PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0001426273000

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

> Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or th	e 2019 calendar year, or tax year beginning and	ending	-	
B c	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre	USA DIVING, INC.			
	Name Chang	Doing business as		31-09868	68
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	9801 FALL CREEK ROAD #412		317-237-	
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,911,076.
	Amen return Applio	INDIANAPOHIS, IN 40250		H(a) Is this a group re	
	tion pendi	F Name and address of principal officer:		for subordinates	
<u> </u>	-	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (te: ► HTTP: / / WWW.USADIVING.ORG	or 527		list. (see instructions)
		forganization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	State of legal domicile: IN
	art I	Summary			State of legal dofflicite. 11
		Briefly describe the organization's mission or most significant activities: TO SI	IPPORT	ULS. OLYMP	TC AND
Activities & Governance	•	PARALYMPIC ATHLETES IN ACHIEVING SUSTAIN	ED COM	IPETITIVE EX	CELLENCE
nai	2	Check this box			
ovel	3			3	17
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
es 8		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			11
viti		Total number of volunteers (estimate if necessary)			19
\cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		1,984,077.	2,199,097.
ent	9	Program service revenue (Part VIII, line 2g)		528,296.	699,418.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,680.	4,896.
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,607.	7,665.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,541,660.	2,911,076.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		44,056. 1,076,101.	<u>48,475.</u> 855,391.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
ens		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ĕ		Total fundraising expenses (Part IX, column (D), line 25) 22,4		2,141,539.	2,171,434.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,261,696.	3,075,300.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-720,036.	-164,224.
es	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ets (anc	20	Total assets (Part X, line 16)		330,444.	767,660.
Ass Bal		Total liabilities (Part X, line 26)		379,531.	980,271.
Net Assets or Fund Balances		Net assets or fund balances. Subtract line 21 from line 20		-49,087.	-212,611.
		Signature Block		-,	·- , · - - ·

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer LEE MICHAUD, PRESIDENT Type or print name and title		Date							
Paid	Print/Type preparer's name CASSE TATE	Preparer's signature CASSE TATE	Date 11/14/20	Check PTIN if self-employed P01271193						
Preparer	Firm's name 🕒 KSM BUSINESS SER	VICES, INC.	Firm's	s EIN ▶ 35-2123203						
Use Only	Firm's address P.O. BOX 40857									
	eno.(317) 580-2000									
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No						
932001 01-2	932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see inst	ructions		Taxnave	identification	n number (TIN)				
print		Taxpayer identification number (TIN)								
-	USA DIVING, INC.		31-098	86868						
File by the due date filing your	or Number, street, and room or suite no. If a P.O. box, 9801 FALL CREEK ROAD #412	, see instruc	tions.							
	return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46256									
Enter th	e Return Code for the return that this application is for ((file a separa	te application for each return)			01				
Applica	ition	Return	Application			Return				
ls For		Code	Is For			Code				
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 9	90-BL	02	Form 1041-A			08				
Form 4	720 (individual)	03	Form 4720 (other than individual)			09				
Form 9	90-PF	04	Form 5227			10				
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 9	00-T (trust other than above) JOE JASIAK	06	Form 8870			12				
 If thi box 1 the state of the stat	e organization does not have an office or place of busines is for a Group Return, enter the organization's four dig . If it is for part of the group, check this box \blacktriangleright request an automatic 6-month extension of time until ne organization named above. The extension is for the or \overleftarrow{X} calendar year 2019 or \overleftarrow{x} tax year beginning the tax year entered in line 1 is for less than 12 months, Change in accounting period	it Group Exe	emption Number (GEN) I ich a list with the names and TINs of MBER 16, 2020 , to file s return for: d ending	f this is fo all memb	r the whole g ers the exter npt organizati	roup, check this nsion is for.				
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 472	20 or 6069	enter the tentative tax less							
	ny nonrefundable credits. See instructions.	.0, 01 0000,		3a	\$	0.				
_										
	stimated tax payments made. Include any prior year over			Зb	\$	0.				
-	alance due. Subtract line 3b from line 3a. Include your									
u	using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0.									
Caution instruct	n: If you are going to make an electronic funds withdraw ions.	al (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879	9-EO for payment				
LHA	For Privacy Act and Paperwork Reduction Act Notice	e. see instri	uctions.		Form 8	868 (Rev. 1-2020)				

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Form	USA DIVING, INC.	31-0986868	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: TO SUPPORT U.S. OLYMPIC AND PARALYMPIC ATHLETES IN ACHI COMPETITIVE EXCELLENCE WHILE DEMONSTRATING THE VALUES OF MOVEMENT, THEREBY INSPIRING ALL AMERICANS.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services' If "Yes," describe these changes on Schedule O.	?Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.		
4a	(Code:)(Expenses 350,911. including grants of \$) (Reve MEMBER SERVICES INCLUDE THE PUBLICATION OF "INSIDE USA PROVISION OF MEMBER BENEFITS SUCH AS SPORT ACCIDENT INS EDUCATION.	DIVING" AND	053.) TY
4b	(Code:)(Expenses \$ 1,865,634. including grants of \$) (Reve COMPETITION PROGRAM EXPENSES INCLUDE COSTS INCURRED TO CONDUCT DOMESTIC COMPETITIONS AND SEND TEAMS TO INTERNA COMPETITIONS. EXPENSES INCLUDE TRAVEL, CONTRACT LABOR, MEALS, AND ATHLETE TRAINING COSTS SUCH AS SPORTS SCIENC	TRAIN ATHLET ATIONAL , LODGING AND	-
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue\$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ► 2,216,545.		
		Form 9	90 (2019)
93200	2 01-20-20		
	2		
091	114 757887 52733.000 2019.05000 USA DIVING, INC.	5273	33_11

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Form 990 (2019) USA DIVING, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
-	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	· ·		
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
	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 of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	л	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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 foreign investments valued at \$100,000		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	4.5		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximant on Part IX, column (A) line 12 If "Yes," complete Schedule I, Parts Land II.	21		x
93200	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		990	(2019)
202000				()

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Form	990	(2019)

 Form 990 (2019)
 USA DIVING, INC.

 Part IV
 Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
b	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	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, III, or IV, and Part V, line 1	34	x	
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	- 23	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	004		
~	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 42		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	х	
932004	01-20-20	Form	990	(2019)
	4			

