

EXTENDED TO NOVEMBER 16, 2026  
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2025**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2025 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> WOUNDED WARRIORS FAMILY SUPPORT INC.		<b>D Employer identification number</b> 20-1407520
	Doing business as		<b>E Telephone number</b> 402-502-7557
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G Gross receipts \$</b> 16,686,278.
	1010 S 120TH ST	130	
	City or town, state or province, country, and ZIP or foreign postal code		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
OMAHA, NE 68154		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>F Name and address of principal officer:</b> KATE MCCAULEY 1010 S 120TH ST STE 130, OMAHA, NE 68154		<b>H(c) Group exemption number</b>	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> WWW.WWFS.ORG		<b>L Year of formation:</b> 2004 <b>M State of legal domicile:</b> NE	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE BETTER QUALITY OF LIFE TO WOUNDED SOLDIERS AND THEIR FAMILIES AND TO THE FAMILIES OF</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3 / 7
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4 / 7
	<b>5</b> Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5 / 10
	<b>6</b> Total number of volunteers (estimate if necessary)	6 / 8
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a / 0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b / 0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 6,991,887. Current Year: 6,014,768.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0. / 0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	841,055. / -506,100.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-17,841. / 0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,815,101. / 5,508,668.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0. / 0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		649,502. / 752,545.
<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0. / 0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		312,579.
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		757,867. / 768,410.
Net Assets or Fund Balances	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,515,270. / 4,817,194.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,299,831. / 691,474.
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 9,292,872. End of Year: 10,370,757.
	<b>21</b> Total liabilities (Part X, line 26)	256,765. / 194,749.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	9,036,107. / 10,176,008.

**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 <i>Kate McCauley</i>	Date 6/3/2026			
	KATE MCCAULEY, PRESIDENT Type or print name and title				
Paid	Preparer's name BETH TYLER	Preparer's signature <i>Beth Tyler</i>	Date 05/28/26	Check if self-employed <input type="checkbox"/>	PTIN P01708893
	Preparer Firm's name HANCOCK & DANA PC	Firm's EIN 47-0710889	Phone no. 402-391-1065		
Use Only	Firm's address 12829 WEST DODGE ROAD #100 OMAHA, NE 68154				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS TO SUPPORT THE VETERANS AND FAMILIES OF THOSE WHO HAVE BEEN WOUNDED, INJURED, OR KILLED DURING COMBAT OPERATIONS.

WOUNDED WARRIORS FAMILY SUPPORT IS COMMITTED TO SUPPORTING AND

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 510,000. including grants of \$ 510,000. ) (Revenue \$ ) THE MOBILITY IS FREEDOM PROGRAM AIMS TO ENHANCE THE QUALITY OF LIFE FOR WOUNDED VETERANS MISSING LIMBS BY PROVIDING VEHICLE GRANTS AND MODIFICATIONS THAT ALLOW THEM TO LIVE FREE AND INDEPENDENTLY. MANY VETERANS LOSE THEIR DRIVING INDEPENDENCE DUE TO THE HIGH COST OF THE VEHICLE AND THE MODIFICATIONS NECESSARY TO DRIVE. THIS PROGRAM WORKS WITH SEVERELY INJURED COMBAT VETERANS. THIS INCLUDES THOSE WHO HAVE SUFFERED AMPUTATIONS, SPINAL CORD INJURIES, AND SEVERE BURNS.

IN ADDITION TO SUPPORTING WOUNDED VETERANS, THE PROGRAM ALSO AIMS TO RAISE AWARENESS ABOUT THEIR SACRIFICES AND STRUGGLES.

WOUNDED WARRIORS FAMILY SUPPORT PROVIDED 17 GRANTS TO QUALIFIED WOUNDED

4b (Code: ) (Expenses \$ 1,734,301. including grants of \$ 1,127,794. ) (Revenue \$ ) WOUNDED WARRIORS FAMILY SUPPORT'S VETERAN AND CAREGIVER RESPITE PROGRAM PROVIDES RESPITE AND SUPPLEMENTAL SERVICES NATIONWIDE TO VETERANS, CAREGIVERS, AND FAMILIES OF WOUNDED WAR VETERANS. OUR PROGRAM AIMS TO ENSURE THAT FAMILY MEMBERS THRUST INTO THE ROLE OF CAREGIVERS ARE PROVIDED WITH THE SUPPORT THEY NEED TO KEEP THEIR FAMILIES INTACT WHILE KEEPING THEMSELVES HEALTHY.

