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

OMB No 1545-0047

Open to Public Inspection

Repartment of the Treasury Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	2014 ca	lendar year, or tax year beg	inning		, and e	nding_						
В	Check if a	applicable	C Name of organization Ur	nited State	s Diving Foundation, In	С		D Employer is	dentification i	number			
	Address o	change	Doing business as										
	Name ch	4000	Number and street (or PO box	cif mail is not	delivered to street address)	Room/suite		31-1153995					
片	Name Ch	ange	PO Box 4352					E Telephone n	umber				
Ш	initial retu	חונ	City or town		State	ZIP code		(317) 201-7824					
	Final return	/terminated	Carmel		IN	46082-435		(011) 201 70					
$\equiv$			Foreign country name	Foreign	province/state/county	Foreign postal	code			500.007			
Ш	Amended	return			<del></del>			G Gross receip	ots \$	536,307			
	Application	on pending	F Name and address of principal	officer			H(a) is th	ns a group return for	subordinates?	Yes X No			
	• •		Todd Smith, President PC	Box 4352	. Carmel, IN 46082-43	52	1	e all subordinates		Yes No			
$\overline{}$	Tay avam	at status	X 501(c)(3) 501(c) (		<del></del>		1 ''	"No," attach a list					
	Tax-exem	<u>-</u>			(insert no ) 4947(a)(1	) or 527	ł		_	,			
<u>J</u>	Website	<u>e: ► ww</u>	w usdivingfoundation.org				H(c) Gr	oup exemption nu	mber -	<del></del>			
K	Form of o	rganization	X Corporation Trust	Associa	ation Other ►	L Yea	er of forma	ation 1985	M State of I	egal domicile IN			
F	art l	Su	mmary							· · · · · · · · · · · · · · · · · · ·			
	<b>1</b>		lescribe the organization's r	mission or	most significant activitie	es To ca	arry out	the education	nal function	ns of			
පුදි	<b>3</b>		idation's single member, US						12112111111				
Ę,	<del>.</del>	3141111	3										
Governance	= 1 2	Check t	his box ▶ ☐ if the organ	uzation die	continued its execution	Preci		o than 25% of	ito pot occ				
ૢૺ	4- 2						இளுற		1				
	<del>-1-</del> -		of voting members of the g				-	<u> </u> ଡ଼ା	3	10			
S	φ <u>4</u>	Tatal	of independent voting mer	nders of th	e governing body (Part		<b>շ</b> ሰነፍ	- Q  ·  -	4	10			
ŧ	<b>4</b> 5	Iotal nu	mber of individuals employ	ed in caler	ndar year 2014 (Party),	line-za) " 🏻	2013	00   ⋅  -	5	0			
Activities	<b>밝 6</b>	iotai nu	mber of volunteers (estima	te if neces	sary).		• • • •	<u>-</u> -1⊈   -	6				
⋖	-1	lotal un	related business revenue fi	rom Part V	III, column (C), line 12	OGDER	V, Ul	F -	<u>7a</u>	0			
	<u> b</u>	Net unre	elated business taxable inc	ome from I	-orm 990-1, line 34				7b	0			
	12	0 - 1 - 1						Prior Year		Current Year			
9	₩8		utions and grants (Part VIII,				<u> </u>		533	350,500			
ē	9	_	n service revenue (Part VIII						0	0			
Revenue	10		ent income (Part VIII, colur		•			325,		178,735			
_	11		evenue (Part VIII, column (A		0	7,072							
	12		enue—add lines 8 through 11			ine 12)	ļ <u> </u>	333,		536,307			
	13		and similar amounts paid (F					277,		728,816			
	14		s paid to or for members (Pa		0	0							
es	15		, other compensation, employ		•	es 5–10)		9,	000	23,400			
Expenses	16a		ional fundraising fees (Part			0	0						
×	b		ndraising expenses (Part IX	-	ļ								
Ш	1 ''		xpenses (Part IX, column (A				L		552	25,725			
	18		penses Add lines 13-17 (n			e 25) .		329,		777,941			
	19	<u>-Revenu</u>	e less expenses. Subtract l	ine 18 fror	n-line 12			<del> 4</del> ,	022	-241,634			
Net Assets or	<u> </u>						Begin	ning of Current Y		End of Year			
3861	20		sets (Part X, line 16)			•		4,641,	151	4,449,576			
¥.	21		bilities (Part X, line 26)	•	•			<del> </del>	500	98,310			
			ets or fund balances. Subtr	act line 21	from line 20 .	<u> </u>	L	4,578,	651	4,351,266			
	art II		nature Block										
	•		y Topclare that I have examined th					•	-				
and	belief, it	is true, com	ect, and complete Declaration of pr		<del></del>	formation of whic	h prepare			4 ******			
Si	gn		y Joda X	<u>ى د. د</u>	mtt				3-14	<u>-/3</u>			
	ere	[	Signature of officer			_		Date					
			Todd B Smith		<del></del>	Pres	ident_			·			
			Type or print name and title										
		Pnn	t/Type preparer's name		Preparer's signature		Da	1	eck I if	PTIN			
Pa		Mic	hael D Whitlock		Michael D Whitlock		<sub>8/</sub>		f-employed	P00534602			
	epare	r -		ONS	Implication by A Linguist			T					
Us	e Onl	y			INDIANADONO ESTA	0005 4074		Firm's EiN ►					
		Fim	n's address ► 2650 SUTHER	LAND AVE	<u>:, INDIANAPOLIS, IN 4</u>	6205-4271		Phone no	317-926-57				
Ma	y the IF	RS discus	ss this return with the prepa	rer shown	above? (see instruction	ns)				X Yes No			
Fo	r Paper	work Red	luction Act Notice, see the s	separate in	structions.					Form <b>990</b> (2014)			

