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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2009 calendar year, or tax year beginning and ending Please Check if applicable C Name of organization United States Diving Foundation, Inc. D Employer identification number use IRS Address change Doing Business As 31-1153995 label or print or Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite type. Initial return See (317) 201-7824 Specific Terminated City or town, state or country, and ZIP + 4 instruc-46082-4352 G Gross receipts \$ Amended return Carmel IN 219,101 tions Application pending Name and address of principal officer Yes X H(a) Is this a group return for affiliates? Todd Smith, President PO Box 4352, Carmel, IN 46082-4352 H(b) Are all affiliates included? Tax-exempt status | X | 501(c) (If "No," attach a list (see instructions) 3) **◄** (insert no) 4947(a)(1) or 527 J Website: ▶ www.usdivingfoundation org H(c) Group exemption number ▶ X Corporation K Form of organization Trust Association Other > L Year of formation M State of legal domicile 1985 IN Part I Summary Briefly describe the organization's mission or most significant activities: To carry out the educational functions of the foundation's single member, USA Diving, Inc Activities & Governance Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). Number of independent voting members of the governing body (Part VI, line 1b) 9 4 Total number of employees (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary). 6 Total gross unrelated business revenue from Part VIII, column (C), line 12. 7a 7a 0 Net unrelated business taxable income from Form 990-T, line 34. **Current Year** Contributions and grants (Part VIII, line 1h) 369,139 247,101 9 Program service revenue (Part VIII, line 2g) SCANNED AUG 3 0 2010 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 114,778 -28,000 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 0 483.917 219,101 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 543,001 409,217 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9,000 9,000 16a Professional fundraising fees (Part IX, column (A), line 11e). 0 Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-52,853 60,082 8 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 604,854 478,299 19 Revenue less expenses. Subtract line 18 from line 12 -120,937 -259,198 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 3,526,023 4,092,953 21 Total liabilities (Part X, line 26) 146,157 61.410 4,031,543 22 Net assets or fund balances Subtract line 21 from line 20 3,379,866 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 Signature of officer Here Todd B. Smith President Type or print name and title Michael D Whittock CPA Michael Whitlock, CPA Check if Preparer's identifying number Preparer's selfsignature Paid ▶ X 8/2/2010 employed P00534602 Preparer's Firm's name (or yours **METASOLUTIONS** ▶ 27-1424355 EIN **Use Only** if self-employed) 2650 Sutherland Avenue, Indianapolis, IN 46205-4271 ▶ (317) 926-5711 address, and ZIP + 4

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

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes Form 990 (2009)

Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission
	United States Diving Foundation, Inc. (USDF) was formed to benefit and perform the function of and carry out the educational
	ALICA Di des les Abende es all'ODE
	Dutable annual attenual and attenual and attenual annual and attenual and attenual attenual attenual and attenual attenual and attenual
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
	allocations to others, the total expenses, and revenue, if any, for each program service reported
- -	
4a	(Code:) (Expenses \$ 108,623 including grants of \$ 100,000) (Revenue \$ 0)
	BLOCK GRANT TO USA DIVING, INC:
	The block grant requires no reporting and is granted solely on the need to supplement the anticipated 2009 budget
	deficit of USA Diving, Inc.
	•••••••••••••••••••••••••••••••••••••••
4b	(Code:) (Expenses \$ 70,000 including grants of \$ 50,000) (Revenue \$ 0)
	FINA WORLD CHAMPIONSHIPS
	The FINA World Championships took place from July 18 - 25 in Rome, Italy The USA Team consisted of 13 athletes and
	10 support staff. The team traveled to the event on July 13 and returned home on July 27. There were many outstanding
	newformances by the divers and the team was favorables module
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••
	,
4c	(Code:) (Expenses \$ 30,000 including grants of \$ 30,000) (Revenue \$ 0)
	SPONSORSHIP DEVELOPMENT:
	USA Diving worked with local advertising/creative agency MediaSauce to develop several tools for soliciting and securing
	corporate sponsorship. The deliverables included a branded folder, sponsorship sales brochure, PowerPoint presentation for
	designing proposals, and a micro website to refer potential sponsors to so they could learn more about USA Diving
	All sponsorship development deliverables were completed in 2009 as planned
4d	Other program services. (Describe in Schedule O)
	(Expenses \$ 229,217 including grants of \$ 229,217) (Revenue \$ 0)
40	Total program service expenses ► 437,840

