

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2014Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning 10/01, 2014, and ending 09/30, 2015

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return (terminated)
☐ Amended return
☐ Application pending

C Name of organization WOUNDED WARRIOR PROJECT, INC.
 Doing business as WOUNDED WARRIOR PROJECT
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4899 BELFORT ROAD, SUITE 300
 City or town, state or province, country, and ZIP or foreign postal code
JACKSONVILLE, FL 32256

D Employer identification number 20-2370934

E Telephone number (904) 296-7350

F Name and address of principal officer: ANTHONY ODIERNO
4899 BELFORT ROAD JACKSONVILLE, FL 32256

G Gross receipts \$ 562,576,012.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☒ No
 If "No," attach a list (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.WOUNDEDWARRIORPROJECT.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2005 **M** State of legal domicile: VA

H(c) Group exemption number ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities: AS OF 9/30/15, THROUGH HIGH-TOUCH, FREE OF CHARGE PROGRAMS AND SERVICES, WWP HAS POSITIVELY IMPACTED THE LIVES OF OVER 92,000 WOUNDED WARRIORS AND THEIR FAMILY MEMBERS.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3

4 Number of independent voting members of the governing body (Part VI, line 1b) 7

5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 599

6 Total number of volunteers (estimate if necessary) 1,944

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 34 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	312,471,011.	372,546,396.
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,040,397.	13,351,364.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,554,706.	12,800,427.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	342,066,114.	398,698,187.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	42,109,701.	87,567,298.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	40,218,115.	46,163,648.
16a Professional fundraising fees (Part IX, column (A), line 11e)	3,206,207.	7,453,364.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>74,730,264.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	162,471,416.	210,490,923.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	248,005,439.	351,675,223.
19 Revenue less expenses. Subtract line 18 from line 12	94,060,675.	47,022,964.
20 Total assets (Part X, line 16)	Beginning of Current Year 269,680,308.	End of Year 310,997,780.
21 Total liabilities (Part X, line 26)	21,394,825.	28,886,992.
22 Net assets or fund balances. Subtract line 21 from line 20	248,285,483.	282,110,788.

Part II Signature Block

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

Sign Here
 Signature of officer Ronald W. Burgess Date 8/15/2016
 Type or print name and title CFO

Paid Preparer Use Only
 Print/Type preparer's name DAWN M. OLIVARDIA Preparer's signature Dawn M. Olivardia Date 8/15/16
 Firm's name GRANT THORNTON LLP Check ☐ if self-employed PTIN P00059252
 Firm's address 400 SOUTH GRANGE AVENUE, SUITE 2000 ORLANDO, FL 32801 Firm's EIN 36-6055558
 Phone no 407-481-5100

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)