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W.3, Transmitti of Wage and Tax Statements. 1 1 1 2a Enter the number of employees reported on Form W.3, Transmitti of Wage and Tax Statements. 1	Form	990 (2019) USA DIVING, INC. 31-0986	868	Р	age 5				
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 2a 11 bit at least one is reported on line 2a, did the organization file all required to e-file (see instructions) 2b X 3a Did the organization have unrelated basiness gross income of \$1.000 or more during the year? 2b X 3b Did the organization have unrelated basiness gross income of \$1.000 or more during the year? 3b X 3b If Yes, 'Insta fitted a form 590.17 for the year? if Yeo 'to line 3b, provide an explanation or Schedule D 3b X 3b If Yes, 'Insta fitted a form 590.17 for the year? if Yeo 'to line 3b, provide an explanation or Schedule D 3b X 3c Ax any time the name of the forgin Country Yes A fran time is a orb, did the organization have an there any time during the tax year? 5c 5c 3c Was the organization have anound gross receipts that are normally greater than \$100,000, and di the organization solut any contributions the very solicitation an express statement that such contributions or gifts were not tax deductible a christlutionan? 5c 7c 7c X If Yes, 'I did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible a christlution ware any tachy did the organization neide a gross of \$75 mode party as a tori	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
Ites for the calendar year ending with or within the year covered by this return $\boxed{2a}$ 11 If at least one is reported on line 2a, did the organization fie all required fedaral employment tax returns? $\boxed{2b}$ $\boxed{2b}$ Nobe: If the sum of lines 1a and 2a is greater than 250, your may be required to e-file (see instructions) $\boxed{3a}$ $3a$				Yes	No				
b If a least one is reported on line 2a, dd the organization file all required to enfie (see Instructions) 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to enfie (see Instructions) 3a X a) At the organization have univated business gross income of \$1,000 or mee during the year/? 3b X b) If Yes, "nast the af form 500° for this year? If Yet's to ins 3b, provide an explanation on Schedule 0 3b X b) If Yes, "nast the af form 500° for CEN Form 114, Report of Forsign Bank and Financial account? (FEAR), 5c 5a X b) If Yes, "nast the age or sh, dift are organization in the an analy time during the super? 5a X b) If Yes, "nast the age or sh, dift are organization in the region country year than \$100,000, and dift the organization in form 8867 ? 5a X b) B) any taxable party notify the organization in form 8867 ? 5a X 5b X c) B) any taxable party notify the organization in an express statement that such contributions notify the advectable or aphilotic tax share? 5b X c) If Yes, "Idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles on sharable contributions? 7c X c) If Yes, "Idd the organization include with every solicitation and express providef? 7c X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note: If the sum of there 1a and 2a is greater than 250, you may be required tofie (see instructions) Image: Control 1 and 2a is greater than 250, you may be required to a fiel (see instructions) Image: Control 1 and Contr		filed for the calendar year ending with or within the year covered by this return 2a 11							
a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If 'ves, 'indicate the relation outry (buch as a bank account, soroids an signature or other authority over, a financial account); 4a X b If 'ves, 'indire the name of the relation outry (buch as a bank account, soroids an signature or other authority over, a financial account); 4a X b If 'ves, 'indire the name of the relation count, is each at bank account, or other financial accounts (FBAR). 5a X c If 'ves' in the soro so, did the organization that it was or is a party to a prohibited tax shelter transaction? 5a X b Dd any taxable party notify the organization the Form 8861? 5a X c If 'ves' to ite Sa or Sb, did the organization the Form 8861? 5a X b Dd any taxable party notify the organization the form 8861? 5a X b Dd any taxable party notify the organization the form 8861? 5a X b Dd any taxable party notify the organization as exhartable contributions 5a X b Dd any taxable party notify the organization as a tax aductable as chartable contributions? 5a X b Dd any taxable party notify the organization necess of S7 made party as a contribution of a case societs and tax aductable as chartable contributions? 7a X b Tf 'yes, 'idd t	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
b If 'Yes,' has it field a form 900-1 for this yes? // Mo' to line 30, provide an explanation on Schedule 0 35 44 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a train and account is a torik account securities account, or other financial account? 4a X b If 'Yes,' enter the name of the toreign country § 4a X b Mas the organization a party to a prohibited tax shelt or transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X b If 'Yes,' told the organization have annual gross receipts that an onromaly greater than \$100,000, and did the organization solid 5a X b If 'Yes,' told the organization have desced to thorbus on? 7a X b If 'Yes,' told the organization have as SIS made party as a contribution and party for goods and services provided to the payor? 7a X b If 'Yes,' told the organization have desced SIS made party as a contribution of a calendary for goods and services provided to the payor? 7a X c If 'Yes,		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
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a Initiation fees and capital contributions included on Part VIII, line 12 10a 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 excise tax on net investment income? 15 X 16 Is the organization and file Form 4720, Schedule N. 15 X									
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11 Section 501(c)(12) organizations. Enter: Image: transmission of the sources o									
a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a 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 13c c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X 16									
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 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 c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 15 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X									
Note: See the instructions for additional information the organization must report on Schedule O. Image: Construction of the provide of the									
Note: See the instructions for additional information the organization must report on Schedule O. Image: Construction of the provide of the	а		13a						
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X			14a		Х				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. Image: Complete Form 4720, Sche		excess parachute payment(s) during the year?	15		Х				
If "Yes," complete Form 4720, Schedule O.		If "Yes," see instructions and file Form 4720, Schedule N.							
	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
		If "Yes," complete Form 4720, Schedule O.							

Form **990** (2019)

932005 01-20-20

USA DIVING, INC.

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						
Sec	tion A. Governing Body and Management						
		ī	Т	1		Ye	s I
1a	Enter the number of voting members of the governing body at the end of the tax year	· -	1a	L	.7		
	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 on Schedule 0.			-			
b	Enter the number of voting members included on line 1a, above, who are independent	· –	1b		.7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship v	vith a	any other			
	officer, director, trustee, or key employee?				. 2		
3	Did the organization delegate control over management duties customarily performed by or under						
	of officers, directors, trustees, or key employees to a management company or other person? \dots					X	
4	Did the organization make any significant changes to its governing documents since the prior Form	n 990) was	s filed?			
5	Did the organization become aware during the year of a significant diversion of the organization's a						
6	Did the organization have members or stockholders?				. 6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appo	oint d	one or			
	more members of the governing body?				. 7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members						
	persons other than the governing body?				. 7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	year b	y the	following:			
	The governing body?					X	
b	Each committee with authority to act on behalf of the governing body?				. 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	each	ed a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				. 9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Reve	enue	Code.)			
						Ye	
0a	Did the organization have local chapters, branches, or affiliates?				. 10 a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				. 10k		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody k	pefor	e filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	ise to	confl	licts?	. 12b	, X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? ${\it lf}$						
	in Schedule O how this was done				120		
13	Did the organization have a written whistleblower policy?				. 13		
4	Did the organization have a written document retention and destruction policy?				. 14	X	
15	Did the process for determining compensation of the following persons include a review and appro	oval k	oy ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	n?					
а	The organization's CEO, Executive Director, or top management official				. 15a		
b	Other officers or key employees of the organization				. 15k	, X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	geme	nt wi	ith a			
	taxable entity during the year?				16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	uate	its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	ganiz	atior	ı's			
	exempt status with respect to such arrangements?				. 16k		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright IN						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	, and	990	-T (Section 501(c)(3)s or	ly) av	ailat
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (expla	ain or	n Scł	nedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conf	lict c	of interest policy,	and fin	ancial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's to	book	s and	d records 🕨			
	JOE JASIAK - 317-459-1265						
	9801 FALL CREEK ROAD #412, INDIANAPOLIS, IN 4625	6					
32006	§ 01-20-20				For	m 99	0 (2
	6						
91	114 757887 52733.000 2019.05000 USA DIVING, IN	NC.			52	733	3_1

Part VII	Compensation of Officers,	Directors,	Trustees,	Key I	Employees,	Highest	Compensate	d
	Employees, and Independe	ent Contra	ctors					

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

т

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, unless pe officer and a d		rson i	is bot	h an	compensation	compensation	amount of	
	week					17103		from	from related	other
	(list any hours for	directo				-		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (stee			nsated		(W-2/1099-MISC)	(W 2/1000 MICO)	organization
	organizations	trust	ial tru		oyee	ompe		· · · · · · · · · · · · · · · · · · ·		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) JACK PERKINS	40.00									
CEO				Х				98,600.	0.	0.
(2) DAVE GASCON	1.00									
CHAIR OF THE BOARD		Х		Х				0.	0.	0.
(3) KATHY I. OATES-DACEY	1.00							_		_
VICE CHAIR, ADMIN		Х		Х				0.	0.	0.
(4) SEAN MCCARTHY	1.00							_		_
VICE CHAIR, COMPETITIVE EX		Х		Х				0.	0.	0.
(5) KATHY BONUCHI	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) JOE CHIRICO	1.00							_		_
MEMBER		Х						0.	0.	0.
(7) MEGAN NEYER	1.00							_		_
MEMBER		Х						0.	0.	0.
(8) CURT WILSON	1.00									
MEMBER		Х						0.	0.	0.
(9) ARIEL RITTENHOUSE	1.00									
MEMBER		Х						0.	0.	0.
(10) CHRIS COLWILL	1.00									
MEMBER		Х						0.	0.	0.
(11) BRYCE KLEIN	1.00									
MEMBER		Х						0.	0.	0.
(12) LIZ HOMRIG	1.00									•
MEMBER		X						0.	0.	0.
(13) SANDY SEARCY	1.00								0	0
MEMBER		X						0.	0.	0.
(14) ALISON ALFERS	1.00									
MEMBER		Х						0.	0.	0.
(15) PETER BAN	1.00									•
MEMBER		Х						0.	0.	0.
(16) PRESTON MCAFEE	1.00									C C
MEMBER		X						0.	0.	0.
(17) GERRY DUNN	1.00									-
MEMBER		Х						0.	0.	0.
932007 01-20-20						-				Form 990 (2019)