	90 (2014		31-1153995	Page 2
Pa	<u>rt III                                  </u>	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly	describe the organization's mission		
•	United	States Diving Foundation, Inc. (USDF) was formed to benefit and perform the function		
	of and	carry out the educational programs of USA Diving, Inc., the sole member of USDF.		
2	Did th	e organization undertake any significant program services during the year which were not listed on	_	
	the pr	or Form 990 or 990-EZ?	. Yes	X No
	If "Yes	s," describe these new services on Schedule O.		
3	Did th	e organization cease conducting, or make significant changes in how it conducts, any program		
	servic	es?.	. Yes	X No
		s," describe these changes on Schedule O		
4	Descr	the the organization's program service accomplishments for each of its three largest program services,	as measured by	
	exper	ises. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	cations to others.	,
	the to	tal expenses, and revenue, if any, for each program service reported		
4a	(Code	) (Expenses \$ 250,000 including grants of \$ ) (Revenue	<b>\$</b>	)
	BLOC	K GRANT Program Service Accomplishments: The goal of the USA Diving block grant was to aid the		
	gener	al operating budget. The funds were used to cover expenses for national championship events		
		ior and conor duors and for member handite auch as uncurrence. Actually chiesture for		
		ne period and the long-term goal. The long-term goal of the block grant is for USA Diving		
	to cor	tinue to be able to provide services and benefits to the membership. Events and insurance		
	are th	e frindamental reasons LISA Diving exists and this grapt holped facilitate these items. LISA		
	Divino	currently has around 8,000 members so these funds will go to serve the current membership		
	as we	Il an imparato than a titlant for future management		
	30.00			
4b	(Code	) (Expenses \$ 111,000 including grants of \$ ) (Revenue	<b>\$</b>	
7.0		RNATIONAL GRAND PRIX COMPETITIONS Program Service Accomplishments This grant allows US		
		to cond although to yours international competitions to competit and the world boot		
		as as well as gain international experience which is critical prior to the World		
		properties and Olympia Gama, Athlotos compoted in 48 different eventeend three different		
		ational competitions. The long term goal is to expose USA Diving athletes to as much		
	ilifelli	ational competetion and as my international judges as possible. The exposure helps the		
	atrilet	es excel in both the World Championships and Oplympic Games		
-				
4c	(Code	e: ) (Expenses \$ 107,000 including grants of \$ ) (Revenue		
70		DIVING INDIVIDUAL 2014 FINA WORLD JR CHAMPIONSHIPS AND OPENING THE MINDS TOUR T		
		CHES Program Service Accomplishments  These programs both center around the junior diving		
		edals, gain international experience and to make a name for themselves as divers in the		
	intern	ational world This U.S. Junior National Team included 24 athletes. The Opening of the Minds		
		nvolved 14 Junior coaches and six support staff to China to expose USA Diving Junior coaches		
		ng The long term goal is to build our athlete pipeline. Providing our junior athletes with		
		ational competition experience is necessary for these athletes to become our next generation		
	which	unii banafi ani aniu iba numani nibi nina iban ana nanahan bui futun nibinin na unii		
4d	Other	program services. (Describe in Schedule O.)		
	(Ехре	enses \$ 266,932 including grants of \$ 0 ) (Revenue \$	0)	
40	Total	program service expenses > 734 932		

	·		Tes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Ţ	
` ,		1	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	<del>^</del>	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		T I	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3	╅	<u> </u>
	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			v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_6	$\dashv$	X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	3		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			<del></del>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	Х
С	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.	11c		Χ
d	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	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	.	Ì	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a		Х
U	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete-Schedule E	13		<u> </u>
14a	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, investment, and program service activities outside the United States, or aggregate		l	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u> </u>
13	If "Yes," complete Schedule G, Part III.	19		¥
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\longrightarrow$	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<u>~`</u>

