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Form 990

Department of the Treasury Internal Revenue Service

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)

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 **2009**

Open to Public Inspection

<u>A</u>		10 2009		r year, or u						2009, and ei					, 20
В	Check if applicable	_	Please	C Name	of organi	zation, num	ber and street,	city, town	, state, an	nd ZIP code	D Em	ployer id	lentific:	ation n	umber
П	Address		luse IRS	i)										7532	
Н		, i	label or print or		CMEC	מואת תי	PDTPMDO	TNO			- T-1				
Н	Name cha	ange	type	KHO	OME	SA AND	FRIENDS) INC			E ter	ephone r			
Ш	Instial retu	um	See	[318	-21	8-07	78
П	Terminate	ed	Specific		BOX 3	19431					G Gro	SS.	\$		
Н	Amended		Instruc- tions.	1			71163								
Н	Applicatio				~~~						i m(a)	Is this a	~ .	rewm	
Ш	pending		FN	ame and a	ddress of		fficer: LYNI	ON JO	OHNSO	N		for affilia	ates?		∐ Yes ⊠ No
			PO	BOX 1	9431	SHR	EVEPORT	LA	7116	3	H(b)	Are all affil	iates inclu	ded?	
T	Tax-exe	empt sta	itus:	X 501(c)	(3) A	(insert no.)	4947(a)(1	l) or [527		1 ` ´	If "No", atta	ach a list.		Yes No
_				F4 00 1(0)	() / ((11 4547 (8)(,, 0, 1	JE 1		┨、	(see instru	•		
	Website		<u> </u>			1 - 1					H(c)	Group exe	mption nu	imber	<u> </u>
K	Form of or	rganization	X	Corporation	Trust	Association	on Other▶			L Year of for	mation		M Stat	te of legal	domicile
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e e	4	Number	r of indep	pendent vo	ting mem	bers of the	governing body	(Part VI,	line 1b)				4		
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-	7a	Total gr	oss unre	lated busin	ness reve	nue from Pa	art VIII, column	(C), line 1	2				7a		
•	b	Net unn	elated bu	usiness tax	able inco	me from Fo	rm 990-T, line 3	34					7b		-1035.
	1											r Year	-	Cun	rent Year
	8	Contrib	thone or	od amote ((204 / AII	11\R	CEIVE			<u> </u>		15346	<u>a</u>		97770.
E. L. Revenue	•	-	uuoi is ai	ru grants (r	an viii, i	ine my V.C.		∱∱	• • • • • • • • •			13340	9.		9///0.
	9	Progran	n service	revenue (Part VIII,	line 2g)		nol-							
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6.0	14	Benefits	s paid to	or for mem	ibers (Pa	rt IX, columi	n (A), line'4) —	······································							
Ø.	15	Salaries	s, other c	compensati	on, emple	oyee benefi	ts (Part IX, colu	mn (A), lir	nes 5-10)				-		
9:	16a						A), line 11e) .				1	0221	6.		60114.
`₽`									6011	•	_		•••		00111
(Experises)	"					-), line 25) ▶ _						-		
\odot	17 '	Other e	xpenses	(Part IX, o	olumn (A)), lines 11a-	11d, 11f-24f)	• • • • • • • • • • • • • • • • • • • •		···· · · <u>·</u>		429			38338.
~	18	Total ex	penses ·	 Add lines 	13-17 (m	nust equal P	art IX, column (A), line 25	5)		1	L0989	9.		101402.
701	19	Revenu	e less ex	openses. S	Subtract li	ne 18 from	line 12					8986	7.		-3632.
			-								Poelpoi	ng of Yea		End	l of Year
5 8		Tatal as	/D-		~ \					<u> </u>	ægnu ai	4359			
Net Assets or Fund Balances	20		•	irt X, line 16	•	• • • • • • • • • • • • • • • • • • • •						4339	2.		48310.
\$ 5	21	Total lia	ıbılıties (I	Part X, line	26)										
2 2	22	Net ass	ets or fu	nd balance	s. Subtra	act line 21 fr	om line 20 .					4359	2.		48310.
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Ma	y the IR	RS discu	iss this n	etum with t	he prepa	rer shown a	bove? (See inst	tructions)						. Ye	es 🛛 No

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

Pai		tement of Program Serv		
1,		scribe the organization's missio		nnn nn
			SION IS TO ASSIST THE UN	
			O PROVIDE SCHOLARSHIPS A	ND VARIOUS ITEMS THAT
	MITT	ASSIST THEM AS	THEY TRY TO SURVIVE	
2	Did the on	ganization undertake any signi	ficant program services during the year which wer	e not listed on
		escribe these new services on		
3	Did the or	ganization cease conducting, o	r make significant changes in how it conducts any	program services? Yes 🛛 No
	If "Yes," da	escribe these changes on Scho	edule O	
4	Describe t	the exempt purpose achieveme	ents for each of the organization's three largest pro	ogram services by expenses.
	Section 50	01(c)(3) and 501(c)(4) organiza	tions and section 4947(a)(1) trusts are required to	report the amount of grants and
	allocations	s to others, the total expenses,	and revenue, if any, for each program service rep	orted
4a	(Code:) (Expenses \$	2150 . including grants of \$) (Revenue \$
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4c	(Code) (Expenses \$	including grants of \$) (Revenue \$
				