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II .	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part		├─	 ^ -
3	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9	<u> </u>	<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			١
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.		ļ	
•	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? If "Yes," complete Schedule D, Part VII.			
•	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? If "Yes," complete Schedule D, Part VIII.			
•	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? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			
4.0	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	40		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	├-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 -	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	ļ	l	1
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	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? If "Yes," complete Schedule G, Part I.	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
•	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009) United States Diving Foundation, Inc Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X_	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		_ <u>X</u> _
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	ĺ		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			١.,
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	.		
_	to defease any tax-exempt bonds?	24c		├
		24d		 -
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25-		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		<u>X</u>
U	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	25b		"
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	250		<u>X</u>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		 ^
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		3.1	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	-		
	Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			ļ
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			,,
	If "Yes," complete Schedule N, Part II	32	<u> </u>	<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	24	V	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34	Х	├
JJ	Schedule R, Part V, line 2	35	1	x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35	-	├^-
. .	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	136		┼^
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	-		
	VI	37	l	×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	\ <u> </u>		 ^`
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
	10. Heter in Control and requires to complete defined of		_	(2009)

Form 9	90 (2009) United States Diving Foundation, Inc.	_		31-11	53995	Р	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance						
			ı	г		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
	U.S. Information Returns Enter -0- if not applicable	<u>1a</u>		50,046			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>1b</u>	<u> </u>	<u> </u>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors a	ına re	ропавіє	•	4-		
0-	gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	٠	<i>.</i>	ŀ	1c	Х	
2a	Statements, filed for the calendar year ending with or within the year covered by this return	2a		0			
h	If at least one is reported on line 2a, did the organization file all required federal employment ta		nc2		2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return			• }			
	instructions)	. (366	•	Ī			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year of	overe	d by	ŀ			
Vu	this return?				3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or	other	authorit	v İ			
	over, a financial account in a foreign country (such as a bank account, securities account, or other			´			
	account)?				<u>4</u> a		X
b	If "Yes," enter the name of the foreign country: ▶						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fo	reign	Bank				
	and Financial Accounts.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye				_5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter to				5b		_X_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Rega	arding)	
_	Prohibited Tax Shelter Transaction?	•	•		_ <u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	did ti	ne				
	organization solicit any contributions that were not tax deductible?		• •	•	<u>6a</u>	 - -	X
b	If "Yes," did the organization include with every solicitation an express statement that such confusion and the did distributed.	ributi	ons or		CL		}
7	gifts were not tax deductible?. Organizations that may receive deductible contributions under section 170(c).	•	• •		6b	-	-
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and part	ly for	aoode				
а	and services provided to the payor?	ıy ıoı	goods		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			•	7b	<u> </u>	 ^
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which					t	
•	required to file Form 8282?				7c	l	[
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums	on a p	ersona	ı			
	benefit contract?				7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	conti	ract?.		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as req				7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form	1098-	C as				1
	required?			•	<u>7h</u>	ļ	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) suppo	_					
	organizations. Did the supporting organization, or a donor advised fund maintained by a spon	soring	Į		 -		
_	organization, have excess business holdings at any time during the year?	•		•	8	├	X
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?				9a	┼	X
. b	Did the digamentation make a contraction to a contraction of the contraction personnel				_9b	┼	+^
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	1				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10a	_	_	1	1	
ם 11	Section 501(c)(12) organizations. Enter:	100	<u>ı </u>		1	1	1
а	Gross income from members or shareholders	11a	1				
a b	Gross income from other sources (Do not net amounts due or paid to other sources	-:- <u>a</u>	†		1		1
	against amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of			?	12a	1	
	If "Yes " enter the amount of tax-exempt interest received or accrued during the year	12b		-		1	1

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 in Schedule O See instructions.

