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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

Open-to-Public Inspection

A	01 111	e 2009 calendar year, or tax year beginning and e	nung		
В	Check if	Please C Name of organization		D Employer identific	ation number
_	Addre	use IRS			
H	]chang ]Name	print or DIVERS ALERT NETWORK, INC.	-	56_1	596689
	ichang lnitial	Bolling Business As	Room/suite	E Telephone number	
F	return Termii	Specific C WE'CE COLONY DIACE	100m/Suite		584-2948
-	ated  Amen	de d	_	G Gross receipts \$	10,203,882.
	return	City or town, state or country, and ZiF + 4			
	tion pendr	DURHAM, NC 27703		H(a) is this a group re for affiliates?	Yes X No
		F Name and address of principal officer DANIEL L. ORR		H(b) Are all affiliates incl	
_		SAME AS C ABOVE   empt status   X   501(c) (3 )   ✓ (Insert no )   4947(a)(1) or   527		1	ist (see instructions)
		31119-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	-	H(c) Group exemption	
		te: DIVERSALERTNETWORK • ORG	I Voor		State of legal domicile: NC
	art I	forganization: Corporation Trust Association X Other Summary	L Teal	or iormation 1330 W	State of legal domiche, INC
, F (		Briefly describe the organization's mission or most significant activities DIVER	S ALE	RT NETWORK	INC. HELPS
çe	1	DIVERS IN NEED WITH MEDICAL EMERGENCY ASS			
Governance					
/err	2		ea or more	i i	6
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		3 4	6
•8	1	Number of independent voting members of the governing body (Part VI, line 1b)		5	63
Activities &	_	Total number of employees (Part V, line 2a)		6	<u></u>
ξį	1 -	Total number of volunteers (estimate if necessary)		7a	939,961.
		Total gross unrelated business revenue from Part VIII, column (C), line 12		7a 7b	939,901.
70.IN	b	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year
		O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		454,623.	502,388.
JUHE venue	1	Contributions and grants (Part VIII, line 1h)		5,964,876.	6,420,712.
ਵ੍ਹ		Program service revenue (Part VIII, line 2g)		35,492.	52,842.
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			2,566,832.
=		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,366,379.	
77	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,821,370.	9,542,774.
EXCENSESUNED	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
3	14	Benefits paid to or for members (Part IX, column (A), line 4)		4,391,834.	4,242,290.
S.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,331,034.	4,242,230.
E.	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25) 285, 79	<u></u>	A 4	
X	⊌ b		<u> </u>	4,255,995.	3,640,517.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24h			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A) in e 25)		8,647,829.	7,882,807.
. 0	19	Revenue less expenses Subtract line 18 from line 12010		1,173,541.	1,659,967.
Net Assets or Fund Balances		OCDE	Re	ginning of Current Year	End of Year
Ssel	20	Total assets (Part X, line 16)		11,363,504.	12,918,590.
et	21	Total liabilities (Part X, line 26)	-	2,817,075.	2,566,798. 10,351,792.
	22 art II	Net assets or fund balances Subtract line 21 from line 20		8,546,429.	10,331,794.
P	art II	Signature Block	statements, a	and to the best of my knowledge	e and belief, it is true, correct.
		Under penalties of perjury, /declare that I have examined his return, including accompanying schedules and and complete. Declaration of preparer (other than officer) is baged on all information of which preparer has an	y knowledge	./	,
		h hall Car		15/11/	2010
Sig	ın	Signature of officer	<del>.</del>	Date	
Hei	re			•	
		DANIEL L. ORR, PRESIDENT  Type or print name and title			
_		/) II) Date i	/ I Che		r's identifying number
Pai	d	Preparer's	/ , self		tructions)
Pre	parer's	Signature LESLIE A. JOHNS			
Use	Only	vours if BLACKHAN & SHOOP, CLASS, I.A.		EIN 🕨	
	-	self-employed), address, and CHAREL HILL NG 27517		Dhora sa 🕨 / (	210\012 0700
		CHAPEL HILL, NC 27517	-	Priorie no.	919)942-8700
Ma	y the li	RS discuss this return with the preparer shown above? (see instructions)			Yes No

	990 (2009) DIVERS ALERT NETWORK, INC.	<u>56-1696689</u>	Page 2
<sup>*</sup> Ra	rt.III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission NONE		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
	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	Yes	X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	THE ORGANIZATION PROVIDES MEMBER SERVICES INCLUDING A SUBJECT DIVER MAGAZINE AND OTHER MATERIAL AND INFORMATION UNDERWATER SAFETY AND ACCIDENTS. THERE ARE APPROXIMATED	PERTAINING	TO
	MEMBERS.		
4b	(Code. ) (Expenses \$ 1,117,741. including grants of \$ ) (ReTHE ORGANIZATION PROVIDES 24 HOUR EMERGENCY MEDICAL ADVIASSISTANCE FOR RECREATIONAL SCUBA DIVERS WORLDWIDE.	evenue \$	
		77.	
4-	(Code ) (Expenses \$ 1,097,904 • including grants of \$ ) (Re	venue \$	
4c	(Code ) (Expenses \$ 1,097,904. including grants of \$ ) (He THE ORGANIZATION IS CONTINUALLY INVOLVED IN RESEARCH REI CONDITIONS AND PHYSIOLOGICAL RESULTS FROM UNDERWATER DIV THIS INFORMATION IS AVAILABLE TO THE DIVING COMMUNITY TH	ATED TO MED	TS.
	WORLD.		
4d	Other program services (Describe in Schedule O) (Expenses \$ 1,080,642. including grants of \$ ) (Revenue \$ 547,57	1.)	
<u>4e</u>	Total program service expenses ▶ \$ 6,271,879.	Earm Qf	30 (2009)