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4d		gram services (Describe in Sci	•	
	(Expenses	· · · · · · · · · · · · · · · · · · ·	<u></u>	evenue \$)
40	rotal prog	gram service expenses 🕨	2950.	
				Form 990 (2009

Part IV · Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			1
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	x	

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more
 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more
 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses
 the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.
- 12 Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.
 12A Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes

If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		Χ			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a	-	X		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fund	draising		ſ			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	y		ſ			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		Х		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assist	ance					
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III			[16		X
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part	IX,			-		
	column (A), line 11e? If "Yes," complete Schedule G, Part I			[17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions	on					
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			[18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9:	a?				_	

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	1990 (2009) RHO OMEGA AND FRIENDS INC 72-12875	32	Pag	e 4
Pai	t IV Checklist of Required Schedules (continued)	1		
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	In the United States on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	24		v
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	21		X
~~				v
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes,"	_		.,
04-	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d_	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, directly or indirectly	21	I	
	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,			
	conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	00-1	1	Х
		28a		
U	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family			
	member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			•
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?	38		$\frac{\lambda}{X}$
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Form **990** (2009)

Pa	Statements Regarding Other IRS Filings and Tax Compliance						
	•	ı				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			_			
	U.S. Information Returns. Enter -0- if not applicable		ļ	0	_		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		<u> </u>	0	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors are					,	
	gaming (gambling) winnings to prize winners?				. <u>1c</u>		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return		L		n ،		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax				. 2b	1	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (•	ctions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year co				1. 1	ı	v
	this return?				. 3a		<u> X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of		-				
	a financial account in a foreign country (such as a bank account, securities account, or other fina	incial acco	unt)?	• • • • • • • • • • • • • • • • • • • •	. 4a	<u> </u>	X
b_	If "Yes," enter the name of the foreign country.						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fore	eign Bank					
_	and Financial Accounts.	-0			1 _ !	ı	v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year				. 5a		<u>X</u> _
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra			• • • • • • • • • • • • • • • • • • • •	. 5b		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt E	, ,	_		_		ı
^-	Prohibited Tax Shelter Transaction?		• • •		. 5c		
þа	Does the organization have annual gross receipts that are normally greater than \$100,000, and organization solveit early contributions that your part by deductible?						Х
	organization solicit any contributions that were not tax deductible?		. <u>6a</u>				
D	gifts were not tax deductible?		. 6b		ı		
7	Organizations that may receive deductible contributions under section 170(c).		. 00				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for goods			1 1	1	1
-	and services provided to the payor?	•			. 7a		ı
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which		• • • •				
-	required to file Form 8282?				. 7c		Ī
d	If "Yes," indicate the number of Forms 8282 filed during the year				, , ,	,	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums or		al		_		
	benefit contract?	•			. 7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of				. 7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as requi	red?			. 7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 10		equire	d?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	J					
	organizations Did the supporting organization, or a donor advised fund maintained by a sponso	ring organ	ızatıor	١,			
	have excess business holdings at any time during the year?				. 8		Ī
9	Sponsoring organizations maintaining donor advised funds.					_	
а	Did the organization make any taxable distributions under section 4966?				. 9a	_	
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter						
a	Initiation fees and capital contributions included on Part VIII, line 12				_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of dub facilities 10b				_		
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders 11a	<u></u>			_		
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)	<u> </u>	_		- ,		ı
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	om 1041?	•		. 12a	İ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>					
					Fo	m 990	(2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body b Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one of more members 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **7**b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following? a The governing body? Х Each committee with authority to act on behalf of the governing body? Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Х 11 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations X must describe in Schedule O the process, if any, the organization uses to review the Form 990 11 12a Does the organization have a written conflict of interest policy? If "No", go to line 13 Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12h c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official? **b** Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ... 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website | Another's website | Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶LYNDON JOHNSON PO BOX 194 SHREVEPORT LA 71163 318-218-0778

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
 - List the organization's fivecument highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees, and former such persons.