Sect	ion A. Governing Body and Management	·		<u> </u>					
	1		Yes	No					
1a	Enter the number of voting members of the governing body			}					
ь	Enter the number of voting members that are independent			. 1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
2	any other officer, director, trustee, or key employee?	2		<u> </u>					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	3		X					
5	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>^</u>					
6	Does the organization have members or stockholders?	6	Х	^					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	<u> </u>							
	of the governing body?	7a	х						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		-						
	the year by the following.	<u> </u>							
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached								
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u>9a</u>	X	L					
	ion B. Policies (This Section B requests information about policies not required by the Internal								
Reve	enue Code.)		· · ·						
40-	Does the examination have local charters because as affiliate 2	40-	Yes	No					
	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b							
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			_					
	form?	11	X	<u> </u>					
11A		<u> </u>	ļ	ـــا					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	 	X					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		[
	rise to conflicts?	12b	<u> </u>	 					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	 						
42	describe in Schedule O how this is done	12c	├─	X					
13 14	Does the organization have a written whistleblower policy?	13	X	 ^-					
14	Did the process for determining compensation of the following persons include a review and approval by	14	 ^	 					
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?]						
а	The organization's CEO, Executive Director, or top management official.	15a		X					
b	Other officers or key employees of the organization	15b	 	x					
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1							
	with a taxable entity during the year?	16a		X					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate								
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	L	L	L					
	the organization's exempt status with respect to such arrangements?	16b							
Sect	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► IN								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the control of the contro	only)							
	available for public inspection. Indicate how you make these available. Check all that apply								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est							
	policy, and financial statements available to the public.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the								
	organization: ► Irene Johnston, assistant treasurer (925) 300-3	802							
	1232 Leisure Lane #6, Walnut Creek, CA 94595								

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee. (A) (D) (E) (F) Position (check all that apply) Name and Title Average Reportable Reportable Estimated hours per compensation compensation amount of Officer Highest compensated employee Individual Institutional trustee Key employee Forme from from related other organizations (W-2/1099-MISC) compensation from the organization (W-2/1099-MISC) organization trustee and related organizations Tom Gompf Vice Chair 2 X 0 0 Jared Book Х X Chairman 3 0 0 Mıcki Kıng Х Treasurer 3 X 0 Cynthia Potter 3 Х Secretary n Steve McFarland Trustee 3 Х 0 0 Camila McLean Trustee Χ 0 0 Steve Voellemcke Trustee 1 Х 0 0 0 Ed Richmond 1 Χ Trustee 0 0 0 Dave Parrington Χ 1 Trustee 0 0 Todd B Smith President 5 9.000

. I a	Section A. Officers, Directors, Tru (A)	(B)	Dicy	ees,) ()	JIIES		(D)	(E)	(F)
	Name and title	Average	Po	sition	(checl	k all ti	hat ap	ply)	Reportable	Reportable	Estimated
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	other compensation
		-									
1b	Total							. ▶	9,000		0 (
2	Total number of individuals (including but ne reportable compensation from the organization from the organization)		se lis	ted a	above 0	e) w	ho re	ceiv	ed more than \$1	00,000 in	
3	Did the organization list any former officer,	director or trust				yee	, or h	ighe	st compensated	<u>-</u>	Yes No
	employee on line 1a? If "Yes," complete Sc					•	•				3 X
4	For any individual listed on line 1a, is the su the organization and related organizations of	greater than \$15									
5	Individual	accrue compens								,	4 X
	services rendered to the organization? If "Y	es," complete S	Sched	lule .	J for	suci	h per	son	<u> </u>		5 X
_ <u>Sec</u>	ction B. Independent Contractors Complete this table for your five highest con	mnensated inde	nend	lent i	contr	racto	ore th	at re	ceived more tha	n \$100,000 c	of
_	compensation from the organization.			ient i) S (I)	1 -		——————————————————————————————————————	<u> </u>
	(A) Name and business a	address							(B) Description of ser	vices	(C) Compensation
								╄			
								+	·····		
								+			
								1			
2	Total number of independent contractors (in more than \$100,000 in compensation from			ed to	tho	se li	sted 0		e) who received	i ,	in its interest in the second