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	990 (2019) USA DIVIR	NG, INC	•							31-09	868	868	Pa	age 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pei	ition ^{more} rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount other	of
		(list any hours for related organizations below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	;)	fr org and	pensa om th anizat d relat anizati	e ion ed
(18)	MICHELE MITCHELL	1.00	-	-	0	Ke	Ε	Œ						
IMME	DIATE PAST PRESIDENT		X						0.		0.			0.
	Subtotal								98,600.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
d									98,600.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed at	oove	e) wł	no re	eceived more than \$100	0,000 of reportable				0
_											r		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes." <i>complete Schedule J for s</i>			-	•	-		Ŭ	phest compensated emp	5		3		Х
4	For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	ation	n and	d otl	her compensation from	the organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		<u>X</u>
5	rendered to the organization? If "Yes," com	-				-			-			5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest contract the organization. Report compensation for the organization for the organization of the organiza										ensa	ation f	rom	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С)) ompei	;) nsatio	n
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organiz	•	ot li	mite	d to	tho: (•	stec	d above) who received n	nore than				
	``											Form	9 90 ()	2019)

932008 01-20-20

		Check if Schedule O	conta	ins a respo	nse	or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue exclu from tax und sections 512 -
2	1 a	Federated campaigns		1a						
		Membership dues				509,207.				
Ĭ		Fundraising events								
		Related organizations				703,412.				
Ē		Government grants (cont		······		/				
0		All other contributions, gifts,								
	•	similar amounts not included				986,478.				
5	a	Noncash contributions included in				65,050.				
	•	Total. Add lines 1a-1f					2,199,097.			
						Business Code				
	2 a	NATIONAL AND	RE	GIONAL		711300	617,552.	617,552.		
anuavan		CORPORATE LIC				711300	53,788.	53,788.		
ž	c	MASTERS PROGE				711300	16,499.	16,499.		
e ve	d	LEARNING ACAI		Y		711300	7,854.	7,854.		
Ĕ	e	OTHER EVENT				711300	3,690.	3,690.		
	f	All other program service			_	711300	35.	35.		
		Total. Add lines 2a-2f					699,418.			
+	3	Investment income (inclu					,			
	Ŭ	other similar amounts)	-				4,879.			4,87
	4	Income from investment					,			
	5	Royalties		•	•	-				
	•			(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss								
		Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	1	7.					
	b	Less: cost or other basis								
		and sales expenses	7b		0.					
	c	Gain or (loss)	7c	1	7.					
		Net gain or (loss)					17.			1
		Gross income from fundraisi								
	• -	including \$		of						
		contributions reported on	line							
		Part IV, line 18		,	8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from			nts	►				
		Gross income from gamir								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from								
		Gross sales of inventory,								
		and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from								
╈	-				,	Business Code				
• -	11 a	MISCELLANEOUS	S II	NCOME		711300	7,665.	7,665.		
- 1	b				_					
	c				_					
ever					-					
нечепи	h	All other revenue								
нечег		All other revenue Total. Add lines 11a-11d					7,665.			
		All other revenue Total. Add lines 11a-11d Total revenue. See instruction					7,665. 2,911,076.	707,083.	0.	4,89

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USA DIVING, INC.

Form 990 (2019) USA DIV: Part VIII Statement of Revenue

Form 990 (2019)		DIVING,		31					
Part IX Statement of Functional Expenses									
Section 501(c)(3) and 501	1(c)(4) organiza	tions must com	plete all colui	nns. All other organizations must complete column (A).					

Check if Schedule O contains a respons Do not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	40.455			
4 Benefits paid to or for members	48,475.	48,475.		
5 Compensation of current officers, directors,				
trustees, and key employees	98,600.		98,600.	
6 Compensation not included above to disqualified				
persons (as defined under section $4958(f)(1)$) and				
persons described in section 4958(c)(3)(B)	644,228.	485,802.	140,687.	17,739
7 Other salaries and wages 8 Pension plan accruals and contributions (include	077,220.		1-10,007.	
section 401(k) and 403(b) employer contributions)	17,993.	10,517.	6,490.	986
9 Other employee benefits	48,772.	25,576.	20,798.	2,398
0 Payroll taxes	45,798.	33,500.	10,932.	1,366
1 Fees for services (nonemployees):		,	.,	_,
a Management				
b Legal	130,360.		130,360.	
c Accounting	78,488.		78,488.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	1,339.		1,339.	
2 Advertising and promotion	10,847.	5,602.	5,245.	
3 Office expenses	41,073.	5,627.	35,446.	
4 Information technology	12,196.	1,304.	10,892.	
5 Royalties				
6 Occupancy	67,514. 31,079.	16,273.	67,514. 14,806.	
	51,079.	10,2/3.	14,000.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	33,309.	28,081.	5,228.	
9 Conferences, conventions, and meetings	410.	20,001.	410.	
Interest Payments to affiliates				
2 Depreciation, depletion, and amortization	14,299.	9,151.	5,148.	
3 Insurance	232,214.	196,281.	35,933.	
4 Other expenses. Itemize expenses not covered		-		
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a ATHLETE SUPPORT	1,267,576.	1,211,386.	56,190.	
b EDUCATION	93,410.	65,095.	28,315.	
c CEO SEARCH EXPENSE	81,196.	-	81,196.	
d APPAREL	71,029.	71,029.		
e All other expenses	5,095.	2,846.	2,249.	
5 Total functional expenses. Add lines 1 through 24e	3,075,300.	2,216,545.	836,266.	22,489
6 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

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11 2019.05000 USA DIVING, INC.

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m 990 art X	(2019) USA DIVING, INC. Balance Sheet		31-	0986868 Page
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	203,526.	1	709,518
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	43,750.	3	
4	Accounts receivable, net	15,670.	4	6,85
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined		_	
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	4,500.	9	26,86
	Land, buildings, and equipment: cost or other		-	-
	basis. Complete Part VI of Schedule D 10a 131,215.			
h	Less: accumulated depreciation 10b 113,707.		10c	17,50
11	Investments - publicly traded securities	21,459.	11	6,92
12	Investments - other securities. See Part IV, line 11	9,732.	12	• / • =
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	330,444.	16	767,66
17	Accounts payable and accrued expenses	220,787.	17	408,05
18	Grants payable		18	
19	Deferred revenue	119,136.	19	438,88
20	Tax-exempt bond liabilities		20	100700
20	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
22	Loans and other payables to any current or former officer, director,		21	
22				
	trustee, key employee, creator or founder, substantial contributor, or 35%		22	
00	controlled entity or family member of any of these persons		22	
23 24	Secured mortgages and notes payable to unrelated third partiesUnsecured notes and loans payable to unrelated third parties		23 24	
24	Other liabilities (including federal income tax, payables to related third		24	
23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		39,608.	25	133,33
26	of Schedule D Total liabilities. Add lines 17 through 25	379,531.	25	980,27
20	Organizations that follow FASB ASC 958, check here ► X	57575510	20	500727
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	-210,258.	27	-48,12
28	Net assets with donor restrictions	161,171.	28	-164,48
20		101,111	20	101,10
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
20			20	
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds	-49,087.	31	-212,61
32	Total net assets or fund balances	330,444.	32	767,66
33	Total liabilities and net assets/fund balances	,	33	Form 990 (2