Parl	V Checklist of Required Schedules (continued)				
	•	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
•	domestic government 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 or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		Х
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		Х
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		ì		
	24b through 24d and complete Schedule K. If "No," go to line 25a .		24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	-			<u> </u>
·	to defease any tax-exempt bonds?		24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		x
			240	<b></b>	<del>  ^-</del>
<b>258</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		1		1
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		]	1	
	990-EZ? If "Yes," complete Schedule L, Part I		25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any				
	current or former officers, directors, trustees, key employees, highest compensated employees, or		1		
	disqualified persons? If "Yes," complete Schedule L, Part II		26	L	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1	İ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	_	27	1	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	ļ	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	•	1		m
-	Schedule L, Part IV		28b	ļ	x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		200	<del> </del>	<del>  ^-</del>
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c	1	v
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			├	X
29		-	29	├	<del>  ^</del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			i	,
•	conservation contributions? If "Yes," complete Schedule M	-	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			]	
	Part I	•	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?		1		
	If "Yes," complete Schedule N, Part II		32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				-
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.		33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,				1
	III, or IV, and Part V, line 1		34	<u> </u>	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a	l	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlle	d			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related				
- •	organization? 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		33	<del>                                     </del>	<del>  ^</del>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part				1
	VI		27		"
		•	37	<del>                                     </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1		
	197 Note. All Form 990 filers are required to complete Schedule O		38	X	1

Part V

			Yes	No
`1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	_	1	
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 .	o		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		] -
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	1	1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?.	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<b>↓</b>	—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	x	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		X
7	Organizations that may receive deductible contributions under section 170(c).	}		1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	<b></b> -	X
b	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	1_		
a	required to file Form 8282?	7c		X
d e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<del> </del> _	-	<del>  ↓</del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	+-	x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		T X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del>  '''</del>	1	+^
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		1	
a.	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	- X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	<u>o</u>	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0	1	
11	Section 501(c)(12) organizations. Enter.	-	ł	1
a	Gross income from members or shareholders	_	1	1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
• • •	against amounts due or received from them )	٦.	-	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	<del>-</del>	┼—
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	42		<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	138	<del>'</del>	+
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans   13b	-	-	
С	Enter the amount of reserves on hand	$\dashv$	}	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	148	1	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	141	_	Ť

b Are any governance decisions of the organization reserved to (or subject to approval by) members,

Did the organization contemporaneously document the meetings held or written actions undertaken during

stockholders, or persons other than the governing body?

Each committee with authority to act on behalf of the governing body?

List the states with which a copy of this Form 990 is required to be filed

financial statements available to the public during the tax year.

Another's website

available for public inspection. Indicate how you made these available. Check all that apply.

Irene Johnston, assistant treasurer 1232 Leisure Lane Number 6, Walnut Creek, CA 94595

Х 7a

7b

8a

8b

5

6

8

the year by the following The governing body?

Section C. Disclosure

Own website

17

19

20

31-1153995 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. Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 X . Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .

9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			1
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	_	Х
<u>Sect</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	Code.	)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		Ċ	
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did 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 approval by			
	independent persons, comparability-data, and contemporaneous substantiation of the deliberation and decision?	1. 1		ĺ
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			i
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			ĺ
	the organization's exempt status with respect to such arrangements?	16b		

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records

X Upon request

Other (explain in Schedule O)

