

Form **990****Return of Organization Exempt From Income Tax****2005**Department of the Treasury  
Internal Revenue ServiceUnder 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.

Open to Public  
Inspection**A** For the 2005 calendar year, or tax year beginning **APR 1, 2005** and ending **MAR 31, 2006****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**UNDERSEA & HYPERBARIC MEDICAL SOCIETY, INC.**Number and street (or P.O. box if mail is not delivered to street address)  
**10020 SOUTHERN MARYLAND BLVD.**Room/suite  
**204**City or town, state or country, and ZIP + 4  
**DUNKIRK, MD 20754****D** Employer identification number**23-7066181****E** Telephone number**(410) 257-6606****F** Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) ►

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

**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ► **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ► **N/A****G** Website: ► **WWW.UHMS.ORG****J** Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► **1,818,133.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b> Contributions, gifts, grants, and similar amounts received:					
<b>a</b> Direct public support	<b>1a</b>				
<b>b</b> Indirect public support	<b>1b</b>				
<b>c</b> Government contributions (grants)	<b>1c</b>				
<b>d</b> Total (add lines 1a through 1c) (cash \$ noncash \$ ) ...	<b>1d</b>			<b>0.</b>	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>716,834.</b>	
<b>3</b> Membership dues and assessments	<b>3</b>			<b>249,792.</b>	
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>18,433.</b>	
<b>5</b> Dividends and interest from securities	<b>5</b>				
<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	<b>3,074.</b>			
<b>b</b> Less: rental expenses <b>SEE STATEMENT 2</b>	<b>6b</b>	<b>2,361.</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			<b>713.</b>	
<b>7</b> Other investment income (describe ► )	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other			
	<b>8a</b>	<b>830,000.</b>			
<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>	<b>315,301.</b>			
<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>	<b>514,699.</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) <b>STMT 3</b>	<b>8d</b>			<b>514,699.</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>				
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>				
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>1,500,471.</b>	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			<b>859,513.</b>	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			<b>115,766.</b>	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>				
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>				
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			<b>975,279.</b>	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			<b>525,192.</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			<b>286,297.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			<b>0.</b>	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			<b>811,489.</b>	

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02-03-06

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

Form 990 (2005)

**UNDERSEA & HYPERBARIC MEDICAL  
SOCIETY, INC.**

Form 990 (2005)

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**Part II Statement of  
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b> Grants and allocations (attach schedule) ... (cash \$ <u>0</u> • noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule) .....				
<b>24</b> Benefits paid to or for members (attach schedule) .....				
<b>25</b> Compensation of officers, directors, etc. ....	0.	0.	0.	0.
<b>26</b> Other salaries and wages .....	327,516.	310,012.	17,504.	
<b>27</b> Pension plan contributions .....	8,662.	8,269.	393.	
<b>28</b> Other employee benefits .....	23,391.	22,141.	1,250.	
<b>29</b> Payroll taxes .....	23,234.	21,992.	1,242.	
<b>30</b> Professional fundraising fees .....				
<b>31</b> Accounting fees .....	10,145.		10,145.	
<b>32</b> Legal fees .....				
<b>33</b> Supplies .....				
<b>34</b> Telephone .....	15,193.	13,673.	1,520.	
<b>35</b> Postage and shipping .....	4,656.	4,656.		
<b>36</b> Occupancy .....	16,449.		16,449.	
<b>37</b> Equipment rental and maintenance .....	947.		947.	
<b>38</b> Printing and publications .....	820.	820.		
<b>39</b> Travel .....	31,189.	28,070.	3,119.	
<b>40</b> Conferences, conventions, and meetings ...				
<b>41</b> Interest .....				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	10,473.		10,473.	
<b>43</b> Other expenses not covered above (itemize):				
a .....				
b .....				
c .....				
d .....				
e .....				
f .....				
g <b>SEE STATEMENT 4</b>	502,604.	449,880.	52,724.	
<b>44</b> <b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) .....	975,279.	859,513.	115,766.	0.

**Joint Costs.** Check ☐ If you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>EDUCATION THROUGH PUBLICATIONS AND COURSES</b>	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a EXPENSES ARE RELATED TO PUBLISHING ARTICLES AND SCIENTIFIC JOURNALS, WHICH PROVIDE INFORMATION AND TRAINING FOR HYPERBARIC AND DIVING MEDICINE.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	83,119.
<b>b EXPENSES RELATED TO QUALITY ASSURANCE AND REGULATORY AFFAIRS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	98,896.
<b>c EXPENSES RELATED TO VARIOUS CONTRACTS AND GRANTS TO HOLD TRAINING COURSES AND SYMPOSIA AND PUBLISH THE RESULTS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	43,201.
<b>d EXPENSES RELATED TO THE SOCIETY'S ANNUAL MEETING AND OTHER PROGRAMS TO EDUCATE ITS MEMBERS ON HYPERBARIC MEDICAL AND DIVING ISSUES.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	171,214.
<b>e Other program services (attach schedule) SEE STATEMENT 5</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	463,083.
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>859,513.</b>

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**UNDERSEA & HYPERBARIC MEDICAL  
SOCIETY, INC.**

