_	AUb 1	
	Batching Ogden	
ייייייייייייייייייייייייייייייייייייייי	Batchin	

29393235001050 Exempt Organization Business Income Tax Return (1909) AMENDED RETURN -SECTION 512(A)(7) REPEAL Form 990-T (and proxy tax under section 6033(e)) 2018 For calendar year 2018 or other tax year beginning  $\frac{10/01}{}$  , 2018, and ending  $\frac{09/30}{}$ .2019 ► Go to www.irs.gov/Form990T for instructions and the latest information. Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification number Check box if (Employees' trust, see instructions.) address changed B Exempt under section WOUNDED WARRIOR PROJECT, INC. Print X 501(C)(3) Number, street, and room or suite no. If a P O. box, see instructions 20-2370934 or E Unrelated business activity code 408(e) 220(e) Type 300 4899 BELFORT ROAD 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) JACKSONVILLE, FL 32256 C Book value of all assets at end of year Group exemption number (See instructions ) Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Describe the only (or first) unrelated H Enter the number of the organization's unrelated trades or businesses. If only one, complete Parts I-V If more than one, describe the trade or business here first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . . If "Yes," enter the name and identifying number of the parent corporation Telephone number ▶ 904-296-7350 The books are in care of ▶ERIC MILLER (B) Expenses (C) Net Part I Unrelated Trade or Business Income (A) Income Gross receipts or sales Less returns and allowances 10 Cost of goods sold (Schedule A, line 7) . . . . 2 Gross profit. Subtract line 2 from line 1c . . . . 3 Capital gain net income (attach Schedule D) . . . . 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797), Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) . . . . . . . . . . . . 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) Other income (See instructions, attach schedule) . . . . . . 12 12 RECEIVED Total. Combine lines 3 through 12..... 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K). 14 15 16 16 17 17 18 Interest (attach schedule) (see instructions). . . . 18 19 19 Charitable contributions (See instructions for limitation rules) . . 20 20 Depreciation (attach Form 4562)......... 21 22 Less depreciation claimed on Schedule A and elsewhere on return . . . . . 22b 23 23 24 Contributions to deferred compensation plans . . . . . 24 25 25 26 26 27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 28. . . . . . . . 29 29 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30

Unrelated business taxable income. Subtract line 31 from line 30 For Paperwork Reduction Act Notice, see instructions. 8X2740 100046PQ 500M 4/6/2020 9:52:32 AM

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . .

