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Form 990

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Employer Identification Number 72-0940152

E Telephone number 504-361-5666

G Gross receipts \$ 935,940.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☒ No
 If 'No,' attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1984 **M** State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities TO ADVANCE HYPERBARIC OXYGEN MEDICAL RESEARCH TO CREATE NEW TREATMENTS THAT WILL BRING OTHERWISE HOPELESS PATIENTS BACK TO LIFE AND HELP THEM RECOVER FROM CATASTROPHIC INJURIES.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) 3 5

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0

6 Total number of volunteers (estimate if necessary) 6 0

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.

b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		
9 Program service revenue (Part VIII, line 2g)	817,551.	935,940.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	817,551.	935,940.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	252,879.	381,187.
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	29,269.	38,902.
16a Professional fundraising fees (Part IX, column (A), line 11a)		
b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	489,841.	326,022.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	771,989.	746,111.
19 Revenue less expenses. Subtract line 18 from line 12	45,562.	189,829.
20 Total assets (Part X, line 16)	Beginning of Current Year 241,257.	End of Year 428,713.
21 Total liabilities (Part X, line 26)	34,619.	32,246.
22 Net assets or fund balances. Subtract line 21 from line 20	206,638.	396,467.

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.

Sign Here Signature of officer: KEITH VAN METER Date: 12/11/12 President

Paid Preparer Use Only Print/Type preparer's name: DONNA M. DRAKE Preparer's signature: Donna M. Drake Date: 12/11/12 Check ☒ if self-employed PTIN: P00158971

Firm's name: DONNA MARSHALL DRAKE CPA, LLC Firm's EIN: 72-1432973 Firm's address: 140 PRESIDENT MADISON DR MADISONVILLE, LA 70447-9485 Phone no: (985) 845-4247

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For

TEEA0113L 12/21/10

Form 990 (2010)

Please do not correspond for signature

04B-006