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**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	120,921.	45	80,330.
	46 Savings and temporary cash investments .....	10,958.	46	718,907.
	47 a Accounts receivable ..... 47a 38,214.			
	b Less: allowance for doubtful accounts ..... 47b	7,403.	47c	38,214.
	48 a Pledges receivable ..... 48a		48c	
	b Less: allowance for doubtful accounts ..... 48b			
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees .....		50	
	51 a Other notes and loans receivable ..... 51a		51c	
	b Less: allowance for doubtful accounts ..... 51b			
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	21,097.	53	42,855.
	54 Investments - securities ..... <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis ..... 55a			
	b Less: accumulated depreciation ..... 55b	108,691.	55c	
56 Investments - other .....		56		
57 a Land, buildings, and equipment: basis ..... 57a 30,376.				
b Less: accumulated depreciation STMT 6 ..... 57b 11,058.	162,686.	57c	19,318.	
58 Other assets (describe ► SEE STATEMENT 7 )		58	14,187.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	431,756.	59	913,811.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	28,917.	60	46,851.
	61 Grants payable .....		61	
	62 Deferred revenue .....	34,125.	62	6,622.
	63 Loans from officers, directors, trustees, and key employees .....		63	
	64 a Tax-exempt bond liabilities .....		64a	
	b Mortgages and other notes payable .....		64b	
	65 Other liabilities (describe ► SEE STATEMENT 8 )	82,417.	65	48,849.
66 <b>Total liabilities.</b> Add lines 60 through 65) .....	145,459.	66	102,322.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	91,273.	67	807,664.
	68 Temporarily restricted .....	195,024.	68	3,825.
	69 Permanently restricted .....		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	286,297.	73	811,489.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	431,756.	74	913,811.	

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)**

<b>a</b>	Total revenue, gains, and other support per audited financial statements .....	<b>a</b>	1,502,832.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments .....	<b>b1</b>	
<b>2</b>	Donated services and use of facilities .....	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants .....	<b>b3</b>	
<b>4</b>	Other (specify): <u>SEE STATEMENT 9</u> .....	<b>b4</b>	2,361.
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	2,361.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	1,500,471.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
<b>2</b>	Other (specify): .....	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	1,500,471.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		1	2	3
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31	32	33	34	35
36	37	38	39	40
41	42	43	44	45
46	47	48	49	50
51	52	53	54	55
56	57	58	59	60
61	62	63	64	65
66	67	68	69	70
71	72	73	74	75
76	77	78	79	80
81	82	83	84	85
86	87	88	89	90
91	92	93	94	95
96	97	98	99	100
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331	332	333	334	335
336	337	338	339	340
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351	352	353	354	355
356	357	358	359	360
361	362	363	364	365
366	367	368	369	370
371	372	373	374	375
376	377	378	379	380
381	382	383	384	385
386	387	388	389	390
391	392	393	394	395
396	397	398</		

<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	977,640.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
1	Donated services and use of facilities .....	<b>b1</b>	
2	Prior year adjustments reported on Part I, line 20 .....	<b>b2</b>	
3	Losses reported on Part I, line 20 .....	<b>b3</b>	
4	Other (specify): <u>SEE STATEMENT 10</u> .....	<b>b4</b>	2,361.
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	2,361.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	975,279.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
2	Other (specify): .....	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	0.
<b>e</b>	<b>Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b></b> .....	<b>e</b>	975,279.

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Yes	No
-----	----

16

75b

**X**

75c

**X**

75d

**X**

(E) Expense  
account and  
other allowances

[illegible]

Yes	No
-----	----

76

X

77

78a

**X**

$$\overline{N/A}$$
$$\ddot{N}/\ddot{A}$$

78b

\_\_\_\_\_

79

**X**

80a

X

81a

0

81b

X

**UNDERSEA & HYPERBARIC MEDICAL  
SOCIETY, INC.**

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**Part VI Other Information (continued)**

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....	<b>82a</b>	<b>X</b>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....	<b>82b</b>	<b>N/A</b>
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	<b>83a</b>	<b>X</b>
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....	<b>83b</b>	<b>X</b>
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? .....	<b>84a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>84b</b>	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? .....	<b>85a</b>	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>85b</b>	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>c</b>	Dues, assessments, and similar amounts from members .....	<b>85c</b>	<b>N/A</b>
<b>d</b>	Section 162(e) lobbying and political expenditures .....	<b>85d</b>	<b>N/A</b>
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	<b>85e</b>	<b>N/A</b>
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	<b>85f</b>	<b>N/A</b>
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	<b>85g</b>	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....	<b>85h</b>	
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 .....	<b>86a</b>	<b>N/A</b>
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities .....	<b>86b</b>	<b>N/A</b>
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders .....	<b>87a</b>	<b>N/A</b>
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>87b</b>	<b>N/A</b>
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX .....	<b>88</b>	<b>X</b>
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u>		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction .....	<b>89b</b>	<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....		<u>0.</u>
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		<u>0.</u>
<b>90 a</b>	List the states with which a copy of this return is filed ▶ <b>MD</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 .....	<b>90b</b>	<b>5</b>
<b>91 a</b>	The books are in care of ▶ <b>DONALD R. CHANDLER, EXEC. DIR.</b> Telephone no. ▶ <b>(410) 257-6606</b> Located at ▶ <b>10020 SOUTHERN MARYLAND BLVD., DUNKIRK, MD</b> ZIP + 4 ▶ <b>20754</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>91b</b>	<b>X</b>
	If "Yes," enter the name of the foreign country ▶ <b>N/A</b>		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ <b>N/A</b>	<b>91c</b>	<b>X</b>
<b>92</b>	<b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-</b> Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year .....	<b>92</b>	<b>N/A</b>