Check this box if the organization did not of	compensate	any c	urrent	offic	œr,	directo	or, or	trustee.		
(A)	(B)							(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)				hat ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related
) g			afted				and related organizations
LYNDON JOHNSON	 -				ļ -					
PRESIDENT	10	Х						0	0	0
. LARRY ANDERSON										
DIRECTOR] 10	Х						0	0	0
MELVIN LOTT										
DIRECTOR	10	Х						0	0	0
REGINALD ABRAM									,	
DIRECTOR	10	X						0	0	0
FRED MOSS IV]									
DIRECTOR] 10	Х						0	0	0
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Rev. 1

Section A. Officers, Directors,	T	Key E	mploy			High	est	·	1 				
(A)	(B)	Dooit	ion /al	(C	-			(D)	(E)	(F) Estimated			
Name and title	Average		1		T		1	Reportable	Reportable	l .			
	hours per	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation	compensation	a	mount		
	week	夏호	鼋	8	e e	ğg	ם	from	from related	Ì	other		
		호호	ဗ္က		헣	88	1	the	organizations	l .	npensa		
		Į Š	🖷		ğ	ă		organization	(W-2/1099-MISC)	I	rom th		
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1b Total				_			>	0	0)	
2 Total number of individuals (including but r	ot limited i	to thos	e liste	d ab	ove) who	rece	ived more than \$100	,000 in reportable co	mpens	ation		
from the organization						-							
											Yes	No	
3 Did the organization list anyformer officer,						e, or l	high	est compensated		1		1	
employee on line 1a? If "Yes," complete So										3		X	
4 For any individual listed on line 1a, is the s			-					•					
the organization and related organizations	greater tha	າກ \$15	0,000	? If "	Yes,	," com	plete	e Schedule J for such	ו			1	
ındividual	• • • • • • • • •	· · · · · ·								4		X	
5 Did any person listed on line 1a receive or					-			-		1	1	1	
services rendered to the organization? If "	es," comp	lete So	chedul	e J f	or s	uch pe	erso	n		5	<u> </u>	<u> </u>	
Section B. Independent Contractors													
 Complete this table for your five highest co 	mpensate	d indep	pende	nt co	ontra	actors 1	that	received more than \$	\$100,000 of				
compensation from the organization							_						
(A)								(B)		,	(C)		
Name and busines	s address							Description of s	services	Comp	ensati	on	
							<u> </u>						
							ļ						
							<u> </u>						
2 Total number of independent contractors (i		ut not	limited	to t	hose	e listed	ds t	ove) who received m	ore than				
\$100,000 in compensation from the organia	zation 🕨								-				
BCA Copyright form software only, 2009 Universal Tax Sy	stems, Inc. Al	l rights re	served			US	3990\$	\$8 Rev 1		Form	990	(2009	

Page 9

Part	VIII	Statement of Revenue				
•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c 81246. Related organizations 1d Government grants (contributions) 1e All other contributions, grifs, grants, and smilar amounts not included above 1f 16524. Noncash contributions included in lines 1a-1f \$				
0)	h	Total. Add lines 1a-1f ▶	97770.			
Program Service Revenue		Business Code				
Σ.	f	All other program service revenue			·	
Pr	g	Total. Add lines 2a-2f ▶				
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties				
	•	(i) Real (ii) Personal				·
	6a b c d	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)	· ·	[
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses				
	c	Gain or (loss)	l .	i :	1	ſ
Other Revenue	d 8a	Net gain or (loss)				
Ę	b	Less direct expensesb				
δ	c 9a	Net income or (loss) from fundraising events ▶ Gross income from gaming activities. See Part IV, line 19 a				
	b	Less direct expenses b				
	С	Net income or (loss) from gaming activities ▶				
		Gross sales of inventory, less returns and allowances a Less cost of goods soldb				
	С	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code	!	, 	·	l
	11a					
	b					
	C	All officers and a second seco				
	d	All other revenue				
	e 12	Total. Add lines 11a-11d	 -	<u> </u>		
BCA		9c, 10c, and 11e	97770.	\$9 Rev 1		Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete c				
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	3b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	2950.	2950.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		·		
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				· · · · · · · · · · · · · · · · · · ·
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	1600.		1600.	····
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	60114.			60114.
f	Investment management fees		· · · · · · · · · · · · · · · · · · ·		
g	Other	23447.		23447.	
12	Advertising and promotion			2070.	
13	Office expenses			7228.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				· · · ·
18	Payments of travel or entertainment expenses				<u> </u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		 		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1035.		1035.	
23	Insurance	2685.		2685.	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	AMORTIZATION [14.		14.	-
b	PERMITS	125.		125.	
c	SESAC	134.		134.	
d		154.		137.	
u 6					· · · · · · · · · · · · · · · · · · ·
f	All other expenses				
-	·	101402.	2950.	38338.	60114.
<u>25</u>	Total functional expenses. Add lines 1 through 24f	101402.	2930.	30330.	00114.
26	Joint Costs. Check here ▶ if following			1	
	SOP 98-2. Complete this line only if the org				
	reported in column (B) joint costs from a combined			<u> </u>	
	educational campaign and fundraising solicitation			I	

