

Unified Registration Statement (URS) for Charitable Organizations© (v. 4.02)

Initial registration **Renewal/Update**

This URS covers the reporting year which ended (day/month/year) _____

Filer EIN _____

State _____

State ID _____

1. Organization’s legal name _____

If changed since prior filings, previous name used _____

All other name(s) used _____

2.(A) Street address _____

City _____

County _____

State _____

Zip Code _____

(B) Mailing address (if different) _____

City _____

County _____

State _____

Zip Code _____

3. Telephone number(s) _____ Fax number(s) _____

E-mail _____

Web site _____

4. Names, addresses (street & P.O.), telephone numbers of other offices/chapters/branches/affiliates (*attach list*).

5. Date incorporated _____ State of incorporation _____

Fiscal year end: day/month _____

6. If not incorporated, type of organization, state, and date established _____

7. Has organization or any of its officers, directors, employees or fund raisers:

A. Been enjoined or otherwise prohibited by a government agency/court from soliciting? Yes No

B. Had its registration denied or revoked? Yes No

C. Been the subject of a proceeding regarding any solicitation or registration? Yes No

D. Entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency? Yes No

E. Applied for registration or exemption from registration (but not yet completed or obtained)? Yes No

F. Registered with or obtained exemption from any state or agency? Yes No

G. Solicited funds in any state? Yes No

If “yes” to 7A, B, C, D, E, *attach explanation*.

If “yes” to 7F & G, *attach list* of states where registered, exempted, or where it solicited, including registering agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

8. Has the organization applied for or been granted IRS tax exempt status? Yes No

If yes, date of application _____ OR date of determination letter _____.

If granted, exempt under 501(c) _____. Are contributions to the organization tax deductible? Yes No

9. Has tax exempt status ever been denied, revoked, or modified? Yes No

10. Indicate all methods of solicitations:

Mail Telephone Personal Contact Radio/TV Appeals
Special Events Newspaper/Magazine Ads Other(s) (specify) _____

11. List the NTEE code(s) that best describes your organization _____, _____, _____

12. Describe the purposes and programs of the organization and those for which funds are solicited (*attach separate sheet if necessary*).

13. List the names, titles, addresses, (street & P.O.), and telephone numbers of officers, directors, trustees, and the principal salaried executives of organization (*attach separate sheet*). See Attachment #13

14.(A) (1) Are any of the organization’s officers, directors, trustees or employees related by blood, marriage, or adoption to:
(i) any other officer, director, trustee or employee OR (ii) any officer, agent, or employee of any fundraising professional firm under contract to the organization OR (iii) any officer, agent, or employee of a supplier or vendor firm providing goods or services to the organization? Yes No

(2) Does the organization or any of its officers, directors, employees, or anyone holding a financial interest in the organization have a financial interest in a business described in (ii) or (iii) above OR serve as an officer, director, partner or employee of a business described in (ii) or (iii) above? Yes No
(If yes to any part of 14A, *attach sheet* which specifies the relationship and provides the names, businesses, and addresses of the related parties).

(B) Have any of the organization’s officers, directors, or principal executives been convicted of a misdemeanor or felony? (*If yes, attach a complete explanation.*) Yes No

15. *Attach separate sheet listing names and addresses (street & P.O.) for all below:* See Attachment # 15

Individual(s) responsible for custody of funds.	Individual(s) responsible for distribution of funds.
Individual(s) responsible for fund raising.	Individual(s) responsible for custody of financial records.
Individual(s) authorized to sign checks.	Bank(s) in which registrant’s funds are deposited (<i>include account number and bank phone number</i>).