Form 990 (2005)

**UNDERSEA & HYPERBARIC MEDICAL  
SOCIETY, INC.**

Form 990 (2005)

23-7066181 Page **8**

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PUBLICATIONS					108,256.
b QUALITY ASSURANCE					117,783.
c CONTRACTS/GRANTS					75,447.
d ANNUAL MEETING					321,902.
e OTHER PROGRAMS					93,446.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					249,792.
95 Interest on savings and temporary cash investments			14	18,433.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	713.			
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					514,699.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		713.		18,433.	1,481,325.
105 Total (add line 104, columns (B), (D), and (E))					1,500,471.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 12

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

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

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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	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.	
	Signature of officer	Date
Paid Preparer's Use Only	Preparer's signature	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN
53163 02-03-06	MOOSE, GREEN AND KOROM, PA 3906 KNOWLES AVENUE KENSINGTON, MD 20895	EIN
		Phone no. (301) 949-7700



**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2005**

Name of the organization **UNDERSEA & HYPERBARIC MEDICAL  
SOCIETY, INC.**

Employer identification number  
**23 7066181**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DONALD CHANDLER 4335 CAMP KAUFMANN, HUNTINGTOWN, MD	EX. DIRECTOR 40.00	90,752.	3,125.	
WILBUR WORKMAN 18111 COPPER RIDGE, SAN ANTONIO, TX	40.00	62,041.	1,217.	
LISA WASDIN 5680 LONG BEACH RD., ST. LEONARD, MD	40.00	84,280.	800.	
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		0.
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>\$</b> _____ <b>\$</b> _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? .....		X
<b>b</b> Lending of money or other extension of credit? .....		X
<b>c</b> Furnishing of goods, services, or facilities? .....		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....		X
<b>e</b> Transfer of any part of its income or assets? .....		X
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) .....		X
<b>b</b> Do you have a section 403(b) annuity plan for your employees? .....		X
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? .....		X
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....		X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? .....		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

**5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

**6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

**7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

**8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

**9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** \_\_\_\_\_

**10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

**11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

**11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

**12** ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

**13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: **▶** ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

**14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

# UNDERSEA & HYPERBARIC MEDICAL

Schedule A (Form 990 or 990-EZ) 2005 **SOCIETY, INC.**

23-7066181 Page 3

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)		1,675.	1,000.		2,675.
16 Membership fees received	268,701.	252,597.	257,110.	330,325.	1,108,733.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	452,673.	674,133.	544,299.	397,167.	2,068,272.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	243.	192.	56.		491.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 13	508.	508.
23 Total of lines 15 through 22	721,617.	928,597.	802,465.	728,000.	3,180,679.
24 Line 23 minus line 17	268,944.	254,464.	258,166.	330,833.	1,112,407.
25 Enter 1% of line 23	7,216.	9,286.	8,025.	7,280.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add: Amounts from column (e) for lines: 15 2,675. 16 1,108,733. 17 2,068,272. 20 _____ 21 _____					27c 3,179,680.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 3,179,680.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 3,180,679.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.9686%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .0154%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

# UNDERSEA & HYPERBARIC MEDICAL

Schedule A (Form 990 or 990-EZ) 2005 SOCIETY, INC.

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## **Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....	33a	
b Admissions policies? .....	33b	
c Employment of faculty or administrative staff? .....	33c	
d Scholarships or other financial assistance? .....	33d	
e Educational policies? .....	33e	
f Use of facilities? .....	33f	
g Athletic programs? .....	33g	
h Other extracurricular activities? .....	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b Has the organization's right to such aid ever been revoked or suspended? .....	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

Schedule A (Form 990 or 990-EZ) 2005

**UNDERSEA & HYPERBARIC MEDICAL**

Schedule A (Form 990 or 990-EZ) 2005 **SOCIETY, INC.**

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**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ **a** if the organization belongs to an affiliated group.

Check ☐ **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	
38 Total lobbying expenditures (add lines 36 and 37) .....	38	
39 Other exempt purpose expenditures .....	39	
40 Total exempt purpose expenditures (add lines 38 and 39) .....	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -                      The lobbying nontaxable amount is -		
Not over \$500,000 ..... 20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 ..... \$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 ..... \$175,000 plus 10% of the excess over \$1,000,000 .....	41	
Over \$1,500,000 but not over \$17,000,000 ..... \$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 ..... \$1,000,000 .....		
42 Grassroots nontaxable amount (enter 25% of line 41) .....	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount .....					0.
46 Lobbying ceiling amount (150% of line 45(e)) .....					0.
47 Total lobbying expenditures .....					0.
48 Grassroots nontaxable amount .....					0.
49 Grassroots ceiling amount (150% of line 48(e)) .....					0.
50 Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers .....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a Transfers from the reporting organization to a noncharitable exempt organization of:**

(i) Cash

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(ii) Other assets

**b Other transactions:**

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) **Purchases of assets from a noncharitable exempt organization**

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

**(v) Loans or loan guarantees**

**(vi) Performance of services or membership or fundraising solicitations**

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

[illegible]

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

► ☐ Yes ☒ No

b If "Yes," complete the following schedule:

N/A

[illegible]

# REVIEWS

[illegible]