WOUNDED WARRIORS FAMILY SUPPORT RESPITE SERVICES INCLUDE SECONDARY CAREGIVER ASSISTANCE, RESPITE AID FOR REMOTE AREAS, AND SHORT-TERM TEMPORARY RELIEF IN THE FORM OF IN-HOME SERVICES, LIGHT HOUSEKEEPING, MEDICAL TRAVEL, AND GROCERY ASSISTANCE. THE PROGRAM ALSO PROVIDES ASSISTANCE IN ENROLLING IN THE DEPARTMENT OF VETERANS AFFAIRS CAREGIVER

4c (Code: ) (Expenses \$ 1,350,000. including grants of \$ 1,350,000. ) (Revenue \$ ) THE ORGANIZATION HAS ENTERED A PROJECT DEVELOPMENT AGREEMENT WITH THE DUNHAM HOUSE FOR THE PURPOSE OF CONSTRUCTING A FIRST-OF-ITS-KIND, TRANSFORMATIONAL INITIATIVE FOR COMBAT-WOUNDED VETERANS IN NEED OF LONG-TERM RESIDENTIAL-CENTERED CARE FOR THEIR WOUNDS. THE DUNHAM HOUSE MODEL PUTS THE FOCUS ON EACH VETERAN'S NEEDS TO ENSURE TREATMENT, SOCIALIZATION, AND INDEPENDENCE. THE FACILITY WILL SIT ON AN 8.5-ACRE PARCEL WITHIN A SCENIC AND PASTORAL 40-ACRE SITE IN NORTH OMAHA, NEBRASKA, AND ALLOWS FOR MULTI-PHASE CONSTRUCTION. THE COMPLEX WILL INCLUDE HOUSING AND AMENITIES TO ACCOMMODATE 30 VETERANS IN A NEIGHBORHOOD RESIDENCE TOTALING APPROXIMATELY 27,000 SQUARE FEET. THE DUNHAM HOUSE IS A SEPARATE 501(C)(3) NONPROFIT ORGANIZATION.

4d Other program services (Describe on Schedule O.) (Expenses \$ 640,507. including grants of \$ 308,445. ) (Revenue \$ )

4e Total program service expenses 4,234,808.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

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 4 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 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 columns. Includes questions 2a through 17 regarding employee reporting, tax returns, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes questions 10a through 16b regarding local chapters, conflict of interest, whistleblower policies, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records