16. Name, address (street & P.O.), and telephone number of accountant/auditor.

Name _____
Address _____
City _____ State _____ Zip Code _____ Telephone _____
Method of accounting _____

17. Name, address (street & P.O.), and telephone number of person authorized to receive service of process. *This is a state-specific item. See instructions.*

Name _____
Address _____
City _____ State _____ Zip Code _____ Telephone _____

- 18.(A) Does the organization receive financial support from other nonprofit organizations (foundations, public charities, combined campaigns, etc.)? Yes No
- (B) Does the organization share revenue or governance with any other non-profit organization? Yes No
- (C) Does any other person or organization own a 10% or greater interest in your organization OR does your organization own a 10% or greater interest in any other organization? Yes No

(If "yes" to A, B or C, *attach an explanation* including name of person or organization, address, relationship to your organization, and type of organization.) See Attachment # 18

- 19. Does the organization use volunteers to solicit directly? Yes No
- Does the organization use professionals to solicit directly? Yes No

20. If your organization contracts with or otherwise engages the services of any outside fundraising professional (such as a "professional fundraiser," "paid solicitor," "fund raising counsel," or "commercial co-venturer"), *attach list* including their names, addresses (street & P.O.), telephone numbers, and location of offices used by them to perform work on behalf of your organization. Each entry *must include* a simple statement of services provided, description of compensation arrangement, dates of contract, date of campaign/event, whether the professional solicits on your behalf, and whether the professional at any time has custody or control of donations. Not applicable

21. Amount paid to PFR/PS/FRC during previous year: \$ _____

22.(A) Total contributions: \$ _____

(B) Program service expenses: \$ _____

(C) Management & general expenses: \$ _____

(D) Fundraising expenses: \$ _____

(E) Total expenses: \$ _____

(F) Fundraising expenses as a percentage of funds raised: _____%

(G) Fundraising expenses plus management and general expenses as a percentage of funds raised: _____%

(H) Program services as a percentage of total expenses: _____%

Under penalty of perjury, we certify that the above information and the information contained in any attachments or supplement is true, correct, and complete.

Sworn to before me on (or signed on) _____, 20 ____

Notary public (if required)

Name (printed)

Name (printed)

Name (signature)

Name (signature)

Title (printed)

Title (printed)

Consult the state-by-state appendix to the URS to determine whether supporting documents, supplementary state forms or fees must accompany this form. Before submitting your registration, *make sure you have attached or included everything required by each state to the respective copy of the URS.*

Attachments may be prepared as one continuous document or as separate pages for each item requiring elaboration. In either case, please number the response to correspond with the URS item number.

Combat Wounded Veteran Challenge, Inc.
47-2040547

ATTACHMENT # 7

Response to Questions 7F & G:

List of States where Registered:	FLORIDA
List of States where Solicited:	FLORIDA
Registering Agency:	Florida Dept. of Agriculture & Consumer Affairs
Date of Registration:	June 26, 2015
Registration No.:	CH44629
Date Began Public Solicitation:	July 1, 2015
Type(s) of Solicitation to date:	Personal, Website and Special Event

Combat Wounded Veteran Challenge, Inc.
47-2040547

ATTACHMENT # 12

Purpose of Organization. Combat Wounded Veteran Challenge, Inc. (“CWVC”) challenges wounded and injured veterans to overcome their limitations by engaging them in extreme activities; conducts research and case studies that focus on improving the treatment and rehabilitation for those who have suffered amputation, traumatic brain injuries and post-traumatic stress; and inspires others who are similarly situated to embrace life and overcome adversity.

Programs of Organization. CWVC has conducted SCUBA, mountain/glacier climbing, white water rafting, and sailing challenge expeditions, during which wounded and injured veterans volunteer to allow the collection of medical information and data by scientists and physicians to monitor their health, mental awareness, and use of prosthetics and orthotics. Participating veterans are encouraged and supported by CWVC to visit VA hospitals and rehabilitative centers in their respective home areas, as well as Walter Reed National Military Medical Center in Virginia, to share their personal successes and accomplishments during the challenges.