	_							-—	-	
Form 990 (2014) United States Diving Foundation, I	nc								31-11539	95 Page <b>7</b>
Part VII Compensation of Officers, Dire		es, K	(ey	Em	plo	yees	s, F	lighest Comp		
. Employees, and Independent C Check if Schedule O contains a r		te to	anı	v lır	e ir	n this	Pa	nrt VII		
Section A. Officers, Directors, Trustees, Key E										· · ·
1a Complete this table for all persons required to be						_			with or within the	
organization's tax year	•	•						,		
<ul> <li>List all of the organization's current officers, do of compensation Enter -0- in columns (D), (E), and (</li> <li>List all of the organization's current key emplo</li> <li>List the organization's five current highest compensation (Box 5 of Forwhole Compensation)</li> </ul>	F) if no compens yees, if any See npensated emplo	sation e instr oyees	wa ructi (ot	s pa ions her	aid for thar	defini n an c	tion	of "key employe er, director, truste	ee " ee, or key emplo	
organization and any related organizations							,			
<ul> <li>List all of the organization's former officers, ke</li> <li>\$100,000 of reportable compensation from the organ</li> </ul>	y employees, ar ization and any i	nd hig relate	hes d or	t co	mpe izat	ensate	ed e	mployees who r	eceived more th	an
<ul> <li>List all of the organization's former directors organization, more than \$10,000 of reportable competents.</li> </ul>	or trustees that ensation from the	recei	ved,	, in t atioi	he d	capac d anv	ity a	as a former directated	ctor or trustee of	the
List persons in the following order: individual trustees compensated employees, and former such persons		_				-		-		
Check this box if neither the organization nor any	y related organiz	ation	con	npe	nsat	ted ar	пу с	urrent officer, dir	ector, or trustee	
(A) Name and Title	(B) Average hours per	box,	unle: er an	Pos heck ss pe	rson	than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Jared Book	3 00			1						
Treasurer	3 00	X		X				0	0	0
(2) Kathy Bonuchi	2 00	1								
Trustee	3 00	_	<u> </u>	ļ	<u> </u>			0	0	0
(3) Tom Gompf	3 00							<u>'</u>		_
Trustee (4) Micki King	3 00		$\vdash$	$\vdash$	<del> </del>		<del> </del>	0	0	0
Trustee	0 00	ľ						0	0	0
(5) Steve McFarland	3 00		厂	T	$\vdash$		$\vdash$			
Vice Chair	0 00		L	L				0	0	0
(6) Cynthia Potter	3 00									

	line)	stee	rustee		ě	bensated				organizations
(1) Jared Book	3 00									, <u>-</u>
Treasurer	3 00			Х				0	0	0
(2) Kathy Bonuchi	2 00									
Trustee	3 00	Х						0	0	0
(3) Tom Gompf	3 00						ŀ			
Trustee	0 00	Х						0	0	0
(4) Micki King	3 00									
Trustee	0 00	Х						0	0	0
(5) Steve McFarland										
Vice Chair	0 00							0	0	0
(6) Cynthia Potter	3 00									
-Secretary	0 00	Х		Х				0	0	0
(7) Ron O'Brien	1 00			-		-	_	1.12	-	
Trustee	0 00	X						0	0	0
(8) Steve Voellmecke	1 00									
Trustee	0 00	Х						0	0	0
(9) William Walker	1 00									_
Chariman	0.00			Х				0	0	0
(10) De Cutshaw	1 00									
Trustee	0.00	Х						0	0	0
(11) Todd Smith	5 00									
President	0 00			Х				9,000	0	0
(12)										
(13)										
(14)				_					,	·
				_	$\overline{}$					

	90 (2014)		States Diving Foun											53995	Р	age 8
, Pa	ert VII	(A) Name and to	Officers, Directors	(B) Average hours per week (list hours for relate organization do line)	ge per t any for d bons otted	(do r	ot ch unles	Pos eck s pe	tion more rson	n of the Highest compensated	one an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com f org	(F) stimate nount other other appensa rom the panizate d relate anizate	of tion e ion ed
(15)							_			it ed.	-			-		
							_							<del> </del>	_	
(17)									_				,		_	
(18)														1	_	
(19)							$\vdash$					,		-		
(20)									-	-						<del></del>
(21)							<u> </u>									
(22)								-			_			1		
(23)							-									
(24)											<del>                                     </del>				_	
(25)																<del></del>
1b c	Total (ad	m continuation			•	L		·			<b>&gt; &gt; &gt;</b>	9,000 0 9,000		0		0
2			als (including but in from the organiz	not limited to th	ose lis	sted a	ibov	e) v 0	vho	rece	vec	I more than \$100	,000 of			
3			any former office					oye	e, c	or higi	hes	t compensated	-	3	Yes	No X
4	-	nization and rel	on line 1a, is the sated organizations	<del>-</del>		•						•	h	4		X
5	Did any p	person listed or	line 1a receive or					•			_		vidual			
Sec		dependent Co	the organization?	ii res, compi	iele Si	criedi	iie J	101	Suc	n pe	SOI	<u>'</u>	· _ · · ·	5	L	<u> </u>
1			your five highest coorganization Rep											s tax		
	,		(A) Name and busine	ss address							ļ	(B) Description of ser	vices	(C		1
																0
		<del></del> _									$\vdash$	· <del></del>		<del> </del>		0 0
											E					0
2			ndent contractors (			ted to	the	se l	iste	d abo	-	who received				0