**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,014,768.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 584,722.				
	h	<b>Total.</b> Add lines 1a-1f		6,014,768.				
Program Service Revenue				<b>Business Code</b>				
	2 a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	<b>Total.</b> Add lines 2a-2f							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			814,172.		814,172.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents						
			(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory						
			(i) Securities	(ii) Other	9,857,338.			
	b	Less: cost or other basis and sales expenses			11,177,321.	289.		
c	Gain or (loss)			-1,319,983.	-289.			
d	Net gain or (loss)			-1,320,272.	-289.	-1319983.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
b	Less: direct expenses							
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19							
b	Less: direct expenses							
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
b	Less: cost of goods sold							
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue				<b>Business Code</b>				
	11 a							
	b							
	c							
	d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d							
12	<b>Total revenue.</b> See instructions			5,508,668.	-289.	0.	-505,811.	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,554,250.	1,554,250.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,741,989.	1,741,989.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	183,210.	45,802.	45,803.	91,605.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	480,061.	410,417.	69,644.	
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	38,976.	19,897.	11,332.	7,747.
10 Payroll taxes	50,298.	34,497.	8,916.	6,885.
11 Fees for services (nonemployees):				
a Management				
b Legal	6,345.	6,345.		
c Accounting	72,256.		72,256.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,042.		1,042.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	218,593.	117,589.		101,004.
13 Office expenses	29,917.	19,388.	8,490.	2,039.
14 Information technology	75,155.	72,795.	1,450.	910.
15 Royalties				
16 Occupancy	60,498.	20,166.	20,166.	20,166.
17 Travel	93,625.	91,482.	246.	1,897.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,148.	3,765.	8.	375.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,357.	9,231.	14,126.	
23 Insurance	21,296.	9,843.	11,453.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PRINTING &amp; SUPPLIES</b>	47,540.	28,285.	459.	18,796.
b <b>DIRECT PROGRAM COSTS</b>	47,000.	28,000.		19,000.
c <b>LICENSES AND PERMITS</b>	39,709.	17,456.	1,537.	20,716.
d <b>CREDIT CARD PROCESSING</b>	24,523.	555.	2,879.	21,089.
e All other expenses	3,406.	3,056.		350.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>4,817,194.</b>	<b>4,234,808.</b>	<b>269,807.</b>	<b>312,579.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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	
Assets	1	Cash - non-interest-bearing	1,178,690.	1	931,120.
	2	Savings and temporary cash investments	935,827.	2	3,091,818.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	15,606.	9	2,183.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	130,310.		
	10b	Less: accumulated depreciation	79,401.		
	10c		65,030.	10c	50,909.
	11	Investments - publicly traded securities	5,777,933.	11	4,975,843.
	12	Investments - other securities. See Part IV, line 11	122,995.	12	145,439.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	1,196,791.	15	1,173,445.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	9,292,872.	16	10,370,757.	
Liabilities	17	Accounts payable and accrued expenses	49,622.	17	33,822.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	207,143.	25	160,927.
	26	<b>Total liabilities.</b> Add lines 17 through 25	256,765.	26	194,749.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	8,081,620.	27	9,218,275.
	28	Net assets with donor restrictions	954,487.	28	957,733.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	9,036,107.	32	10,176,008.
33	<b>Total liabilities and net assets/fund balances</b>	9,292,872.	33	10,370,757.	

Form 990 (2025)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,508,668.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,817,194.
3	Revenue less expenses. Subtract line 2 from line 1	3	691,474.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,036,107.
5	Net unrealized gains (losses) on investments	5	448,427.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,176,008.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	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		



**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 falls to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4830631.	4345871.	5395688.	6991887.	6014769.	27578846.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4830631.	4345871.	5395688.	6991887.	6014769.	27578846.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						826,540.
6 Public support. Subtract line 5 from line 4.						26752306.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	4830631.	4345871.	5395688.	6991887.	6014769.	27578846.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,802.	236,555.	295,726.	667,410.	814,172.	2024665.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						29603511.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

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

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	90.37 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	95.45 %
16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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**

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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 on line 12 of 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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support details.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b, 3c.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	<b>Total annual distributions.</b> Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1	Distributable amount for 2025 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2025		
a	From 2020		
b	From 2021		
c	From 2022		
d	From 2023		
e	From 2024		
f	<b>Total of lines 3a through 3e</b>		
g	Applied to under distributions of prior years		
h	Applied to 2025 distributable amount		
i	Carryover from 2020 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2025 from Section D, line 6: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2025 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2025, 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 2025. 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 2026.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2021		
b	Excess from 2022		
c	Excess from 2023		
d	Excess from 2024		
e	Excess from 2025		

**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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.



**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.

OMB No. 1545-0047

**Open to Public Inspection**

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

Name of the organization

WOUNDED WARRIORS FAMILY SUPPORT INC.

Employer identification number

20-1407520

**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 on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?  Yes  No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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 ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 532051 04-01-25

**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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment \_\_\_\_\_ %
  - b** Permanent endowment \_\_\_\_\_ %
  - c** Term endowment \_\_\_\_\_ %
- 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 |
|-------------------------------------|---------------|----|
| <b>(i)</b> Unrelated organizations? | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations?  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  **3b**

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		55,993.	33,597.	22,396.
<b>e</b> Other		74,317.	45,804.	28,513.
<b>Total.</b> Add lines 1a through 1e. (Column (c) must equal Form 990, Part X, line 10c, column (B))				50,909.

