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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning**, 2009, and ending****, 20****B Check if applicable**

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C Name of organization**

WOMEN DIVERS HALL OF FAME INC

Number and street (or P O box, if mail is not delivered to street address)

CARE OF S WAHRMANN 43 MACKEY AVE

City or town, state or county, and ZIP + 4

PORT WASHINGTON, NY 11050-3628

D Employer identification number

22-3807606

E Telephone number

516-883-3755

F Group Exemption

Number . . ▶

G Accounting method ☒ Cash ☐ Accrual

Other (specify) ▶

H Check ☒ if the organization is not
required to attach Schedule B (Form 990,
990-EZ, or 990-PF)**I Website:** ▶ WWW.WDHOF.ORG**J Tax-exempt status** (check only one)- ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **28085****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	8165
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	6530
	4	Investment income	4	799
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	12591
	6b	Less direct expenses other than fundraising expenses	6b	2718
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	9873	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	25367	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	11700
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1355
	16	Other expenses (describe ▶ SEE ATTACHED)	16	3855
	17	Total expenses. Add lines 10 through 16	17	16910
Net Assets	18	Excess or deficit for the year (Subtract line 17 from line 9)	18	8457
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	16325
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	24782

Part II Balance Sheets If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End year
22 Cash, savings, and investments	16325	25382
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	16325	25382
26 Total liabilities (describe ▶ SEE ATTACHED)	0	600
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16325	24782

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)What is the organization's primary exempt purpose? **SEE STATEMENT FOR PROGRAM SERVICES**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947 (a)(1) trusts, optional for others)

28	OUR ORGANIZATION WAS ABLE TO PROVIDE, SCHOLARSHIPS AND GRANTS TO DESERVING APPLICANTS SEE DETAIL FOR PART I (Grants \$ 11700) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	13190
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses. (add lines 28a through 31a)	32	13190

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated (See the instructions for Part IV))

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BONNIE TOTH 503 VIA FLORIDA SAN CLEMENTE, CA 92672	CHAIR BOARD OF TRUSTEES 15	0		
BARBARA SCHOLLEY 43 MCPHERSON ROAD ANNAPOLIS, MD 21401	PRESIDENT 15	0		
SHIRLEY POMPONI 5600 US 1 NORTH FORT PIERCE, FL 34946	VICE PRESIDENT 10	0		
SHERRY REED 701 SEAWAY DR FORT PIERCE, FL 34949	SECRETARY 5	0		
SALLY WAHRMANN 43 MACKEY AVE PORT WASHINGTON, NY 11050	TREASURER 15	0		
MARY CONNELLY 30 HICKORY LANE WINDHAM, NH 03087	TRUSTEE 5	0		
DEB GREENHALGH PO BOX 5034 NEWPORT, RI 02841	TRUSTEE 1	0		
JENNIFER KING 6966 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169	TRUSTEE 1	0		
DIANN KARIN LYNN 1763A S HAYES ST ARLINGTON, VA 22202	TRUSTEE 5	0		
JANICE RABER 56 N HOWELL POINT RD BELLPORT, NY 11713	TRUSTEE 5	0		
CAROL ROSE 53 C APPIAN WAY SOUTH SAN FRANCISCO, CA 94080	TRUSTEE 1	0		
MAIDA TAYLOR 785 FOERSTER ST SAN FRANCISCO, CA 94127	TRUSTEE 1	0		

Form 990-EZ (2009)

Page **3****Part V Other Information** (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b	If "Yes" complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41	List the states with which a copy of this return is filed ▶ NY		
42a	The organization's books are in care of ▶ SALLY WAHRMANN Telephone no ▶ (516) 883-3755 Located at ▶ 43 MACKEY AVE ZIP + 4 ▶ 11050		
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)? 42b	Yes	No
	If "Yes," enter the name of the foreign country ▶		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? 42c		X
	If "Yes," enter the name of the foreign country ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

Form 990-EZ (2009)

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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

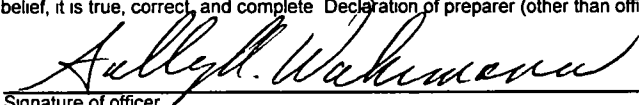
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

Sign Here	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.	
	 Signature of officer	5/6/10 Date
	SALLY A WAHRMANN - TREASURER Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date 05/06/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) - -
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no () -

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Employer Identification number

WOMEN DIVERS HALL OF FAME INC

22-3807606

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First Five Years: If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2009 (line 6 column (f) divided by line 11 column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. 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 type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check the 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 - 2009. 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 IV 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 - 2008. 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 IV 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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9703	7243	4585	13696	13195	48422
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	22118	15437	1590	2321	9873	51339
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	31821	22680	6175	16017	23068	99761
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						
8 Public Support (Subtract line 7c from line 6)						99761

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	31821	22680	6175	16017	23068	99761
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					809	809
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					809	809
11 Net income from unrelated business activities not included in 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 IV)						
13 Total support. (Add lines 9, 10c, 11 and 12)						100570

14 First five 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 2009 (line 8 column (f) divided by line 13 column (f))	15	99.196	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	100.000	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13, column (f))	17	0.804	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 ☐

Schedule A (Form 990 or 990-EZ) 2009

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Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10,
Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions.

Area for supplemental information with horizontal dashed lines.