Part	VIII	Statement of Revenue	_				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaigns	0				, , , , , , , , , , , , , , , , , , , ,
an an	b	Membership dues	0				
שַׁ פַּ		Fundraising events					
Ta E				Ì)	
ig			- 0				
Sir	e						
uti e	T	All other contributions, gifts, grants, and	0.47.404				
흔히		similar amounts not included above 1f	247,101				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f: \$					
<u>0 6</u>	<u>h</u>	Total. Add lines 1a–1f	. •	247,101			
9	_		Business Code			ļ	
Ver	2a			0		ļ	
ă,	þ		L <u>-</u>	0		l ————	<u> </u>
, vic	С			0			
Ser	d			0		<u> </u>	L
E	е			0		L	
Program Service Revenue	f	All other program service revenue		0			
4	g	Total. Add lines 2a–2f	<u>.</u> ▶	0			
	3	Investment income (including dividends, interest, an	d				
		other similar amounts)		71,475			
	4	Income from investment of tax-exempt bond proceed		0			
	5	Royalties	,	0			
		(i) Real	(II) Personal				
	6a	Gross Rents					
	b	Less. rental expenses					
	c	Rental income or (loss) 0	0				
	d	Net rental income or (loss)		0			
		Gross amount from sales of (i) Securities	(II) Other				ļ ————————————————————————————————————
	/a			'			
		assets other than inventory	0				
	D	Less: cost or other basis				1	i
		and sales expenses 0					
	C	Gain or (loss)				ļ_ 	
	d	Net gain or (loss)	<u> </u>	-99,475			ļ
Ф	8a	Gross income from fundraising				1	
ū		events (not including \$0					
Š		of contributions reported on line 1c).					į
ř	1	See Part IV, line 18	0	1			1
Other Revenue		Less: direct expenses b	0				
ŏ	l	3	<u> </u>	0		ļ	
	9a	Gross income from gaming activities					
	l	See Part IV, line 19	0				ļ
	ľ	Less: direct expenses b	0				
	c	Net income or (loss) from gaming activities	▶	0		ļ	
	10a	Gross sales of inventory, less					
		returns and allowances a	0				
	b	Less: cost of goods sold b	0				
	c	Net income or (loss) from sales of inventory .	. •	0	L		
		Miscellaneous Revenue	Business Code				
	11a			0		ļ <u> </u>	
	b			0			
	c			0			
	d	All other revenue		0			
	е	Total. Add lines 11a–11d		0			
	12	Total revenue. See instructions.	•	219.101			i

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501(c)(All other organizations must complete column				nd (D).
	not include amounts reported on lines 6b, 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 governments and				
	organizations in the U.S. See Part IV, line 21	409,217	409,217		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	1			
	U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	9,000	0	9,000	0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees)				
a	Management	14,400	0	14,400	0
b	Legal	0	0	0	0
C	Accounting	7,062	2,224	4,838	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
t	Investment management fees	0	0	0	0
g	Other	20,000	20,000	0	0
12	Advertising and promotion	600	0	600	0
13	Office expenses	5,043	4,724	319	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy		0	0 000	0
17	Travel	8,764	675		0
18	Payments of travel or entertainment expenses				•
40	for any federal, state, or local public officials	0 236	0	236	<u>_</u>
19	Conferences, conventions, and meetings	230	0		<u>-</u>
20	Interest	0	0	0	0
21	·	0		0	
22 23	Depreciation, depletion, and amortization	2,269	0	2,269	<u>0</u>
23 24	Insurance	2,209		2,209	
24	covered above. (Expenses grouped together			•	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
_	Dank food	150	0	150	
a h	Dues & subscriptions	229	0	229	0
C	- I	229	0	229	0
d	Postage Miscellaneous	1,100	1,000	100	
u e	Misconaliguus	1,100	1,000	0	
f	All other expenses	0		0	0
25	Total functional expenses. Add lines 1 through 24f	478,299	437,840	40,459	0
		710,233	737,040		<u> </u>
26	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising				
		ļ			
	solicitation				