**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, line 12, col. (B))		

**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, line 13, col. (B))		

**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) <b>ACTIVITY RELATED COSTS</b>	<b>67,055.</b>
(2) <b>INVESTMENT - MINNESOTA LAND (NET OF INTEREST IN LIFE ESTATE)</b>	<b>957,733.</b>
(3) <b>SECURITY DEPOSITS</b>	<b>4,312.</b>
(4) <b>ROU LEASE ASSET</b>	<b>144,345.</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>1,173,445.</b>

**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) <b>PAYROLL TAXES</b>	<b>2,971.</b>
(3) <b>CREDIT CARDS PAYABLE</b>	<b>9,933.</b>
(4) <b>ROU LEASE LIABILITY</b>	<b>148,023.</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>160,927.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,956,054.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 448,427.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	448,427.
3	Subtract line 2e from line 1		3	5,507,627.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 1,041.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	1,041.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,508,668.

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

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

1	Total expenses and losses per audited financial statements		1	4,816,153.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,816,153.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 1,041.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	1,041.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,817,194.

**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 X, LINE 2:**

THE ORGANIZATION HAS RECEIVED EXEMPTION FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT CLASSIFIED AS A PRIVATE ORGANIZATION. AS SUCH, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION FILES FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IN THE U.S. FEDERAL AND STATE JURISDICTIONS. AS OF DECEMBER 31, 2025, THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. TAX YEARS SUBSEQUENT TO 2022 REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS.



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)  
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

**WOUNDED WARRIORS FAMILY SUPPORT INC.**

Employer identification number  
**20-1407520**

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARRIORS AFIELD LEGACY FOUNDATION 1443 S 550 E OREM, UT 84097-7719	46-2038289	501(C)(3)	150,000.	0.			TO BRING OIF/OEF VETERANS WITH EARLIER GENERATION COMBAT VETERANS FOR THERAPEUTIC EXPERIENCE IN
DUNHAM HOUSE, INC 11218 JOHN GALT BLVD, SUITE 106 OMAHA, NE 68137	85-2199290	501(C)(3)	1,350,000.	0.			TO PROVIDE HOUSING FOR COMBAT WOUNDED VETERANS.
AMERICAN HUMANE SOCIETY 1400 16TH ST NW STE 360 WASHINGTON, DC 20036	84-0432950	501(C)(3)	20,000.	0.			TO PROVIDE SUPPORT FOR VETERANS.
BONAFIDE DOG ACADEMY CHARITABLE FOUNDATION INC - 960 S 72ND ST - OMAHA, NE 68114	26-4761514	501(C)(3)	10,000.	0.			TO PROVIDE SUPPORT FOR VETERANS.

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

3 Enter total number of other organizations listed in the line 1 table

4. 0.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (Rev. 12-2024)

**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
GRANTS MADE TO INDIVIDUAL VETERANS AND/OR THEIR FAMILY OR TO ORGANIZATIONS IN SUPPORT OF INDIVIDUALS FOR THE FOLLOWING: TO REIMBURSE RESPITE CARE SERVICES RENDERED FOR VETERAN CARE,	903	1,741,989.	0.		

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

**PART II, LINE 1, COLUMN (H):**  
 NAME OF ORGANIZATION OR GOVERNMENT: WARRIORS AFIELD LEGACY FOUNDATION  
 (H) PURPOSE OF GRANT OR ASSISTANCE: TO BRING OIF/OEF VETERANS WITH EARLIER GENERATION COMBAT VETERANS FOR THERAPEUTIC EXPERIENCE IN OUTDOOR HUNTING, FISHING AND OFF ROAD COMRADERY

**PART III, COLUMN (A):**  
 (A) TYPE OF GRANT OR ASSISTANCE: GRANTS MADE TO INDIVIDUAL VETERANS AND/OR THEIR FAMILY OR TO ORGANIZATIONS IN SUPPORT OF INDIVIDUALS FOR THE FOLLOWING: TO REIMBURSE RESPITE CARE SERVICES RENDERED FOR VETERAN CARE, CAREGIVER SUPPORT, POST OP, BACK TO SCHOOL SUPPLIES, GIFT CARDS, MOBILITY IS FREEDOM AND UNMET NEEDS SUCH AS FOOD INSECURITY AND TRAVEL GRANTS.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

