THE USA 14040 CENTRAL LOOP WOODBIDGE, VA 22193	36-3274346	501(C)(3)	50,000.	0.			SEE SCHEDULE I, PART IV
BASTION COMMUNITY OF RESILIENCE 1607 JOLIET STREET NEW ORLEANS, LA 70118	27-4383654	501(C)(3)	520,000.	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
CARING FOR MILITARY FAMILIES ELIZABETH DOLE FOUNDATION - 600 NEW HAMPSHIRE AVE NW - WASHINGTON, DC 20037	45-4292692	501(C)(3)	750,000.	0.			SEE SCHEDULE I, PART IV

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 63.
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ 0.

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

Schedule I (Form 990) 2021



**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CODE OF SUPPORT FOUNDATION 4220 KING STREET ALEXANDRIA, VA 22302	27-3485502	501(C)(3)	150,000.	0.			SEE SCHEDULE I, PART IV
COHEN VETERANS NETWORK INC 72 CUMMINGS POINT ROAD STAMFORD, CT 06902	47-3950655	501(C)(3)	200,000.	0.			SEE SCHEDULE I, PART IV
COMFORT CREW MILITARY KIDS 8127 MESA DRIVE B206 #117 AUSTIN, TX 78759	26-0141940	501(C)(3)	50,000.	0.			SEE SCHEDULE I, PART IV
COMMIT FOUNDATION 280 WEST KAGY BLVD, STE D313 BOZEMAN, MT 59715	45-5219311	501(C)(3)	75,000.	0.			SEE SCHEDULE I, PART IV
DOG TAG INC 3206 GRANCE STREET NW WASHINGTON, DC 20007	45-2130904	501(C)(3)	200,000.	0.			SEE SCHEDULE I, PART IV
EMORY UNIVERSITY 1599 CLIFTON ROAD 3RD FLOOR ATLANTA, GA 30322	58-0566256	501(C)(3)	6,757,048.	0.			SEE SCHEDULE I, PART IV
EOD WARRIOR FOUNDATION 716 CRESTVIEW AVENUE NICEVILLE, FL 32578	20-8618412	501(C)(3)	75,000.	0.			SEE SCHEDULE I, PART IV
FARMER VETERAN COALITION 4614 2ND STREET, SUITE 4 DAVIS, CA 95618	46-2362098	501(C)(3)	200,000.	0.			SEE SCHEDULE I, PART IV
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

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISHER HOUSE FOUNDATION INC. 12300 TWINBROOK PKWY ROCKVILLE, MD 20852	11-3158401	501(C)(3)	284,375.	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
GLOBAL WAR ON TERROR MEMORIAL 1300 PENNSYLVANIA AVE NW WASHINGTON, DC 20004	47-3700489	501(C)(3)	250,000.	0.			SEE SCHEDULE I, PART IV
GOLD STAR PEAK INC PO BOX 772413 EAGLE RIVER, AK 99577	82-5258523	501(C)(3)	90,000.	0.			SEE SCHEDULE I, PART IV
GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION "BRAINLINE" - 3939 CAMPBELL AVE - ARLINGTON, VA 22206	53-0242992	501(C)(3)	250,000.	0.			SEE SCHEDULE I, PART IV
GREEN BERET FOUNDATION 14351 BLANCO ROAD SAN ANTONIO, TX 78216	27-1206961	501(C)(3)	300,000.	0.			SEE SCHEDULE I, PART IV
HEADSTRONG PROJECT INC 655 MADISON AVE, 18TH FLOOR NEW YORK, NY 10065	45-5261907	501(C)(3)	750,000.	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
HOMES FOR OUR TROOPS INC 6 MAIN STREET TAUNTON, MA 02780	54-2143612	501(C)(3)	228,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE FOR THE WARRIORS 8003 FORBES PLACE, STE 201 SPRINGFIELD, VA 22151	20-5182295	501(C)(3)	100,000.	0.			SEE SCHEDULE I, PART IV
KIDS RANK 1957 SHERIDAN ROAD HIGHLAND PARK, IL 60035	37-1651268	501(C)(3)	25,000.	0.			SEE SCHEDULE I, PART IV
MASSACHUSETTS GENERAL HOSPITAL 100 CAMBRIDGE ST STE 1310 BOSTON, MA 02114	04-1564655	501(C)(3)	11,355,315.	0.			SEE SCHEDULE I, PART IV
MELWOOD HORTICULTURAL TRAINING CENTER INC - 5606 DOWER HOUSE ROAD - UPPER MARLBORO, MD 20772	52-0857690	501(C)(3)	100,000.	0.			SEE SCHEDULE I, PART IV
MILITARY CHILD EDUCATION COALITION 909 MOUNTAIN LION CIRCLE HARKER HEIGHTS, TX 76548	74-2889416	501(C)(3)	150,000.	0.			SEE SCHEDULE I, PART IV
MILITARY FAMILY ADVISORY NETWORK 22015 W 66TH BOX 860635 SHAWNEE, KS 66286	46-3173337	501(C)(3)	225,000.	0.			SEE SCHEDULE I, PART IV
NATIONAL MILITARY FAMILY ASSOCIATION INC - 2800 EISENHOWER AVE - ALEXANDRIA, VA 22314	52-0899384	501(C)(3)	750,000.	0.			SEE SCHEDULE I, PART IV
NAVY SEAL FOUNDATION INC 1619 D STREET VIRGINIA BEACH, VA 23459	31-1728910	501(C)(3)	100,000.	0.			SEE SCHEDULE I, PART IV
NORTHEAST FLORIDA WOMEN VETERANS 103 CENTURY 21 DRIVE, STE 201 JACKSONVILLE, FL 32216	30-0758834	501(C)(3)	30,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION HEALING FORCES INC 380 PARK PLACE BLVD, STE 175 CLEARWATER, FL 33759	45-3798803	501(C)(3)	400,000.	0.			SEE SCHEDULE I, PART IV
OUR MILITARY KIDS INC 2911 HUNTER MILL ROAD, STE 203 OAKTON, VA 22124	56-2483648	501(C)(3)	150,000.	0.			SEE SCHEDULE I, PART IV
PROJECT9LINE INC 25 UNION AVENUE ISLIP, NY 11751	46-4834763	501(C)(3)	52,000.	0.			SEE SCHEDULE I, PART IV
PSYCHARMOR INSTITUTE 6215 FERRIS SQUARE, STE 205 SAN DIEGO, CA 92121	46-5124059	501(C)(3)	50,000.	0.			SEE SCHEDULE I, PART IV
ROSALYNN CARTER INSTITUTE FOR CAREGIVERS - PO BOX 6473 - AMERICUS, GA 31709	84-5152046	501(C)(3)	100,000.	0.			SEE SCHEDULE I, PART IV
RUSH UNIVERSITY MEDICAL CENTER 1653 W. CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	6,473,538.	0.			SEE SCHEDULE I, PART IV
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	250,000.	0.			SEE SCHEDULE I, PART IV
SALUTE INC 18 N. BOTHWELL PALATINE, IL 60007	06-1718308	501(C)(3)	450,000.	0.			SEE SCHEDULE I, PART IV
SOLDIERS TO SIDELINES 8234 BURNLEY RD TOWNSON, MD 21204	46-5638383	501(C)(3)	150,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STUDENT VETERANS OF AMERICA 1012 14TH STREET NW, STE 1200 WASHINGTON, DC 20005	26-1971279	501(C)(3)	50,000.	0.			SEE SCHEDULE I, PART IV
SYRACUSE UNIVERSITY (INSTITUTE FOR VETERANS AND MILITARY FAMILIES) - 640 SKYTOP ROAD, SKYTOP OFFICE BLDG - SYRACUSE, NY 13244	15-0532081	501(C)(3)	300,000.	0.			SEE SCHEDULE I, PART IV
TEAM RED, WHITE, AND BLUE 198 14TH STREET NEW ATLANTA, GA 30318	27-2196347	501(C)(3)	250,000.	0.			SEE SCHEDULE I, PART IV
THE HONOR FOUNDATION 11055 ROSELLE STREET, STE 120 SAN DIEGO, CA 92121	46-2952873	501(C)(3)	475,000.	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
THE PENNSYLVANIA STATE UNIVERSITY (CLEARINGHOUSE FOR MILITARY FAMILY READINESS) - 408 OLD MAIN - UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	100,000.	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
TRAVIS MANION FOUNDATION 164 EAST STATE STREET DOYLESTOWN, PA 18901	41-2237951	501(C)(3)	1,000,000.	0.			SEE SCHEDULE I, PART IV
U.S. CHAMBER OF COMMERCE (HIRING OUR HEROS) - 1615 H STREET NW - WASHINGTON, DC 20062	46-1561597	501(C)(3)	125,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash 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)	1,760,692.	0.			SEE SCHEDULE I, PART IV
UNITED SERVICE ORGANIZATIONS 2111 WILSON BLVD NO 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	8,814.	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
US ARMY COMMUNITY & FAMILY SUPPORT PO BOX 340309 FORT SAM HOUSTON, TX 78234	54-1911272	501(C)(3)	2,000,000.	0.			SEE SCHEDULE I, PART IV
VA NATIONAL VETERANS SUMMER SPORTS CLINIC - 3350 LA JOLLA VILLAGE DRIVE - SAN DIEGO, CA 92121	23-7262137	501(C)(3)	196,617.	0.			SEE SCHEDULE I, PART IV
VAIL VETERANS FOUNDATION INC DBA VAIL VETERANS PROGRAM - PO BOX 6473 - VAIL, CO 81658	20-5254885	501(C)(3)	50,000.	0.			SEE SCHEDULE I, PART IV
VETERANS OF FOREIGN WARS FOUNDATION - 406 WEST 34TH STREET - KANSAS CITY, MO 64111	43-1758998	501(C)(3)	250,000.	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
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 noncash 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)	100,000.	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)	4,001,498.	0.			SEE SCHEDULE I, PART IV
YAIPAK OUTREACH PO BOX 3502 CLARKSVILLE, TN 37043	81-2233547	501(C)(3)	25,000.	0.			SEE SCHEDULE I, PART IV