P	art X	Balance Sheet		-	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	311,488	2	97,103
İ	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
Ste	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
Assets	_	Schedule L	0	5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L .	0	6	
र्दे	7	Notes and loans receivable, net	0	_	0
SSe	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	1,690	9	1,690
	10a	Land, buildings, and equipment: cost or 10a 0	, ,,,,,,,		
		other basis. Complete Part VI of Schedule D		-]
	ь	Less: accumulated depreciation 10b	0	10c	0
	11	Investments—publicly traded securities	3,212,845		3,994,160
	12	Investments—other securities. See Part IV, line 11	0		0,00.,1.00
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0	_	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,526,023		4,092,953
	17	Accounts payable and accrued expenses		17	1,002,000
	18	Grants payable	146,157		61,410
	19	Deferred revenue		19	01,710
	20	Tax-exempt bond liabilities			
တ္တ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			** **
ğ		employees, highest compensated employees, and disqualified			· ·
Ë		persons Complete Part II of Schedule L	0	22	
	23	Secured mortgages and notes payable to unrelated third parties	0	İ	0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities. Complete Part X of Schedule D	0		0
	26	Total liabilities. Add lines 17 through 25	146,157		61,410
		Organizations that follow SFAS 117, check here ▶ X and	£	" " - ,	3,,,,,
JC.		complete lines 27 through 29, and lines 33 and 34.			
<u>=</u>	27	Unrestricted net assets	-630,199		162,211
ď	28	Temporarily restricted net assets	1,187,480		1,351,747
힡	29	Permanently restricted net assets	2,822,585	29	2,517,585
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ťΑ	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Se	33	Total net assets or fund balances	3,379,866		4,031,543
	34	Total liabilities and net assets/fund balances	3,526,023		4,092,953
		. The manufact direct decements building of the manufacture of the man	5,520,025	J-7	4,092,900

Form **990** (2009)

31-1153995

Par	XI Financial Statements and Reporting			_
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			**
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			· .
	Schedule O	<u> </u>	<u></u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Χ	
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	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?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in	1	 	
	Schedule O.	1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X Separate basis		•	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	,		ļ
	the Single Audit Act and OMB Circular A-133?	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

USA Diving, Inc.

Total

(HTA)

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Employer identification number Name of the organization United States Diving Foundation, Inc. 31-1153995 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.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross 9 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. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 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. b Type II c Type III-Functionally integrated e X 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of organization (iv) Is the organization (vii) Amount of (v) Did you notify (vi) is the (ii) EIN (I) Name of supported (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the (see Instructions)) support? 1152 Yes Yes Yes No No No