932002 02-04-10

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	İ		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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 X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	_9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			ļ
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 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	l ,		
•	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 167 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		1	
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 year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	ls 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 organization			77
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			37
	located outside the United States? If "Yes," complete Schedule F, Part III	_16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	,		v
00	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 Form	990 (	
		OITH	JJU (,	-009)

### Part IV | 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,	1	1	1
	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	X	<b>}</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b		24b		ļ
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		ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<u> </u>
25a	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	25a	<u> </u>	X
b				
	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	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 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, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	i .		
	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, 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	37	X
	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		v	
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	37
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 conservation			77
~4	contributions? If "Yes," complete Schedule M	30_	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			₹.
20	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		x
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32_	<u> </u>	
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			x
34	Was the organization related to any tax-exempt or taxable entity?	33_	_	
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	24		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34_		
30	If "Yes," complete Schedule R, Part V, line 2	35	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35		-
30	If "Yes," complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50_	>	<b></b> -
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	-5/		-21
55	Note. All Form 990 filers are required to complete Schedule O	38	X	
—	NOTE: / WIT 500 Mich die required to complete Defredule O			 2009)

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		1	
	U.S. Information Returns. Enter -0- if not applicable 1a 3	6		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6	<u>3</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<b></b>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	L
4a	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)?	4a		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 Foreign Bank and			
	Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	<del> </del>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1		
	any contributions that were not tax deductible?	6a	<del></del>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ŀ		
	were not tax deductible?	6b		₩-
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	_		37
	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		+
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v
	to file Form 8282?  If "Yes." indicate the number of Forms 8282 filed during the year.  7d	7c		X
		┥	,	4
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		х
	benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	1	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			<del> </del> -
-	supporting organizations maintaining donor advised funds and section obseques supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		Х
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	C f w want we are translations	_		
	Gross income from other sources (Do not net amounts due or paid to other sources against		.	
	amounts due or received from them)	_	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		<u></u>	
		Forr	n <b>990</b>	(2009)

56-1696689

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

sec	tion A. Governing Body and Management			<del>,</del>	
		1 1	<u>-</u> —	Yes	No
	Enter the number of voting members of the governing body	<u>1a</u>	6		
b	Enter the number of voting members that are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other			
	officer, director, trustee, or key employee?		2	X	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?		3_		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	:s?	5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers of the	_		4,5
	governing body?	. 0	7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other per		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year		'	ĺ
	by the following			37	ĺ
	The governing body?		8a	X	<u> </u>
	Each committee with authority to act on behalf of the governing body?		<u>8</u> b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the			
`	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	ليلل	<u>X</u>
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code )			
10-	Does the exampleation have local chanters branches as affiliates?		10-	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	obantore affiliatos	10a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such and branches to ensure their operations are consistent with those of the organization?	chapters, anniates,	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fill	ling the form?	11	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ing the form.	<u> </u>	^	
	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ild aive rise	12.0		
b	to conflicts?	ila give riso	12b	x	ı
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes " describe	12.0		
·	In Schedule O how this is done	ree, accombe	12c	x	
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14	х	
15	Did the process for determining compensation of the following persons include a review and approva	ıl by independent	<u> </u>		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ر ا	
а	The organization's CEO, Executive Director, or top management official		15a	$\mathbf{x}$	
	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)		132		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
	taxable entity during the year?		16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	uate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic	•	İ		* · · ·
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
81	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) availab	le 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, co	onflict of interest policy,	and fina	incial	
	statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books ar	nd records of the organiz	zation 🕨	<b></b>	
	ED WILLIAMS - 919-684-2948				
	6 WEST COLONY PLACE, DURHAM, NC 27705				
			Form	990 (	2009)

932006 02-04-10

# 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

(A) Name and Title	(B) Average			(O Pos	C) itior	1		(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
,,_,,,	hours	(c				арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
WILLIAM ANLYAN, JD	1 00								0	
CHAIRMAN	1.00	X		<u> </u>				0.	0.	0.
ALBERT JOSE JONES	1.00	v						0.	0.	0 .
DIRECTOR	1.00	^						· · · · · · · · · · · · · · · · · · ·	<u> </u>	0 .
DENNIS LIBERSON, MA DIRECTOR	1.00	x						0.	0.	0.
WAYNE MASSEY, MD DIRECTOR	1.00	Y						0.	0.	0.
DOUGLAS N STRACENER, JD	1.00					1			<u>~</u>	
DIRECTOR	1.00	x		,				0.	0.	0.
JOE POE										
SECRETARY	1.00	X						0.	0.	0.
BILL ZIEFLE	1.00	v						0.	0.	0.
SECRETARY DANIEL L ORR	1.00	^							0.	0.
PRESIDENT	50.00			x				441,474.	0.	47,664.
JEFFREY MYERS FORMER EXECUTIVE VP/COO	50.00						X	155,140.	0.	35,682.
										Form <b>990</b> (2000

Form 990 (2009)