US990\$10

Balance Sheet (A) (B) Beginning of year End of year 4656. 2216. Cash - non-interest-bearing 1 1 14002. 14405. 2 2 12372. 11341. 3 3 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Sch. L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 36894. 10a 12159. 10c 20751. 16143. ь 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV. line 11 13 •••• 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 43592. 48310. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Labilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 25 Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117, check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 43592. 48310. 27 27 28 Temporanly restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 43592. 33 48310. 43592. 48310. Total liabilities and net assets/fund balances 34

Form 990 (2009)

Form 9	990 (2009) RHO OMEGA AND FRIENDS INC 72-12875	32	Pag	је 12
Par	t XI Financial Statements and Reporting			
_	,		Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 📗 Other			•
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?	_2c_		_X_
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
	issued on a consolidated basis, separate basis, or both	2d		
	separate basis consolidated basis both consolidated and separate basis			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		
		Form	990	(2009

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organizations or a section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

RHO OMEGA AND FRIENDS INC

Employer identification number 72–1287532

			5						. 120				
	art		r Public Charity	· · · · · · · · · · · · · · · · · · ·				See ins	tructions	<u></u>			
The	out	ganization is not a priva	ate foundation becaus	se it is (For lines 1 through 11,	check o	nly one I	oox.)						
1	Ш	A church, convention	of churches, or associated	dation of churches described i	section	170(b)(1)(A)(i).						
2	Ш	A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E.)									
3		A hospital or a coope	rative hospital service	e organization described irsecti	on 170(l	b)(1)(A)(i	iii)						
4	П	A medical research o	rganization operated	in conjunction with a hospital d	escribed	Isectio	n 170(b)(1)(A)(ii	i) Enter	the hospi	ital's nar	ne.	
	_	city, and state		•			` '	, ,,		•		•	
5	П	An organization opera	ated for the benefit of	a college or university owned	or operat	ted by a	aovemm	ental ur	nit descri	bed isect	tion		
	_	170(b)(1)(A)(iv). (Con					J						
6	П		•	vernmental unit described insec	tion 170	YhV4VA	۷ω۱						
7	Н		-	ubstantial part of its support fro				from the	o gonera	l public			
•	ш	described in section			iii a gov		ar driit Oi		c genera	ii public			
	П			•	,								
8	H	=		(b)(1)(A)(vi) (Complete Part II	•								
9	М			more than 33 1/3 % of its supp						_	S		
				t functions - subject to certain									
				unrelated business taxable in				x) from	business	es			
	\Box	· · · · · ·		, 1975 Seesection 509(a)(2) . (•		•						
10	Н	An organization organ	nized and operated ex	xclusively to test for public safe	ty. Seese	ection 50)9(a)(4)						
11	Ц	An organization organ	nized and operated ex	xclusively for the benefit of, to p	perform t	he funct	ions of, o	r to can	ry out the	•			
		purposes of one or m	ōrē publicly supporte	d órganizations describēd in sē	ection 50	9(à)(1) c	ř šection	509(ā)	(2) Seese	ction			
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
	_	a Type I b Type II c Type III - Functionally integrated d Type III - Other											
0	Ш	By checking this box,	I certify that the organ	nization is not controlled direct	y or ındı	ectly by	one or m	ore disc	qualified				
	persons other than foundation managers and other than one or more publicly supported organizations described in section												
	509(a)(1) or section 509(a)(2).												
f		If the organization rec	eived a written deten	mination from the IRS that it is	a Tvoe I.	Type II	or Type I	il suppo	ortina				
			_										Γ
g		-		on accepted any gift or contribu		anv of	the follow	ina ner	sons?				
•		-	-	rols, either alone or together w		•		• .				Yes	No
			•	he supported organization?	•		•	•		1	11g(i)	-103	
				d in (i) above?						1	11g(ii)		
				scribed in (i) or (ii) above?						1			
h				supported organization(s)				• • • • • • •			11g(iii)		L
	/i\	Name of supported	(ii) EIN		0.3.		(4)		6-23 1		6.41)		
	(1)		(11) 2.114	(iii) Type of organization	1	he organ-	(v) D		1 ' '	s the		\mour	
		organization		(described on lines 1-9	ization		notify		-	zation in	SI	noddr	
				above or IRC section	1 ''	d in your	organiza		∞l	``			
				(see instructions))	_	ming	∞l (i) o	-	"	nized			
			1		docur		supp	ort?	in the	U.\$?			
			<u> </u>		Yes	No	Yes	No	Yes	No			
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		vary Art and Danone	rdr Paduction Act No	otice, see the Instructions for	Earn or			Cc+-	dudo A C			ET ~	
	1.11	raus racains rapelins			. 01111 33	~ .		JCITE	uure A (f	Form 990	v ∪ 1350-	ᄱᄱ	M3

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

(Complete only if you checked the box on line 9 of Part I)