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	990 (2019) USA DIVING, INC.	31-0	986868	Paç	ge 12
Pa	rt 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	2,91		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,07		
3	Revenue less expenses. Subtract line 2 from line 1	3	-16		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-4		87.
5	Net unrealized gains (losses) on investments	5		7	00.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		01	- -	1 1
De	column (B))	10	-21	2,6	<u> </u>
Pa	rt XII Financial Statements and Reporting				X
	Check if Schedule O contains a response or note to any line in this Part XII				
				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				x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		2b	x	
D	Were the organization's financial statements audited by an independent accountant?		20	Δ	
	consolidated basis, or both:	e basis,			
	X 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 the	o oudit			
C	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
			20		
30	If the organization changed either its oversight process or selection process during the tax year, explain on Scl As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
Jd		•	3a		x
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		Ja		
u	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зb		1
	or addits, explain why on confedule of and describe any steps taken to undergo such addits	<u></u>		990	(2019)

Form **990** (2019)

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SCHEDULE A	
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Department of the Treasury

Internal Rev

(Form	990	or	990-	F7)
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in Service

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. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047								
2019								
Open to Public Inspection								

Interna	never		Go to www.irs.go	/Form990 for instruction	ons and th	ne latest i	nformation.		Inspection
Nam	e of t	the organization USA	DIVING, IN	с.					identification number $1 - 0986868$
Pa	tΙ	Reason for Public			mplete th	is part.) Se	ee instruction		
The c 1 2 3 4 5 6		Reason for Public ization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz city, and state: An organization operated f section 170(b)(1)(A)(iv). (C A federal, state, or local go An organization that norma section 170(b)(1)(A)(vi). (C A community trust describ	Charity Status (/ dation because it is: (nurches, or association tion 170(b)(1)(A)(ii). (/ e hospital service orgi- zation operated in co for the benefit of a co Complete Part II.) overnment or governm ally receives a substa Complete Part II.) ed in section 170(b)	All organizations must co For lines 1 through 12, c on of churches described Attach Schedule E (Forn anization described in se njunction with a hospital llege or university owned nental unit described in se ntial part of its support f (1)(A)(vi). (Complete Part	heck only d in sectio 1 990 or 99 ection 170 described d or operat section 17 rom a gov	one box.) on 170(b)(1 90-EZ).) 0(b)(1)(A)(ii d in sectio ted by a ge ted by a ge 70(b)(1)(A) ernmental	I)(A)(i). ii). n 170(b)(1)(A overnmental (v). unit or from	s.)(iii). Enter unit describ	the hospital's name, bed in public described in
9		An agricultural research or							
		or university or a non-land- university:	grant conege of agric	unure (see instructions).		name, city	y, and state c	i the colleg	
10		An organization that norma activities related to its exer income and unrelated busi See section 509(a)(2). (Co	mpt functions - subje iness taxable income	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	t from gross investment
11		An organization organized		ively to test for public sa	fety. See s	section 50)9(a)(4).		
12 a b		An organization organized more publicly supported of lines 12a through 12d that Type I. A supporting org the supported organizatio organization. You must of Type II. A supporting org control or management of organization(s). You must Type III functionally into	rganizations describes describes the type of anization operated, s on(s) the power to re complete Part IV, Se ganization supervised of the supporting org st complete Part IV ,	ed in section 509(a)(1) of of supporting organizatio upervised, or controlled gularly appoint or elect a ections A and B. I or controlled in connec anization vested in the s Sections A and C.	n and com by its sup a majority o tion with it ame perso	509(a)(2). ported org of the direct s supported ons that co	See section s 12e, 12f, an ganization(s), ctors or trust ed organization ontrol or mana	509(a)(3). C d 12g. typically by ees of the s on(s), by ha age the sup	Check the box in giving supporting wing oported
		its supported organizatio	on(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d e		 Type III non-functionall that is not functionally in requirement (see instruct Check this box if the org functionally integrated, or 	tegrated. The organiz tions). You must con anization received a r Type III non-functio	zation generally must sat nplete Part IV, Sections written determination fro nally integrated support	isfy a distr A and D, m the IRS ng organiz	ribution re a nd Part that it is a zation.	quirement an V. a Type I, Type	d an attent	
		er the number of supported vide the following informatio							
y		i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)
Tota									
LHA	For P	Paperwork Reduction Act I	Notice, see the Instr	uctions for Form 990 o 13		932021 09-	25-19 Sche	dule A (For	m 990 or 990-EZ) 2019

2019.05000 USA DIVING, INC.

Schedule A (Form 990 or 990 EZ) 2019 USA DIVING, INC.

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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 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,938,270.	1,983,261.	2,038,325.	1,984,077.	2,199,097.	10,143,030.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,938,270.	1,983,261.	2,038,325.	1,984,077.	2,199,097.	10,143,030.
	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)						1,282,654.
6	Public support. Subtract line 5 from line 4.						8,860,376.
	ction B. Total Support						, , , -
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1,938,270.	1,983,261.	2,038,325.	1,984,077.	2,199,097.	10,143,030.
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,019.	3,936.	4,717.	3,511.	4,879.	21,062.
٥	Net income from unrelated business	1,0191	0,0000		0,0110	1,0,50	
9	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	103,163.	25,505.	70,866.	16,607.	7 665	223,806.
44	Total support. Add lines 7 through 10	105,105.	23,303.	10,000.	10,007.	7,005.	10,387,898.
	Gross receipts from related activities,					12 3	,216,743.
	First five years. If the Form 990 is for	•	,	d fourth or fifth to			,210,745.
	ergenization, check this hav and ater	-			-		
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Per	rcentage				
				olumn (f))		14	85.30 %
	Public support percentage for 2019 (-			15	89.41 %
	Public support percentage from 2018 33 1/3% support test - 2019. If the o						
102		-					
F	stop here. The organization qualifies 33 1/3% support test - 2018. If the o		-		lino 15 io 22 1/20/		······ • —
Ľ							
47-	and stop here. The organization qual 10% -facts-and-circumstances tes						
170							
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	-		• • •			
Ľ	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
40	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	1, 100, 17a, 0r 17b		nd see instruction	

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 USA DIVING, INC.

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

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(Complete only if you checked the box on line 10 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.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	income under continue 510						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the organization without charge						
~							
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd. fourth, or fifth t	ax vear as a section	n 501(c)(3) o	rganization.
-		-			-		
Sec	ction C. Computation of Publ						
	Public support percentage for 2019 (I		•	column (f))		15	%
16	Public support percentage from 2018					16	%
	ction D. Computation of Invest						70
	•					47	0/
	Investment income percentage for 20					17	%
18 10 -	Investment income percentage from					18	%
198	33 1/3% support tests - 2019. If the	-					i line 1 / is not
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2018. If the	organization did I	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore than 33 1	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t			
3202	23 09-25-19			1 -	Sch	edule A (For	m 990 or 990-EZ) 2019
~ ~			10 05000	15	a 7376		
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 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 12a or 12b 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 or 990-EZ).
- **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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b 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.)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
ŭ	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
-	tion B. Type I Supporting Organizations			L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•	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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization (s) that operated, supervised, or controlled the supported organization of If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
<u>Soc</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		L
000			Yes	No
4	Ware a majority of the argenization's directors of tructors during the tay year also a majority of the directors		res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
<u>Soc</u>	the supported organization(s). tion D. All Type III Supporting Organizations			L
000	tion D. An Type in Supporting Organizations		Yes	No
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		res	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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	0		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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	•		
<u></u>	supported organizations played in this regard.	3		
-	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		-)	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	ŕ	
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	-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
-	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
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 Part VI the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form 9 1 7	90 or 9	90-EZ	2019

^{2019.05000} USA DIVING, INC.