31-0986868

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409,217

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409.217

Part	Support Schedule for Organiz (Complete only if you checked t				1)(A)(iv) and	170(b)(1)(A)	(vi)
Saati	on A. Public Support	HE DOX OIL HITE	3, 7, 01 0 01	Tarti.j	 -		
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	• •	(4) 2000	(B) 2000	10) 2001	(4) 2000	(0) 2000	(.) . o.a.
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ا				1	0
_	include any "unusual grants.")	0	0				0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						0
_	its behalf	<u> </u>	0				0
3	The value of services or facilities						
	furnished by a governmental unit to the						•
	organization without charge	0	0				0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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.						
	ion B. Total Support		·				
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0	0	1	0		0
8	Gross income from interest, dividends,			~			-
•	payments received on securities loans,						
	rents, royalties and income from similar					'	
	sources	l ol	0				0
9	Net income from unrelated business						
	activities, whether or not the business is			ł i			
	regularly carried on						0
10	Other income. Do not include gain or]		Ì		}	
	loss from the sale of capital assets		•			1	
	(Explain in Part IV.)	0	0	 			0
11	Total support. Add lines 7 through 10.			L		12	<u> </u>
12	Gross receipts from related activities, etc (s		•				-)/0)
13	First five years. If the Form 990 is for the o						c)(3) _ [
	organization, check this box and stop here			· · · · ·	· · · · ·		· · · · · · · · ·
	ion C. Computation of Public Suppor					1 44 1	0.000/
14	Public support percentage for 2009 (line 6,		-			15	0.00%
15	Public support percentage from 2008 Sched						
16a	33 1/3% support test-2009. If the organization qualifies a						
ь	33 1/3% support test-2008. If the organiza						e. check this
_	box and stop here. The organization qualifi						
17a	10%-facts-and-circumstances test-2009.						
	or more, and if the organization meets the "						
	the organization meets the "facts-and-circuit						
b	10%-facts-and-circumstances test-2008.						
	or more, and if the organization meets the "						
	the organization meets the "facts-and-circus						
18	Private foundation. If the organization did not cl		•	-			
10	i iivata lounuation. Il the organization did not ch						· • • • • • • • • • • • • • • • • • • •

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Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants"). . . . 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. 0 Gross receipts from activities that are not an unrelated trade or business under section 513 0 0 0 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf O 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5. . 0 0 0 0 0 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . 0 0 0 0 0 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 0 Add lines 7a and 7b 0 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 0 **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 0 0 0 0 0 c Add lines 10a and 10b 0 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 0 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0 0 Total support. (Add lines 9, 10c, 11, and 12). 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 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). 0.00% 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 0.00% 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . 17 0 00% 17 Investment income percentage from 2008 Schedule A, Part III, line 17. 18 0 00% . . . 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

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	United States	Diving Founda	ation, Inc			31-1153995	Page 4
Part IV	Supplemental	Information.	Complete this	part to provid	e the explanati	ons required	by Part II, line 1	10,
	Part II, line 17a							
	· · · · · · · · · · · · · · · · · · ·							
								-
								•••••
								•••••
				• • • • • • • • • • • • • • • • • • • •				
				· · · · · · · · · · · · · · · · · · ·				
				• • • • • • • • • • • • • • • • • • • •			·	
							·	

SCHEDULEI (Form 990) Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

Open to Public OMB No 1545-0047

X Yes Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization answered "Yes" to 31-1153995 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. Part IV and Schedule I-1 (Form 990) if additional space is needed. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance United States Diving Foundation, Inc. Internal Revenue Service Name of the organization Part I

å

1 (a) Name and address of organization or government	(p) 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
USA Diving, Inc. 132 E Washington Street, Suite 84	31-0986868	501(c)	100,000	0			Operationing asst
USA Diving, Inc. 132 E Washington Street, Suite 8	31-0986868	501(c)	20,000	0			Competition asst.
USA Diving, Inc. 132 E Washington Street, Suite 8	31-0986868	501(c)	000'08	0			Sponsorship dev.
USA Diving, Inc 132 E Washington Street, Suite 8	31-0986868	501(c)	69,275	0			Membership dev
USA Diving, Inc. 132 E Washington Street, Suite 8:	31-0986868	501(c)	23,020	0			Athlete & Coach dev.
USA Diving, Inc. 132 E Washington Street, Suite 8:	31-0986868	501(c)	62,500	0			Host Competition
USA Diving, Inc. 132 E Washington Street, Suite 8:	31-0986868	501(c)	12,872	0			Competition asst.
USA Diving, Inc 132 E Washington Street, Suite 8	31-0986868	501(c)	24,000	0			NTC Operating asst.
USA Diving, Inc. 132 E Washington Street, Suite 8:	31-0986868	501(c)	19,800	0			Jr Mentor Clinic
USA Diving, Inc. 132 E Washington Street, Surte 8	31-0986868	501(c)	5,000	0			NTC Outreach Clinic
USA Diving, Inc. 132 E Washington Street, Suite 8:	31-0986868	501(c)	2,750	0			Equipment purchase
USA Diving, Inc. 132 E Washington Street, Suite 8f 31-0986868	31-0986868	501(c)	10,000	0			Equipment purchase
2 Enter total number of section 501(c)(3) and government organizations	n 501(c)(3) and	government organ					-

