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**Short Form
Return of Organization Exempt From Income Tax**

2009

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	C THE HISTORICAL DIVING SOCIETY PO BOX 2837 SANTA MARIA, CA 93457	D Employer identification number 77-0377578
			E Telephone number 805-934-1660
			F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.HDS.ORG

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no) | 4947(a)(1) or | 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 162,015.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	18,125.
	2 Program service revenue including government fees and contracts	61,186.
	3 Membership dues and assessments	41,916.
	4 Investment income	
	5a Gross amount from sale of assets other than inventory	1,500.
	5b Less cost or other basis and sales expenses	1,702.
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	-202.
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
	6a Gross revenue (not including \$ _____ of contributions reported on line 1)	21,739.
	6b Less direct expenses other than fundraising expenses	16,681.
	6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	5,058.
	7a Gross sales of inventory, less returns and allowances	17,321.
	7b Less cost of goods sold	4,680.
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	12,634.
	8 Other revenue (describe ▶ See Statement 2)	228.
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	138,945.
	EXPENSES	10 Grants and similar amounts paid (attach schedule)
11 Benefits paid to or for members		
12 Salaries, other compensation, and employee benefits		75,036.
13 Professional fees and other payments to independent contractors		1,230.
14 Occupancy, rent, utilities, and maintenance		
15 Printing, publications, postage, and shipping		3,838.
16 Other expenses (describe ▶ See Statement 3)		72,655.
17 Total expenses. Add lines 10 through 16	152,759.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	-13,814.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	74,502.
	20 Other changes in net assets or fund balances (attach explanation)	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	60,688.

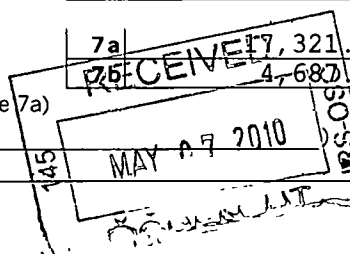
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		72,493.	43,888.
23 Land and buildings			
24 Other assets (describe ▶ See Statement 4)		26,080.	25,508.
25 Total assets		98,573.	69,396.
26 Total liabilities (describe ▶ See Statement 5)		24,071.	8,708.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		74,502.	60,688.

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

Form 990-EZ (2009)

SCANNED JUN 22 2010



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Part V Other Information (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35 a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35 b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.		
37 b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38 b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A		
39	Section 501(c)(7) organizations Enter		
39 a	Initiation fees and capital contributions included on line 9 39 a N/A		
39 b	Gross receipts, included on line 9, for public use of club facilities 39 b N/A		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0.		
40 b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40 b		X
40 c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
40 d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
40 e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40 e		X
41	List the states with which a copy of this return is filed CA		

42 a The organization's books are in care of **LESLIE LEANEY** Telephone no **805-934-1660**
 Located at **PO BOX 2837 SANTA MARIA CA** ZIP + 4 **93457**

		Yes	No
42 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. 42 b		X
42 c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country. 42 c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. See Statement 8

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

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

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

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

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

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

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

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 Here
 Signature of officer: *Leslie Leaney* Date: 4/29/10
 Type or print name and title: LESLIE LEANEY DIRECTOR

Paid Preparer's Use Only
 Preparer's signature: *Trent Benedetti* Date: 4-29-10 Check if self-employed:
 Preparer's Identifying Number (See instructions): N/A
 Firm's name (or yours if self-employed), address, and ZIP + 4: Benedetti & Associates CPA Inc
2151 S. College Dr., Suite 101
Santa Maria, CA 93455
 EIN: N/A Phone no: (805) 922-4881

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	109,722.	180,232.	136,068.	157,870.	131,227.	715,119.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	74,953.					74,953.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	184,675.	180,232.	136,068.	157,870.	131,227.	790,072.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6)						790,072.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	184,675.	180,232.	136,068.	157,870.	131,227.	790,072.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	167.	395.	806.	745.	228.	2,341.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	167.	395.	806.	745.	228.	2,341.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13 Total support. (add lns 9, 10c, 11, and 12)						792,413.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.7%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.7%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.3%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.3%

- 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 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
	RAFFLE OF HELM (event type)	(event type)	(total number)	(Add col (a) through col (c))	
1	Gross receipts	21,739.		21,739.	
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	21,739.		21,739.	
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes	5,688.	5,688.	
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	10,993.		10,993.
	10	Direct expense summary Add lines 4- through 9 in column (d)			16,681.
11	Net income summary Combine lines 3, column (d) and line 10			5,058.	