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

## 14.1

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	BUILDINGS											
	(D) BUILDING - 10531											
	4 METROPOLITAN AVE. (503011394SL			39.00	17	152,530.			152,530.	43,838.		815.
	* 990 PAGE 2 TOTAL											
	BUILDINGS					152,530.		0.	152,530.	43,838.	0.	815.
	LAND											
	(D) LAND					33,895.			33,895.			0.
	* 990 PAGE 2 TOTAL											
	LAND					33,895.		0.	33,895.	0.	0.	0.
	FURNITURE & EQUIPMENT											
	OTHER											
	(D) IBM SELECTRIC					815.			815.	815.		0.
1	TYPEWRITER	120479	PRE	5.00	16							
	(D) IBM SELECTRIC					1,024.			1,024.	1,024.		0.
2	TYPEWRITER	012281	PRE	5.00	16							
	(D) REMINGTON					650.			650.	650.		0.
3	TYPEWRITER	072982	PRE	5.00	16							
	(D) PENTIUM COMPUTER					7,080.			7,080.	7,080.		0.
7	(D) MOVING STAIR	122195	200DB	5.00	17							
	(D) PLATFORM					1,800.			1,800.	337.		9.
	(D) PENTIUM COMPUTER					1,887.			1,887.	1,887.		0.
9	(D) PENTIUM COMPUTER	073196	200DB	5.00	17							
	(D) PENTIUM COMPUTER					1,135.			1,135.	1,135.		0.
10	(D) PENTIUM COMPUTER	082896	200DB	5.00	17							
	(D) 486 COMPUTER					630.			630.	630.		0.
11	(D) 486 COMPUTER	091196	200DB	5.00	17							
	(D) PENTIUM COMPUTER					835.			835.	835.		0.
12	(D) PENTIUM COMPUTER	103096	200DB	5.00	17							
	(D) COMPUTER EQUIPMENT					1,063.			1,063.	1,063.		0.
13	(D) COMPUTER EQUIPMENT	112796	200DB	5.00	17							

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



## 2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
14(D)	COPIER	0220972000	DB5.00	17	17	367.			367.	367.		0.
15(D)	DESK / CHAIR	0506972000	DB7.00	17	17	970.			970.	970.		0.
16(D)	MEMEX SOFTWARE	0831972000	DB3.00	17	17	3,795.			3,795.	3,795.		0.
17(D)	PENTIUM 166 COMPUTER	1025972000	DB5.00	17	17	950.			950.	950.		0.
18(D)	COMPUTER	0430982000	DB5.00	17	17	6,022.			6,022.	6,022.		0.
19(D)	COMPUTER	0731982000	DB5.00	17	17	765.			765.	765.		0.
20(D)	LAPTOP COMPUTER	0519992000	DB5.00	17	17	4,011.			4,011.	4,011.		0.
21(D)	PRINTER	0504992000	DB5.00	17	17	727.			727.	727.		0.
22(D)	MONITOR	1111992000	DB5.00	17	17	210.			210.	210.		0.
23(D)	DELL 4100 PENTIUM COMPUTER	0118012000	DB5.00	17	17	1,577.			1,577.	1,486.		46.
24(D)	DELL 4100 PENTIUM COMPUTER	0110012000	DB5.00	17	17	1,228.			1,228.	1,157.		36.
27(D)	DELL 4100 PENTIUM COMPUTER	1106002000	DB5.00	17	17	1,374.			1,374.	1,295.		40.
28(D)	DELL SERVER	1231002000	DB5.00	17	17	2,278.			2,278.	2,147.		66.
29(D)	MS SMALL BUSINESS SERVER	1231002000	DB5.00	17	17	890.			890.	839.		26.
30(D)	2600 BROTHER FAX MACHINE	1231002000	DB5.00	17	17	380.			380.	358.		11.
31(D)	SONY DIGITAL CAMERA	1231002000	DB7.00	17	17	678.			678.	527.		30.
32(A)	AV EQUIPMENT	1106002000	DB7.00	17	17	522.			522.	406.		46.
34(S)	SONY LAPTOP COMPUTER	0331052000	DB5.00	17	17	4,069.			4,069.	203.		1,546.

528102  
01-06-06

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## 2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
35	COMPUTER (QARA)	100504200DB5	00	17	17	1,404.			1,404.	211.		477.
36	PENTIUM-4-MMX COMPUTER	062504200DB5	00	17	17	925.			925.	324.		240.
37	PENTIUM-MMX-IV COMPUTER	111104200DB5	00	17	17	1,313.			1,313.	197.		446.
38	LAPTOP COMPUTER SER# N002CE041201157	010705200DB5	00	17	17	1,645.			1,645.	82.		625.
39	LAPTOP COMPUTER SER# N002CE041201257	010705200DB5	00	17	17	1,645.			1,645.	82.		625.
40	2 COMPUTER PROJECTORS	010705200DB5	00	17	17	3,776.			3,776.	189.		1,435.
42	SONY LAPTOP COMPUTER	030905200DB5	00	17	17	4,069.			4,069.			1,628.
43	LCD PROJECTOR	042705200DB5	00	19B	19B	5,439.			5,439.			1,904.
44	OFFICE COMPUTER	092305200DB5	00	19B	19B	569.			569.			142.
45	SCANNER	011606200DB5	00	19B	19B	5,000.			5,000.			250.
	* 990 PAGE 2 TOTAL					73,517.		0.	73,517.	42,776.	0.	9,628.
	OTHER											
	* 990 PAGE 2 TOTAL - FURNITURE & EQUIPMENT					73,517.		0.	73,517.	42,776.	0.	9,628.
	LEASEHOLD IMPROVEMENTS											
	OTHER											
6	(D) CARPET	021594200DB7	00	17	17	6,942.			6,942.	6,942.		0.
25	(D) 2 WINDOWS	083195SL	39.00	17	17	669.			669.	163.		4.
26	(D) FURNACE & CENTRAL AIR	070297SL	39.00	17	17	4,887.			4,887.	958.		26.
	* 990 PAGE 2 TOTAL					12,498.		0.	12,498.	8,063.	0.	30.
	OTHER											

528102  
01-08-06

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
10535 METROPOLITAN AVE., KENSINGTON, MD	1	3,074.	
TOTAL TO FORM 990, PART I, LINE 6A		3,074.	