**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	2823	6,488,339.	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.

WWP MONITORS GRANT FUNDS ACCORDING TO THE TERMS OF AN APPLICABLE WRITTEN

AGREEMENT. UNDER SUCH AGREEMENTS, GRANTEEES ARE RESPONSIBLE FOR PROVIDING

PERIODIC IMPACT REPORTS. WWP USES THESE REPORTS TO ENSURE THAT GRANT FUNDS

ARE SPENT FOR THEIR INTENDED PURPOSES. IN SOME CASES, SITE VISITS ARE

CONDUCTED.

GRANTEEES 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. WWP CONDUCTS DUE DILIGENCE IN REVIEWING AND VETTING 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. WWP ENSURES COMPLIANCE AND

SUCCESSFUL COMPLETION OF ALL GRANT REQUIREMENTS.

SCHEDULE I, PART II, LINE 1, COLUMN H

PURPOSE OF GRANT OR ASSISTANCE

AMERICAN NATIONAL RED CROSS - TO SUPPORT THE DEVELOPMENT AND DELIVERY

OF THE HIDDEN HELPERS RESILIENCY WORKSHOPS FOR POST-9/11 MILITARY AND

VETERAN YOUTH CAREGIVERS, INCLUDING CURRICULUM DEVELOPMENT AND

OPERATIONAL COSTS.

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

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

**Part IV Supplemental Information**

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.

ARMED SERVICES YMCA OF THE USA - TO SUPPORT THE EXPANSION OF OPERATION  
HERO AFTER-SCHOOL PROGRAM TO SERVE POST-9/11 MILITARY AND VETERAN  
CHILDREN AND YOUTH CAREGIVERS, WITH TRAINED FACILITATORS COVERING  
TOPICS INCLUDING SELF-IMAGE AND IDENTITY, MANAGING FEELINGS, PEER  
CONNECTION, AND MANAGING CONFLICT.

BASTION COMMUNITY OF RESILIENCE - TO SUPPORT THE 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 AND THEIR FAMILIES.

BOULDER CREST FOUNDATION - TO SUPPORT THE WARRIOR PROGRESSIVE  
ALTERNATIVE TRAINING ("PATHH") PROGRAM FOCUSING ON POSTTRAUMATIC GROWTH  
FOR POST-9/11 MILITARY AND VETERANS, TARGETING SUPPORT FOR SPECIAL  
OPERATIONS FORCES AND WOMEN VETERANS. IN THE SEVEN-DAY INTENSIVE AND  
IMMERSIVE STAY AND 12 WEEKS OF FOLLOW-UP, 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.

CARING FOR MILITARY FAMILIES ELIZABETH DOLE FOUNDATION - TO SUPPORT A  
NEW INITIATIVE FOCUSED ON TRAINING HEALTH CARE PROVIDERS AROUND THE  
BEHAVIOR HEALTH CARE NEEDS OF POST-9/11 MILITARY AND VETERAN CHILDREN  
AND YOUTH CAREGIVERS AND THEIR FAMILIES, AS WELL AS A NEW FAMILY-BASED

**Part IV Supplemental Information**

RESOURCE HUB TO INTEGRATE PARENTING AND FAMILY RESOURCES FOR MILITARY

AND VETERAN CHILDREN AND YOUTH CAREGIVERS. IN ADDITION, TO SUPPORT THE

CAREGIVER COMMUNITY CONNECTION PROGRAM TO ENHANCE MENTAL HEALTH AND

SOCIAL SUPPORT FOR CAREGIVERS.