Form 990 (2014)
Part VIII

-		Check if Schedule O contains a response or note to any line i	n this Part VIII .			$\square$
,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f				
<u>ø</u>		Business Code	000,000			
JE	2a		1ol			
vice Reve	b		0			<u> </u>
2	С		0			
Program Service Revenue	d		0			1
Ë	е		0			
ğ	f	All other program service revenue	0			
ă	g	Total. Add lines 2a–2f ▶	0			
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	39,012 0			39,012
	6a b c d	Gross rents Less rental expenses .  Rental income or (loss)				
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis  (i) Securities (ii) Other 139,723 0	5	- The land of the	7/ / -	
	c d	and sales expenses       0       0         Gain or (loss)       139,723       0         Net gain or (loss)       ▶	-i I			
Other Revenue	8a 	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18				
ᇎ	b	Less. direct expenses b	-1 i		n.	
Ō	c 9a	Net income or (loss) from fundraising events	0			
	b	Less. direct expenses b	<b>-</b> 1 1			1
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	)			
	b	Less cost of goods sold b			·	ļ
	С	Net income or (loss) from sales of inventory	0			ļ
	4.	Miscellaneous Revenue Business Code				<b></b>
	11a	Returned or unused grants	7,072	7,072		
	b		0			
	C	All other revenue	0			1
	d	All other revenue	7 072			<del> </del>
	е 12	Total. Add lines 11a—11d	7,072 536,307	7,072		0 39.012
	. 4	TOWN 13 VEHICLE OCC III SUUCIONS	1 730,30/1	1,0121		0 39.012

### Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all c	Columns All other on	manizations must co	omolete column (A)	<del></del>
Secin	Check if Schedule O contains a response or note			implete column (A).	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	728,816	728,816		
2	Grants and other assistance to domestic	j			
	ındıvıduals See Part IV, line 22	0			···
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		Į.		
	individuals See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			<del></del>
5	Compensation of current officers, directors,				
_	trustees, and key employees .	9,000		9,000	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	0	2.042	40.457	<del></del>
7	Other salanes and wages	14,400	3,943	10,457	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	<del>.</del>	·	
9	Other employee benefits	0			
10	Payroll taxes	U			
11	Fees for services (non-employees)	o			
a	Management	0			<del></del>
b	Legal Accounting	7,951	2,173	5,778	
d	Lobbying	7,931	2,173	5,110	
<u> </u>	Professional fundraising services. See Part IV, line 17	0	<del></del>		
f	Investment management fees	0	<del></del>		<del></del>
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	o			
12	Advertising and promotion	0			
13	Office expenses	1,060		1,060	·
14	Information technology	0			·
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				·
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	11,093		11,093	
20	Interest	0			
21	Payments to affiliates	- 0			- <u> </u>
22	Depreciation, depletion, and amortization.	0	0	_0	
23	Insurance	2,509		2,509	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column		İ		
	(A) amount, list line 24e expenses on Schedule O)				
а	Bank fees	150		150	
þ	Dues & subscriptions	1,179		1,179	
C	Printing	1,500		0	1,500
d	Postage	283		283	
е	All other expenses	0	70.000	44 ===	1
25	Total functional expenses. Add lines 1 through 24e	777,941	734,932	41,509	1,500
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs			ļ <b>,</b>	
	from a combined educational campaign and				
	fundraising solicitation. Check here     if   following SOP 98-2 (ASC 958-720)			i	
	IUIIOWING GOT BUT IMBC BUD-120)	L			

### Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing. . . 1 1 2 2 Savings and temporary cash investments 16.812 42.129 Pledges and grants receivable, net 3 3 0 0 0 4 Accounts receivable, net . 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L. 6 Notes and loans receivable, net 0 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 1.630 9 1.760 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less: accumulated depreciation 10b 0 10c b 0 4.405.687 Investments—publicly traded securities 4.622.709 11 11 12 Investments-other securities See Part IV, line 11. 12 0 0 13 13 Investments—program-related See Part IV, line 11 0 0 14 Intangible assets . 0 14 0 15 Other assets. See Part IV, line 11 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,641,151 16 4,449,576 17 Accounts payable and accrued expenses 17 1,661 62,500 18 18 Grants payable 96.649 19 Deferred revenue. 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 0 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0 26 Total liabilities. Add lines 17 through 25 62,500 26 98,310 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . 509,023 27 208,297 27 Temporarily restricted net assets 1,449,774 28 1,423,115 Permanently restricted net assets . . . 2,619,854 2,719,854 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds. 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 4,578,651 33 4,351,266 Total liabilities and net assets/fund balances 4,641,151 4,449,576

Form 5	990 (2014) United States Diving Foundation, Inc	31-1	153995	Pag	e 12
Part	XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI			. [	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		536	307
` 2	Total expenses (must equal Part IX, column (A), line 25)	2			,941
3	Revenue less expenses. Subtract line 2 from line 1	3		-241	,634
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,578	,651
5	Net unrealized gains (losses) on investments	5		14	,249
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		_	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		4,351	,266
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			.	
	<u>-</u>			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		i i		
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	'
	If the organization changed either its oversight process or selection process during the tax year, explain in		20	_^_	-
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
Ja	the Single Audit Act and OMB Circular A-133?		3a	'	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		- va		<del>  ^</del>
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1
	required busin or duding, explain why in concedure of and describe any steps taken to undergo such addits	•		990	(2014)
					(~~)