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		815.	
WASTE MANAGEMENT		422.	
CONDO FEES		<38.>	
REAL ESTATE TAXES		212.	
OTHER COSTS		950.	
-- SUBTOTAL --	1		2,361.
TOTAL TO FORM 990, PART I, LINE 6B			2,361.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	3
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DESCRIPTION	DATE ACQUIRED		DATE SOLD		METHOD ACQUIRED
	01/13/94		06/02/05		PURCHASED
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
HAMM METROPOLITAN AVE. LLC	830,000.	353,252.	59,794.	97,745.	514,699.
TO FM 990, PART I, LN 8	830,000.	353,252.	59,794.	97,745.	514,699.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK FEES AND CARD FEES	16,061.	16,061.		
DUES AND SUBSCRIPTIONS	1,474.		1,474.	
LIBRARY EXPENSES	15,364.	15,364.		
ANNUAL MEETING EXPENSE	171,214.	171,214.		
EXECUTIVE COMMITTEE EXPENSES	46.		46.	
INSURANCE - GENERAL	8,356.		8,356.	
CONTRACT LABOR	5,022.	5,022.		
PAYROLL SERVICE	1,672.		1,672.	
MARKETING	11,093.	11,093.		
LICENSES & PERMITS	218.		218.	
GRANTS & CONTRACTS EXPENSE	1,751.	1,751.		
ASSOCIATE EXPENSE	767.	767.		
MOVING EXPENSES	6,935.		6,935.	
OFFICE SUPPLIES	7,067.		7,067.	
PUBLICATION COSTS	83,119.	83,119.		
QUALITY ASSURANCE PROGRAM	98,896.	98,896.		
TRAINING WORKSHOPS	1,523.	1,523.		
EDUCATION PROGRAMS	41,450.	41,450.		
PROPERTY TAX	332.		332.	
AWARDS	3,620.	3,620.		
COMPUTER EXPENSES	22,325.		22,325.	

MISCELLANEOUS	829.		829.
COPIER LEASE	3,470.		3,470.
TOTAL TO FM 990, LN 43	502,604.	449,880.	52,724.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	5
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
OVERALL PROGRAM SERVICES PROVIDED TO THE SOCIETY'S MEMBERS		463,083.
TOTAL TO FORM 990, PART III, LINE E		463,083.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	6
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
AV EQUIPMENT	522.	452.	70.
SONY LAPTOP COMPUTER	4,069.	1,749.	2,320.
COMPUTER (QARA)	1,404.	688.	716.
PENTIUM-4-MMX COMPUTER	925.	564.	361.
PENTIUM-MMX-IV COMPUTER	1,313.	643.	670.
LAPTOP COMPUTER SER# N002CE041201157	1,645.	707.	938.
LAPTOP COMPUTER SER# N002CE041201257	1,645.	707.	938.
2 COMPUTER PROJECTORS	3,776.	1,624.	2,152.
SONY LAPTOP COMPUTER	4,069.	1,628.	2,441.
LCD PROJECTOR	5,439.	1,904.	3,535.
OFFICE COMPUTER	569.	142.	427.
SCANNER	5,000.	250.	4,750.
TOTAL TO FORM 990, PART IV, LN 57	30,376.	11,058.	19,318.

FORM 990	OTHER ASSETS	STATEMENT	7
DESCRIPTION		AMOUNT	
WEBSITE DEVELOPMENT		12,887.	
SECURITY DEPOSIT		1,300.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		14,187.	

FORM 990	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION		AMOUNT	
DUE TO RESEARCH FOUNDATION		3,825.	
ACCRUED VACATION		43,281.	
403(B) WITHHELD		1,743.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		48,849.	

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	9
DESCRIPTION		AMOUNT	
RENTAL EXPENSES NETTED AGAINST RENTAL INCOME ON FORM 990		2,361.	
TOTAL TO FORM 990, PART IV-A		2,361.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	10
DESCRIPTION		AMOUNT	
RENTAL EXPENSES NETTED AGAINST RENTAL INCOME ON FORM 990		2,361.	
TOTAL TO FORM 990, PART IV-B		2,361.	