**WOUNDED WARRIORS FAMILY SUPPORT INC.**

Employer identification number

**20-1407520**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> 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 type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?	<b>4b</b>	<b>X</b>
<b>c</b> 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.	<b>4c</b>	<b>X</b>
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	<b>5b</b>	<b>X</b>
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	<b>6b</b>	<b>X</b>
<b>7</b> 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	<b>7</b>	<b>X</b>
<b>8</b> 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	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)





**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.  
 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

**Open to Public Inspection**

Name of the organization **WOUNDED WARRIORS FAMILY SUPPORT INC.** Employer identification number **20-1407520**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_  
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons**  
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> .....						\$						

**Part III Grants or Assistance Benefiting Interested Persons**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

**Part IV Business Transactions Involving Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ASHLIE MULLER	ASHLIE MULLER IS TH	92,235.	ASHLIE IS E		X
(2) KARLI MCCAULEY	KARLI MCCAULEY IS T	61,639.	KARLI IS EM		X
(3) MARK GRANT	MARK GRANT IS A BOA	82,548.	MARK IS THE		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ASHLIE MULLER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ASHLIE MULLER IS THE DAUGHTER OF THE CEO & PRESIDENT, KATHRYN MCCAULEY.

(D) DESCRIPTION OF TRANSACTION: ASHLIE IS EMPLOYED BY THE ORGANIZATION AS A BUSINESS MANAGER AND HAS BEEN IN THIS ROLE FOR 11 YEARS. THE AMOUNT REPORTED REFLECTS WAGES PAID IN 2025. ULTIMATE OVERSIGHT REGARDING ASHLIE'S EMPLOYMENT IS RETAINED BY THE INDEPENDENT BOARD OF DIRECTORS TO AVOID CONFLICTS OF INTEREST.

(A) NAME OF PERSON: KARLI MCCAULEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KARLI MCCAULEY IS THE DAUGHTER OF THE CEO & PRESIDENT, KATHRYN MCCAULEY.

(D) DESCRIPTION OF TRANSACTION: KARLI IS EMPLOYED BY THE ORGANIZATION IN PROGRAM AND ADMINISTRATIVE SUPPORT AND HAS BEEN IN THIS ROLE FOR 3 YEARS. THE AMOUNT REPORTED REFLECTS WAGES PAID IN 2025. ULTIMATE OVERSIGHT REGARDING KARLI'S EMPLOYMENT IS RETAINED BY THE INDEPENDENT BOARD OF DIRECTORS TO AVOID CONFLICTS OF INTEREST.

(A) NAME OF PERSON: MARK GRANT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MARK GRANT IS A BOARD MEMBER.

(D) DESCRIPTION OF TRANSACTION: MARK IS THE CHIEF GLOBAL MARKET STRATEGIST AT COLLIER'S SECURITIES, LLC. THE AMOUNT REPORTED REPRESENTS COMMISSIONS PAID FOR TRADES MADE ON BEHALF OF THE ORGANIZATION IN 2025.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2025**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

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 WARRIORS FAMILY SUPPORT INC.** Employer identification number **20-1407520**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1,036	159,532.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <u>ADMISSIONS</u> )	X	729	197,445.	COST
26 Other ( <u>UAW TRAINING CL</u> )	X	2	188,000.	COST
27 Other ( <u>LIFE ESTATE</u> )	X	1	28,246.	FAIR MARKET VALUE
28 Other ( <u>SERVICES</u> )	X	1	11,500.	FAIR MARKET VALUE

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 Acknowledgment **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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2025 Created 12/29/25



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

WOUNDED WARRIORS FAMILY SUPPORT INC.

Employer identification number

20-1407520

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
SOLDIERS KILLED IN COMBAT AND PROVIDE FINANCIAL FUNDING TO OTHER  
VETERAN ORGANIZATIONS WITH SIMILAR MISSIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
ASSISTING MILITARY FAMILIES AFFECTED BY THE SACRIFICES MADE DURING  
COMBAT OPERATIONS. OUR ORGANIZATION RECOGNIZES THAT THE FAMILIES OF OUR  
BRAVE SERVICE MEMBERS ARE OFTEN OVERLOOKED WHEN IT COMES TO RECEIVING  
HELP AND SUPPORT.