CODE OF SUPPORT FOUNDATION - TO SUPPORT THE IMPLEMENTATION AND

EXPANSION OF INDIVIDUALIZED SUPPORT THROUGH CODE OF SUPPORT

FOUNDATION'S CASE COORDINATION PROGRAM WITH A FOCUS ON POST-9/11

VETERANS, CAREGIVERS, AND FAMILY MEMBERS.

COHEN VETERANS NETWORK INC - TO SUPPORT THERAPY SESSIONS FOR POST-9/11

MILITARY AND VETERAN YOUTH CAREGIVERS AGE 6-18.

COMFORT CREW MILITARY KIDS - TO SUPPORT THE COMFORT KIT RESILIENCY

PROGRAM AND COMFORT CREW ACADEMY FOR MILITARY CHILDREN WHOSE PARENT(S)

ARE DEPLOYED OR WOUNDED, INJURED, OR ILL AS A RESULT OF POST-9/11

MILITARY SERVICE.

COMMIT FOUNDATION - TO SUPPORT TRANSITIONING SPECIAL OPERATIONS FORCES

SERVICE MEMBERS THROUGH THE PURSUE YOUR PURPOSE ONLINE TRANSITION

PROGRAM WITH AN EXECUTIVE COACH, AS WELL AS THE TRANSITION MENTORING

WORKSHOP.

DOG TAG INC - TO SUPPORT DOG TAG INC.'S INNOVATIVE FELLOWSHIP PROGRAM

FOR POST-9/11 VETERANS WITH SERVICE-CONNECTED DISABILITIES, MILITARY

SPOUSES, AND CAREGIVERS IN WASHINGTON, DC AND CHICAGO, IL.

EMORY UNIVERSITY - AN ACADEMIC MEDICAL CENTER IN THE WARRIOR CARE

**Part IV Supplemental Information**

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

FOR MORE INFORMATION ON THE WARRIOR CARE NETWORK.

EOD WARRIOR FOUNDATION - TO SUPPORT EOD WARRIOR FOUNDATION'S FINANCIAL RELIEF PROGRAM FOR POST-9/11 EOD SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES.

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-911 VETERANS.

FISHER HOUSE FOUNDATION INC. - TO SUPPORT THE 2022 DEFENSE WARRIOR GAMES WHICH LEVERAGES PARALYMPIC-STYLE SPORTS AS A MEANS TO AID THE RECOVERY PROCESS OF WOUNDED, ILL, AND INJURED SERVICE MEMBERS AND VETERANS.

FIVE STAR VETERANS CENTER INC - TO SUPPORT HOUSING AND WRAPAROUND SERVICES FOR A MINIMUM OF FIVE POST-9/11 MALE VETERANS EXPERIENCING HOMELESSNESS AT A TIME.

**Part IV Supplemental Information**

GLOBAL WAR ON TERROR MEMORIAL - TO SUPPORT THE DEVELOPMENT OF THE

GLOBAL WAR ON TERROR MEMORIAL IN WASHINGTON, DC.

GOLD STAR PEAK INC - TO SUPPORT THE OPERATIONS AND EXPANSION 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

"BRAINLINE" - 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.

HEADSTRONG PROJECT INC - 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.

**Part IV Supplemental Information**

HOMES FOR OUR TROOPS INC - TO SUPPORT SEVERAL KEY ADAPTATIONS IN HOMES

AND 360-DEGREE WALKWAYS AROUND HOMES FOR POST-9/11 INJURED VETERANS.

HOPE FOR THE WARRIORS - TO SUPPORT HOPE'S CRITICAL NEEDS PROGRAM 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.

KIDS RANK - TO SUPPORT MASKS OF HOPE WORKSHOPS FOR POST-9/11 MILITARY

AND VETERAN CHILDREN AND YOUTH CAREGIVERS.

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 THE OPERATION

TOHIDU PROGRAM SERVING POST-9/11 WOMEN VETERAN SURVIVORS OF MILITARY

SEXUAL TRAUMA (MST).

MILITARY CHILD EDUCATION COALITION - TO SUPPORT THE DEVELOPMENT OF A

PILOT PROJECT TO ADDRESS THE UNIQUE NEEDS OF MILITARY AND VETERAN

CHILDREN AND YOUTH CAREGIVERS THROUGH THE STUDENT 2 STUDENT PROGRAM, AS

WELL AS CURRICULUM DEVELOPMENT AND WORKSHOPS FOR EDUCATORS AND

YOUTH-SERVING PROFESSIONALS AND WEBINARS FOR PARENTS.

MILITARY FAMILY ADVISORY NETWORK - TO SUPPORT THE DEVELOPMENT OF A

STANDARDIZED APPROACH TO MEASURING IMPACT FOR THE HIDDEN HELPERS

**Part IV Supplemental Information**

COALITION, ENSURING THAT PROGRAMMING FOR MILITARY CHILDREN AND YOUTH

CAREGIVERS ARE ADHERING TO RIGOROUS PROGRAM EVALUATION METRICS. IN

ADDITION, TO SUPPORT A COLLABORATIVE AND ACTIONABLE RESEARCH EFFORT

EXPLORING CAREGIVING OF WOUNDED AND INJURED POST-9/11 SERVICE MEMBERS

AND VETERANS FROM A FAMILY UNIT PERSPECTIVE AND ANY POTENTIAL IMPACT ON

WELL-BEING.

NATIONAL MILITARY FAMILY ASSOCIATION INC - TO SUPPORT POST-9/11

CAREGIVER TEENS THROUGH CAMP SOUTHERN GROUND AND CAMP SURF AND TO

SUPPORT NMFA'S OPERATION PURPLE CAMPS FOR MILITARY-CONNECTED CHILDREN,

WITH A FOCUS ON CHILDREN WITH A RECENTLY DEPLOYED PARENT OR GUARDIAN OR

A PARENT WITH A POST-9/11 WOUND, ILLNESS, OR INJURY.

NAVY SEAL FOUNDATION INC - TO SUPPORT THE NAVY SEAL FOUNDATION'S

WARRIOR FITNESS PROGRAM 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' SOAR

IMMEDIATE NEEDS PROGRAM, WHICH PROVIDES DIRECT CRISIS SUPPORT TO

SPECIAL OPERATIONS FORCES (SOF) AND THEIR FAMILIES.

OUR MILITARY KIDS INC - SUPPORT THE SEVERELY INJURED PROGRAM, WHICH PROVIDES

**Part IV Supplemental Information**

ENRICHMENT ACTIVITIES AND TUTORING FOR CAREGIVING CHILDREN AND YOUTH OF  
POST-9/11 SEVERELY INJURED SERVICE MEMBERS.

PROJECT9LINE INC - TO SUPPORT VETERANS BY PROVIDING VENUES FOR THEM TO  
COMMUNICATE THEIR EXPERIENCES AND EXPRESS THEMSELVES THROUGH  
NETWORKING, PROGRAMS, WORKSHOPS, AND OPPORTUNITIES TO TELL THEIR STORY  
THROUGH THE ARTS AND ACTIVITIES.