14625\_\_1

	(A)  Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable		( <b>F</b> ) Estima	
		hours per week	Individual trustee or director	Individual frustee or director  Unstitutional trustee			Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	) co	amour othe ompen from t organiz and rel rganiza	er sation the ation ated
				,								<del></del>	
			-										
1b 2	Total  Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d at	ove	e) wh	no re	596,614. eceived more than \$100		0.	83,	3 <b>46.</b> 5
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for so		stee	, key	em	ploy	/ee,	or h	ighest compensated en	nployee on	3	Yes	
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" cor	nple	te S	Sche	dule	J fo	or such individual	_	4	<u>x</u>	
Sec	the organization? If "Yes," complete Scheduction B. Independent Contractors										5	<u> </u>	X
1	Complete this table for your five highest conthe organization NONE	mpensated inc	lepe 	nde	nt co	ontr	acto	rs th		\$100,000 of comp			
	Name and business	address							(B) Description of s	ervices		(C) ensati	on
2	Total number of independent contractors (ir \$100,000 in compensation from the organiz	_	ot lin	nıtec	l to 1	thos		ted	above) who received m	ore than			
		F							· · · · · · · · · · · · · · · · · · ·		Forn	n <b>990</b>	(2009)

1678297. Form **990** (2009)

939,961.

216,324.

d All other revenue

e Total. Add lines 11a-11d

Total revenue See instructions.

9,542,774.6,422,128.

### Part IX Statement of Functional Expenses

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

	All other organizations must comp				(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S				
	See Part IV, lines 15 and 16			<u> </u>	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			<del></del>	···
J	trustees, and key employees	1,405,771.	916,633.	489,138.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,365,108.	2,067,220.	235,589.	62,299.
8	Pension plan contributions (include section 401(k)			· T	<del></del>
	and section 403(b) employer contributions)	144,527.	88,215.	56,038.	27 <b>4</b> .
9	Other employee benefits	108,445.	88,999.	19,193.	253.
10	Payroll taxes	218,439.	156,897.	57,144.	4,398.
11	Fees for services (non-employees)				
а	Management			15.016	
b	Legal	55,567.	10,319.	45,248.	4 004
С	Accounting	56,485.	43,128.	12,266.	1,091.
d	, ,				
е	Professional fundraising services See Part IV, line 17		2 '	<u>`</u>	
f	Investment management fees	02.004	18 580		4.4.5
g	Other	23,024.	17,579	5,000.	445.
12	Advertising and promotion	73,608.	72,614.	994.	101,872.
13	Office expenses	873,836.	717,556. 54,262.	54,408. 13,235.	1,045.
14	Information technology	68,542.	34,202.	13,233.	1,045.
15	Royalties	163,127.	135,202.	25,691.	2,234.
16	Occupancy	536,991.	457,984.	78,393.	614.
17	Travel Payments of travel or entertainment expenses	330,3910	437,704.	10,333.	014.
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	79,278.	64,441.	14,039.	798.
20	Interest	10,674.	8,150.	2,318.	206.
21	Payments to affiliates	2070721	5/250		
22	Depreciation, depletion, and amortization	211,913.	183,180.	27,069.	1,664.
23	Insurance	125,420.	110,955.	13,279.	1,186.
24	Other expenses. Itemize expenses not covered	, ,	ž ž	, , *	* .
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total		***		* * * * * * * * * * * * * * * * * * * *
_	expenses shown on line 25 below.) UBI TAXES	19,653.	·	19,653.	
a	RESTRUCTURING COSTS	468,864.	300,788.	104,008.	64,068.
b	MEMBERSHIP SUPPORT	398,810.	398,810.	101/0001	017000.
c d	ON-CALL EXPENSE	100,000.	100,000.		
	TRAINING	82,555.	74,036.	7,787.	732.
e f	All other expenses	292,170.	204,911.	44,648.	42,611.
	Total functional expenses Add lines 1 through 24f	7,882,807.	6,271,879.	1,325,138.	285,790.
<u>25</u> 26	Joint costs. Check here	,,002,007.			<u> </u>
20	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Form **990** (2009)

	990 (	DIVERS ALERT NETWORK, INC.	56-1696689		
Pai	rt.X	Balance Sheet	(A)	,	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	800.	1	718,845.
	2	Savings and temporary cash investments	7,529.	2	6,428.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	100,419.	4	125,543.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
		of Schedule L		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	1,127,704.	6 7	474,406.
Assets	7	Notes and loans receivable, net	234,821.	8	4/4,400.
Ass	8	Inventories for sale or use Prepaid expenses and deferred charges	170,189.	9	154,654.
	9	Land, buildings, and equipment cost or other	110,103.	-	134,034.
	10a	basis Complete Part VI of Schedule D  10a 4,610,670.			
	b	Less accumulated depreciation 10b 1,941,918.	2,949,123.	10c	2,668,752.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	6,770,787.	12	8,769,962.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
!	15	Other assets See Part IV, line 11	2,132.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,363,504.	16	12,918,590.
	17	Accounts payable and accrued expenses	787,719.	17	793,114.
	18	Grants payable	640 015	18	001 616
	19	Deferred revenue	640,215.	19	201,616.
i	20	Tax-exempt bond liabilities	-	20	
ies	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iit	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II		22	
		of Schedule L Secured mortgages and notes payable to unrelated third parties	1,389,141.	23	1,291,970.
	23 24	Unsecured notes and loans payable to unrelated third parties	1,303,141.	24	<u> </u>
,	25	Other liabilities Complete Part X of Schedule D	0.	25	280,098.
	26	Total liabilities. Add lines 17 through 25	2,817,075.	26	2,566,798.
		Organizations that follow SFAS 117, check here   X and complete	,		
S.		lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	7,262,558.	27	9,015,285.
3ala	28	Temporarily restricted net assets	245,377.	28	218,509.
nd E	29	Permanently restricted net assets	1,038,494.	29	1,117,998.
Ξ		Organizations that do not follow SFAS 117, check here			
٥ و		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
et Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ĕ	32	Retained earnings, endowment, accumulated income, or other funds		32	

12,918,590. Form **990** (2009)

10,351,792.