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

WOMEN DIVERS HALL OF FAME INC

22-3807606

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a** ☒ Mail solicitations
b ☒ Internet and email solicitations
c ☐ Phone solicitations
d ☒ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing
NJ, NY

Schedule G (Form 990 or 990-EZ) 2009

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 SILENT AUCTION (event type)	(b) Event #2 AUCTIONS (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
	Revenue			
1 Gross receipts	6171	6420		12591
2 Less Charitable contributions				
3 Gross revenue (line 1 minus line 2)	6171	6420		12591
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	2718			2718
10 Direct expense summary Add lines 4 through 9 in column (d)				2718
11 Net income summary Combine lines 3 and 10 in column (d)				9873

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				()
8 Net gaming income summary Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities:		
a Is the organization licensed to operate gaming activities in each of these states?	9a	X
b If "No," Explain		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," Explain		
11 Does the organization operate gaming activities with nonmembers?	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	X

Schedule G (Form 990 or 990-EZ) 2009

Page **3****13** Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes	No
	X

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$**c** If "Yes," enter name and address:

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

 ☐ Employee

 ☐ Independent contractor
17 Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

SUPPORTING STATEMENTS FOR ORGANIZATION
WOMEN DIVERS HALL OF FAME INC
22-3807606
CARE OF S WAHRMANN 43 MACKEY AVE
PORT WASHINGTON, NY 11050-3628

**** SCHEDULE of Part I - Grants and Similiar Amounts Paid

<u>Activity</u>	<u>Grantee Name/ Relationship</u>	<u>Grantee Address</u>	<u>Amount</u>
EDUCATION	CARRIE ATKINS	PO BOX 104 FREEVILLE NY	2500
	SCHOLARSHIP AWARDEE	FREEVILLE, NY 13068	
EDUCTAION	KRISTIE CARTER	3836 SW BOULDER DRIVE	2500
	SCHOLARSHIP AWARDEE	LEES SUMMIT, MO 64082	
EDUCATION	NIVEEN S ISMAIL	65 GLEN DRIVE	2500
	SCHOLARSHIP AWARDEE	YARDLEY, PA 19067	
TRAINING	CHRIS EISENBERG	CME DAN 6 WEST COLONY PLACE	600
	GRANT AWARDEE	DURHAM, NC 27705	
TRAINING	MEGAN SAUNDERS	UTILIA DIVE CENTER	750
	GRANT AWARDEE	UTILIA,	
TRAING	DANIELLE CALINI	PO BOX 245	500
	GRANT AWARDEE	KEY LARGO, FL 33037	
TRAINIG	TARPOON LAGOON INC	300 ALTON ROAD	1500
	GRANTS AWARDEES	MIAMI BEACH, FL 33139	
TRAINING	PALMENTTO HEALTH	5 RICHLAND PARK	850
	GRANT AWARDEE	COLUMBIA, SC 29203	

**** SCHEDULE of Part I - Other Expenses

<u>Description</u>	<u>Amount</u>
WEBSITE COSTS	482
MERCHANTS FEES	818
BANK SERVICE CHARGE	8
NEW INDUCTEES PINS AND GIFTS	957
MEETING COSTS	408
INSURANCE BOD	768
MEMBERSHIP DUES	185
ADVERTISING	125
TELEPHONE COSTS	29
STATE FILING FEES	75
<u>Total Part I - Other Expenses:</u>	<u>3,855</u>

**** SCHEDULE of Part II - Other Liabilities

<u>Description</u>	<u>Beginning</u>	<u>Ending</u>
DEPOSITS ON FUTURE EVENTS		600
<u>Total Part I - Other Liabilities:</u>		<u>600</u>

PROGRAM SERVICES

PRIMARY EXEMPT PURPOSE

The Women Divers Hall of Fame, Inc. (WDHOF) organization is dedicated to honoring and raising awareness of the contributions of outstanding women divers. WDHOF provides educational, mentorship, financial, and career opportunities to the diving community throughout the world. Each year, WDHOF awards scholarships and training grants that provide financial and educational support to individuals of all ages, particularly those who are preparing for professional careers that involve scuba diving.

ACHIEVEMENTS:

The awardees are listed in the **Schedule of Part I - Grants and Similar Amounts Paid**

The following three scholarships were awarded in 2009.

- The Women Divers Hall of Fame/Cecelia Connelly Memorial Scholarship in Underwater Archaeology (\$2,500)
- The Women Divers Hall of Fame/Elizabeth Greenhalgh Memorial Scholarship in Journalism, Graphic Arts, or Photography (\$2,500)
- The Women Divers Hall of Fame Scholarship in Marine Conservation (\$2,500)

The following seven training grants were awarded in 2009. The grant is presented in the form of a certificate, to be redeemed at the time the recipient enrolls in an approved diving course/program or purchases equipment, at which time the funds are submitted directly to the training facility or supplier of the equipment

- WDHOF Reimers Systems, Inc Ted Hoggard Memorial Training Grant (\$600)
- The Women Divers Hall of Fame Scholarship-A scholarship awarded to a deserving woman diver of any age and background who wishes to begin or further her dive education (\$750)
- The Women Divers Hall of Fame/Scuba Made Easy Training Grant in Marine Science, Oceanography, or Ocean Engineering (\$500)
- The Women Divers Hall of Fame/ Women's Scuba Association Dive Training Grant (3 grants of \$500 total =\$1,500)
- The Women Divers Hall of Fame/Reimers Systems, Inc Certified Hyperbaric Technician Training Grant (\$850)