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN	EXPENSE CONTRIB ACCOUNT
LINDELL K. WEAVER, M.D. 804 TERRACE HILLS DRIVE SALT LAKE CITY, UTAH 84103-4021	PRESIDENT 0.00	0.	0.	0.
E. CUAUTEMOC SANCHEZ CAMINO SANTA ERESA 1055 MEXICO D.F 10700	VICE PRESIDENT 0.00	0.	0.	0.
BRET STOLP, M.D. PHD 3010 MONTGOMERY STREET DURHAM, NC 27705	PRESIDENT ELECT 0.00	0.	0.	0.
RONALD P. BANGASSER, M.D. 12724 VALLEY VIEW REDLANDS, CA 92373	SECRETARY 0.00	0.	0.	0.
ROBERT A. WARRINER, III, M.D. 1610 WOODSTEAD CT. THE WOODLANDS, TX 77380	TREASURER 0.00	0.	0.	0.
ENRICO CAMPORESI, M.D. 12901 BURCE B. DOWNS BLVD. TAMPA, FL 33612-4799	PAST PRESIDENT 0.00	0.	0.	0.
NEIL B. HAMPSON, M.D. 1100 NINTH AVENUE SEATTLE, WA 98101	PAST PRESIDENT 0.00	0.	0.	0.
LAURIE GESELL, M.D. 2210 RALEIGH LANE CINCINNATI, OH 45215	MEMBER AT LARGE 0.00	0.	0.	0.
JOHN SLADE, M.D. 131 BLACKWOOD COURT BACAVILLE, CA 95688	MEMBER AT LARGE 0.00	0.	0.	0.
KEITH VAN METER, M.D. 17 CARRIAGE LANE NEW ORLEANS, LA 70114	MEMBER AT LARGE 0.00	0.	0.	0.
ROBERT L. BARTLETT, M.D. 149 RUDDER COURT LEXINGTON, SC 29072	MEMBER AT LARGE 0.00	0.	0.	0.



ENOCH T. HUANG, M.D. 6681 E. CANYON HILLS RD. ANAHEIM, CA 92807-4201	MEMBER AT LARGE 0.00	0.	0.	0.
JEFFREY A. STONE, D.O., MPH 7232 GREENVILLE AVE. DALLAS, TX 75231	MEMBER AT LARGE 0.00	0.	0.	0.
STEPHANE TREMBLAY, M.D., PHD 143 RUE WOLFE LEVIS, QUEBEC G6V 3Z1	MEMBER AT LARGE 0.00	0.	0.	0.
HARRIET W. HOPF, M.D. 513 PARNASSUS AVE. SAN FRANCISCO, CA 94010	MEMBER AT LARGE 0.00	0.	0.	0.
JAMES R. HOLM, M.D. 1400 EAST BOULDER STREET COLORADO SPRINGS, CO 80909	MEMBER AT LARGE 0.00	0.	0.	0.
MICHAEL CROUCH 22802 LLANO SOUND SAN ANTONIO, TX 78258	ASSOCIATES CHAIRMAN 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		0.	0.	0.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT 12
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93 A	PUBLICATIONS PROVIDE INFORMATION ON HYPERBARIC MEDICINE AND RESEARCH.
93 B	QUALITY ASSURANCE PROVIDES TESTING OF EQUIPMENT TO COMPLY WITH FEDERAL AND OTHER GOVERNMENTAL COMPLIANCE MEASUREMENTS.
93 C	CONTRACTS/GRANTS PROVIDE FUNDING FOR SPECIAL MEETINGS AND EVENTS RELATED TO HYPERBARIC MEDICINE.
93 D	ANNUAL MEETING PROVIDES EDUCATIONAL TOPICS BY LEADING EXPERTS IN THE FIELD OF HYPERBARIC MEDICINE AND RELATED FIELDS.
93 E	OTHER PROGRAMS ARE PROVIDED TO ENHANCE AND EDUCATE HYPERBARIC MEDICINE AND RESEARCH.
94	MEMBER DUES HELP DEFRAY EXPENSES FOR PUBLICATIONS, ADMINISTRATION, AND OCCUPANCY EXPENSES.

SCHEDULE A	OTHER INCOME			STATEMENT 13
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
	0.	0.	0.	508.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	508.

**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

**2005**

Attachment  
Sequence No. 67

Name(s) shown on return

UNDERSEA & HYPERBARIC MEDICAL  
SOCIETY, INC.

Business or activity to which this form relates

FORM 990 PAGE 2

Identifying number

23-7066181

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses .....	1	105,000.
2	Total cost of section 179 property placed in service (see instructions) .....	2	
3	Threshold cost of section 179 property before reduction in limitation .....	3	420,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 .....	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562 .....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 .....	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year .....	14	
15	Property subject to section 168(f)(1) election .....	15	
16	Other depreciation (including ACRS) .....	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005 .....	17	8,177.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....		

**Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		11,008.	5 YRS.	MQ	200DB	2,296.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28 .....	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	22	10,473.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

# UNDERSEA & HYPERBARIC MEDICAL

Form 4562 (2005) (Rev. 1-2006) SOCIETY, INC.

23-7066181 Page 2

**Part V** **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

## **Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

## **Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.  
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

## **Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

## **Part V** **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year:					
	:	:			
	:	:			
43 Amortization of costs that began before your 2005 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

**2005**

Attachment  
Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

23-7066181

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	0.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year:					
	:	:			
	:	:			
43 Amortization of costs that began before your 2005 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

# Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by:

Name

Telephone

Function

Date / /

► Type or print. ► See the separate instructions.