33

Total net assets or fund balances

8,546,429.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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 4947(a)(1) nonexempt charitable trust.

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of	the organizat	ion						E	mployer id	dentificati	on nu	mber
			ALERT NETWOR						56	<u>-1696</u>	689	
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t) See ins	tructions				
The organ	ization is not	a private foundation	because it is (For lines	1 through	11, check	only one b	ox.)					
1 🛄	A church, co	nvention of churche	s, or association of chui	rches desc	nbed in se	ection 170	(b)(1)(A)(i)	).				
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach So	chedule E)								
з 🔙	A hospital or	a cooperative hospi	ital service organization	descnbed	n section	170(b)(1)	(A)(iii).					
4	A medical re	search organization	operated in conjunction	with a hos	prtal desc	nbed in <b>se</b>	ection 170	(b)(1)(A)(i	ii). Enter th	ie hospital	's nam	ıe,
	city, and stat											
5	An organizat	on operated for the	benefit of a college or u	niversity o	wned or of	perated by	a governi	mental un	t describe	d ın		
		(b)(1)(A)(iv). (Comple	·									
6		-	ent or governmental un									
7	_	-	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desc	ribed ii	n
	section 170	( <b>b)(1)(A)(vi).</b> (Comple	ete Part II.)									
8 🖳			section 170(b)(1)(A)(vi).									
9 X	-	-	eives: (1) more than 33							-		
			nctions - subject to certa									
			axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon af	fter June 3	0, 197	'5
		509(a)(2). (Complete				_						
10	-	-	perated exclusively to te									
11	-	-	perated exclusively for the									or
		, ,,	ations described in secti	, ,,	•		2) See <b>se</b> o	ction 509(	a)(3). Ched	ck the box	that	
	<del></del> -		organization and compl		•						_	
<u></u>	a Type		_ /'		e III - Func	•	•			Type III - (		
e	-	•	at the organization is not									n.
		=	han one or more publicl						9(a)(1) or so	ection 509	(a)(2)	
f	ŭ		tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th						•		•		لـــا
g	-		organization accepted ai			•						
	• •	=	lirectly controls, either a	lone or tog	ether with	persons o	lescribed	ın (ii) and (	iii) below,		Yes	No
	_	• •	upported organization?			•		•	••	11g(i)		
	` '	•	n described in (i) above?		_					11g(ii)		
	` '	•	person described in (i)				•	•		11g(iii)	L	<u> </u>
h	Provide the f	ollowing information	about the supported or	ganization	(S)							
		<u> </u>	(iii) Type of	4		( ) D ( )		(vi) le	tho			
	of supported	(ii) EIN	organization		organization sted in your			organizati	on in col.	(vii) An		ıf
orga	anization		(described on lines 1-9		document?			(i) organiz U.S	ed in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(see instructions))	res	NO	162	NO	162	140			
	-			<u> </u>	-	-	l					
				1								
			-	<del> </del>								
	<del>"</del>	<del></del>		<del> </del>		-		<del>                                     </del>	+ +			
					1							
				+								
Total							1					
	Privacy Act an	d Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedul	e A (Form	990 or 99	 90-EZ)	2009

932021 02-08-10

Form 990 or 990-EZ.

						Page 2		
Part II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	/i)		
(Complete only if you checked	d 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>(b)</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 organ-								
ization's benefit and either paid to								
or expended on its behalf	<del></del>				<del> </del>			
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		-	<del> </del>					
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,			İ					
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)						<del></del>		
<ul><li>11 Total support. Add lines 7 through 10  </li><li>12 Gross receipts from related activities,</li></ul>	ata (aca matrustu			<u> </u>	10			
13 First five years. If the Form 990 is for	•	•	d fourth or fifth to	av vear as a sectio	12	<del></del>		
organization, check this box and stop		s mst, second, am	a, iouitii, or iiitii te	ax year as a section	)			
Section C. Computation of Publi		rcentage						
14 Public support percentage for 2009 (li			column (f))		14	%		
15 Public support percentage from 2008		-			15	%		
16a 33 1/3% support test - 2009. If the or			n line 13, and line 1	4 is 33 1/3% or n	· · · · · · · · · · · · · · · · · · ·			
stop here. The organization qualifies	•			211		ightharpoons		
b 33 1/3% support test - 2008. If the or		-	•	line 15 is 33 1/3%	or more, check th	ıs box		
and stop here. The organization quali	_					▶□		
17a 10% -facts-and-circumstances test		•		13, 16a, or 16b, a	and line 14 is 10%	or more,		
and if the organization meets the "fac	ts-and-circumstan	ces" test, check ti	nis box and <b>stop h</b>	ere. Explain in Pa	rt IV how the organ	nization		
meets the "facts-and-circumstances"	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							

Schedule A (Form 990 or 990-EZ) 2009

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.