### 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.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		ie organization					Employer identification	n number	
Unite	d S	tates Diving Foundation, Inc					31-11	53995	
Par		Reason for Public Char							
	orga	anization is not a private foundat							
1	님	A church, convention of church			n section	170(0)(1)(	(A)(I).		
2	님	A school described in section 1		•	41 4504				
3	님	A hospital or a cooperative hos	-		•				
4	Ш —	A medical research organization hospital's name, city, and state		· ·					
5	Ш	An organization operated for th section 170(b)(1)(A)(iv). (Com	e benefit of a colleg plete Part II)	e or university owned	or operate	d by a go	vernmental unit desc	ribed in	
6		A federal, state, or local govern	ment or governmen	ital unit described in se	ection 170	(b)(1)(A)(	(v).		
7		An organization that normally redescribed in section 170(b)(1)(	eceives a substantia ( <b>A)(vi).</b> (Complete F	al part of its support fro Part II.)	m a govei	nmental u	unit or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II )				
9		An organization that normally re receipts from activities related t support from gross investment acquired by the organization af	o its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section (	no more than 33 1/3 511 tax) from busines	% of its	
10	П	An organization organized and				•			
	ᅜ	An organization organized and	-	•	•		` '` '	he nurnose	e
••	لکا	of one or more publicly support Check the box in lines 11a thro	ed organizations de	escribed in section 509	9(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).	
a b	Į	X Type I. A supporting organization (some organization organization Type II. A supporting organization Type II. A supporting organization organization Type II. A supporting organization o	s) the power to regunder in the power to regunder in the power in the	ilarly appoint or elect a tions A and B. r controlled in connecti	majority on with its	of the direct	ctors or trustees of the	ne supportir	ng
		control or management of the organization(s) You must c	e supporting organi omplete Part IV. Se	zation vested in the sa	ame perso	ns that co	ntrol or manage the	supported	
С		Type III functionally integra	ated. A supporting o	organization operated i	n connect	ion with, a	and functionally integ	rated with,	
-4	ı	its supported organization(s)							
d		Type III non-functionally in that is not functionally integr	ated The organizat	ting organization opera ion generally must sat	atea in cor isfy a distr	inection w ibution red	ntn its supported orga quirement and an att	anization(s <sub>.</sub> entiveness	1
		requirement (see instruction	s) You must comp	lete Part IV, Sections	A and D,	and Part	V.		
е	i	Check this box if the organized functionally integrated, or Ty					Type I, Type II, Type	e III	
f		Enter the number of supported	•	illy integrated supporting	ig organiz	ation		Г	1
g		Provide the following information		ed organization(s)	•	•		·	-
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amo other supp instruct	ort (see
				(see instructions))	Yes	No			
(A)				- ··	1.55			<del></del>	
	Dıv	ing, Inc	31-0986868	9	x		591,500		
(B)									
(C)								·	
(D)									
(E)									
Total							591 500		0

instructions.

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 **(b)** 2011 (c) 2012(d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants."). Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . 0 0 0 0 0 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) 0 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2010 Calendar year (or fiscal year beginning in) (b) 2011 (c) 2012(d) 2013 (e) 2014 (f) Total 0 0 0 0 0 7 Amounts from line 4. 0 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . Section C. Computation of Public Support Percentage 14 0.00% -14 - Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 0.00% . . . . 16a 33 1/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . b 33 1/3% support test—2013. 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 17a 10%-facts-and-circumstances test-2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

### 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 or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below please complete Part II.)