Use of Contributions: Contributions will be used to conduct the challenge expeditions, the participation of wounded and injured veterans in the challenge expeditions, and the conduct of case studies and scientific/medical research during the challenge expeditions to improve the treatment of traumatic brain injuries and post-traumatic stress, and the development of prosthetic and orthotic devices. Contributions are also used to support visits by the participating veterans to VA hospitals and rehabilitative centers.

Combat Wounded Veteran Challenge, Inc.
47-2040547

ATTACHMENT # 13

BOARD OF DIRECTORS:

Chair	Ambassador Jay K. Katzen	Addresses Redacted
		Phone Numbers Redacted
Vice Chair	Ben J. Hayes, J.D.	
	CAPT David R. Olson, USN (ret.)	
	CAPT Dominick Gorie, USN (ret.)	
	LCDR Gerard Coleman, P.E., USN (ret.)	

CORPORATE OFFICERS:

President	Ben J. Hayes, J.D.
VP & Secretary	LCDR Neal Harper, USN
Treasurer	Shaine Mobley, C.P.A.

SALARIED EXECUTIVES:

LCDR Neal Harper, USN

Combat Wounded Veteran Challenge, Inc.
47-2040547

ATTACHMENT # 15

Individual(s) responsible for custody of funds:

Ben J. Hayes, J.D.	President
LCDR Neal Harper, USN	Vice President & Secretary
Shaine Mobley, C.P.A.	Treasurer & CFO
Laurie K. Hayes	Bookkeeper

Individual(s) responsible for fund raising:

Ben J. Hayes, J.D.	President
LCDR Neal Harper, USN	Vice President & Secretary

Individual(s) authorized to sign checks:

Ben J. Hayes, J.D.	President
LCDR Neal Harper, USN	Vice President & Secretary
Shaine Mobley, C.P.A.	Treasurer & CFO

Individual(s) responsible for distribution of funds:

Ben J. Hayes, J.D.	President
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Individual(s) responsible for custody of financial records:

Shaine Mobley, C.P.A.	Treasurer & CFO
Laurie K. Hayes	Bookkeeper

Bank(s) in which CWVC's funds are deposited:

SUNTRUST BANK, N.A. (800) 752-2515	Account No. REDACTED
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Combat Wounded Veteran Challenge, Inc.
47-2040547

ATTACHMENT # 18

Does CWVC receive financial support from other nonprofit organizations (foundations, public charities, combined campaigns, etc.)?

Yes, for 2014 tax year.

The Combat Wounded Veteran Challenge (“CWVC”) program originated under a 501(c)(3) Group Exempt charitably-supported Florida Not-For-Profit corporation then known as CWVC – SCUBAnauts Foundation, Inc., which is currently known as SCUBAnauts International, Inc. (hereinafter, “SNI”).

After approximately 3.5 years of operations, the CWVC program had grown to a point where it was decided by the SNI Board of Directors to separate the CWVC program from SNI. On September 30, 2014, Combat Wounded Veteran Challenge, Inc. was incorporated as a Florida Not-For-Profit corporation and the assets of the CWVC program were transferred on October 1, 2014 from SNI to Combat Wounded Veteran Challenge, Inc.

The transferred assets consisted of \$75,385 in cash and \$59,850 in noncash property.

Name:	SCUBAnauts International, Inc.	Federal EIN:	01-0843142
Address:	36181 East Lake Road #400 Palm Harbor, FL 34685	Group Exempt No.:	5705 Florida Not-For-Profit corporation

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **APR 27 2015**

COMBAT WOUNDED VETERAN CHALLENGE
INC
C/O BEN J HAYES
204 37TH AVE N STE 366
ST PETERSBURG, FL 33704

Employer Identification Number:
47-2040547
DLN:
17053089311005
Contact Person:
JENNIFER NICOLIN ID# 95152
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
September 30, 2014
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

COMBAT WOUNDED VETERAN CHALLENGE

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in black ink that reads "Tamera Ripperda". The signature is written in a cursive style with a large, prominent initial 'T'.

Director, Exempt Organizations