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.

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 (a) 2005 (c) 2007 Calendar year (or fiscal year beginning in) (b) 2006 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 278,167 656,920 454,623 502,388. include any "unusual grants") 744,153. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 6667557. 7184166. 3681336. 7206492. 7211921.31951472. organization's tax-exempt purpose 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 7411710 7841086. 3959503. 7661115 7714309.34587723. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 64,525 40,000. 10,000 34,000. 106,203. 254,728. 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 34,000 106,203. 64,525 40,000. 10,000 254 c Add lines 7a and 7b 34332995 8 Public support (Subtract line 7c from line 6) Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 7661115 7411710 7841086. 3959503 7714309.34587723. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 2269608. 2184982. 453,430. 2315645. 1834707. 9058372. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 2184982. 453,430. 2315645. 1834707. 2269608. c Add lines 10a and 10b 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 273,234. 298,534. 135.436. 829.210. 588.316. assets (Explain in Part IV) 4548369.10805970.10137332.45770825. 9954552.110324602. Total support (Add lines 9, 10c, 11, and 12) 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 75.01 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 74.27 % 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 19.79 % 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 21.02 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 ightharpoons Xmore 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 19 a, 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 /

Schedule A (Form 990 or 990-EZ) 2009

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

DIVERS ALERT NETWORK, INC.

Employer identification number 56-1696689

Pa	rt I Organizations Maintaining Donor Advised		is or Accounts. Complete if the
<u> </u>	organization answered "Yes" to Form 990, Part IV, line		of Free Lines Complete if the
	Organization answered Tes to Form 330, Fait 14, fine	(a) Donor advised funds	(b) Funds and other accounts
_	Total number at and of year	(4)	(2)
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		used funds
5	Did the organization inform all donors and donor advisors in w		
_	are the organization's property, subject to the organization's e	<del>-</del>	Yes No
6	Did the organization inform all grantees, donors, and donor ad	0 0	•
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
Pa	mpermissible private benefit?	animation angulared "Vee" to Form 000	Post IV line 7
			Part IV, line /
1	Purpose(s) of conservation easements held by the organization		nation cally comparate at least and
	Preservation of land for public use (e.g., recreation or plants)	· —	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		10.11.10 5 4 40 7 4
			Held at the End of the Tax Year
а	Total number of conservation easements		<u>2a</u>
b	Total acreage restricted by conservation easements		<u>2b</u>
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired at		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		└ Yes └ No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the organization's accounting for
Da	conservation easements rt III   Organizations Maintaining Collections of	Art Historical Transuras or (	Other Similar Assets
Pa	Complete if the organization answered "Yes" to Form 9		Julei Sillilai Assets.
	Complete if the organization answered Tes to Form's	50, Fait IV, line 6	
٠.	If the account of the state of	to report in the revenue statement and	halanaa ahaat wadka af art bustawaal
та	If the organization elected, as permitted under SFAS 116, not	•	
	treasures, or other similar assets held for public exhibition, edi	·	ublic service, provide, in Part XIV, the text of
_	the footnote to its financial statements that describes these its		and the state of a trade of the state of the
b	If the organization elected, as permitted under SFAS 116, to re		
	or other similar assets held for public exhibition, education, or	research in furtherance of public service	ce, provide the following amounts relating to
	these items.		<b>&gt;</b> 2
	(i) Revenues included in Form 990, Part VIII, line 1	•	. <b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		ial gain, provide
	the following amounts required to be reported under SFAS 11	6 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		<b>S</b>
b	Assets included in Form 990, Part X	_	<b>▶</b> \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051

Schedule D (Form 990) 2009

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	dule D (Form 990) 2009 DIVERS										Page 2
Pa	rt III   Organizations Maintaining C		_	_							
3	Using the organization's acquisition, access	on, and othe	r record	ls, checl	k any of the	following tha	at are a s	significan	t use of its	collection	rtems
	(check all that apply)			_							
а	Public exhibition		d			hange progr					
b	Scholarly research		е	ا ا	Other				·		
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and	d explai	n how th	ney further t	he organizati	on's exe	empt pur	ose in Pai	t XIV.	
5	During the year, did the organization solicit of						er sımıla	r assets	_	_	
	to be sold to raise funds rather than to be m									Yes	No
Pai	rt IV Escrow and Custodial Arran	_	Comple	ete if org	janization ar	nswered "Ye	s" to Fo	rm 990, F	art IV, line	9, or	
	reported an amount on Form 990, Pa						_				
1a	Is the organization an agent, trustee, custod	ıan or other ı	ntermed	diary for	contribution	is or other as	ssets no	t included	i	7	_
	on Form 990, Part X?					•	•		L_	_ Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complet	te the fo	llowing 1	table				T		
								_		Amount	<del></del>
С	Beginning balance .					•		1c	ļ		
đ	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance					•		1f	<u> </u>	<del>-</del>	<del></del>
2a	Did the organization include an amount on F	orm 990, Pai	rt X, line	217						_l Yes	L No
b D	If "Yes," explain the arrangement in Part XIV				W						
Pai	t V Endowment Funds. Complete								<del></del>	T	
		(a) Current			rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance				<u>9,206.</u>			-			
b	Contributions .		504.		<u>8,125.</u>						
С	Net investment earnings, gains, and losses	171,	///.	-14	<u>9,628.</u>						
d	Grants or scholarships		-								
е	Other expenditures for facilities										
	and programs									<del></del>	
f	Administrative expenses	1 000	004	1 00	7 700						<del></del>
g	•	1,278,			/,/U3·	<u> </u>				<u> </u>	
2	Provide the estimated percentage of the year	r end balanc	e held a								
а	Board designated or quasi-endowment			_%							
Ь	Permanent endowment	%									
С		%							_		
3a	Are there endowment funds not in the posse	ssion of the	organiza	ation tha	it are neid a	na administe	erea tor t	ne organ	ization	Γ.	
	by										Yes No
	(i) unrelated organizations									3a(i)	X
	(ii) related organizations									3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations					•			•	3b	
4 Do:	Describe in Part XIV the intended uses of the tVI   Investments - Land, Building					Dort V. Ivos	10				
Fai					·					( n D )	
	Description of investment	, , ,	ost or o			or other (other)	٠,,	ccumula: preciatio	I	(d) Book	value
		Dasis	unvestn	nem)		<u> </u>	de	PIECIALIO	<del>'</del>	267	000
	Land					7,892.	1	020	122		,892.
b	Buildings .	-			3,16	4,469.	1,	038,4	-44.	<u>∠,⊥∠</u> 6	,047.
С	Leasehold improvements		-		1 17	0 200		002 4	106	274	012
đ	Equipment				1,17	8,309.		903,4	130.		,813.
<u>е</u>		15	20.5		(D) / 3	0(-) )	<u> </u>			2 660	752.
[ otal	. Add lines 1a through 1e (Column (d) must e	auai rom 99	iu. Part	x colun	an usu line 1	U(C))				4.000	. / 3 / .