Form 990-T (2018) PAGE 1

31

Forth	990-T (2				Page 2
Pa	rt III	Total Unrelated Business Taxable Income	<del></del>		
33		of unrelated business taxable income computed from all unrelated trades or businesses (see	1 1		
		ions),			
34		ts paid for disallowed fringes			
35		on for net operating loss arising in tax years beginning before January 1, 2018 (see	. ,		
		lions),	35		
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
	of lines	33 and 34	36		1,000.
37	Specifi	c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	<del></del>	1,000.
38	Unrela	led business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	111		0.
		ne smaller of zero or line 36	38		
		Tax Computation	39		
39 40	Organi	zations Taxable as Corporations. Multiply line 38 by 21% (0 21)	<del></del>		<del></del>
40		bunt on line 38 from: Tax rate schedule or Schedule D (Form 1041)			
			1		<del></del>
41	Proxy 1	ax. See instructions	<del></del>		
42 43	Tayon	Noncompliant Facility Income. See Instructions	43		
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies			
_		Tax and Payments	1 7		
		tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			
		redits (see instructions)	7		
		I business credit. Attach Form 3800 (see instructions)	7		
d	Credit 1	or prior year minimum tax (attach Form 8801 or 8827)	]		
e	Total c	redits. Add lines 45a through 45d	45e		
46	Subtrac	t line 45e from line 44	46		
47	Other ta	xes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47		
48		x. Add lines 46 and 47 (see instructions)	48		0.
49	2018 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		
50 a	Payme	nts A 2017 overpayment credited to 2018	4		
b		stimated tax payments · · · · · · · · · · · · · · · · · · ·	4		
С		osited with Form 8868- · · · · · · · · · · · · · · · · · · ·	-		
đ	Foreign	organizations Tax paid or withheld at source (see instructions)	4		
е	Backup	withholding (see instructions)	-		
f		or small employer health insurance premiums (attach Form 8941)	-		
g		collo, adjustmento, and paymento			
F4			31	3	8,800.
51 52	•	ayments. Add lines 50a through 50g	52		-,
52 53		h. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54		yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	3	8,800.
55		e amount of line 54 you want. Credited to 2019 estimated tax	55		8,800.
Par		Statements Regarding Certain Activities and Other Information (see instruction	<del></del>		
56		time during the 2018 calendar year, did the organization have an interest in or a signature of		uthority Y	es No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization in			
		Form 114, Report of Foreign Bank and Financial Accounts if "Yes," enter the name of the			
	here 🕨				
57	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trust?.	· · · · [_	
	If "Yes,"	see instructions for other forms the organization may have to file			
58	Enter th	e amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	U	nder penalties of perjury, I decide that been examined this return, including accompanying schedules and statements, and to the le, correct and complete. Decignation of pressure (other than taxpayer) is based on all information of which preparer has any knowledge.	best of my k	unowledge and	behef, it is
Sigi	า  ⊾"			discuss th	
Her				eparer show	
	S		ee Instructions	)? X Yes	No
Paid	1	Print/Type preparer's name Preparer's signature Date  SCOTT THOMPSETT Some Preparer's signature O4/17/2020 self.		PTIN	400
_	arer	, , , , , , , , , , , , , , , , , , , ,	employed	P00741	
	Only	Firm's name GRANT THORNTON LLP	s EIN D	6-60555	758
		Firm's address ► 445 BROADHOLLOW ROAD, MELVILLE, NY 11747 Pho	te no. 031	-577-18	
				Form 990	ı <b>-ı</b> (2018)

Form 990-T (2018)	_						Page		
Schedule A - Cost of G	oods Sold. E	nter metho	d of inventory valuation	<u> </u>					
1 Inventory at beginning of					ar	6			
2 Purchases	2		7 Cost of	goods so	old. Subtract line				
3 Cost of labor	3		6 from	line 5 Er					
4a Additional section 263A	osts		Part I, line	2		7			
(attach schedule)	4a				section 263A (v		Yes No		
b Other costs (attach sched			property	produced	or acquired for	resale) apply	$\Gamma$		
5 Total. Add lines 1 through	14b . 5	<del></del>	to the org	anization?			x		
Schedule C - Rent Incom	e (From Real I	Property a	nd Personal Property	Leased V	Nith Real Prope	rty)			
(see instructions)		, ,							
1. Description of property									
(1)									
(2)			<del>_</del>						
(3)									
(4)									
	2. Rent rece	ived or accru	ed						
(a) From personal property (if the for personal property is more t more than 50%	han 10% but not	percent	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)									
(2)									
(3)	1 77 2								
(4),		†	···-						
Total	· *********	Total							
(c) Total income. Add totals of concrete and on page 1, Part I, line (concrete and on page 1).	6, column (A)	<u>.</u> , ▶			(b) Total deduction Enter here and on Part I, line 6, colur	page 1,			
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instructions)						
1. Description of de	bt-financed property		2. Gross income from or allocable to debt-financed			connected with or allocable to inced property  (b) Other deductions			
			property		ich schedule)	(attach schedule)			
(1)						<u> </u>			
2)									
3)									
4).						<del></del>			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	sted basis ble to property edule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8. Allocable dec (column 6 x total of 3(a) and 3(	of columns			
1).			%						
2)			%						
3)			%						
4)			%						
otals					e and on page 1, te 7, column (A)	Enter here and o Part I, line 7, col			
Total dividends-received deduct	ions included in c	olumn 8			▶				

Form 990-T (2018)