PSYCHARMOR INSTITUTE - TO SUPPORT THE EXPANSION OF THE COURSE, "15  
THINGS MILITARY & VETERANS' KIDS WANT YOU TO KNOW" TO SPECIFICALLY  
TARGET PEER SUPPORT FOR YOUTH AND CHILDREN CAREGIVERS OF POST-9/11  
WOUNDED, INJURED, OR ILL SERVICE MEMBERS AND VETERANS.

ROSALYNN CARTER INSTITUTE FOR CAREGIVERS - TO SUPPORT THE OPERATION  
CAREGIVER SUPPORT PEER SUPPORT PROGRAM AND OPERATION FAMILY CAREGIVER  
ONE-ON-ONE VIRTUAL COACHING PROGRAM FOR POST-9/11 CAREGIVERS.

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.

RUTGERS UNIVERSITY FOUNDATION - TO SUPPORT THE VETS4WARRIORS PEER  
SUPPORT SERVICE PROGRAM FOR POST-9/11 VETERANS AND ACTIVE DUTY SERVICE  
MEMBERS AND THEIR FAMILIES, AS WELL AS OUTREACH EFFORTS THROUGH THE  
AMBASSADOR PROGRAM.

SALUTE INC - PROVIDE FINANCIAL ASSISTANCE TO REDUCE BARRIERS TO CARE  
FOR WARRIORS ATTENDING WARRIOR CARE NETWORK. ASSISTANCE INCLUDES



**Part IV Supplemental Information**

MORTGAGE OR RENT PAYMENTS, VEHICLE PAYMENTS, INSURANCE PAYMENTS, AND/OR

UTILITIES PAYMENTS WHILE WARRIOR IS AWAY FROM HOME ATTENDING WARRIOR

CARE NETWORK PROGRAM.

SOLDIERS TO SIDELINES - TO SUPPORT STS'S COACHING SEMINAR PROGRAMS TO

EDUCATE VETERANS AND POST-9/11 VETERANS, IN FOUR COACHING SEMINARS. ONE

SEMINAR WILL BE TARGETED TO ADAPTIVE SPORTS, IN COLLABORATION WITH WWP

ADAPTIVE SPORTS PROGRAM, AND ONE TARGETED TO WOMEN VETERANS. IN

ADDITION, TO SUPPORT A COACHING CERTIFICATION EVENT EXCLUSIVELY FOR WWP

ALUMNI.

STUDENT VETERANS OF AMERICA - TO SUPPORT SUICIDE PREVENTION TRAINING

FOR STUDENT VETERANS OF AMERICA STAFF, STUDENT CHAPTER AMBASSADORS, AND

STUDENT VETERANS.

SYRACUSE UNIVERSITY (INSTITUTE FOR VETERANS AND MILITARY FAMILIES) - TO

SUPPORT THE VETERAN WOMEN IGNITING THE SPIRIT OF ENTREPRENEURSHIP

(V-WISE) PROGRAM FOR POST-9/11 WOMEN VETERANS, THE WOUNDED WARRIOR

ENTREPRENEURSHIP & SMALL BUSINESS TRAINING, AND THE ONWARD TO

OPPORTUNITY PROGRAM.

TEAM RED, WHITE, AND BLUE - TO SUPPORT CONTINUED ENHANCEMENT OF THE

MOBILE APP TO ACTIVATE DORMANT POST-9/11 VETERAN MEMBERS WITH A SPECIAL

FOCUS ON WOUNDED, INJURED, AND ILL VETERANS; AS WELL AS OPERATION EAGLE

WELCOME AND STATE COORDINATORS IN AREAS WITH A LARGE VETERAN AND ACTIVE

DUTY PRESENCE.

THE HONOR FOUNDATION - TO SUPPORT GROWTH AND EXPANSION OF THF'S

**Part IV Supplemental Information**

TAILORED CAREER PROGRAM FOR TRANSITIONING SPECIAL OPERATION FORCES

SERVICE MEMBERS AT ELGIN AIR FORCE BASE IN WESTERN FLORIDA AND IN

TAMPA, FLORIDA WITH VIRTUAL PROGRAMMING AND IN-PERSON TRANSITION

SEMINARS.

THE MISSION CONTINUES - TO SUPPORT THE WOMEN VETERANS LEADERSHIP

PROGRAM FOR POST-9/11 WOMEN VETERANS AND THE SERVICE PLATOON PROGRAM TO

AID IN THE MILITARY TO CIVILIAN TRANSITION.

THE PENNSYLVANIA STATE UNIVERSITY (CLEARINGHOUSE FOR MILITARY FAMILY

READINESS) - TO SUPPORT AN ADDITIONAL WAVE OF DATA COLLECTION FOR THE

VETERANS ENGAGING IN TRANSITION STUDIES (VETS), FORMERLY THE VETERANS

METRICS INITIATIVE (TVMI), TO EXAMINE THE IMPACT OF EMERGENT SOCIETAL

INFLUENCES ON THE TRANSITION PROCESS AND DETECT PROGRAM COMPONENTS

ASSOCIATED WITH POSITIVE CHANGES IN WELL-BEING.

THREE RANGERS FOUNDATION - TO SUPPORT THE RANGERS FOR LIFE PROGRAM,

PROVIDING COUNSELING TO TRANSITIONING RANGERS AT HUNTER ARMY AIRFIELD

AND JOINT BASE LEWIS-MCCHORD.

TRAVIS MANION FOUNDATION - TO SUPPORT CHARACTER DOES MATTER, LEADING

WITH YOUR STRENGTHS, OPERATION LEGACY, AND SPARTAN LEADERSHIP PROGRAMS

THROUGH TMF'S HOLISTIC PREVENTION MODEL WITH THE GOAL OF INCREASED

ENGAGEMENT, MEANINGFUL RELATIONSHIPS, AND IMPROVED MENTAL HEALTH AND

WELL-BEING. IN ADDITION, SUPPORTING TAILORED CURRICULUM FOR WWP ALUMNI.

U.S. CHAMBER OF COMMERCE (HIRING OUR HEROS) - TO SUPPORT CAREER SUMMITS

IN LOCATIONS CHOSEN BY WWP, IN COLLABORATION WITH WARRIORS TO WORK TO

**Part IV Supplemental Information**

MEET THE DEMAND OF WWP ALUMNI AND FAMILY MEMBERS. HIRING OUR HEROES AND

WWP WORK TOGETHER TO PROMOTE EMPLOYMENT OPPORTUNITIES AND RESOURCES FOR

WOUNDED WARRIORS AND THEIR CAREGIVERS. IN ADDITION, TO SUPPORT THE

POST-9/11 MILITARY SPOUSE AND CAREGIVER FELLOWSHIP PROGRAM, PROVIDING

THEM AN INTERNSHIP-STYLE OPPORTUNITY TO REDUCE BARRIERS TO MEANINGFUL

AND LASTING EMPLOYMENT.