## Part I Power of Attorney

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer information.** Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address

UNDERSEA & HYPERBARIC MEDICAL  
SOCIETY, INC.  
10020 SOUTHERN MARYLAND BLVD., NO. 204  
DUNKIRK, MD 20754

Social security number(s)

Daytime telephone number  
(410) 257-6606

Employer identification  
number

23-7066181

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**2 Representative(s) must sign and date this form on page 2, Part II.**

Name and address

TSUKASA KOROM

3906 KNOWLES AVENUE  
KENSINGTON, MD 20895

CAF No. 2605-45403R

Telephone No. 301-949-7700

Fax No. 301-933-5060

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

C. MICHAEL KOON

3906 KNOWLES AVENUE  
KENSINGTON, MD 20895

CAF No. 0100-83699R

Telephone No. 301-949-7700

Fax No. 301-933-5060

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No.

Telephone No.

Fax No.

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

## 3 Tax Matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
EXEMPT STATUS/INCOME/UBIT/EXCISE	FORM 990	3/2002, 3/2003, 3/2004
EMPLOYMENT TAX	FORM 941	ALL QTRS FOR 2003 THRU 2006

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific uses not recorded on CAF. ☐

**5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See Unenrolled Return Preparer on page 2 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Circular 230. See the line 5 instructions for restrictions on tax matters partners.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_

**6 Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks, initial here \_\_\_\_\_ and list the name of that representative below.

Name of representative to receive refund check(s) ►

**UNDERSEA & HYPERBARIC MEDICAL  
SOCIETY, INC.**

23-7066181

Page 2

**7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.

- a** If you also want the second representative listed to receive a copy of notices and communications, check this box ☐
- b** If you do not want any notices or communications sent to your representative(s), check this box ☐

**8 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**9 Signature of taxpayer(s).** If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

----- Signature		----- Date		----- Title (if applicable)	
----- Print Name		----- PIN Number		<b>UNDERSEA &amp; HYPERBARIC MEDICAL SOCIETY, INC.</b> ----- Print name of taxpayer from line 1 if other than individual	
----- Signature		----- Date		----- Title (if applicable)	
----- Print Name		----- PIN Number			

**Part II Declaration of Representative**

**Caution:** Students with a special order to represent taxpayers in Qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program, see the instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
  - a** Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b** Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c** Enrolled Agent - enrolled as an agent under the requirements of Treasury Department Circular No. 230.
  - d** Officer - a bona fide officer of the taxpayer's organization.
  - e** Full-Time Employee - a full-time employee of the taxpayer.
  - f** Family Member - a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
  - g** Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d) of Treasury Department Circular No. 230).
  - h** Unenrolled Return Preparer - the authority to practice before the Internal Revenue Service is limited by Treasury Department Circular No. 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See Unenrolled Return Preparer on page 2 of the instructions.

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions.

Designation - Insert above letter (a-h)	Jurisdiction (state) or identification	Signature	Date
B	MARYLAND		
B	MARYLAND		

Form 2848 (Rev. 3-2004)



2005 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

UNDERSEA & HYPERBARIC MEDICAL  
SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
30	(D) BUILDING - 10535 METROPOLITAN AVE. (50% 011394SL	011394	SL	39.00	17	152,529.			152,529.	43,838.		815.
	* 990 RENTAL TOTAL - RENTAL PROPERTY					152,529.		0.	152,529.	43,838.	0.	815.
	* GRAND TOTAL 990 RENTAL DEPR					152,529.		0.	152,529.	43,838.	0.	815.
	BUILDINGS											
4	(D) BUILDING - 10531 METROPOLITAN AVE. (50% 011394SL	011394	SL	39.00	17	152,530.			152,530.	43,838.		815.
	* 990 PAGE 2 TOTAL BUILDINGS					152,530.		0.	152,530.	43,838.	0.	815.
	LAND											
5	(D) LAND	011394	L			33,895.			33,895.			0.
	* 990 PAGE 2 TOTAL LAND					33,895.		0.	33,895.	0.	0.	0.
	FURNITURE & EQUIPMENT											
	OTHER											
1	(D) IBM SELECTRIC TYPEWRITER	120479	PRE	5.00	16	815.			815.	815.		0.
2	(D) IBM SELECTRIC TYPEWRITER	012281	PRE	5.00	16	1,024.			1,024.	1,024.		0.
3	(D) REMINGTON TYPEWRITER	072982	PRE	5.00	16	650.			650.	650.		0.
7	(D) PENTIUM COMPUTER	122195	200DB	5.00	17	7,080.			7,080.	7,080.		0.
8	(D) MOVING STAIR PLATFORM	091895	ADS	40.00	17	1,800.			1,800.	337.		9.
9	(D) PENTIUM COMPUTER	073196	200DB	5.00	17	1,887.			1,887.	1,887.		0.
10	(D) PENTIUM COMPUTER	082896	200DB	5.00	17	1,135.			1,135.	1,135.		0.