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations

Schedule I (Form 990) 2009

Page 2

United States Diving Foundation, Inc.

Schedule I (Form 990) 2009

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) 0 ┙ Part I Line 2 Assistant secretary reviews completed grant progress reports and final reports prepared for each grant (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant 0 (b) Number of recipients (a) Type of grant or assistance Part III

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

United States Diving Foundation, Inc

Form 990, Part III, Line 4d: Program Service Expenses: 69,275, Grants and allocations: 69,275,
Revenue: 0 MEMBERSHIP / CLUB DEVELOPMENT USA Diving developed the following club development
materials that member clubs could utilize to promote themselves and recruit new members: Including,
Postcards, Banners, Stickers and Brochures. These materials were provided to all USA Diving clubs in
2009. USA Diving had 218 member clubs at the end of 2009.
Form 990, Part III, Line 4d: Program Service Expenses 23,020, Grants and allocations 23,020,
Revenue: 0 HIGH PREFORMANCE RETREAT A High Performance Retreat was held in Colorado Springs in the
summer of 2009. Approximately 16 elite-level coaches participated in the retreat. The retreat was
valuable in that it allowed the coaches to voice their opinions and concerns. Once these were
addressed and discussed, the group focused on developing solutions on how to make USA Diving better
in the future from a high performance perspective. Many coaches had positive comments about the
retreat and wanted USA Diving to do more in the future.
Form 990, Part III, Line 4d: Program Service Expenses: 62,500, Grants and allocations: 62,500,
Revenue: 0_FINA AT&T USA GRAND PRIX The event took place in Fort Lauderdale from May 7-9 The U.S.
team consisted of 21 divers and 6 staff. Team members traveled to the event on May 4-5 and returned
home on May 10. Nineteen countries participated in the event. The team earned four gold medals, two
silver medals and a bronze medal at the event
Form 990, Part III, Line 4d: Program Service Expenses: 12,872, Grants and allocations: 12,872,
Revenue: 0 FINA WORLD SERIES - MEXICO: The World Series in Mexico took place in Mexico City from
April 21-23. The U.S. Team consisted of 4 staff and 7 divers (two U.S. athletes - Haley Ishimatsu .
and Mary Beth Dunnichay - had to pull out of the event at the last minute). The team departed for
Mexico on April 20 and returned on April 26. The team earned one silver and two bronze medals at
this event.
Form 990, Part III, Line 4d: Program Service Expenses: 24,000, Grants and allocations: 24,000,
Revenue: 0 NATIONAL TRAINING CENTER: In 2009, the National Training Center had 12 resident athletes

and the Chairman of the Board for approval. After revisions, if any, the President is mailed a hard

copy to distribute to the Board of Trustees. The Trustees have 14 days to review the 990 and submit

chedule O (Form 990) 2009	Page 2
Jnited States Diving Foundation, Inc.	Employer identification number 31-1153995
uestion and or comments. All questions are addressed before filing.	
Form 990 Part Part VI Section B Line 12a Currently USDF does not have a written conflict of in	iterest
policy, however, the preparer of the 990 has included in a memo to the President USDF adpot	
policy and disclose any conflicts annually.	
	•••••••••••••••••••••••••••••••••••••••
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SCHEDULE R (Form 990) Department of the Treasury

Name of the organization

United States Diving Foundation, Inc.