Schedule D (Form 990) 2009

uncertain tax positions under FIN 48

$\overline{}$	dule D (Form 990) 2009 DIVERS ALERT NETWORK, INC.			<u> 56-</u>	<u> 1696689</u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finar	icial State	men		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	-	1		9,542	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		7 <u>,882</u>	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		1,659	
4	Net unrealized gains (losses) on investments .		4		145	<u>,396.</u>
5	Donated services and use of facilities		5			
6	Investment expenses .		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9			<u>,396.</u>
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		1,805	<u>,363.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	nts With Reve	nue per R	etun		
1	Total revenue, gains, and other support per audited financial statements			1	10,290	<u>,424.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1				
а	Net unrealized gains on investments .	2a 14	<u> 15,396.</u>	1		
b	Donated services and use of facilities	2b		1		
С	Recoveries of prior year grants	2c		1		
đ	Other (Describe in Part XIV.)	2d				
е	Add lines 2a through 2d			2e		<u>,396.</u>
3	Subtract line 2e from line 1			3	10,145	<u>,028.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		ļ		
b	Other (Describe in Part XIV.)	4b -60	2,254.	ļ		
С	Add lines 4a and 4b			4c		<u>,254.</u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,542	<u>,774.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	enses per	Retu	r	
1	Total expenses and losses per audited financial statements			1	8,485	<u>,061.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				!	
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d 60	2,254.	1		
е	Add lines 2a through 2d			2e		<u>, 254.</u>
3	Subtract line 2e from line 1			3_	7,882	<u>,807.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b			4c		<u>0.</u>
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,882	<u>,807.</u>
Par	t XIV Supplemental Information	<del></del>				<del></del>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,					4, Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compl					
PAF	T XII, LINE 4B AND PART XIII, LINE 2D REPR	RESENT EXP	ENSES	ON	THE	
				~		_
FIL	IANCIAL STATEMENTS SHOWN AS COSTS ON THE SC	HEDULE OF	<u> KEVEN</u>	UES	ON FORE	<u>M</u>
<u>990</u>	·	<del></del> ·				
					<del> </del>	
			<del></del>	-		
					· · · · · · · · · · · · · · · · · · ·	
	<u> </u>					

932054 02-01-10

### SCHEDULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. See separate instructions.

DIVERS ALERT NETWORK, INC.

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

Employer identification number 56-1696689

Schedule J (Form 990) 2009

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. X a The organization? X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of X 6a The organization? X b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III X 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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56-1696689

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(D)	(E)	(F)
(A) Name	<u>-</u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation		Total of columns (B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
DANTET, I. ORR	8	191,474.		250,000.		47,664.	489,138.	
ממוס ע מחוויים	ε :	155,140.				35,682.	190,822.	
OEFFREY MYERS								
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Schedule J (Form 990) 2009

### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047 Open To Public Inspection