<u> </u>	Tuon A. Public Support		,				
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	17120.	30750.	3000.	12372.	16350.	79592.
2	Gross receipts from admissions, merchan-						
	dise sold or services performed, or facilities						
	furnished in any activity that is related to						
	the organization's tax-exempt purpose	-9509.	-20269.	68484.	102216.	81246.	222168.
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513	378.	191.	182.	22.	174.	947.
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf					}	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge					ł	
6	Total. Add lines 1 through 5	7989.	10672.	71666.	114610.	97770.	302707.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	-				ŀ	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of					1	
_	\$5,000 or 1% of the amount on line 13 for the year	, , , , , , , , , , , , , , , , , , ,					
_							202707
8	Public support (Subtract line 7c from line 6)					i	302707.
	ction B. Total Support	(a) 2005	(F) 200C	4-1 2007	(4) 2000	4 > 2000	
9	lendar year (or fiscal year beginning in)	(a) 2005 7989.	(b) 2006 10672.	(c) 2007 71666.	(d) 2008 114610.	(e) 2009 97770.	(f) Total 302707.
_		7909.	10072.	71000.	114610.	91110.	302707.
ıva	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30,1975						
_	Add lines 10a and 10b						
77	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carned on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets			j			
	(Explain in Part IV)						200707
	Total support. (Add lines 9, 10c, 11, & 12.)		 			1	302707.
14	First five years. If the Form 990 is for the orga			•			
<u> </u>			<u></u>		• • • • • • • • • • • • • • • • • • • •	<u> </u>	▶
Sec			16		······		100 00 1
40	tion C. Computation of Public Suppo			(0)			
	Public support percentage for 2009 (line 8, col	umn (f) divided b	by line 13, column	• • • • • • • • • • • • • • • • • • • •	The state of the s		100.00 %
16	Public support percentage for 2009 (line 8, col Public support percentage from 2008 Schedule	umn (f) divided b e A, Part III, line	oy line 13, columi 15	n (f))	The state of the s		100.00 %
16 Sec	Public support percentage for 2009 (line 8, col Public support percentage from 2008 Schedule tion D. Computation of Investment In	umn (f) divided be A, Part III, line ncome Perce	oy line 13, columi 15 ntage			16	100.00 %
16 Sec 17	Public support percentage for 2009 (line 8, col Public support percentage from 2008 Schedule tion D. Computation of Investment In Investment income percentage for 2009 (line 10	umn (f) divided be A, Part III, line acome Perce Dc, column (f) div	oy line 13, columi 15ntage vided by line 13, o	∞lumn (f))		17	0.00 %
16 Sec 17 18	Public support percentage for 2009 (line 8, col Public support percentage from 2008 Schedule tion D. Computation of Investment In Investment income percentage for 2009 (line 10 Investment income percentage from 2008 Sche	umn (f) divided be A, Part III, line ncome Perce Dc, column (f) dividule A, Part III, I	oy line 13, column 15 	∞lumn (f))		16 17 18	0.00 % 0.00 % 0.00 %
16 Sec 17 18	Public support percentage for 2009 (line 8, col Public support percentage from 2008 Schedule tion D. Computation of Investment In Investment income percentage for 2009 (line 10 Investment income percentage from 2008 Sche	umn (f) divided be A, Part III, line ncome Perce Dc, column (f) dividule A, Part III, lond did not check	oy line 13, column 15 ntage vided by line 13, of line 17 k the box on line	column (f))	s more than 33 1	16 17 18 /3 %, and line 17	0.00 % 0.00 % 0.00 %
16 Sec 17 18 19a	Public support percentage for 2009 (line 8, col Public support percentage from 2008 Schedule tion D. Computation of Investment In Investment income percentage for 2009 (line 10 Investment income percentage from 2008 Sche 33 1/3 % support tests - 2009. If the organization of more than 33 1/3 %, check this box and stop	umn (f) divided be A, Part III, line ncome Perce oc, column (f) dividule A, Part III, lond did not check op here. The organization	oy line 13, column 15 ntage wided by line 13, dine 17 < the box on line anization qualifie	column (f)) 14, and line 15 is as a publicly s	s more than 33 1.	16 17 18 /3 %, and line 17 ation	0.00 % 0.00 % 0.00 % 7 is
16 Sec 17 18 19a	Public support percentage for 2009 (line 8, col Public support percentage from 2008 Schedule tion D. Computation of Investment In Investment income percentage for 2009 (line 10 Investment income percentage from 2008 Sche 33 1/3 % support tests - 2009. If the organization not more than 33 1/3 %, check this box and sto 33 1/3 % support tests - 2008. If the organization	umn (f) divided be A, Part III, line acome Perce Dc, column (f) dividule A, Part III, lion did not check to here. The organ did not check to d	oy line 13, column 15 Intage vided by line 13, dine 17 k the box on line anization qualifie k a box on line 14	column (f)) 14, and line 15 is as as a publicly side or line 19a, and	s more than 33 1 upported organiz	16 17 18 /3 %, and line 17 ation	0.00 % 0.00 % 0.00 % 7 is
16 Sec 17 18 19a b	Public support percentage for 2009 (line 8, col Public support percentage from 2008 Schedule tion D. Computation of Investment In Investment income percentage for 2009 (line 10 Investment income percentage from 2008 Sche 33 1/3 % support tests - 2009. If the organization of more than 33 1/3 %, check this box and stop	umn (f) divided be A, Part III, line occurse Perce Oc, column (f) dividule A, Part III, lion did not check op here. The organ did not check top here. The o	oy line 13, column 15 Intage vided by line 13, or line 17 or the box on line anization qualifie or a box on line 14 organization qualifier	column (f)) 14, and line 15 is as a publicly so fine 19a, and fies as a publicly	s more than 33 1. upported organiz thine 16 is more to	17 18 /3 %, and line 17 atton than 33 1/3 %, a	0.00 % 0.00 % 0.00 % 7 is