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ► Attach to Form 990.

Open to Public Inspection Employer identification number

31-1153995

OMB No 1545-0047

(f)
Direct controlling
entity (f) Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it Y/N (e)
Public chanty status
(if section 501(c)(3)) (e) End-of-year assets Type 1 2 (d) Exempt Code section Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33) (d) Total income 501(c)(3) (c)
Legal domicile (state or foreign country) Legal domicile (state or foreign country) ОН Primary activity Primary activity NGB for diving had one or more related tax-exempt organizations during the tax year) 132 E Washington Street, Suite 850, Indianapolis, IN 46204 (a)
Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity USA Diving, Inc. 31-0986868 Part Part II

Schedule R (Form 990) 2009

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

(HTA)

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31-1153995

United States Diving Foundation, Inc.

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Schedule R (Form 990) 2009

શ્ર % % % 》 % % ž Percentage General or managing ownership partner? Yes Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part (i)
Code V—UBI
amount in box 20 of 0 end-of-year assets Schedule K-1 (Form 1065) (g) Share of (h)
Disproportionate
allocations? 0 ō ž (f) Share of total income Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (g) Share of end-of-year assets (e)
Type of entity
(C corp. S corp,
or trust) because it had one or more related organizations treated as a partnership during the tax year. (f) Share of total income (d) Direct controlling entity (c) Legal domicile foreign country) (state or Predominant income (related, unrelated, excluded from sections 512-514) tax under (b) Pnmary activity (d)
(Direct controlling) entity (c) Legal domicile (state or foreign country) Name, address, and EIN of related organization (b) Primary activity Name, address, and EIN of related organization <u>e</u> Part IV

Schedule R (Form 990) 2009

United States Diving Foundation, Inc.

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Page 3

Note	Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.		Yes	8
_	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	1 P	是一個 图 图 图	一 一
Ø	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1 a	a	×
q	Gift, grant, or capital contribution to other organization(s)	-	1b	×
ပ	Gift, grant, or capital contribution from other organization(s)		1c	×
В	Loans or loan guarantees to or for other organization(s)	10	d	×
Φ	Loans or loan guarantees by other organization(s)		1e	×
		尹	14.15	777 37 1 1 3 to 2 1 to 1
-	Sale of assets to other organization(s)	-	1f	×
b	Purchase of assets from other organization(s)	19	g	×
ح	Exchange of assets	1h	h	×
· -	Lease of facilities, equipment, or other assets to other organization(s)	; =		×
		_ كـ		
-	Lease of facilities, equipment, or other assets from other organization(s)	=		×
¥	Performance of services or membership or fundraising solicitations for other organization(s)	녹	٧.	×
_	Performance of services or membership or fundraising solicitations by other organization(s)	11	_	×
Ε	Sharing of facilities, equipment, mailing lists, or other assets	1	E	×
_	Sharing of paid employees	1n	u l	×
		·		
0	Reimbursement paid to other organization for expenses	9	0	×
Q	Reimbursement paid by other organization for expenses	1p	0	×
		Post		
ס	Other transfer of cash or property to other organization(s).	1		×
-	Other transfer of cash or property from other organization(s)	11	_	×
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	transaction	thresho	gp
	(a) (b)		(0)	
ļ	Name of other organization Transaction type (a-r)	Απ	Amount involved	,eq
(1)				0
6				
1		+		
(3)		-		0
4				0
(2)				0
(9)				0

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name address and EIN of entity	(b) Primary activity	(c)	(d)	artners	(d) (e) (e) (e) (e) (figure of	(f) Disproport	Tionate	(g)	(h)	(1)
		(state or foreign country)	section 501(c)(3) organizations?	on (3) (s)	end-of-year assets	allocations?	ons	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	iging her?
			Yes	No		Yes	N _o		Yes	N
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Schedule R (Form 990) 2009