Schedule A (Form 990 or 990 EZ) 2019 USA DIVING, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <u>(continued)</u>	
Secti	on D - Distributions		· · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 USA DIVING, INC.

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME	
2015 AMOUNT: \$	103,163.
2016 AMOUNT: \$	25,505.
2017 AMOUNT: \$	70,866.
2018 AMOUNT: \$	16,607.
2019 AMOUNT: \$	7,665.
932028 09-25-19	Schedule A (Form 990 or 990-EZ) 2

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Т

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

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J	т		υ	2	ο	υ	o	υ	o	

JSA	DIVING,	INC.
	/	

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 99	90-PF) (2019)
-------------------------------------	---------------

Name of organization

Employer identification number

USA DIVING, INC.

31-0986868

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$992,954.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$703,412.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$28,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	6-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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ISA D	IVING, INC.		31-	0986868
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is neede	ed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
1	AIRLINE TICKETS			
		\$65,0	50.	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		 \$		

Page **4**

Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line entricharitable, etc., contributions of \$1,000 or l	For organization	8	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer of gift	Relationshi	p of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer of gift	Relationshi	p of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-		(e) Transfer of gift			
-	Transferee's name, address, a	nd ∠IP + 4	Relationshi	p of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift			
-	Transferee's name, address, a	na ZIP + 4	Kelationshi	p of transferor to transferee	

Department of the Treasury

Internal Revenue Service

90)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization USA DIVING, INC.	Employer identification number
Part I Organizations Maintaining Donor Advised Funds or Other Similar Fund	
organization answered "Yes" on Form 990, Part IV, line 6.	
(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	
Aggregate value of contributions to (during year)	
Aggregate value of grants from (during year)	
Aggregate value at end of year	
 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor adv 	ised funds
are the organization's property, subject to the organization's exclusive legal control?	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can b	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpos	
impermissible private benefit?	
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990,	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
	of a historically important land area
	of a certified historic structure
Preservation of open space	
 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form 	n of a conservation easement on the last
day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic struc	
listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by th	
year 🕨	5 5
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	f
violations, and enforcement of the conservation easements it holds?	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserv	ation easements during the year
▶\$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17	0(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expens	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial stater	ments that describes the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or (Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement	and balance sheet works
of art, historical treasures, or other similar assets held for public exhibition, education, or research in	furtherance of public
service, provide in Part XIII the text of the footnote to its financial statements that describes these ite	ems.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and	balance sheet works of
art, historical treasures, or other similar assets held for public exhibition, education, or research in fur	therance of public service,
provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for finance	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 201
932051 10-02-19	-

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Sche	dule D (Form 990) 2019 USA DIVI	NG, INC.						31-09	86868	3 Pa	age 2
Pa	t III Organizations Maintaining Co	ollections of A	rt, His	storical Tr	reasures, o	or Othe	r Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessio	n, and other record	ls, cheo	ck any of the	following tha	t make si	gnificant (use of its			
	collection items (check all that apply):										
а	Public exhibition	d			change progra						
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	llections and explai	n how t	hey further t	the organizati	on's exen	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or								-		1
	to be sold to raise funds rather than to be main								Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if th	e organizatio	on answered '	'Yes" on I	Form 990	, Part IV,	line 9, or		
<u> </u>	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia								7	_	1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	ind complete the to	llowing	table:					A		
									Amount		
	Beginning balance										
	Additions during the year										
e f	Distributions during the year										
	Ending balance Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						.y:				
Pai											
	· · · ·	(a) Current year		Prior year	(c) Two year			ears back	(e) Four	vears	back
1a	Beginning of year balance	., ,		,		`	, ,		,	<u> </u>	
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line ⁻	1g, column (a)) held as:						
а	Board designated or quasi-endowment 🕨 _		_%								
b	Permanent endowment	%									
с	Term endowment	ó									
	The percentages on lines 2a, 2b, and 2c should	lld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organization	ation th	at are held a	and administe	red for th	e organiz	ation	-		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat				?				3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pai	t VI Land, Buildings, and Equipmo				~ ~ ~ ~						
	Complete if the organization answered			1	1			.			
	Description of property	(a) Cost or o		1	t or other		cumulate	d	(d) Book	k value	Э
		basis (investr	nent)	Dasis	(other)	aepi	reciation				
	Land										
	Buildings										
	Leasehold improvements			13	31,215.	1	13,70		1 '	7,50	0.8
	Equipment			<u> </u>	, 4 I J •		1,10	· · •	<u> </u>	, , , ,	
-	Other		X colu	mn (P) line	100)				1 '	7,50	0.8
Tota	. Add lines 1a through 1e. (Column (d) must eq	iuai 101111 990, Part	<i>∧</i> , coiu	нн (<i>ם</i>), ште	100.)			P		-	
								Schedule	וווטיז) ש	1 990)	2013

932052 10-02-19

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			5
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Col. (b) must aqual Form 000, Part V, col. (P) line 12)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
	on Form 000 Dart IV line	11d Soo Form 000 Dart V line 15	
Complete if the organization answered "Yes"	Description	Tid. See Form 990, Fart A, line 15.	(b) Book value
	Description		
<u>(1)</u>			
<u>(2)</u>			
<u>(3)</u>			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	() >
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			122 222
(2) OLYMPIC TICKETS			133,333.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	e 25.)	▶	133,333.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 USA DIVING, INC.			31-	0986868 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per R	eturr	<u>،</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,911,776.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	700.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	700.
3	Subtract line 2e from line 1			3	2,911,076.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,911,076.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		i		
1	Total expenses and losses per audited financial statements			1	3,075,300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2 a			
b	Prior year adjustments	2 b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,075,300.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
					Δ
С	Add lines 4a and 4b			4c	0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) . t XIII Supplemental Information.			4c 5	3,075,300.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

932054 10-02-19

USA DIVING IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF
THE INTERNAL REVENUE CODE (IRC), THOUGH IT IS SUBJECT TO TAX ON INCOME
UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED
BY THE IRC. IN ADDITION, USA DIVING HAS BEEN DETERMINED BY THE INTERNAL
REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF
SECTION 509(A) OF THE IRC. THERE WAS NO UNRELATED BUSINESS INCOME FOR THE
YEARS ENDED DECEMBER 31, 2019 AND 2018.
USA DIVING FILES U.S. FEDERAL AND STATE OF INDIANA INFORMATION RETURNS.

USA DIVING IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX

EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2016.

Schedule D (Form 990) 2019

19091114 757887 52733.000 2019.05000 USA DIVING, INC.

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SCHEDULE	F
(Form 990)	

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

N	lame	of	the	orgar	nization
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31-0986868

Employer identification number

USA DIVING, INC.

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- **3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices	(c) Number of employees, agents, and	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	(e) If activity listed in (d) is a program service,	(f) Total expenditures
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)	describe specific type of service(s) in the region	for and investments
		in the region			in the region
EUROPE (INCLUDING					
ICELAND & GREENLAND)				SENT DELEGATION TO	
- ALBANIA, ANDORRA,				COMPETE IN INTERNATIONAL	
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	COMPETITION.	32,000.
NORTH AMERICA -					
CANADA AND MEXICO,				SENT DELEGATION TO	
BUT NOT THE UNITED				COMPETE IN INTERNATIONAL	
STATES	0	0	PROGRAM SERVICES	COMPETITION.	65,000.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,				SENT DELEGATION TO	
BRUNEI, BURMA,				COMPETE IN INTERNATIONAL	
CAMBODIA,	0	0	PROGRAM SERVICES	COMPETITION.	135,000.
MIDDLE EAST AND					
NORTH AFRICA -				SENT DELEGATION TO	
ALGERIA, BAHRAIN,				COMPETE IN INTERNATIONAL	
DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	COMPETITION.	140,000.
3 a Subtotal	0	0			372,000.
b Total from continuation					
sheets to Part I	0	0			٥.
c Totals (add lines 3a					
and 3b)	0	0			372,000.

