Click on the question-mark icons to display help windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

Form **990-EZ** 

## Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	or the	2020 calend	l ar year, or tax year beginning , 2020	), and ending			, 20		
B Check if applicable:			C Name of organization	, <u>g</u>	D Empl	over id	entification number		
Address change			WARFIGHTER SCUBA			815098164			
Name change			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telep	umber			
Initial return			11096 N SCALLI WAY			2-399-7143			
Final return/terminated			City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption				
=	Amended Application	return on pending	PRESCOTT VALLEY, AZ 86315			nber 🕨	· <u> </u>		
		ting Method:	✓ Cash Accrual Other (specify) ►	н		neck ► ☐ if the organization i			
	Vebsite	· ·	FIGHTERSCUBA.ORG	'''			ach Schedule B		
			eck only one) —   501(c)(3)   501(c) ( )   (insert no.)   4947(a)(1)	or527	•		D-EZ, or 990-PF).		
		organization		<u></u>	•		· · · · · · · · · · · · · · · · · · ·		
		U	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if tota	assets				
						<b>▶</b> \$	28,906		
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balan		instruc	ctions	for Part I) 🔞		
			the organization used Schedule O to respond to any question						
?	1		ons, gifts, grants, and similar amounts received			1	28,906		
?	2		ervice revenue including government fees and contracts			2			
?	3	_	ip dues and assessments			3			
?	4	Investmen				4			
	5a	Gross amo	ount from sale of assets other than inventory 5a	1					
	b		or other basis and sales expenses	,					
	С	Gain or (lo	ss) from sale of assets other than inventory (subtract line 5b from	line 5a)		5c			
	6		d fundraising events:	•					
	а	Gross inc	ome from gaming (attach Schedule G if greater than						
ne		\$15,000)		ı					
Revenue	b	Gross inco	me from fundraising events (not including \$	of contribution	ns				
Re e		from fundr	aising events reported on line 1) (attach Schedule G if the						
_		sum of suc	ch gross income and contributions exceeds \$15,000)   6b	)					
	С	Less: direc	et expenses from gaming and fundraising events 6c	;					
	d	Net incom	e or (loss) from gaming and fundraising events (add lines $6\overline{a}$ a	nd 6b and su	otract				
		line 6c)				6d			
	7a	Gross sale	s of inventory, less returns and allowances	1					
	b	Less: cost	of goods sold	)					
	С	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a)			7c			
	8	Other reve	nue (describe in Schedule O)			8			
	9	Total reve	<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	28,906		
Expenses	10	Grants and	I similar amounts paid (list in Schedule O)			10			
	11		aid to or for members			11	18,068		
	12		ther compensation, and employee benefits 🔞			12			
	13	Profession	al fees and other payments to independent contractors 🔞			13	3,796		
	14	Occupanc	y, rent, utilities, and maintenance			14			
	15		ublications, postage, and shipping			15	7,198		
	16		enses (describe in Schedule O) 🔞			16			
	17	Total expe	enses. Add lines 10 through 16	<u> </u>	. ▶	17	29,062		
Net Assets	18	Excess or	(deficit) for the year (subtract line 17 from line 9)			18	(156)		
	19		or fund balances at beginning of year (from line 27, column (A						
As			r figure reported on prior year's return)			19	(10,055)		
<u>e</u>	20	Other char	nges in net assets or fund balances (explain in Schedule O)			20			
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		. ▶	21	(10,211)		