Name of the organization								E	mployer	identif	ication r	ıumber
DI	VERS AL	ERT NE	TWORE	K, INC.				[	6-16	9668	<u> </u>	
Part I Excess Benefit												
Complete if the orga	anization ansv	wered "Yes"	on Form	990, Part IV,	lıne 25a o	r 25b, or Fo	rm 990-E	Z, Part	V, line 40	)b		
1 (a) Name of dis	squalified pers	son			(b)	Description	of transa	ection			(c) Cori	
						•					Yes	No
						<del> </del>	<del></del>				<del></del>	
	<del></del>										<del> </del>	
				l						-		
		<del></del>				<u> </u>				<del></del>	<del>                                     </del>	-
											-	
2 Enter the amount of tax imp	osed on the o	organization	managers	s or disqualifi	ed person	is during the	year un	der	<b>&gt;</b> \$		- <b>L</b>	
3 Enter the amount of tax, if a	ny, on line 2,	above, reim	bursed by	the organiza	ation				▶ \$			
Part II Loans to and/o												
Complete if the orga							i			oroved	T	
(a) Name of interested person and purpose	(b) Loan the orga	to or from		nal principal nount	(d) Bal	ance due		) In ault?	by bo	ard or	(g) W	
possess and parpose	То	From	1				Yes	No	Yes	nttee? No	Yes	No
	10	110111					163	140	162	NO	162	140
									1			
								<u> </u>	<u> </u>	L	ļ	
Total	-1 D	C:L: L-	-1	<b>▶</b> \$			,				<u> </u>	
Part III Grants or Assis		_										
Complete if the orga		vered "Yes"									<del></del>	
(a) Name of interested	person		(b) Helati	onship betwe the or	en interes ganization		and			iount an assistar	id type of ice	t
				<u> </u>								
				•	··			_				
								1		-		
Part IV Business Trans		_										
Complete if the orga						T		<del></del>			(e) Sha	ring of
(a) Name of interested	person			ip between in d the organiz		(c) Amo		, , ,	Descript transacti		òrganız	ation's
		'	ocioon an	a tric organiz	allon	transa	Clion		ti di iodoti	011	reven	$\overline{}$
BETTY ORR, VP, D	IRECTOR	OFWIE	TO H	DAN OR	R, PR	86	606	CON	IPENS	ΔΨΤΟ	Yes	No X
DELLE CHILI VI, D.		<u> </u>		<u> </u>	/ 1 10		, 000					
											]	
LHA For Privacy Act and Panel	rwork Reduc	tion Act No	tice see	the				Schodul	el (For	m 990 a	r 990-F7	7) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

Instructions for Form 990 or 990-EZ.

### : SCHEDULE O

## Supplemental Information to Form 990

(Form 990)

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

DIVERS ALERT NETWORK, INC.

Employer identification number 56-1696689

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SAFETY THROUGH RESEARCH, EDUCATION, PRODUCTS, AND SERVICES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE ORGANIZATION PROVIDES OXYGEN, FIRST AID, AND SAFETY TRAINING
CLASSES IN ORDER TO IMPROVE AND PROMOTE UNDERWATER DIVING SAFETY, AS
WELL AS CONTINUING PROFESSIONAL EDUCATION FOR PHYSICIANS AND OTHER
HEALTHCARE PROVIDERS.
EXPENSES \$ 1080642. INCLUDING GRANTS OF \$ 0. REVENUE \$ 547571.
FORM 990, PART VI, SECTION A, LINE 2: BETTY ORR, VICE PRESIDENT OF
INSURANCE SERVICES, IS THE WIFE OF DAN ORR, PRESIDENT.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED AND APPROVED BY
THE BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYEES ARE REQUIRED TO FILE A
DISCLOSURE FORM DESCRIBING ANY ACTIVITIES OR PERSONAL INTERESTS THAT COULD
LEAD TO A CONFLICT OF INTEREST. THERE ARE TWO TYPES OF DISCLOSURE FORMS.
ONE OF THE FORMS IS FILED ANNUALLY AND THE OTHER IS FILED WHENEVER AN
EMPLOYEE PARTICIPATES IN ANY DECISION REGARDING BUSINESS DEALINGS BEING
CONSIDERED OR THEN ENGAGED IN BY THE ORGANIZATION, INCLUDING THE PURCHASE
OF GOODS OR SERVICES. EMPLOYEES NOT ENGAGED IN SUCH ACTIVITIES NEED ONLY
AFFIRM THIS FACT ON THE APPLICABLE FORM.
A CURRENT, ANNUAL CONFLICT OF INTEREST DISCLOSURE MUST BE ON FILE IN EACH
EMPLOYEE'S PERSONNEL FILE WHILE EMPLOYED AT DAN. ACTIVITIES THAT POSE A  LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule O (Form 990) 2009

### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

### **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.

2009
Open to Public Inspection

14625 1

Name of the organization

DIVERS ALERT NETWORK, INC.

Employer identification number 56-1696689

POTENTIAL CONFLICT OF INTEREST MUST BE REPORTED TO A SUPERVISOR AND THE
HUMAN RESOURCES OFFICE IMMEDIATELY. POTENTIAL CONFLICTS OF INTEREST THAT
ARE IDENTIFIED WILL BE FORWARDED TO THE PRESIDENT, WHO WILL SUBMIT IT TO
THE DAN BOARD OF DIRECTORS FOR REVIEW AND ANY APPROPRIATE ACTION.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE CEO IS STRICTLY DETERMINED AND DECIDED UPON BY THE BOARD OF DIRECTORS. FOR OTHER OFFICERS, TOP MANAGEMENT AND KEY EMPLOYEES, SALARIES ARE COMPARED AGAINST VARIOUS COMPENSATION SOURCES INCLUDING NATIONAL, STATE AND LOCAL AVERAGES PROVIDED BY BLR (BUSINESS AND LEGAL REPORTS). FOR TOP MANAGEMENT, USED THE 2008/2009 ASSOCIATION COMPENSATION AND BENEFITS STUDY PROVIDED BY ASAE & THE CENTER FOR ASSOCIATION LEADERSHIP IS USED. WE ALSO TOOK INTO ACCOUNT THE EMPLOYEES' LENGTH OF SERVICE, NUMBER OF EMPLOYEES SUPERVISED AND ANY SPECIAL CREDENTIALING THE EMPLOYEE CARRIED THAT ENHANCED THEIR JOB SKILLS IS TAKEN INTO ACCOUNT. BASED ON THESE CRITERIA, WE THEN DETERMINED WHETHER THE EMPLOYEES' CURRENT SALARIES FALL WITHIN THE RANGE OF SALARIES BASED ON THE RESOURCES AND ADJUSTMENTS MADE IF APPLICABLE.