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

Schedule F (Form 990) 2019

932071 10-12-19

Schedule F (Form 990) 2019 USA

DIVING, INC.

 Schedule F (Form 990) 2019
 USA
 DIVING,
 INC.
 31-0986868

 Part II
 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

 recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the					
by the IRS, or for white 3 Enter total number of			tion 501(c)(3) equivalency lette	er				

Page **2**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement

32

Schedule F (Form 990) 2019

(f) Amount of

noncash

assistance

(g) Description of

noncash assistance

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019

USA DIVING, INC.

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

ALL EXPENSES ACCOUNTED FOR ON THE ACCRUAL METHOD.

932075 10-12-19

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

ZU

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public . Inspection

|9

Name of the	organization
-------------	--------------

USA	DTVTNG.	TNC.	

Employer ident	ification number
31_0	986868

	USA DIVING,	INC.				31-	0986	868	
Pa	rt I Types of Property								
	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	(c Method of c noncash contrik	determin	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock				 				
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13									
	Historic structures				ļ				
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24 05	Archeological artifacts Other (AIRLINE TICKE)	X	1	65,050.	ភាស	,			
25 06				05,050.	L'HIV				
26 27	· · · · · · · · · · · · · · · · · · ·								
27 28	Other ▶ () Other ▶ ()								
<u>20</u> 29	Number of Forms 8283 received by the organ	jization durin	l a the tax year for a	Contributions					
29	for which the organization completed Form 82								
	or which the organization completed F0111 6	200, Failiv,		gement				Yes	No
30-2	During the year, did the organization receive I	hy contributi	on any property ro	norted in Part L lines 1 throug	ah 22	that it		103	NU
004	must hold for at least three years from the da				•				
	exempt purposes for the entire holding period				00010	~	30a		х

b	If "Yes," describe the arrangement in Part II.
31	Does the organization have a gift acceptance

policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **b** If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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32a

932141 09-27-19

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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

932142 09-27-19		Schedule M (Form 990) 2019
001114 757007 50700 000	36 2019.05000 USA DIVING, INC.	E0000 11
091114 757887 52733.000	ZUIY.UJUUU USA DIVING, INC.	52733_11

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. Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

USA DIVING, INC.

Employer identification number 31-0986868

OMB No 1545-0047

Open to Public

Inspection

Q

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WHILE DEMONSTRATING THE VALUES OF THE OLYMPIC MOVEMENT, THEREBY

INSPIRING ALL AMERICANS.

FORM 990, PART VI, SECTION A, LINE 3:

JACK PERKINS OF CMS LLC PERFORMED THE DUTIES OF ACTING CEO FOR 2019.

FORM 990, PART VI, SECTION B, LINE 11B:

PREPARED BY CPA FIRM AND REVIEWED BY CEO AND TREASURER.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL STATEMENTS ARE SIGNED BY EVERY BOARD MEMBER. THE NATURE OF USA

DIVING INCLUDES EXECUTIVE INVOLVEMENT IN ALL SIGNIFICANT TRANSACTIONS -

THIS PROVIDES A SECOND LAYER OF ENFORCEMENT. THE STAFF POLICY IS PART OF

THE EMPLOYEE HANDBOOK AND STAFF ARE REVIEWED ON THIS TOPIC REGULARLY BY

EXECUTIVE STAFF. EXECUTIVE STAFF ARE REVIEWED BY BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWED SIMILAR ORGANIZATIONS AND CONSULTED WITH AN INDUSTRY

EXPERT FOR CEO COMPENSATION. FOR OTHER KEY EMPLOYEES, THE CEO RESEARCHES

COMPENSATION AT SIMILAR ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 18:

THE 990, GOVERNING DOCUMENTS AND FINANCIALS FOR USA DIVING ARE AVAILABLE

UPON REQUEST.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

37 2019.05000 USA DIVING, INC. Name of the organization USA DIVING, INC.

Employer identification number 31 - 0986868

FORM 990, PART VI, SECTION C, LINE 19:

THE BYLAWS AND FINANCIAL STATEMENTS OF USA DIVING ARE POSTED ON THE

WEBSITE. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THERE HAS BEEN NO CHANGES TO THE STRUCTURE, FUNCTION OR OVERSIGHT OF

THE COMMITTEE THAT ASSUMES RESPONSIBILITY OF THE OVERSIGHT OF THE

AUDIT.

932212 09-06-19

19091114 757887 52733.000

Schedule O (Form 990 or 990-EZ) (2019)

38 2019.05000 USA DIVING, INC.

SCHEDULE R (Form 990) Department of the Treasur Internal Revenue Service		Related Organizations lete if the organization answered Atta Go to www.irs.gov/Form990 f	"Yes" on Form 990, Part IV, ach to Form 990.	line 33, 34, 35b, 3	36, or 37.		0	MB No. 1545 201 pen to Pu Inspecti	9 ublic
Name of the organiz	zation USA DIVING, IN						nployer identifi 31-09868		umber
Part I Identific	ation of Disregarded Entities. Complet	te if the organization answered "Yes	" on Form 990, Part IV, line 3	3.					
	(a) ddress, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) or Total inco	(e) me End-of-yea		ssets Direct cont entity		9
		-							
		-				_			
		-							
	ation of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	e or more	e related tax-exe	mpt	
	(a) ame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direo	(f) ct controlling entity	contr	g) 512(b)(13) rolled tity?
					501(c)(3))			Yes	No
- 31-1153995, E	DIVING FOUNDATION, INC. (USDF) PO BOX 1581, INDIANAPOLIS, IN		INDIANA	501(0)(2)					x
46206		USDF SUPPORTS USA DIVING.		501(C)(3)	LINE 12A, I	N/A			
		-						<u> </u>	

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

Schedule R (Form 990) 2019

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

(a)	(b)	(c)	(d)		e)		(f)	(3)	()	ר)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fr	ant income unrelated, om tax under	Share inc	of total ome		re of f-year æts	alloca		Code V-UE amount in b 20 of Sched	ox ⁿ Iule	nanaging partner?	Percenta ownershi
		country)		sections	512-514)					Yes	No	K-1 (Form 10)65) Y	/es No	
	7														
	7														
	1														
	1														
Identification of Related O organizations treated as a c				omplete if tl	ne organizat	ion ansv	vered "Yes	s" on For	m 990, Pa	art IV,	line 34	1, because it h	nad or	ne or m	ore relat
(a)			(b)	(c)	(d)		(e))	(f))		(g)	((h)	(i)
Name, address, and of related organizati		Prim	ary activity	Legal domicile (state or foreign	Direct con entity		Type of (C corp, S	entity S corp,	Share o inco	of total			Perc	entage ership	

		foreign country)	eign	or trust)	 assets		ent	ity?
		country)		of tructy	400010		Yes	No
	1							
]							
		4.0						

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED STATES DIVING FOUNDATION, INC.	С	703,412.	FMV
_(2)			
(3)			
(4)			
(5)			
_(6)	41		

Schedule R (Form 990) 2019 USA DIVING, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if 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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)) all s sec.)(3) .? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn Yes	nal or f uging ner? NO	(k) Percentage ownership