Page 4

Schedule F-Interest, Ann	uities, Royaities			ontrolled Or			ations (s	ee instructi	uris)	<del> </del>
Name of controlled organization	2. Employer identification numb	Jei i		ated income instructions)		ital of specified included		of column 4 t ed in the contr ation's gross in	rolling	6 Deductions directly connected with income in column 5
(1)					<u> </u>					
(2)										<u> </u>
(3)					ļ					
(4)					L					
Nonexempt Controlled Organi	zations	<del></del>				40	Dark of police	0 that :-		1. Dadustinas dimetlu
7 Taxable Income	8. Net unrelated ii (loss) (see instruc	i i		Total of specifications and comments made		inc	Part of colur luded in the anization's gr	controlling		Deductions directly nected with income in column 10
(1)									ļ	
(2)	<del></del>								Ļ	<del></del>
(3)		_							<u> </u>	
(4)							dd columns :		<u> </u>	dd columns 6 and 11
Totals	come of a Sec		 (c)(7),			Pá	ter here and out I, line 8, co	ilumn (A)		ter here and on page 1, nt I, line 8, column (B).
1. Description of income	2. Amount of	fıncome		3. Deduction directly contact (attach sci	nnected			Set-asides ch schedule)		Total deductions     and set-asides (col. 3     plus col. 4)
(1)	1					]			$\longrightarrow$	
(2)			$\perp$		<del></del>					
(3)										
(4)	Enter here and				_					Enter here and on page 1
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, c		her Th	an Advert	ising Ir	come	e (see inst	ructions)		Part I, line 9, column (B)
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Experdured connecte producti unrelatibusiness i	dy dwith on of ted	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7  5. Gross income from activity that is not unrelated business income  6. Expense attributable column 5		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
(1)										
(2)										
(3)				i						
(4)										
Tatala	Enter here and on page 1, Part I, line 10, coi (A)	Enter here page 1, F line 10, co	Part I,							Enter here and on page 1, Part II, line 26
Totels	Come (see instri	uctions\		I						-,
			onsol	idated Rac	eie .					
Part I Income From Per	2. Gross	ed on a C	<u>,onsoi</u>	4. Adver	tising			T		7. Excess readership costs (column 6
1. Name of penodical	advertising income	3 Dire advertising		gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		6. Readership costs		minus column 5, but not more than column 4).		
(1)				_						_
(2)		···		1						_
(3)				1						4
(4)								<b>_</b>		
Totals (carry to Part II, line (5))										
										Form 990-T (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)					<u> </u>	<u> </u>
(3)						
(4)						<u> </u>
Totals from Part I	,				1	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)			ľ	<u></u>		

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
4)		%	
otal. Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

20-	-2370934
ATTACHMENT	1

## FORM 990T - LINE 50G - OTHER CREDITS AND PAYMENTS

MADE	PRIOR	TO	SECTION	512 ( <i>F</i>	A) (7) R	EPEAL		38,80	0.
								 	_
	TOTAL	LINE	E 50G -	OTHER	CREDIT	S AND	PAYMENTS	 38,80	0.

## FEDERAL FOOTNOTES

PART V - LINE 50G - OTHER CREDITS AND PAYMENTS

WITH THE PASSAGE OF THE TAX CUTS AND JOBS ACT OF 2017, CONGRESS IMPLEMENTED SECTION 512(A)(7) OF THE INTERNAL REVENUE CODE WHICH SUBJECTS CERTAIN EMPLOYER PROVIDED TRANSPORTATION BENEFITS TO UNRELATED BUSINESS INCOME TAX. FOR THE YEAR ENDING SEPTEMBER 30, 2019, WOUNDED WARRIOR PROJECT, INC. INCLUDED TRANSPORTATION BENEFITS ON THEIR FORM 990-T TO BE COMPLIANT WITH THE NEWLY IMPLEMENTED SECTION 512(A)(7). ON DECEMBER 20TH, 2019, THE PRESIDENT SIGNED A GOVERNMENT FUNDING BILL THAT REPEALS SECTION 512(A)(7). THE ORGANIZATION IS AMENDING ITS FORM 990-T FOR THE YEAR ENDING SEPTEMBER 30, 2019 TO RECOVER UNRELATED BUSINESS INCOME TAX PAID ON TRANSPORTATION FRINGE BENEFITS.