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 SERVICE ORGANIZATIONS - TO ASSIST WITH THE PURCHASE OF 2 OVENS

FOR THE USO WARRIOR CENTER AT LANDSTUHL REGIONAL MEDICAL CENTER.

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 ARMY COMMUNITY & FAMILY SUPPORT - TO SUPPORT THE 2022 DEFENSE

WARRIOR GAMES WHICH LEVERAGES PARALYMPIC-STYLE SPORTS AS A MEANS TO AID

THE RECOVERY PROCESS OF WOUNDED, ILL, AND INJURED SERVICE MEMBERS AND

VETERANS.

**Part IV Supplemental Information**

VA NATIONAL VETERANS SUMMER SPORTS CLINIC - TO SUPPORT THE FIVE (5) DAY

ADAPTIVE SPORTS CLINIC, TO PROMOTE REHABILITATION AND ENHANCE THE

HEALTH AND WELL-BEING OF OUR NATION'S VETERANS.

VAIL VETERANS FOUNDATION INC DBA VAIL VETERANS PROGRAM - TO SUPPORT THE

SUMMER FAMILY PROGRAM, MILITARY CAREGIVER RETREAT, AND MILITARY

CAREGIVER REUNION, SERVING POST-9/11 WOUNDED VETERANS AND THEIR

CAREGIVERS AND FAMILY MEMBERS.

VETERANS OF FOREIGN WARS FOUNDATION - TO SUPPORT OPERATIONS FOR THE

BENEFITS DELIVERY AT DISCHARGE COMPONENT OF VFW'S NATIONAL VETERANS

SERVICE PROGRAM AT TWELVE MILITARY BASES AND INSTALLATIONS.

VETS' COMMUNITY CONNECTIONS - TO SUPPORT COMMUNITY INTEGRATION EFFORTS

FOR VETERANS, SERVICE MEMBERS, FAMILIES, AND CAREGIVERS IN SAN DIEGO

COUNTY, CA, INCLUDING THROUGH CONNECTION PROGRAMMING, CAREERS IN THE

COMMUNITY, AND OPERATION ALLY.

WARRIOR CANINE CONNECTION - TO SUPPORT WCC'S MISSION BASED TRAUMA

RECOVERY PROGRAM ACROSS THE COUNTRY AND THROUGH PROGRAMMING TAILORED

SPECIFICALLY FOR WWP ALUMNI, WHICH INCLUDES 8 WEEKS OF PROGRAMMING

FOCUSING ON THE FUNDAMENTALS OF CANINE BEHAVIOR AND LEARNING STRATEGIES

WHILE HELPING RECOVERING POST-9/11 VETERANS COPE WITH POST-DEPLOYMENT

CHALLENGES.

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

UNITS, BRINGING TOGETHER SERVICE MEMBERS AND GOLD STAR FAMILY MEMBERS

TO SUPPORT CHALLENGES OF POST-MILITARY TRANSITION.

**Part IV Supplemental Information**

WOUNDED WARRIOR PROJECT LONG TERM SUPPORT TRUST - FURTHER INVESTMENT TO THE LONG-TERM SUPPORT TRUST, DIRECTLY FUNDING CONTINGENCY CARE PLANNING AND LONG-TERM CARE SERVICES TO ALL CURRENT AND FUTURE ENROLLEES OF THE INDEPENDENCE PROGRAM.

YAIPAK OUTREACH - TO ASSIST IN THE RELIEF EFFORTS FOR VETERANS AFFECTED BY THE TORNADOS THAT DEVESTATED KENTUCKY AND TENNESSEE IN DECEMBER 2021.

SCHEDULE I, PART III, LINE 1(A)

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

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](http://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 .....

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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)	365,108.	70,000.	0.	29,100.	23,441.	487,649.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER M SILVA CHIEF PROGRAM OFFICER	(i)	288,357.	54,954.	0.	11,600.	25,041.	379,952.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ERIC S MILLER CHIEF FINANCIAL OFFICER	(i)	284,894.	53,567.	0.	11,600.	25,041.	375,102.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GARY A CORLESS (THRU 12/2021) CHIEF DEVELOPMENT OFFICER	(i)	277,583.	52,643.	0.	6,907.	25,041.	362,174.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHRISTOPHER TONER CHIEF OF STAFF	(i)	261,500.	48,326.	0.	8,380.	25,030.	343,236.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHN T HAMRE III VP DIRECT RESPONSE	(i)	258,759.	48,198.	0.	8,141.	9,183.	324,281.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOSE RAMOS VP GOVT & CMTY RELATIONS	(i)	232,659.	42,122.	0.	6,344.	24,992.	306,117.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SCOTT COSTER (AS OF 11/2021) CHIEF INFORMATION OFFICER	(i)	231,029.	41,597.	0.	8,052.	24,989.	305,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KATHRYN BONGIOVANNI SEC & GEN COUNSEL	(i)	228,293.	42,232.	0.	0.	24,993.	295,518.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANGELA STROHL VP HUMAN RESOURCES	(i)	219,260.	40,674.	0.	6,051.	24,977.	290,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) VILMA CONSUEGRA (AS OF 11/2021) CHIEF MKTG & COMMS OFFICER	(i)	222,428.	35,655.	0.	7,623.	24,981.	290,687.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BREA KRATZERT VP DEVELOPMENT	(i)	219,160.	40,674.	0.	5,374.	23,377.	288,585.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) TRACY FARRELL VP ENGAGEMENT & PHYSICAL HLTH	(i)	219,421.	38,640.	0.	8,082.	9,216.	275,359.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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

**2021**

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

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

**Part I 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	806	1,306,296.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	357	3,065,817.	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 (CRYPTO CURREN)	X	10	616,198.	FMV
26 Other (SUPPLIES)	X	191	196,944.	FMV
27 Other (EVENT TICKETS)	X	883	157,163.	FMV
28 Other (OTHER PROMO)	X	4	20,455.	FMV

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 NONCASH ITEMS, SUCH AS STOCKS OR DONATED VEHICLES, IT TASKS A THIRD-PARTY AGENT OR INVESTMENT BROKER TO CONVERT THOSE NON-CASH ITEMS INTO CASH FOR USE IN FULFILLING THE ORGANIZATION'S MISSION.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

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:

WERE SERVED THROUGH MENTAL HEALTH OUTREACH AND REFERRALS, AND 25,842

COUNSELING SESSIONS WERE DELIVERED TO WARRIORS AND THEIR FAMILIES.

TOTAL BRAIN HEALTH AND MENTAL HEALTH WELLNESS PROGRAMS EXPENSES WERE

\$83,947,880, INCLUDING GRANTS OF \$27,546,593, FOR THE FISCAL YEAR ENDED

SEPTEMBER 30, 2022. WWP PROVIDES THE FOLLOWING MENTAL AND BRAIN HEALTH

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 2022, 2,406

PARTICIPANTS ATTENDED A PROJECT ODYSSEY RETREAT.