Schedule R (Form 990) 2019

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

19091114 757887 52733.000

	USA DIVING				31-09868	868	
Forn	, 990-W Es			ed Business pt Organizat		(OMB No. 1545-0047
•		Go to www.irs.gov/Fo	orm990W for instru	r Private Foundations) ictions and the latest in o the Internal Revenue	nformation.		2020
1	Unrelated business taxable income exp	ected in the tax year				1	
2	Tax on the amount on line 1. See inst	ructions for tax computati	on			2	
3	Alternative minimum tax for trusts. See	instructions				3	
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits. See instructions					5	
6	Subtract line 5 from line 4					6	
7	Other taxes. See instructions					7	
8	Total. Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels. See	instructions				9	
10a	Subtract line 9 from line 8. Note: If less estimated tax payments. Private foundation		-				
b	Enter the tax shown on the 2019 return			10a			
	zero or the tax year was for less than 1						
с	and enter the amount from line 10a on 2020 Estimated Tax. Enter the smaller				r the amount		
	from line 10a on line 10c		0	,		0c	
			(a)	(b)	(C)		(d)
11	Installment due dates. See instruction	is 11					
12	Required installments. Enter 25% of I columns (a) through (d). But see instruction uses the annualized in installment method, the adjusted seaso installment method, or is a "large organized or the seaso of t	uctions if come mal					
13	2019 Overpayment. See instructions	13					
14	Payment due (Subtract line 13 from lir	ne 12) 14					

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2020)

923801 01-20-20

Form 990-T	E	Exempt Organization Bus	sine	ss Income T	ax Returr	n	OMB No. 1545-0047
		(and proxy tax und	er se	ection 6033(e))		-	2010
	For ca			, and ending		·	2019
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name c	hanged	I and see instructions.)		Emp	loyer identification number bloyees' trust, see uctions.)
B Exempt under section		USA DIVING, INC.					81-0986868
X 501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. bo					elated business activity code instructions.)
408(e) 220(e)		9801 FALL CREEK ROAD #				-	
408A 530(a)		City or town, state or province, country, and ZIP o INDIANAPOLIS, IN 4625		n postal code			
Book value of all assets		F Group exemption number (See instructions.)		5057			
⁶ at end of year 767,6	60.	G Check organization type ► X 501(c) cor	poratio	n 501(c) trust	401(a)) trust	Other trust
		ation's unrelated trades or businesses.	1		the only (or first) un		
		PEAL OF CODE SEC. 512(A			complete Parts I-V.		
		ce at the end of the previous sentence, complete Pa	arts I ar	id II, complete a Schedule	e M for each additior	nal trad	le or
business, then complete		-v. poration a subsidiary in an affiliated group or a pare	nt_cube	idiany controlled group?			es X No
		tifying number of the parent corporation.	111 3003	idially controlled group:	····· ►	' '	
J The books are in care of				Teleph	one number 🕨 3	17-	459-1265
Part I Unrelated	d Tra	de or Business Income		(A) Income	(B) Expenses	S	(C) Net
1 a Gross receipts or sale							
b Less returns and allow			1c 2				
		A, line 7)rom line 1c	2				-
		ch Schedule D)	4a				
		Part II, line 17) (attach Form 4797)	4b				
		sts	4c				
		ship or an S corporation (attach statement)	5				
6 Rent income (Schedu	, ,		6				
		me (Schedule E)	7				
•		and rents from a controlled organization (Schedule F) on 501(c)(7), (9), or (17) organization (Schedule G)	8				
		ome (Schedule I)	10				
		e J)	11				
12 Other income (See ins			12				
		gh 12	13	0.			
		ot Taken Elsewhere (See instructions for					
		be directly connected with the unrelated busin		,			İ
		rectors, and trustees (Schedule K)				14 15	
						16	
						17	
		ee instructions)				18	
						19	
		562)					
		n Schedule A and elsewhere on return				21b 22	
		mpensation plans				22	
24 Employee benefit pro						24	
	•	chedule I)				25	
26 Excess readership co	osts (Sc	hedule J)				26	
27 Other deductions (at	tach scl	nedule)				27	
28 Total deductions. A	dd lines	14 through 27				28	0.
		ncome before net operating loss deduction. Subtrac				29	0.
	-	loss arising in tax years beginning on or after Janua				30	0.
		ncome. Subtract line 30 from line 29				31	0.
		rwork Reduction Act Notice, see instructions.					Form 990-T (2019)
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53 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 53 54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount ower paid 54 56 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 56 56 Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ Refunded ▶ 56 67 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Yes No 58 During the tax year, did the organization from, or was it the grantor of, or transferor to, a foreign trust? X X 59 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ S May the IRS discuss 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 (softer than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instructions)? 51 GASSE TATE CASSE TATE Date Print/Type preparer's name Preparer's signature Date Check if PTIN P01271193 Prink 's andress ▶ INDIANAPOLIS , IN 46240-0857					Total	► 51g						
53 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 53 54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount ower paid 54 56 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 56 56 Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ Refunded ▶ 56 67 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Yes No 58 During the tax year, did the organization from, or was it the grantor of, or transferor to, a foreign trust? X X 59 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ S May the IRS discuss 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 (softer than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instructions)? 51 GASSE TATE CASSE TATE Date Print/Type preparer's name Preparer's signature Date Check if PTIN P01271193 Prink 's andress ▶ INDIANAPOLIS , IN 46240-0857	52	Total p	ayments. Add lines 51a through 51g						5	2		6.
55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid ▶ 55 6. 56 Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ Refunded ▶ 56 6. Part VI Statements Regarding Certain Activities and Other Information (see instructions) 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Yes No 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$ X 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$ X 59 Enter the amount of officer Date May the IRS discuss this return with the preparer has any knowledge. 59 Enter the amount of tax-exempt interest received on accrued during the tax year \$	53								5	3		
Se Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded 56 6. Part VI Statements Regarding Certain Activities and Other Information (see instructions) 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here Yes No 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$ \$ Outload 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 taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Paid Print/Type preparer's name Preparer's signature Date Check if pTIN P11/14/20 P01271193 Print''s name > KSM BUSINESS SERVICES, INC. Firm's EIN > 35-2123203 P+0. BOX 40857 Firm	54	Tax du	e. If line 52 is less than the total of lines 49, 50	, and 53, enter amount c	wed			►	54	4		
Part VI Statements Regarding Certain Activities and Other Information (see instructions) 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here Yes No 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X 59 Enter the amount of tax-exempt interest received or accrued during the tax year > \$ \$ Sign 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 taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Paid Print/Type preparer's name Preparer's signature Date Check if PTIN Sign furre of officer Date Check if PTIN P01271193 Print/Type preparer's name Preparer's signature Date Check if PTIN Use Only Firm's name > KSM BUSINESS SERVICES, INC. Firm's EIN > 35-2123203 P.O. BOX 40857 <td< td=""><td>55</td><td>-</td><td></td><td></td><td>mount overpaid</td><td></td><td></td><td> ►</td><td>5</td><td>5</td><td></td><td></td></td<>	55	-			mount overpaid			►	5	5		
57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here Yes No 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$ Sign 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 taxpayer) is based on all information of which preparer as any knowledge. May the IRS discuss this return with the preparer shown below (see Instructions)? X Yes No Print/Type preparer's name Preparer's signature Date Check if self- employed Print/Type preparer's name Preparer's signature Date Check if self- employed Pirm's name ► KSM BUSINESS SERVICES, INC. Firm's EIN ► 35-2123203 Pi.0. BOX 40857 Firm's address ► INDIANAPOLIS, IN 46240-0857 Phone no. (317						-			5	8		6.
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ► 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 59 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ Sign Here Fine released on all information of which preparer has any knowledge and belief, it is true, Signature of officer Date Fine reparer's signature of officer Date Fine reparer's signature of officer Date Fine's signature of officer SERVICES, INC. Print/Type preparer's name Preparer's signature CASSE TATE 11/14/20 Firm's name FKSM BUSINESS SERVICES, INC. Firm's address FINDIANAPOLIS, IN 46240-0857 Firm's address FINDIANAPOLIS, IN 46240-0857 Phone no. (317) 580-2000	Parl							ctions)				
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country X here	57				•						Yes	No
here X 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X 59 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ \$ Muse of officer 9 Print/Type preparer's name Preparer's signature Date Check if if PTIN 9 Print/Type preparer's name Preparer's signature Date Check if PO12771193 9 Firm's name ▶ KSM BUSINESS SERVICES, INC. Firm's EIN ▶ 35-2123203 Po10271193 9 Firm's address ▶ INDIANAPOLIS, IN 46240-0857 Phone no. (317) 580-2000						-						
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Here PRESIDENT May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Paid Preparer Print/Type preparer's name Preparer's signature Date Check if self- employed PTIN Vise Only Print/Type preparer's name Preparer's signature Date Check if self- employed P01271193 Firm's name ▶ KSM BUSINESS SERVICES, INC. Firm's EIN ▶ 35-2123203 P.O. BOX 40857 Firm's address ▶ INDIANAPOLIS, IN 46240-0857 Phone no. (317) 580-2000	Sian	C	prrect, and complete. Declaration of preparer (other than	n taxpayer) is based on all inf	ormation of which p	reparer has an	y knowled	lige.	omeag	je und be		
Signature of officer Date Title Interpretation Delay (see instructions)? X Yes No Paid Print/Type preparer's name Preparer's signature Date Check if self- employed PTIN Use Only Firm's name ► KSM BUSINESS SERVICES, INC. Firm's EIN ► 35-2123203 P01271193 Firm's address ► INDIANAPOLIS, IN 46240-0857 Phone no. (317) 580-2000				1	PREST	DENT						
Paid Print/Type preparer's name Preparer's signature Date Check if PTIN Paid CASSE TATE CASSE TATE 11/14/20 P01271193 Self- employed Firm's name ▶ KSM BUSINESS SERVICES, INC. Firm's EIN ▶ 35-2123203 P.O. BOX 40857 Firm's address ▶ INDIANAPOLIS, IN 46240-0857 Phone no. (317) 580-2000			Signature of officer	Date						· _		
Paid Preparer Use Only CASSE TATE CASSE TATE 11/14/20 self- employed Firm's name ► KSM BUSINESS SERVICES, INC. Firm's EIN ► 35-2123203 P.O. BOX 40857 Firm's address ► INDIANAPOLIS, IN 46240-0857 Phone no. (317) 580-2000			-	Prenarer's signature		Date			_			
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Firm's name KSM BUSINESS SERVICES INC. Firm's EIN 35-2123203 P.O. BOX 40857 Firm's address INDIANAPOLIS IN 46240-0857 Phone no. (317) 580-2000			CASSE TATE	CASSE TATE		11/14		son ompioyou		P01	27119	3
P.O. BOX 40857 Firm's address ► INDIANAPOLIS, IN 46240-0857 Phone no. (317) 580-2000	-		ENDER NOR DUCTNECC			,	, _ ~	Firm's FIN				
Firm's address INDIANAPOLIS, IN 46240-0857 Phone no. (317) 580-2000	USE	Uniy										-
					0-0857			Phone no.	(31	.7)	580-2	000
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				40		
19091114	757887	52733.000	2019.05000	USA	DIVING,	INC.