	etion A. Public Support endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(0) 2014	(f) Total
1	· · · · · · · · · · · · · · · · · · ·	(a) 2010	(0) 2011	(6) 2012	(a) 2013	(e) 2014	(f) Total
'	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				ŀ		0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						0
3	organization's tax-exempt purpose Gross receipts from activities that are not an			<del></del>			0
•	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's					··	
•	benefit and either paid to or expended on		İ	1			
	its behalf						0
5	The value of services or facilities			· · ·			
-	furnished by a governmental unit to the	ŀ					
	organization without charge		İ				0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						<u>.</u>
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6)			1	1		0
Sec	ction B. Total Support		·				
Cale	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on secunties loans,						
	rents, royalties and income from similar sources						0
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
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 VI )						
13	Total support. (Add lines 9, 10c, 11,	_		_1	_		
	and 12)	0]	0	0]	0	0]	0
14	First five years. If the Form 990 is for the org	janization's first, s	econd, third, fourth	n, or fifth tax year as	s a section 501(c)(	(3)	
	organization, check this box and stop here		• •	•	•	• •	·
	tion C. Computation of Public Sup					1	
15	Public support percentage for 2014 (line 8, co			n)) .		15	0 00%
16	Public support percentage from 2013 Schedul				· · ·	16	0 00%
	ction D. Computation of Investment					47	
17	Investment income percentage for 2014 (line		=	olumn (f)) .		17	0 00%
18	Investment income percentage from 2013 Sch					18	0 00%
туа	33 1/3% support tests—2014. If the organization may than 33 1/3% shock this box and st					and line 17 is	
<b>h</b>	not more than 33 1/3%, check this box and str 33 1/3% support tests—2013. If the organization		•		-	22 1/20/ and	▶ ∟
U	line 18 is not more than 33 1/3%, check this b						<b>⊾</b> [
20	Private foundation. If the organization did no		_				· [ ]
		A CHICAN G DOX OIL	17, 13a, UI 13	s, wison tills but di	ハム シモモ いういせんけいこ		

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### **Section A. All Supporting Organizations**

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
1		163	140
	 1	X	,
		^	!
	2	- '	X
	3a	_	<b>x</b>
	3b		
	3с		
	4a		X
	4b		Х
	4c		X
	5a		
ĺ	5b		
	5c		
	6	-	
	7		X
	 8		X
			:
	9a		X
	9b		X
	9с		X
	10a	\	X
	10b		'ـــــــــــــــــــــــــــــــــــــ

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
. а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
ь	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a	<u> </u>	X
C		11b	_	X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  ion B. Type I Supporting Organizations	11c	<u> </u>	X
	on on the state of		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		_	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	ŀ		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Cooti	supervised, or controlled the supporting organization	2		Х
Secu	ion C. Type II Supporting Organizations		Vac	No.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<u> </u>	Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		X
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	Х
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-	ļ	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2	X	ļ
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Secti	supported organizations played in this regard ion E. Type III Functionally-Integrated Supporting Organizations	3	L	X
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst		۵۱	
' a	The organization satisfied the Activities Test. Complete line 2 below	rucuon	S)	
				_
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	[X] The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	e instruc	ctions)	).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	•		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	-		
	how the organization was responsive to those supported organizations, and how the organization determined			L
_	that these activities constituted substantially all of its activities	2a	<u> </u>	L
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			İ
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			ĺ
	reasons for the organization's position that its supported organization(s) would have engaged in these			
2	activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.		[	l
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
h	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		$\vdash$
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		
	- OF NO SUPPORTOR OF MAINEAUTORS IT 163, LICOUNDE HER <b>OF LIFE FURE FURE DIAVEU DV HIE CHUMINZAHUH III HIIS 180</b> 810	ı Ju		4

Schedule A (Form 990 or 990-EZ) 2014 United States Diving Foundation, Inc.			1153995	Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O				
1. Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	t on Nov. 20, 1970. See ins	structions. A	11
other Type III non-functionally integrated supporting organizations must con	mplet	e Sections A through E		
Section A - Adjusted Net Income		(A) Prior Year	(B) Currer (option	
1 Net short-term capital gain	1			
2 Recovenes of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3	4	0		0
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0		0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Currer (option	
Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year)				
a Average monthly value of securities	1a		1	
<b>b</b> Average monthly cash balances	1b		l	
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d	0		0
e Discount claimed for blockage or other				
factors (explain in detail in Part VI):			<u> </u>	
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3	0		0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	Ī			
see instructions)	4	0		0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0		0
6 Multiply line 5 by 035	6	0		0
7 Recoveries of prior-year distributions	7	0		0
8 Minimum Asset Amount (add line 7 to line 6)	8	0		0
Section C - Distributable Amount			Current	Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			0
2 Enter 85% of line 1	2			0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			0
4 Enter greater of line 2 or line 3	4			0
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions)	- 6			0۔
7 Check here if the current year is the organization's first as a non-functional	lly-ınt	egrated Type III supporting	organization	(see
instructions)				

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Excess from 2013

e Excess from 2014

	orm 990 or 990-EZ) 2014	United States Diving	Foundation, Inc.			31-1153995	Page 8
Part VI	Supplemental I	Information. Provide	the explanations	s required by Pa	art II, line 10; Part I	I, line 17a or 17	7b; and
	Part III, line 12.	Also complete this par	rt for any additio	nal information	(See instructions)	•	
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## **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form99	6	
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formation about Schedule I (Form 990) and its instructions is	ov/fo	
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Open to Public Inspection Employer identification number

OMB No 1545-0047

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Š X Yes 31-1153995 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance the selection criteria used to award the grants or assistance?. Jnited States Diving Foundation, Inc. Part I Part II