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number RHO OMEGA AND FRIENDS INC 72-1287532 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements c Number of conservation easements on a certified historic structure included in (a) 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, reporting of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1

Pai	Organizations Maintaining	Collections of Art, I	Histo	rical Treasures	s, or Other Sim	ilar A	Sets		
	(continued)			 					
3	Using the organization's accession and other r	records, check any of the f	followin	ng that are a signif	cant use of its coll	ection i	items (check	all that	rt
	apply)		. \Box						
а	Public exhibition		d H	Loan or exchang	e programs				
b	Scholarly research		е 📙	Other					
C	Preservation for future generations								
4	Provide a description of the organization's coll			_					
5	During the year, did the organization solicit or								
	to raise funds rather than to be maintained as								No
Par	Trust, Escrow and Custod	•	Com	plete if organization	n answered "Yes"	" to For	m 990, Part	IV, line	9,
	or reported an amount on Form 99								
1a	Is the organization an agent, trustee, custodiar	•					П "	П	
	on Form 990, Part X?						U Yes	L	NO
a	If "Yes," explain the arrangement in Part XIV a	na complete the following	table:						
	Daniel de la lace						Amou	int	
	Beginning balance					1c			
	Additions during the year								
	Distributions during the year					\vdash			
	Ending balance					1f		K.J	
	Did the organization include an amount on For	m 990, Part X, line 217	• • • • • •			• • • • • •	Yes	X	No
	If "Yes," explain the arrangement in Part XIV	 							
Pa		plete if organization answer	ľ			т	=		
	(a) Current year	(b) Prior year	(c)	fwo years back	(d) Three years	back	(e) Four y	ears ba	ack
18	Beginning of year								
	balance		-						
	Contributions	ļ							
C	Investment earnings								
	or losses	- 							
	Grants or scholarships	<u> </u>							
e	Other expenditures								
	for facilities and								
	programs	<u> </u>							
f	Administrative								
	expenses			·					
g	End of year balance.								
	Provide the estimated percentage of the year e								
а	Board designated or quasi-endowment ▶	0.00 %							
	Permanent endowment ▶ 0.00 %								
	Term endowment ▶ 0.00 %						-		
3a	Are there endowment funds not in the possess	sion of the organization tha	at are h	neld and administe	red for the organiz	zation b	y	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
þ	If "Yes" to 3a(II), are the related organizations	listed as required on Sche	edule R	?			3b		
4	Describe in Part XIV the intended uses of the	organization's endowment	t funds.						
Pai	t VI Investments - Land, Buildi	ngs, and Equipment	t.	See Form 990, F	art X, line 10				
	Description of investment	(a) Cost or other	(b)	Cost or other	(c) Depreciati	on	(d) Boo	k value	•
		basis (investment)	!	basis (other)					
1a	Land								
Þ	Buildings	16,397.		20,497.	16,14	3.	20	,751	L .
c	Leasehold improvements								
d	Equipment								
0	Other								
Total	Add lines 1a-1e. (Column (d) should equal Fo	rm 990, Part X, column (B	B), line	10(c).)	• • • • • • • • • • • • • • • • • • • •	▶	20	,751	