Form 990-EZ (2020) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II . . . . (A) Beginning of year (B) End of year 22 Cash, savings, and investments (167) 22 (1,030)23 23 Land and buildings . . . . . . . 24 Other assets (describe in Schedule O) 24 (167) 25 25 Total assets . . . . . . . . (1,030)26 Total liabilities (describe in Schedule O) 9.888 26 9,181 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) (10,055) 27 (10,211)Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? TEACH SCUBA TO DISABLED VETERANS 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. THE ORGANIZATION WAS ABLE TO TEACH OVER 20 DISABLED VETERANS A NEW SKILL THAT WAS NOT INHIBITED BY THEIR WARTIME DISABILITY TO PROMOTE PHYSICAL AND MENTAL HEALTH ? 28a 29,062 (Grants \$ ) If this amount includes foreign grants, check here 29a ) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O) ) If this amount includes foreign grants, check here 31a 29,062 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV . . . . (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation NICHOLAS POWERS, PRESIDENT AND DIRECTOR 40 0 0 0 SHAWN MACK, DIRECTOR 2 0 0 0 JEFF BRYSON, DIRECTOR 2 O 0 0 CONNIE JOHNSON, DIRECTOR 2 0 0 0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
	mondono for fact v., official interregalization does conform to the populate any question in the	J i dit	Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	NO V	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34			?
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		·	
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		·	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/	?
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ ☐ 37a ☐ Did the organization file Form 1120-POL for this year?	37b 38a		ν ν	?
39 a	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-			
b 40a	Gross receipts, included on line 9, for public use of club facilities	-			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		v	?
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
e	40c reimbursed by the organization				
	transaction? If "Yes," complete Form 8886-T	40e		~	
41	List the states with which a copy of this return is filed ► SOUTH CAROLINA				
42a	The organization's books are in care of ▶ NICHOLAS POWERS Telephone no. ▶	62-399			
_	Located at ► 11096 N SCALLI WAY, PRESCOTT VALLEY, AZ ZIP + 4 ►	863			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country •	42b	Yes	No ✓	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		<b>/</b>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	Yes	► □	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	res	No 🗸	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a			
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		<b>V</b>	

-orm 99	U-EZ (20	J2U)								Pa	age 🖣		
										Yes	No		
46		ne organization engage, directly or in ndidates for public office? If "Yes," c							46		~		
Part \	VI	Section 501(c)(3) Organizations	Only							1			
		All section 501(c)(3) organizations		stions 47–49b ar	nd 52, ar	nd con	nplete th	e tab	les fo	or line	es		
		50 and 51.	•										
		Check if the organization used Sch	nedule O to respond	to any question i	n this Pa	rt VI							
			•	· ·						Yes	No		
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec			uring the	tax	47		~		
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	i)? If "Yes." comple	te Sched	ule E		.	48		·		
49a		ne organization make any transfers to						. 1	49a		~		
b		s," was the related organization a se		_				.	49b				
50		plete this table for the organization's			other than	n office	rs, directo	ors, tr		es, and	d key		
		oyees) who each received more than											
			(I-) A	(a) Dan artable	(d)	Health b	enefits,						
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation			ons to employee ins, and deferred			d amou			
			devoted to position	(Forms W-2/1099-MIS		pians, ai compens		d other co		pensati	on		
NONE						<u> </u>							
f 51	Comp	number of other employees paid over olete this table for the organization' 000 of compensation from the organ	s five highest compe	ensated independe	ONE ent contra	actors	who each	rece	eived	more	than		
	(a)	Name and business address of each independ	(b) Type of service			(c) Compensation							
NONE													
						+							
						$\dashv$							
d	Total	number of other independent contra	ctors each receiving	over \$100.000	. ▶		NC	ONE					
52	Did t	he organization complete Schedu	=		rganizatio	ns mu							
								<b>V</b>			lo		
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than						nowled	ge and	belief, i	t is		
Sign Here	?	Signature of officer  NICHOLAS POWERS, PRESIDENT  Date											
		Type or print name and title											
Paid		Print/Type preparer's name Preparer's signature Date					Check	if F	PTIN				
Prepa	arer	RF BOESIGER					self-employed						
Use (							Firm's EIN ▶ 471935349						
		Firm's address ▶ 187 S OLD WOODWA				Phone	e no.	313	8-673-				
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions				▶ □	Yes		lo		