## 2005 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - UNDERSEA & HYPERBARIC MEDICAL  
SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
11(D)	486 COMPUTER	091196	200DB	5.00	17	630.			630.	630.		0.
12(D)	PENTIUM COMPUTER	103096	200DB	5.00	17	835.			835.	835.		0.
13(D)	COMPUTER EQUIPMENT	112796	200DB	5.00	17	1,063.			1,063.	1,063.		0.
14(D)	COPIER	022097	200DB	5.00	17	367.			367.	367.		0.
15(D)	DESK / CHAIR	050697	200DB	7.00	17	970.			970.	970.		0.
16(D)	MEMEX SOFTWARE	083197	200DB	3.00	17	3,795.			3,795.	3,795.		0.
17(D)	PENTIUM 166 COMPUTER	102597	200DB	5.00	17	950.			950.	950.		0.
18(D)	COMPUTER	043098	200DB	5.00	17	6,022.			6,022.	6,022.		0.
19(D)	COMPUTER	073198	200DB	5.00	17	765.			765.	765.		0.
20(D)	LAPTOP COMPUTER	051999	200DB	5.00	17	4,011.			4,011.	4,011.		0.
21(D)	PRINTER	050499	200DB	5.00	17	727.			727.	727.		0.
22(D)	MONITOR	111199	200DB	5.00	17	210.			210.	210.		0.
23(D)	DELL 4100 PENTIUM COMPUTER	011801	200DB	5.00	17	1,577.			1,577.	1,486.		46.
24(D)	DELL 4100 PENTIUM COMPUTER	011001	200DB	5.00	17	1,228.			1,228.	1,157.		36.
27(D)	DELL 4100 PENTIUM COMPUTER	110600	200DB	5.00	17	1,374.			1,374.	1,295.		40.
28(D)	DELL SERVER	123100	200DB	5.00	17	2,278.			2,278.	2,147.		66.
29(D)	MS SMALL BUSINESS SERVER	123100	200DB	5.00	17	890.			890.	839.		26.
30(D)	2600 BROTHER FAX MACHINE	123100	200DB	5.00	17	380.			380.	358.		11.

528102  
01-06-06

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## 2005 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - UNDERSEA & HYPERBARIC MEDICAL  
SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
31(D)	SONY DIGITAL CAMERA	123100200DB	7.00	17		678.			678.	527.		30.
32A	AV EQUIPMENT	110600200DB	7.00	17		522.			522.	406.		46.
34	SONY LAPTOP COMPUTER	033105200DB	5.00	17		4,069.			4,069.	203.		1,546.
35	COMPUTER (QARA)	100504200DB	5.00	17		1,404.			1,404.	211.		477.
36	PENTIUM-4-MMX COMPUTER	062504200DB	5.00	17		925.			925.	324.		240.
37	PENTIUM-MMX-IV COMPUTER	111104200DB	5.00	17		1,313.			1,313.	197.		446.
38	LAPTOP COMPUTER SER# N002CE041201157	010705200DB	5.00	17		1,645.			1,645.	82.		625.
39	LAPTOP COMPUTER SER# N002CE041201257	010705200DB	5.00	17		1,645.			1,645.	82.		625.
40	COMPUTER PROJECTORS	010705200DB	5.00	17		3,776.			3,776.	189.		1,435.
42	SONY LAPTOP COMPUTER	030905200DB	5.00	17		4,069.			4,069.			1,628.
43	LCD PROJECTOR	042705200DB	5.00	19B		5,439.			5,439.			1,904.
44	OFFICE COMPUTER	092305200DB	5.00	19B		569.			569.			142.
45	SCANNER	011606200DB	5.00	19B		5,000.			5,000.			250.
	* 990 PAGE 2 TOTAL OTHER					73,517.		0.	73,517.	42,776.	0.	9,628.
	* 990 PAGE 2 TOTAL - FURNITURE & EQUIPMENT					73,517.		0.	73,517.	42,776.	0.	9,628.
	LEASEHOLD IMPROVEMENTS											
	OTHER											
6(D)	CARPET	021594200DB	7.00	17		6,942.			6,942.	6,942.		0.

529102  
01-06-06

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

ION REPORT  
- CURRENT YEAR FEDERAL -

528102  
01-06-06

- NEXT YEAR FEDERAL - UNDERSEA & HYPERBARIC MEDICAL  
SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	* GRAND TOTAL 990 RENTAL DEPR				0.		0.	0.	0.
	BUILDINGS								
	LAND								
	FURNITURE & EQUIPMENT								
	OTHER								
32	AV EQUIPMENT	110600200DB	7.00		522.		522.	452.	47.
34	SONY LAPTOP COMPUTER	033105200DB	5.00		4,069.		4,069.	1,749.	928.
35	COMPUTER (QARA)	100504200DB	5.00		1,404.		1,404.	688.	286.
36	PENTIUM-4-MMX COMPUTER	062504200DB	5.00		925.		925.	564.	144.
37	PENTIUM-MMX-IV COMPUTER	111104200DB	5.00		1,313.		1,313.	643.	268.
38	LAPTOP COMPUTER SER# N002CE0412011570	10705200DB	5.00		1,645.		1,645.	707.	375.
39	LAPTOP COMPUTER SER# N002CE0412012570	10705200DB	5.00		1,645.		1,645.	707.	375.
40	COMPUTER PROJECTORS	010705200DB	5.00		3,776.		3,776.	1,624.	861.
42	SONY LAPTOP COMPUTER	030905200DB	5.00		4,069.		4,069.	1,628.	976.
43	LCD PROJECTOR	042705200DB	5.00		5,439.		5,439.	1,904.	1,414.
44	OFFICE COMPUTER	092305200DB	5.00		569.		569.	142.	171.
45	SCANNER	011606200DB	5.00		5,000.		5,000.	250.	1,900.
	* 990 PAGE 2 TOTAL OTHER				30,376.		30,376.	11,058.	7,745.
	* 990 PAGE 2 TOTAL - FURNITURE & EQUIPMENT				30,376.		30,376.	11,058.	7,745.
	LEASEHOLD IMPROVEMENTS								
	OTHER								
	RENTAL PROPERTY								
	* GRAND TOTAL 990 PAGE 2 DEPR				30,376.		30,376.	11,058.	7,745.