IN ADDITION TO DIRECTLY AIDING MILITARY FAMILIES, WOUNDED WARRIORS  
FAMILY SUPPORT ALSO PLAYS A CRUCIAL ROLE IN PROVIDING FUNDING TO OTHER  
VETERAN ORGANIZATIONS WITH SIMILAR MISSIONS. WE BELIEVE IN THE POWER OF  
COLLABORATION WITH OTHER REPUTABLE ORGANIZATIONS, UNITING OUR EFFORTS  
TO SERVE BETTER THOSE WHO HAVE SERVED OUR COUNTRY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
VETERANS IN 2025.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
SUPPORT SERVICES AND OTHER RESOURCES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
WOUNDED WARRIORS FAMILY SUPPORT PROVIDES VACATION RETREATS TO WOUNDED  
VETERANS AND THEIR FAMILIES. THE FAMILY RETREATS ALLOW WOUNDED VETERANS  
TO HEAL AND RECONNECT WITH THEIR LOVED ONES IN A PEACEFUL, NON-STRESS  
ENVIRONMENT.

OUR FAMILY RETREATS GIVE WOUNDED VETERANS AND THEIR FAMILIES A BREAK  
FROM THE PRESSURES OF EVERYDAY LIFE TO TAKE TIME TO BECOME STRONGER AS  
INDIVIDUALS AND FAMILIES. WOUNDED VETERANS ARE GIVEN THE OPPORTUNITY TO  
DECOMPRESS AND SHARE IN POSITIVE EXPERIENCES WITH THEIR SPOUSES AND  
CHILDREN, STRENGTHENING THE BONDS OF THEIR FAMILIES AND MAKING LASTING  
MEMORIES. WWFS PROVIDES A TRAVEL GRANT AND A STIPEND FOR LODGING. THE  
RETREATS PROGRAM INCLUDES UNIVERSAL RESORTS ORLANDO & STAYCATIONS.  
EXPENSES \$ 197,445. INCLUDING GRANTS OF \$ 197,445. REVENUE \$ 0.

UNITED AUTOMOBILE WORKERS FORD (UAW-FORD) IS DEDICATED TO SHOWING  
APPRECIATION AND SUPPORT TO OUR COUNTRY'S MILITARY VETERANS AND THEIR  
FAMILIES. OUR NATION'S MILITARY VETERANS HAVE FULFILLED  
GREATCOMMITMENTS IN PROTECTING OUR COUNTRY'S FREEDOM.

UAW-FORD AND WOUNDED WARRIORS FAMILY SUPPORT HAVE PARTNERED TO PROVIDE  
A TRAINING PROGRAM IN WELDING FOR U.S. MILITARY VETERANS. UAW-FORD IS  
OFFERING A SIX-WEEK WELDING TRAINING PROGRAM, WHERE SELECTED VETERANS  
WILL TRAIN AND TEST FOR 6G THROUGH 4F WELDING CERTIFICATION. IN 2025  
WOUNDED WARRIORS FAMILY SUPPORT PROVIDED TWO CLASSES WITH 18 VETERANS  
COMPLETING THE COURSE. WWFS PROVIDES BOOTS, LODGING, TRANSPORTATION,  
AND FOOD STIPENDS.

SOLDIER SUPPORT IS TO PROVIDE VETERANS AND THEIR FAMILIES UNMET NEEDS  
BY DIRECT SUPPORT FOR EMERGENCY FUNDING, TRAVEL GRANTS, BACK TO SCHOOL

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 532211 04-01-25

Name of the organization <b>WOUNDED WARRIORS FAMILY SUPPORT INC.</b>	Employer identification number <b>20-1407520</b>
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**GRANTS, EDUCATIONAL GRANTS, AND NATURAL DISASTER ASSISTANCE. ADDITIONAL SUPPORT WAS PROVIDED IN 2024 TO DUNHAM HOUSE TO PROVIDE HOUSING FOR COMBAT WOUNDED VETERANS.**

**EXPENSES \$ 443,062. INCLUDING GRANTS OF \$ 111,000. REVENUE \$ 0.**

**FORM 990, PART VI, SECTION B, LINE 11B:  
THE FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW AND DISCUSSION PRIOR TO IT BEING FILED WITH THE IRS.**