FORM 990, PART VI, SECTION C, LINE 19: WE DO NOT MAKE OUR GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE

TO THE PUBLIC UNLESS REQUIRED BY GOVERNMENTAL ORGANIZATIONS OR ENTITIES, OR

BY INDIVIDUALS OR CORPORATIONS WHO REQUEST THIS INFORMATION AS A CONDITION

OF GIVING CHARITABLE CONTRIBUTIONS. (E.G. WE PROVIDE THESE DOCUMENTS TO

STATE CHARITABLE SOLICITATION LICENSING AGENCIES AS PART OF THEIR LICENSING

PROCESS AND ALSO TO CORPORATIONS WHO REQUEST THESE DOCUMENTS AS A CONDITION

TO RECEIVE MATCHING GIFTS; WE ALSO PROVIDE THESE THINGS TO BANKS AND OTHER

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

Schedule O (Form 990) 2009

932211

922-03-10

### SCHEDULE O

Department of the Treasury

Internal Revenue Service

(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.

2009
Open to Public Inspection

Employer identification number Name of the organization DIVERS ALERT NETWORK, 56-1696689 INC. VENDORS AS REQUIRED FOR FINANCING OR TO DO BUSINESS) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF INTERESTED PERSON: BETTY ORR, VP, DIRECTOR OF INSURANCE SERVICES (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PRESIDENT OF DAN WIFE OF DAN ORR, (D) DESCRIPTION OF TRANSACTION: COMPENSATION

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

Schedule O (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection OMB No 1545-0047

Employer identification number 56-1696689 Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets **e** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income ➤ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) ▶ Attach to Form 990. Primary activity DIVERS ALERT NETWORK, INC. Name, address, and EIN of disregarded entity Name of the organization Part II Part I

Schedule R (Form 990) 2009 Direct controlling entity status (if section Public charity 501(c)(3)) <u>e</u> **Exempt Code** section ூ Legal domicile (state or foreign country) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Primary activity <u>e</u> Name, address, and EIN of related organization

932161 02-04-10

56-1696689

Page 2

Schedule R (Form 990) 2009 DIVERS ALERT NETWORK, INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

General or managing partner? Disproportionate aflocations? Yes No Ξ Share of end-of-year assets **(**6) Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) (d)
(Direct controlling entity Legal domicile (state or foreign country) <u>0</u> Primary activity 9 Name, address, and EIN of related organization <u>(a</u>

Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related propagations treated as a company or trust during the tax year) Part IV

organizations treated as a corporation or trust during the tax year)	year)						
(a)	(q)	(0)	(p)	(p)	<b>(J)</b>	(6)	Œ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
ACCIDENT & GENERAL INSURANCE COMPANY, LTD, -		CAYMAN					
98-0135525, GRAND CAYMAN, BWI, CAYMAN ISLANDS	REINSURANCE CAPTIVE	ISLANDS	N/A	C CORP	8391618,	10927515.	100%
DAN SERVICES INC, - 56-2089710	MEMBERSHIP						
6 WEST COLONY PLACE	FULFILLMENT /						
DURHAM, NC 27705	INSURANCE SALES	NC	N/A	c corp	2819732,	2083550.	1008
DAN HOLDINGS, INC 27-0946635	ADMINISTRATIVE						
6 WEST COLONY PLACE	SUPPORT, PRODUCT						
DURHAM, NC 27705	SALES	NC	N/A	C CORP	1583655,	8765957.	1008
						-	
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# INC Schedule R (Form 990) 2009 DIVERS ALERT NETWORK,

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

1 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? Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets

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- Sharing of paid employees
- Reimbursement paid to other organization for expenses
- Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 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.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) DAN SERVICES, INC.	A	95,466.
(2) DAN HOLDINGS, INC.	А	80,931.
(3) ACCIDENT & GENERAL INSURANCE COMPANY, LTD	A	836,423.
(4) DAN SERVICES, INC.	IJ	158,818.
(6) DAN SERVICES, INC.	Z	349,526.
(6) DAN SERVICES, INC.	ď	38,765.

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Schedule R (Form 990) 2009 DIVERS ALERT NETWORK, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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.

S, and EIN Primary activity (state of richegon recognition) (s	(a) (b)	(q)	(0)	9	(e)	Ξ	(b)	E
COUNTY) Yes NO From 10055 Yes	Name, address, and EIN of entity	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-		Code V-UBI amount in box 20	
	,		country)	Yes No	year assers		of Schedule K·1 (Form 1065)	Yes
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Schedule R (Form 990) 2009

Schedule R-1 (Form 990) 2009 DIVERS ALERT NETWORK, INC.

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(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7) DAN HOLDINGS, INC.	L	43,619.
(8) DAN HOLDINGS, INC.	N	106,323.
(9) DAN SERVICES, INC.	Q	280,098.
(10)		
(11)		
(12)		
(13)		
(14)	_	
(15)		
(16)		
(17)		
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