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52733_11

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory v	aluation 🕨 N/A					
1 Inventory at beginning of year				Inventory at end of yea			6		
2 Purchases				7 Cost of goods sold. Subtract line 6					
3 Cost of labor			1	from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			1	line 2			7		
(attach schedule)	4a		8	Do the rules of section				Yes	No
b Other costs (attach schedule)			1	property produced or a	cquired	l for resale) apply to			
5 Total. Add lines 1 through 4b			1	the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty)	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	personal	sonal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) a		ected with the income i (attach schedule)	n
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). En n (A)	ter ►			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Del	ot-Financed	I Income (see	instru	ctions)					
			2	Gross income from or allocable to debt-	(-)	3. Deductions directly cor to debt-finant		operty	
1. Description of debt-financed property				financed property	(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)	
(1)									
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
	I					nter here and on page 1, Part I, line 7, column (A).		Enter here and on page Part I, line 7, column (
Totals						0			0.
Total dividends-received deductions in							· -		0.
		·							

Form 990-T (2019)

31-0986868

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Form 990-T (2019) USA DI	VING,	INC.	1 :						31-09			
Schedule F - Interest,	Annuitie	es, Royal	ties, ar					atio	ns (see ins	struction	S)	
				Exempt	Controlled O	rganizati	ons					
1. Name of controlled organization		2. Employer identification number			related income 4. To pay		al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		rolling	6. Deductions directly connected with income in column 5	
(1)												
(1)												
(2)												
(3)												
<u>(4)</u>												
Nonexempt Controlled Organi												
7. Taxable Income		unrelated incom see instructions		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	mn 9 tha ing orga s income	nization's		ductions directly connected i income in column 10	
(1)												
(2)												
(3)												
(4)												
							Add colun Enter here and line 8, c		e 1, Part I,		ld columns 6 and 11. ere and on page 1, Part I, line 8, column (B).	
Totals									Ο.		0.	
Schedule G - Investme	nt Inco	me of a (Section	501(0)	(7) (9) or	(17) Or	anization					
(see instr			Section		(7), (3), 01	(17) 01	gamzation	•				
1. Description of income				2. Amount of	income	 Deductio directly conne (attach sched 	cted	4. Set-asides (attach schedule)		 Total deductions and set-asides (col. 3 plus col. 4) 		
(1)												
(2)												
(3)												
(4)												
					Enter here and Part I, line 9, co				•		Enter here and on page 1, Part I, line 9, column (B).	
Totals						0.					0.	
Schedule I - Exploited					r Than Ad		ng Income	•				
(see instru	ictions)						_				1	
	2	Gross		penses	4. Net incom from unrelated		5. Gross inco	me			7. Excess exempt	
1. Description of	unrelated	d business		connected oduction	business (co	lumn 2	from activity t	hat	6. Exp attribut		expenses (column 6 minus column 5,	
exploited activity		ne from business	of unr	elated	minus colum gain, compute		is not unrelat business inco	ieu colu		mn 5	but not more than	
			busines	s income	through						column 4).	
(1)												
(1) (2) (3) (4)												
(3)												
(4)												
		ere and on		re and on							Enter here and	
		1, Part I, , col. (A).		, Part I, col. (B).							on page 1, Part II, line 25.	
Totals		0.		0.							0.	
Schedule J - Advertisi	na Inco		actruction								0.	
Part I Income From	-				solidated	Basis						
						20010						
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (co col. 3). If a ga	ising gain bl. 2 minus ain, comput arough 7.	5. Circulat income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)					005.01						anan column 4).	
(1) (2) (3) (4)					-							
(<u></u>)			_									
(3)			_		-							
(4)									L			

923731 01-27-20

Totals (carry to Part II, line (5))

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0.

0.

►

Form 990-T (2019) USA DIVING, INC.

31 - 0986868

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs				eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)								
(2)								
(3)								
(4)								
Totals from Part I	0.	0.			•		0.	
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 26.	
Totals, Part II (lines 1-5) ►	0.	0.					0.	
Schedule K - Compensatio	n of Officers,	Directors, and	d Trustees (see in	structions)				
1. Name		2. Title	time devo			mpensation attributable unrelated business		
(1)					%			
(2)					%			
(3)					%			
(4)					%			
Total. Enter here and on page 1, Part II, I	ine 14	•		I			0.	

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19091114 757887 52733.000

STATEMENT 1

FORM 990-T IS BEING FILED TO CLAIM THE REFUND PAID TO IRS FOR PARKING FRINGE BENEFITS DUE TO THE REPEAL OF CODE SEC. 512(A)(7).