**FORM 990, PART VI, SECTION B, LINE 12C:  
THE BOARD SIGNS THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ANNUALLY AND REVIEWS IT FOR POTENTIAL CONFLICTS. THE BOARD SIGNS THE ORGANIZATION'S WHISTLE BLOWER POLICY ANNUALLY AND REVIEWS IT.**

**FORM 990, PART VI, SECTION B, LINE 15A:  
AN INDEPENDENT BOARD APPROVES THE PRESIDENT'S COMPENSATION CONSIDERING DUTIES AND RESPONSIBILITIES COMPARATIVE WITH DATA FROM OTHER NON-PROFIT ORGANIZATIONS.**

**FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AK, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI**

**FORM 990, PART VI, SECTION C, LINE 19:  
THE AUDITED FINANCIAL STATEMENTS, FORM 990 AND IRS DETERMINATION LETTER ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.**

**PART XII, LINE 2C EXPLANATION  
THE AUDIT OVERSIGHT COMMITTEE, MADE UP OF 2 BOARD MEMBERS, ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT.**

2025 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o r v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	TRANSPORTATION EQUIPMENT														
105	NEBRASKA TRUCK	01/01/23	SL	5.00		16	55,993.				55,993.	22,398.		11,199.	33,597.
	* 990 PAGE 10 TOTAL														
	TRANSPORTATION EQUIPMENT														
	FURNITURE & FIXTURES														
40	OFFICE EQUIPMENT	10/03/11	SL	5.00		16	905.				905.	905.		0.	905.
48	REFRIGERATOR	08/15/12	SL	5.00		16	424.				424.	424.		0.	424.
77	(D)COMPUTER	07/21/17	200DE	5.00		MC17	965.			483.	482.	482.		0.	482.
78	(D)MAC COMPUTER	12/31/17	200DE	5.00		MC17	2,019.			2,019.				0.	
79	(D)MAC COMPUTER	12/31/17	200DE	5.00		MC17	2,019.			2,019.				0.	
85	(D)MAC COMPUTER - ERIN	03/14/18	200DE	5.00		HY17	2,019.			2,019.				0.	
86	(D)MAC COMPUTER - RON	04/20/18	200DE	5.00		HY17	2,019.			2,019.				0.	
89	(D)LAPTOP - KATE	07/31/19	200DE	5.00		MC17	1,711.				1,711.	1,598.		49.	1,647.
91	(D)IPAD - KATE	10/23/19	200DE	5.00		MC17	587.				587.	543.		19.	562.
94	(D)COMPUTER FOR RESPIRE	09/30/20	200DE	5.00		MC17	1,947.				1,947.	1,707.		105.	1,812.
97	GO PRO	02/19/21	200DE	5.00		HY17	716.				716.	616.		50.	666.
98	LAPTOP - STEVE	02/27/21	200DE	5.00		HY17	1,070.				1,070.	920.		75.	995.
99	LAPTOP - IT	04/01/21	200DE	5.00		HY17	1,016.				1,016.	852.		82.	934.
100	(D)MAC COMPUTER - KATE	02/16/21	200DE	5.00		HY17	669.				669.	553.		51.	604.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2025 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Con y	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
101	COMPUTER - ASHLIE	01/31/22	SL	5.00		16	1,016.				1,016.	592.		203.	795.
102	COMPUTER - JOSH	02/28/22	SL	5.00		16	1,338.				1,338.	758.		267.	1,025.
103	IPAD AIR - COLONEL	03/21/22	SL	5.00		16	674.				674.	371.		135.	506.
106	PAINTING	03/22/23	SL	5.00		16	1,250.				1,250.	458.		250.	708.
107	MAC - DUSTIN	04/14/23	SL	5.00		16	2,139.				2,139.	749.		428.	1,177.
108	ALL MAKES - OFFICE FURNITURE	07/02/24	SL	7.00		16	6,247.				6,247.	446.		892.	1,338.
109	MAC COMPUTER - KATE	07/18/24	SL	5.00		16	1,826.				1,826.	182.		365.	547.
110	OFFICE UPDATES	12/12/24	SL	7.00		16	13,500.				13,500.	161.		1,929.	2,090.
111	OFFICE UPDATES	03/11/25	SL	7.00		16	9,525.				9,525.			1,134.	1,134.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						55,601.			8,559.	47,042.	12,317.		6,034.	18,351.
	* 990 PAGE 10 TOTAL - FURNITURE & FIXTURES						111,594.			8,559.	103,035.	34,715.		17,233.	51,948.
59	FILE CABINET	03/11/13	SL	7.00		16	481.				481.	481.		0.	481.
60	OFFICE MAILING TABLE	10/31/13	SL	7.00		16	492.				492.	492.		0.	492.
69	4 FILING CABINETS	07/24/14	200DB	7.00		HV17	899.			450.	449.	449.		0.	449.
74	DESK	08/31/15	200DB	7.00		HV17	846.				846.	846.		0.	846.
83	OFFICE DESK	06/30/18	200DB	7.00		HV17	663.			663.				0.	0.
84	OFFICE DESK	06/30/18	200DB	7.00		HV17	662.			662.				0.	0.