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

BREAKS DOWN THE BARRIERS OF ISOLATION AND HELPS 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 IMPROVED

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

Schedule O (Form 990) 2021

132211 11-11-21

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PSYCHOLOGICAL WELL-BEING. WWP SERVED 1,767 PARTICIPANTS THROUGH MORE THAN 17,436 EMOTIONAL SUPPORT CALLS, IN THE WWP TALK PROGRAM IN FISCAL YEAR 2022. 96% 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 HEALTHCARE VETERANS PROGRAM, MASSACHUSETTS GENERAL HOSPITAL'S HOME BASE, RUSH UNIVERSITY MEDICAL CENTER'S ROAD HOME PROGRAM, AND UCLA HEALTH'S OPERATION MEND, THE WARRIOR CARE NETWORK TREATMENT MODEL PROVIDES A YEAR'S WORTH OF CLINICAL MENTAL HEALTH CARE DURING A TWO-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 MENTAL HEALTHCARE TREATMENT TO WARRIORS FOR GENERATIONS TO COME. DURING THE YEAR, WARRIOR CARE NETWORK SERVED 968 VETERANS IN INTENSIVE OUTPATIENT PROGRAMS AND 2,025 VETERANS IN TRADITIONAL OUTPATIENT THERAPY. IN ADDITION, THE NETWORK PROVIDED TREATMENT AND PSYCHOEDUCATION TO 755 VETERAN FAMILY MEMBERS/CAREGIVERS. TREATMENT OUTCOMES SHOW SIGNIFICANT REDUCTIONS IN 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

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REPORTING SEVERE PTSD SYMPTOMS AT THE BEGINNING OF THE PROGRAM ARE  
 PROVIDE 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, 98% OF PARTICIPANTS INDICATED  
 THAT THEY WERE SATISFICE WITH THE CARE THEY RECEIVED AND 96% INDICATED  
 THAT THEY WOULD TELL A FELLOW WARRIOR ABOUT THE PROGRAM.

WWP ISSUED MONETARY GRANTS TO AMCS IN THE WARRIOR CARE NETWORK TOTALING  
 \$26,796,593, FOR THE YEAR ENDED SEPTEMBER 30, 2022, SEE SCHEDULE I FOR  
 THE YEAR ENDED SEPTEMBER 30, 2022.

WWP'S WARRIOR CARE NETWORK GRANT AGREEMENTS HAVE SIGNIFICANT FUTURE  
 CONDITIONS, AND ACCORDINGLY, A PORTION OF THE EXPENSE F OR THOSE GRANTS  
 WILL NOT BE RECOGNIZED UNTIL SPECIFIC CONDITIONS ARE SATISFIED. AS OF  
 SEPTEMBER 30, 2022, FUTURE CONDITIONAL PAYMENTS ON THESE GRANT  
 AGREEMENTS ARE ESTIMATED TO BE PAID AS FOLLOWS:

2023 \$39,234,022  
 2024 \$2,034,262  
 THEREAFTER \$2,733,720  
 TOTAL \$44,002,004

COMPLEX CASE COORDINATION: WWP'S COMPLEX CASE COORDINATION TEAM SERVES  
 WARRIORS UNDER DIFFICULT AND 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

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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 VA AND COMMUNITY CARE NETWORK IN A COORDINATED AND COLLABORATIVE EFFORT. WWP SERVED 834 PARTICIPANTS THROUGH THE COMPLEX CASE COORDINATION PROGRAM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
 WWP HAD 175,804 WARRIORS AND 44,560 FAMILY MEMBERS REGISTERED AS OF SEPTEMBER 30, 2022. TOTAL CONNECTION PROGRAMS EXPENSES WERE \$43,748,564 INCLUDING GRANTS OF \$29,500, FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022. WWP PROVIDES 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, RECREATIONAL EVENTS, AND ONLINE VIDEO GAME COMPETITIONS, ALL THAT PROVIDE WOUNDED WARRIORS AN OPPORTUNITY TO ENGAGE WITH OTHER WOUNDED WARRIORS AND FAMILY MEMBERS. 53,053 WARRIORS AND 17,808 FAMILY SUPPORT MEMBERS WERE SERVED THROUGH THE ALUMNI PROGRAM. 97% FOR 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 U.S. DEPARTMENT OF VETERANS

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AFFAIRS ("VA") POLYTRAUMA REHABILITATION CENTERS. WWP BACKPACKS CONTAIN

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

COMFORTABLE, ALSO SERVING 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, AND FOR THE

COMFORT OF THEIR ACCOMPANYING FAMILY MEMBERS. WWP DELIVERED 40

BACKPACKS AND 140 TCPS TO WOUNDED WARRIORS IN FISCAL YEAR 2022. SINCE

WWP'S INCEPTION, 6,077 BACKPACKS AND 47,718 TCPS HAVE BEEN DELIVERED TO

WOUNDED WARRIORS.

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

LOCATED IN LANDSTUHL, GERMANY, OFFERS SUPPORT ABROAD FOR WOUNDED, ILL,

AND INJURED SERVICE MEMBERS WHO ARE MEDICALLY EVACUATED FROM DEPLOYED

LOCATIONS. 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 NO COST

PROGRAMS AND SERVICES.

PEER SUPPORT: DURING MILITARY SERVICE, WARRIORS FORM BONDS WITH ONE

ANOTHER THAT ARE AS STRONG AS FAMILY TIES; WWP RECOGNIZES THAT NO ONE

BETTER UNDERSTANDS WHAT A WARRIOR IS GOING THROUGH BETTER THAN SOMEONE

WHO HAS WALKED IN THEIR SHOES. WWP'S PEER SUPPORT PROGRAM IS COMPOSED

OF SMALL, WOUNDED-WARRIOR-ONLY GROUPS LED BY PEERS WHO HAVE OVERCOME

CHALLENGES AND EXPERIENCED SUCCESS TRANSITIONING TO CIVILIAN LIFE.

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VOLUNTEERING 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, JUDGEMENT-FREE ENVIRONMENT TO CONNECT WITH THEIR PEERS AND

STRENGTHEN THE BONDS OF SHARED SERVICE. THE PEER SUPPORT PROGRAM SERVED

10,018 ATTENDEES AT PEER FACILITATED SUPPORT GROUPS IN FISCAL YEAR

2022.

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 55,160 INCOMING CONTACTS INCLUDING CALLS,

IN-PERSON, FAX, EMAIL AND LIVE CHATS IN FISCAL YEAR 2022.

FORM 990, PART III, LINE 4C, 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 2022, THERE WERE

APPROXIMATELY 55,036 ISSUES AWARDED ON BEHALF OF WARRIORS THROUGH

BENEFITS SERVICE, WITH AN ECONOMIC IMPACT OF \$146.6 MILLION.