	dule D (Form 990) 2009 RHO OMEGA AND FRIENDS INC				.287532	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to F				·	·
1	Total revenue (Form 990, Part VIII, column (A), line 12)			-		7,770.
2	Total expenses (Form 990, Part IX, column (A), line 25)		• • • • • • • • • • • • • • • • • • • •	2	10	1,402.
3	Excess or (deficit) for the year Subtract line 2 from line 1			. 3	(3,632.)
4	Net unrealized gains (losses) on investments					
5	Donated services and use of facilities			. 5		
6	Investment expenses			. 6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV)			. 8		
9	Total adjustments (net). Add lines 4-8		• • • • • • • • • • • • • • • • • • • •	. 9		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			. 10	(:	3,632.)
Par	t XII Reconciliation of Revenue per Audited Financial Statement	rts W	ith Revenue p	er R	eturn	
1	Total revenue, gains, and other support per audited financial statements				. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	. 2a				
b	Donated services and use of facilities	. 2b			•	
С	Recovenes of prior year grants	2c			-	
d	Other (Describe in Part XIV)	-			-	
0	Add lines 2a through 2d				29	
3	Subtract line 2e from line 1				3	"
4	Amounts included on Form 990, Part VIII, line 12, but not on line1		•••••	• • • •		
a	Investment expenses not included on Form 990, Part VIII, line 7b	42				
b	Other (Describe in Part XIV)				•	
	Add lines 4a and 4b				14-1	
C E	Total revenue Add lines3 and 4c (This should equal Form 990, Part I, line 12)				4c	
5 Par	t XIII Reconciliation of Expenses per Audited Financial Statemer					
				_	T T	
1	Total expenses and losses per audited financial statements.	• • • • •			. 1	
_	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.				
a	Donated services and use of facilities	-	· · · · · ·			
b	Prior year adjustments	\vdash	.		- 1	
С	Losses reported on Form 990, Part IX, line 25				4 1	
d	Other (Describe in Part XIV)				1 1	
Э	Add lines 2a through 2d				20	
3	Subtract line 2e from line 1	• • • • •			. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line!					
a		. 4a]	
b	Other (Describe in Part XIV)	. 4b]	
С	Add lines 4a and 4b	· · · · · ·			4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	· · · · · ·			5	
	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines					
Part 2	K. Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete th	his par	t to provide any a	dditio	nal information.	
				•		
				-		
		-				
						
						

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
RHO OMEGA AND FRIENDS INC

Employer identification number 72–1287532

1/11	O OFFICE AND FRIEND	3 INC				12-1	201332
Part	Fundraising Activities. Co	omplete if the on	ganızatio	n answe	red "Yes" to Form 990,	Part IV, line 17.	
1	Indicate whether the organization r	aised funds thro	ugh anv	of the fol	llowing activities. Check	all that apply	
	П			1			
	H		9	1	ation of non-governmen	-	
	b Internet and email solicitations	1	f	4	ation of government gra	nts	
	c Phone solicitations		g⊠	Specia	al fundraising events		
	d X In-person solicitations						
2a	Did the organization have a written	or oral agreem	ent with a	any indivi	dual (including officers.	directors, trustees or key	employees listed in
	Form 990, Part VII) or entity in cont						Yes X No
b	If "Yes," list the ten highest paid inc				_		
•					-		er is to be compensated
	at least \$5,000 by the organization	1				T	
	(i) Name of individual	(ii) Activity		d fund-	(Iv) Gross receipts	(V) Amount paid to (or	(vi) Amount paid to
	or entity (fundraiser)			rhave ody or	from activity	retained by) fundraiser	(or retained by)
				rol of		listed in col (i)	organization
				outions?		\'	3
			Yes	No			
				L			
	•						
				i l		·	
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Tota	<u> </u>						
3	List all states in which the organiza				high funde or has been	achfied it is summet forms	noustration or linearies
•	as an states in Willar the Organiza	aon is registere.	a or most	SCU IU SC	and tunes of thes deen f	ionied it is exempt from n	egistration of licensing
		 					