528111 04-01-25

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2025 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
95	TABLE	02/01/21	200DB	5.00		17	609.				609.	523.		43.	566.
96	CONFERENCE TABLE	02/19/21	200DB	5.00		17	964.				964.	828.		68.	896.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						5,616.			1,775.	3,841.	3,619.		111.	3,730.
	* 990 PAGE 10 TOTAL - OTHER						5,616.			1,775.	3,841.	3,619.		111.	3,730.
93	(D) KINDFUL SOFTWARE - FUNDRAISING EVENTS	10/31/19	200DB	3.00		17	4,800.				4,800.	4,800.		0.	4,800.
104	WEBSITE DESIGN	08/31/22	SL	3.00		16	27,055.				27,055.	21,042.		6,013.	27,055.
	* 990 PAGE 10 TOTAL OTHER						31,855.				31,855.	25,842.		6,013.	31,855.
	* 990 PAGE 10 TOTAL - GRAND TOTAL 990 PAGE 10 DEPR						149,065.			10,334.	138,731.	64,176.		23,357.	87,533.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						139,540.			10,334.	129,206.	64,176.			86,399.
	ACQUISITIONS						9,525.			0.	9,525.	0.			1,134.
	DISPOSITIONS/RETIRED						18,755.			8,559.	10,196.	9,683.			9,907.
	ENDING BALANCE						130,310.			1,775.	128,535.	54,493.			77,636.
	ENDING ACCUM DEPR LESS DISPOSITIONS														
	ENDING BOOK VALUE														50,909.

528111 04-01-25

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

**Depreciation and Amortization**  
(Including Information on Listed Property)

990

**2025**

Attachment  
Sequence No. 179

Attach to your tax return.  
Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>WOUNDED WARRIORS FAMILY SUPPORT INC.</b>	Business or activity to which this form relates <b>FORM 990 PAGE 10</b>	Identifying number <b>20-1407520</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	1	2,500,000.
2 Total cost of section 179 property placed in service (see instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation .....	3	4,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from line 13 of your 2024 Form 4562 .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12 .....	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation** (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	14	
15 Property subject to section 168(f)(1) election .....	15	
16 Other depreciation (including ACRS) .....	16	22,815.

**Part III MACRS Depreciation** (Don't include listed property. See instructions.)

<b>Section A</b>		
17 MACRS deductions for assets placed in service in tax years beginning before 2025 .....	17	542.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2025 Tax Year Using the General Depreciation System**

(a) Classification of property (see instructions)	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h 50-year property	/		50 yrs.	MM	S/L	
i Residential rental property	/		27.5 yrs.	MM	S/L	
j Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	
e 50-year	/		50 yrs.	MM	S/L	

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Summary (See instructions.)

Table with 2 columns: Description and Amount. Row 21: Listed property. Row 22: Total. Row 23a: For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f). Row 23b: For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f).

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 24c Do you own, lease, or charter an aircraft? Check all that apply. See instructions.

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use.

27 Property used 50% or less in a qualified business use. 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21. 29 Add amounts in column (i), line 26. Enter here and on line 7.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36: 30 Total business/investment miles driven during the year. 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven. 33 Total miles driven during the year. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) (continued)

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
39 Do you treat all use of vehicles by employees as personal use? .....		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
41 Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2025 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2025 tax year .....				43	
44 <b>Total.</b> Add amounts in column (f). See the instructions for where to report .....				44	