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WARRIORS TO WORK: WWP'S WARRIORS TO WORK PROGRAM PROVIDES WARRIORS AND THEIR FAMILY MEMBERS WITH THE RESOURCES AND ASSISTANCE THEY REQUIRE TO BE SUCCESSFUL IN THE CIVILIAN WORKFORCE. THROUGH PERSONALIZED SERVICES, PARTICIPANTS RECEIVE ACCESS TO JOB PLACEMENT OPPORTUNITIES, RESUME WRITING ASSISTANCE, INTERVIEW PREPARATION, AND NETWORKING 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 2022, 1,732 WARRIORS AND FAMILY MEMBERS THAT PARTICIPATED IN THE WARRIORS TO WORK PROGRAM WERE PLACED IN POSITIONS, WITH AN AVERAGE FULL-TIME SALARY OF \$61,380 AND AN AVERAGE PART-TIME SALARY OF \$26,471, RESPECTIVELY, WHICH HAD AN ECONOMIC IMPACT OF \$97 MILLION FROM ANNUALIZED EMPLOYMENT COMPENSATION.

FINANCIAL EDUCATION: THE WWP FINANCIAL EDUCATION PROGRAM 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 COVERING TOPICS LIKE PERSONAL FINANCE, BUDGETING, SAVING, DEBT MANAGEMENT, AND LONG-TERM PLANNING. THIS SUPPORT EQUIPS WARRIORS WITH THE TOOLS, RESOURCES, AND SUPPORT THEY NEED TO ACHIEVE FINANCIAL WELLNESS TODAY, FOR A BETTER TOMORROW. IN FISCAL YEAR 2022, 1,568 WARRIORS AND FAMILY MEMBERS THAT PARTICIPATED IN THE FINANCIAL EDUCATION PROGRAM.

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

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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 ISSUED GRANTS TO 1734 WARRIORS TOTALING \$6,488,339. SEE SCHEDULE I, PART II.

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 NEGATIVELY 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, 2022, THERE WERE 792 WARRIORS RECEIVING SERVICES THROUGH THE INDEPENDENCE PROGRAM AT AN AVERAGE ANNUAL COST PER WARRIOR FOR CONTRACTED OUTSIDE SERVICES OF \$25,654. TOTAL INDEPENDENCE PROGRAM EXPENSES WERE \$39,080,041, INCLUDING GRANTS OF \$4,001,498 TO WWP LONG TERM SUPPORT TRUST (THE "TRUST"), SEE BELOW, AND A \$250,000 GRANT TO GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION,

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SEE SCHEDULE I.

IN FISCAL YEAR 2021, WWP ADDED CONTINUOUS CARE SERVICES TO THIS 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 INABILITY OF THEIR CAREGIVER TO PROVIDE THE REQUIRED LEVEL OF SUPPORT, THE WARRIOR IS AFFORDED A CAPPED AMOUNT OF FINANCIAL SUPPORT TO HELP PAY FOR HOUSING, HOME CARE AID OR LONG-TERM FACILITY SUPPORT. THESE CONTINUOUS CARE SERVICES 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 THAT THE WARRIOR'S CAREGIVER IS NO LONGER ABLE TO PROVIDE THE REQUIRED LEVEL OF SUPPORT. 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

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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.

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

WWP 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, 2022 TOTALED \$419,314. TRUST NET

ASSETS TOTALED \$122,328,388 AS OF SEPTEMBER 30, 2022.

PHYSICAL HEALTH AND WELLNESS PROGRAMS - WWP PHYSICAL HEALTH AND

WELLNESS ASSISTS WARRIORS IN MAKING CHANGES TO IMPROVE THEIR HEALTH.

THROUGH MOVEMENT, NUTRITIONAL AND SLEEP EDUCATION, COACHING, GOAL

SETTING, AND SKILL- BUILDING, WARRIORS ARE EMPOWERED TO MAKE LONG-TERM

CHANGES TOWARD A HEALTHIER LIFE. THE CORNERSTONE OF THE PROGRAM IS A

90-DAY COACHING PROGRAM, WHICH HELPS WARRIORS ADOPT 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 2022, 1,862 TOTAL

WARRIORS AND FAMILY SUPPORT MEMBERS PARTICIPATED IN A COACHING

MODEL-BASED PROGRAM. 41% OF PARTICIPANTS REPORTED AN IMPROVEMENT IN

THEIR NUTRITIONAL QUALITY AFTER PARTICIPATION IN THE PROGRAM. 67% OF

PARTICIPANTS REPORTED THAT THEY MET THE PHYSICAL ACTIVITY GUIDELINES

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AFTER PARTICIPATION IN THE PROGRAM. THERE WERE ALSO MORE THAN 14,000 PARTICIPANTS IN OTHER WWP PH&W PROGRAM EVENTS.

ADAPTIVE SPORTS: THE WWP ADAPTIVE SPORTS PROGRAM 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. IN FISCAL YEAR 2022, 268 TOTAL WARRIORS AND FAMILY SUPPORT MEMBERS PARTICIPATED IN AN ADAPTIVE SPORTS EVENT.

SOLDIER RIDE: WWP'S SOLDIER RIDE IS A UNIQUE, MULTI-DAY CYCLING 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 2,124 PARTICIPANTS IN FISCAL YEAR 2022. 93% OF PARTICIPANTS SAID SOLDIER RIDE INCREASED THEIR OVERALL SELF-CONFIDENCE.

TOTAL PHYSICAL HEALTH & WELLNESS PROGRAM EXPENSES WERE \$20,927,684 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022.

COMMUNITY PARTNERSHIPS - WWP BELIEVES THAT NO SINGLE ORGANIZATION CAN MEET ALL THE NEEDS OF WOUNDED, INJURED, OR ILL VETERANS ALONE. THROUGH

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ITS COMMUNITY PARTNERSHIPS PROGRAM, WWP COLLABORATES WITH AND INVESTS

IN OTHER MILITARY AND VETERAN SUPPORT ORGANIZATIONS TO AMPLIFY THE

IMPACT OF 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 \$18,284,601,

INCLUDING MONETARY GRANTS OF \$10,493,000, FOR THE FISCAL YEAR ENDED

SEPTEMBER 30, 2022. SEE SCHEDULE I.

GOVERNMENT RELATIONS - AS THE VOICE OF OUR NATION'S WOUNDED VETERANS,

WWP'S WASHINGTON, DC BASED GOVERNMENT AND COMMUNITY 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 \$3,552,231 FOR THE FISCAL YEAR

ENDED SEPTEMBER 30, 2022.

EXPENSES \$ 81,844,557. INCLUDING GRANTS OF \$ 17,277,490. 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 WWP'S MANAGEMENT. ALL INFORMATION REPORTED ON THE FORM 990

WAS PROVIDED BY MANAGEMENT AND REVIEWED BY THE ACCOUNTING FIRM. THE FORM

990 IS PRESENTED TO THE AUDIT AND RISK OVERSIGHT COMMITTEE WHO REVIEWS,

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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 SERVICES 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 SERVICES. WWP ALSO CONDUCTS A NUMBER OF ACTIVITIES WHICH BENEFIT BOTH ITS PROGRAM OBJECTIVES AS WELL AS SUPPORTING SERVICES (I.E., FUNDRAISING AND MANAGEMENT AND GENERAL SERVICES). THESE COSTS, WHICH ARE NOT SPECIFICALLY ATTRIBUTABLE TO A SPECIFIC PROGRAM OR SUPPORTING SERVICES, 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 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.