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	(e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance other)	financial support 591,500						
sipient that received more	(b) EIN (c) IRC section if applicable	86868 501(c)(3)	-	-		-	 	
Part IV, line 21, for any rec	1 (a) Name and address of organization or government	USA Diving, Inc. 32 E Washington ST Ste 850 Indiana 31-0986868						

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2014)

Page 2

United States Diving Foundation, Inc

Schedule I (Form 990) (2014)

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part IV Part III

Schedule † (Form 990) (2014)

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization	Employer Identification number
United States Diving Foundation, Inc.	31-1153995
Form 990, Part III, Line 4d Program Service Expenses 266,932, Grants and allocations: 0,	
Revenue: 0 Sum of the other program expenses including grants made to indiviual club members	
revenue. O dum of the other program expenses including grants made to individual dub members	<del></del>
	*
	<u> </u>
***************************************	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer Identification number
United States Diving Foundation, Inc.	31-1153995
***************************************	***************************************
***************************************	•••••••••••••••••••••••••••••••••••••••
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

United States Diving Foundation, Inc

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Open to Public

OMB No 1545-0047

Employer identification number

31-1153995

Information about Schedule R (Form 990) and its Instructions is at www.irs.gov/form990.

Partl	Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33	te if the organization a	answered "Yes" o	n Form 990, Part	IV, line 33			
	(a) Name, address, and EIN (if applicable) of disregarded entity	D Primary	(b) Primary activity Legal or for	(c) Legal domicile (state or foreign country)	(d) Total income End-	(e) End-of-year assets	(f) Direct controlling entity	6u
(1)								i
(2)								
(3)								
(4)								
(5)								
(9)								
Part II	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ations Complete if the	e organization an	swered "Yes" on	Form 990, Part IV	V, line 34 becau	se it had	i
	(a) Name, address, and EIN of related organization	(b) Prmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entry	(9) Section 512(b)(13) controlled entity?	(b)(13) ed ?
							Yes	2
(1) USA Di 132 E Wash	(1) USA Diving, Inc 31-0986868 132 E Washington Street, Suite 850 Indianapolis, IN 46204	NGB-sport of diving	НО	501(c)(3)	Type 1	N/A		×
(2)								
(3)								
(4)								
(5)								
(9)								

Schedule R (Form 990) 2014

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

Yes No		
Yes No		
	-	-
	)	)
	No	Yes No

(3)

(4)

(5)

(9)

	Identification of Related Organizations Taxable		as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part	Trust Comple	te if the organiza	ation answer	ed "Yes" on F	orm 990, F	art	
ran iv	IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	ore related organizat	ions treated as a	corporation o	r trust during the	tax year				
Nam	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C com, S com, or frust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entty?	(b)(13)
									Yes	N <sub>o</sub>
(1)										
(2)										
(3)										
(4)				, ,						
(5)										
(9)										

Schedule R (Form 990) 2014

(2)

Page 3

31-1153995

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Schedule R (Form 990) 2014

Yes 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 5 19 <u>1</u> Ξ 9 2 8 **\*** 2 Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. 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? Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (I) interest, (II) annuities, (III) royalties, or (Iv) rent from a controlled entity Lease of facilities, equipment, or other assets to related organization(s). Lease of facilities, equipment, or other assets from related organization(s). Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Reimbursement paid by related organization(s) for expenses. Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) . . Exchange of assets with related organization(s). Dividends from related organization(s) . . . . Sale of assets to related organization(s). Part V Ε \_ ۵ ح σ ¥ ~

Nam	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	-			
(2)				
(3)	-			
(4)				
(5)				
(9)				

Schedule R (Form 990) 2014

# Part VI

# Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on 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.

(a) (h) (h)	(9)		(a) (b) (c) (c)	9	-	e	(a)	£	-	5	€		3
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all po	artners	Share of	Share of	Disproportionate allocations?		V—UB!	General or		Percentage
		(state of foreign country)	unrelated, excluded from tax under sections 512-514)	section 501(c)(3) organizations?	on )(3) itions?		assets			of Schedule K-1 (Form 1065)	partne		dualeum
				Yes	2			Yes	Š		Yes	ટ	
(1)												_	
(2)													
(3)													
(4)	_												
(6)													
(9)													
(7)	-				_,								
(8)													
(6)					-								:
(10)													
(11)	-								:				
(12)	_												
(13)													
(14)	-												
(15)													
(16)						······································							
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Schedule R (Fon		United States Diving Foundation, Inc.	31-1153995	Page <b>5</b>
Part VII	Suppleme	ental Information		
	Provide a	dditional information for responses to questions on Schedule R (see instructio	ns).	
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