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

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

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

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a	%
------------	---

b An outside facility

13b	%
------------	---

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

Name ▶ -----

Address ▶ -----

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

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If 'Yes,' enter name and address of the third party

Name ▶ -----

Address ▶ -----

16 Gaming manager information

Name ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ -----

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

	YES	NO
13a		
13b		
14		
15a		
16		
17a		

THE HISTORICAL DIVING SOCIETY

77-0377578

Statement 1
Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory Sales

Other Assets

Description:	ANTIQUE DIVING PUMP		
Date Acquired:	Various		
How Acquired:	Purchase		
Date Sold:	12/15/2009		
To Whom Sold:			
Gross Sales Price:		1,500.	
Cost or Other Basis:		1,500.	
Basis Method:	Cost		
			Gain (Loss)
			0.
Description:	SHELVES		
Date Acquired:	7/08/1997		
How Acquired:	Purchase		
Date Sold:	6/30/2009		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:		116.	
Basis Method:	Cost		
Depreciation:		116.	
			Gain (Loss)
			0.
Description:	TASK CHAIR		
Date Acquired:	6/05/1998		
How Acquired:	Purchase		
Date Sold:	6/30/2009		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:		108.	
Basis Method:	Cost		
Depreciation:		108.	
			Gain (Loss)
			0.
Description:	CHAIR MAT		
Date Acquired:	6/05/1998		
How Acquired:	Purchase		
Date Sold:	6/30/2009		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:		75.	
Basis Method:	Cost		
Depreciation:		75.	
			Gain (Loss)
			0.
Description:	STORAGE SHELVING		
Date Acquired:	7/12/1999		
How Acquired:	Purchase		
Date Sold:	6/30/2009		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:		54.	
Basis Method:	Cost		
Depreciation:		40.	
			Gain (Loss)
			-14.
Description:	HP PRINTER		
Date Acquired:	2/01/2000		

THE HISTORICAL DIVING SOCIETY

77-0377578

Statement 1 (continued)
Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory Sales

How Acquired:	Purchase			
Date Sold:	6/30/2009			
To Whom Sold:				
Gross Sales Price:		0.		
Cost or Other Basis:		1,734.		
Basis Method:	Cost			
Depreciation:		1,734.		
			Gain (Loss)	0.
Description:	GATEWAY LAPTOP COMPUTER			
Date Acquired:	8/06/2007			
How Acquired:	Purchase			
Date Sold:	6/30/2009			
To Whom Sold:				
Gross Sales Price:	0.			
Cost or Other Basis:	430.			
Basis Method:	Cost			
Depreciation:		266.		
			Gain (Loss)	-164.
Description:	DIGITAL SCALE			
Date Acquired:	3/13/2007			
How Acquired:	Purchase			
Date Sold:	6/30/2009			
To Whom Sold:				
Gross Sales Price:	0.			
Cost or Other Basis:	46.			
Basis Method:	Cost			
Depreciation:		22.		
			Gain (Loss)	-24.
Total Gain (Loss) Other Assets				<u>\$ -202.</u>
Total Net Gain (Loss) From Noninventory Sales				<u>\$ -202.</u>

Statement 2
Form 990-EZ, Part I, Line 8
Other Revenue

Interest Income		\$	228.
	Total	\$	<u>228.</u>

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$	100.
Awards		223.
Bank charges		21.
Credit card processing fees		1,383.
Depreciation		832.

THE HISTORICAL DIVING SOCIETY

77-0377578

Statement 3 (continued)
Form 990-EZ, Part I, Line 16
Other Expenses

Diving adventures	\$	388.
Dues & Subscriptions		579.
Equipment rental		114.
Insurance		2,079.
License and permit fees		60.
Magazine expenses		37,822.
Office Expenses		1,543.
Property taxes		76.
Storage rental		3,888.
Telephone		2,549.
Travel		7,890.
Website		13,108.
Total	\$	<u>72,655.</u>

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 11,241.	\$ 17,013.
Furniture and Fixtures	781.	547.
Inventories	10,620.	6,810.
Machinery and Equipment	1,938.	1,138.
Miscellaneous	1,500.	0.
Total	<u>\$ 26,080.</u>	<u>\$ 25,508.</u>

Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 24,071.	\$ 8,708.
Total	<u>\$ 24,071.</u>	<u>\$ 8,708.</u>

Statement 6
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

EDUCATION, PRESERVATION, AND DOCUMENTATION OF DIVING HISTORY.

THE HISTORICAL DIVING SOCIETY

77-0377578

Statement 7
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

<u>Description</u>	<u>Grants</u>	<u>Program Service Expenses</u>
Made books on diving and diving equipment available to members and nonmembers. Includes Foreign Grants: No		3,888.
Diving adventures with the Great White sharks. Includes Foreign Grants: No		388.
Total	<u>\$ 0.</u>	<u>\$ 4,276.</u>

Statement 8
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

THE HISTORICAL DIVING SOCIETY

77-0377578

Special Events
Gross receipts
RAFFLE OF HELMET AT CONFERENCE

Raffle ticket sales	\$	16,739.
Sponsorship money donated		<u>5,000.</u>
Total	\$	<u><u>21,739.</u></u>

Special Events
Noncash prizes
RAFFLE OF HELMET AT CONFERENCE

Helmet purchase	\$	3,188.
Vendor partial helmet donation		<u>2,500.</u>
Total	\$	<u><u>5,688.</u></u>

Special Events
Other direct expenses
RAFFLE OF HELMET AT CONFERENCE

Raffle mailing	\$	3,829.
Printing and copying raffle		<u>4,851.</u>
Raffle postage		<u>2,313.</u>
Total	\$	<u><u>10,993.</u></u>