WARRIOR EVENTS - THIS AMOUNT CONSISTS OF THE COSTS RELATED TO WWP'S PROGRAM EVENTS AND ACTIVITIES THAT ARE FREE OF CHARGE TO WARRIORS, THEIR CAREGIVERS, AND FAMILY MEMBERS. EXAMPLES OF THESE EVENTS AND ACTIVITIES ARE OUTLINED IN GREATER DETAIL WITHIN THE INDIVIDUAL PROGRAM DESCRIPTIONS FOUND IN PART III AND SCHEDULE O. INCLUDED IN THIS AMOUNT ARE EXPENSES FOR TRAVEL, HOTEL, MEALS, MATERIALS, AND OTHER RELATED ACTIVITY COSTS FOR EVENT PARTICIPANTS.

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

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AND INCLUDE A FUNDRAISING APPEAL. THE PROGRAMMATIC COMPONENT OF THESE ACTIVITIES INCLUDES THE EDUCATION AND RECRUITMENT OF WOUNDED VETERANS AND SERVICE MEMBERS THAT HAVE NOT YET ENGAGED WITH WWP, A CALL TO ACTION TO ENLIST THE PUBLICS AID IN IDENTIFYING WOUNDED VETERANS AND SERVICE MEMBERS THAT WOULD BENEFIT FROM WWP'S FREE PROGRAMS AND SERVICES, AND AN OPPORTUNITY TO THANK WOUNDED WARRIORS FOR THEIR SACRIFICES IN SERVING OUR COUNTRY. THESE JOINT COSTS ARE INCURRED THROUGH DIRECT RESPONSE TELEVISION AND CERTAIN DIRECT MAIL CAMPAIGNS. THE COST OF CONDUCTING THESE ACTIVITIES INCLUDED A TOTAL OF \$39,432,643 OF JOINT COSTS FOR THE YEAR ENDED SEPTEMBER 30, 2022. OF THESE COSTS, \$29,177,403 WAS ALLOCATED TO PROGRAM EXPENSES AND \$10,255,240 WAS ALLOCATED TO FUNDRAISING EXPENSES.

FORM 990, PART X, LINE 3

PLEDGES AND GRANTS RECEIVABLE, NET:  
 ACCOUNTS RECEIVABLE INCLUDES RECEIVABLES FROM BEQUESTS AND TRUSTS. A CHARITABLE BEQUEST IS A WRITTEN STATEMENT DIRECTING THAT GIFT BE MADE TO A CHARITY UPON THE DEATH OF THE DONOR. BEQUEST REVENUES ARE CONSIDERED UNCONDITIONAL PROMISES TO GIVE WHEN THE BEQUEST HAS GONE THROUGH PROBATE AND WWP'S INTEREST IS REASONABLY ESTIMATED. BEQUEST REVENUES ARE RECORDED AT FAIR MARKET VALUE WHEN AVAILABILITY OF THE GIFTED ASSET IS SUBSTANTIALLY ASCERTAINED. AMOUNTS ARE CONSIDERED TO BE AVAILABLE FOR UNRESTRICTED USE, UNLESS SPECIFICALLY RESTRICTED BY THE DONOR. AMOUNTS RECEIVED THAT ARE DESIGNATED FOR FUTURE PERIODS, OR ARE RESTRICTED BY THE DONOR FOR SPECIFIC PURPOSES ARE REPORTED IN THE STATEMENT OF ACTIVITIES AS CONTRIBUTIONS WITH DONOR RESTRICTIONS. ADDITIONALLY, WHEN WWP IS A BENEFICIARY OF A REVOCABLE TRUST, CONTRIBUTION REVENUE IS NOT RECOGNIZED UNTIL THE TRUST BECOMES

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IRREVOCABLE, TYPICALLY UPON THE DEATH OF THE DONOR, AND WWP'S INTERESTS  
IN THE TRUST IS REASONABLY ESTIMATED AND ASSURED TO BE RECEIVED.

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, 2022.

THE BOARD OF DIRECTORS HAS DESIGNATED A STRATEGIC FUND FOR INVESTMENT

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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. \$12,006,000 WAS DISTRIBUTED FROM

THE STRATEGIC FUND DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2022.

FORM 990, PART XI, LINE 5

NET UNREALIZED GAINS (LOSSES) ON INVESTMENT:

THE ORGANIZATION'S INVESTMENTS ARE EXPOSED TO VARIOUS RISKS SUCH AS

INTEREST RATE, MARKET, AND CREDIT RISKS. DUE TO THE LEVEL OF RISK

ASSOCIATED WITH CERTAIN INVESTMENTS, IT IS REASONABLY POSSIBLE THAT

CHANGES IN THE VALUES OF INVESTMENTS WILL OCCUR IN THE NEAR-TERM AND

THAT SUCH CHANGES COULD MATERIALLY AFFECT THE AMOUNTS REPORTED IN THE

FINANCIAL STATEMENTS. SPECIFIC TO THE YEAR ENDING SEPTEMBER 30, 2022,

SIGNIFICANT MARKET VOLATILITY EXISTED, INCLUDING A SUBSTANTIAL DECLINE

IN MARKET VALUE AT THE END OF SEPTEMBER 2022. CONSEQUENTLY, FOR THE

YEAR ENDING SEPTEMBER 30, 2022, INCLUDES NET UNREALIZED LOSS ON

INVESTMENTS OF \$65,761,359, WHICH REPRESENTS THE NET DECREASE IN VALUE

OF INVESTMENTS THAT HAVE NOT YET BEEN SOLD. GIVEN THE LONGER-TERM NEEDS

HORIZON OF MOST ORGANIZATION INVESTMENTS, MANAGEMENT DOES NOT

ANTICIPATE INCURRING ANY NEAR-TERM MATERIAL REALIZED INVESTMENT LOSSES.

SUBSEQUENT TO SEPTEMBER 30, 2022 AND THROUGH DECEMBER 31, 2022 MARKET

VOLATILITY HAS CONTINUED, INCLUDING AN INCREASE IN MARKET VALUE,

RESULTING IN UNREALIZED GAINS FROM OCTOBER 1, 2022, THROUGH DECEMBER

31, 2022 OF APPROXIMATELY \$18,000,000.

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

LONG TERM SUPPORT TRUST ACCOUNT PAYABLE	-39,487.
PRIOR YEAR GRANT	350,000.
TOTAL TO FORM 990, PART XI, LINE 9	310,513.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**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	WWP	X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE LEAD ANNUITY TRUST (1)	INVESTMENT	FL	WWP						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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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	4,001,498.	
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information input.

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