

EXTENDED TO NOVEMBER 15, 2018

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2017**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2017 calendar year, or tax year beginning and ending

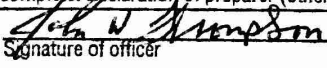
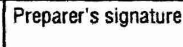
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SOLDIERS UNDERTAKING DISABLED SCUBA DIVING, INC. - C/O KELLY KELLY CPA</b>		<b>D</b> Employer identification number <b>26-1315733</b>
	Doing business as		<b>E</b> Telephone number <b>202-341-9750</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>1960 GALLOWS RD</b>	Room/suite <b>320</b>	<b>G</b> Gross receipts \$ <b>431,857.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>VIENNA, VA 22182</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>F</b> Name and address of principal officer: <b>JOHN THOMPSON</b> <b>PO BOX 2504, BEAUFORT, NC 28516</b>			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.SUDSDIVING.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>2007</b> <b>M</b> State of legal domicile: <b>DC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>A. TO OFFER SELF CONTAINED BREATHING APPARATUS (SCUBA) CERTIFICATION CLASSES TO DISABLEDD</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a) <b>1</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>313,729.</b> <b>Current Year 431,415.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>0.</b> <b>Current Year 0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>362.</b> <b>Current Year 442.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0.</b> <b>Current Year 0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>314,091.</b> <b>Current Year 431,857.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0.</b> <b>Current Year 0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>Current Year 1,417.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>55,085.</b> <b>Current Year 67,112.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>Current Year 0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>121,983.</b> <b>Current Year 168,522.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>177,068.</b> <b>Current Year 237,051.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>137,023.</b> <b>Current Year 194,806.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>Beginning of Current Year 739,658.</b> <b>End of Year 934,462.</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>0.</b> <b>End of Year 0.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>739,658.</b> <b>End of Year 934,462.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	 Signature of officer	Date <b>13 JUNE 2018</b>
<b>Preparer</b>	<b>JOHN THOMPSON, EXECUTIVE DIRECTOR</b> Type or print name and title	
<b>Paid</b>	Print/Type preparer's name <b>RICHARD KELLY</b>	Preparer's signature 
<b>Use Only</b>	Firm's name <b>KELLY &amp; COMPANY LLC</b>	Date <b>06/12/18</b>
	Firm's address <b>1960 GALLOWS ROAD - SUITE 320 TYSONS CORNER, VA 22182</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00671386</b>
		Firm's EIN <b>20-0640559</b>
		Phone no. <b>703-288-3303</b>