	·····						
						 	
	· · · · · · · · · · · · · · · · · · ·						
							

Part II Fundralsing Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			81246			(Add col (a) through
			(event type)	(event type)	(total number)	∞l (c)
Revenue						
ē,	1	Gross receipts				
ď	2	Less: (Chantable				
		contributions)				
	3	Gross revenue (line 1				
_		minus line 2)				· · · · - · · · · · · · - · · · · -
	4	Cash prizes				
ses	5	Non-cash pnzes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment			· · · · · · · · · · · · · · · · · · ·	
	9	Other direct expenses				
	10	•	Add lines 4 through 9 in colu	mn (d)		
	11	Net income summary Co	ombine lines 3 and 10 in colum	nn (d)		
Pa	irt II	Gaming. Comple	ete if the organization answere	d "Yes" to Form 990, Part IV, li	ne 19, or reported more than	\$15,000 on Form 990-EZ
		line 6a				
<u>o</u>			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (Add
Revenue				bingo/progressive bingo		col (a) through col. (c))
Se l		_				
-	1	Gross revenue				
		0				
8	2	Cash prizes	· · · · · · · · · · · · · · · · · · ·			ļ
Direct Expenses	3	Non-cash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
-	_	Color direct expenses	Yes 0.0%	Yes 0.0%	Yes 0.0 %	<u>l </u>
	6		l H	1 H	H	,
		Volunteer labor	l l No	1 No	IINO	
	7	Volunteer labor Direct expense summary	L1.1-:	ımn (d)]
	7 8	Direct expense summary	y. Add lines 2 through 5 in colu	ımn (d)		
	7	Direct expense summary	y. Add lines 2 through 5 in colu	J. 1 .1 ****		Yes No
9	7 8 En	Direct expense summary Net gaming income sum	y. Add lines 2 through 5 in colu	umn (d)n column (d)		Yes No
9		Direct expense summary Net gaming income sum iter the state(s) in which the	y. Add lines 2 through 5 in columnary. Combine lines 1 and 7 in the organization operates gamin	umn (d)n column (d)		
	a Ist	Direct expense summary Net gaming income sum iter the state(s) in which the	y. Add lines 2 through 5 in columnary. Combine lines 1 and 7 in the organization operates gamin	umn (d)n column (d)		
	a Ist	Direct expense summary Net gaming income sum iter the state(s) in which the the organization licensed to	y. Add lines 2 through 5 in columnary. Combine lines 1 and 7 in the organization operates gamin	umn (d)n column (d)		
ı	alst blf"	Direct expense summary Net gaming income sum iter the state(s) in which the the organization licensed to "No," Explain:	y. Add lines 2 through 5 in columnary. Combine lines 1 and 7 in see organization operates gamin to operate gaming activities in a	umn (d) n column (d) ng activities. each of these states?		9a
10 a	alst blf" — aWe	Direct expense summary Net gaming income sum iter the state(s) in which the the organization licensed to 'No," Explain: ere any of the organization	y. Add lines 2 through 5 in columnary. Combine lines 1 and 7 in see organization operates gamin to operate gaming activities in a	umn (d)n column (d)		9a
10 a	alst blf" — aWe	Direct expense summary Net gaming income sum iter the state(s) in which the the organization licensed to "No," Explain:	y. Add lines 2 through 5 in columnary. Combine lines 1 and 7 in see organization operates gamin to operate gaming activities in a	umn (d) n column (d) ng activities. each of these states?		9a
10 a	alst blf" — aWe	Direct expense summary Net gaming income sum iter the state(s) in which the the organization licensed to 'No," Explain: ere any of the organization	y. Add lines 2 through 5 in columnary. Combine lines 1 and 7 in see organization operates gamin to operate gaming activities in a	umn (d) n column (d) ng activities. each of these states?		9a
10 g	a Is i	Direct expense summary Net gaming income sum iter the state(s) in which the the organization licensed to 'No," Explain: ere any of the organization Yes," Explain:	y. Add lines 2 through 5 in columnary. Combine lines 1 and 7 in the organization operates gamin to operate gaming activities in the operate gaming activities in the organization of the operate gaming activities in the operate gaming licenses revoked, such as the operate gaming licenses revoked.	umn (d) n column (d) g activities. each of these states?	the tax year?	9a
10 (a Is 1 b If " a We b If " Do	Direct expense summary Net gaming income sum Inter the state(s) in which the the organization licensed to INO," Explain: ere any of the organization Yes," Explain:	y. Add lines 2 through 5 in columnary. Combine lines 1 and 7 in the organization operates gamin to operate gaming activities in the operate gaming activities in the operate gaming activities in the operate gaming licenses revoked, sufficiently activities with nonmarket gaming activities with activities gaming activities with activities with activities with activities with activities with activities with activities with activi	umn (d) n column (d) g activities. each of these states?	the tax year?	9a
10 g	a Is 1 b If " a Wa b If " Do	Direct expense summary Net gaming income sum Inter the state(s) in which the the organization licensed to tho," Explain: ere any of the organization Yes," Explain: besthe organization operate the organization a grantor,	y. Add lines 2 through 5 in columnary. Combine lines 1 and 7 in the organization operates gamin to operate gaming activities in the operate gaming activities in the operate gaming activities in the operate gaming activities revoked, sufficiently or trustee of a trustee of a trustee of a trustee of a trustee.	umn (d) n column (d) g activities. each of these states? uspended or terminated during the states?	the tax year?	9a
10 (a Is 1 b If " a Wa b If " Do	Direct expense summary Net gaming income sum Inter the state(s) in which the the organization licensed to tho," Explain: ere any of the organization Yes," Explain: besthe organization operate the organization a grantor,	y. Add lines 2 through 5 in columnary. Combine lines 1 and 7 in the organization operates gamin to operate gaming activities in the operate gaming activities in the operate gaming activities in the operate gaming activities revoked, sufficiently or trustee of a trustee of a trustee of a trustee of a trustee.	umn (d) n column (d) g activities. each of these states?	the tax year?	9a

Form **4562**

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2009

Attachment

Nam	Revenue Service (99)		eparate instructions.				Sequence No. 67
	e(s) shown on return			activity to which th			Identifying number
	O OMEGA AND FRIE			G, IMPRMNT	S & EQU	IPMENT	72-1287532
Рa	Election To Expense						
	<u> </u>		complete Part V before				<u> </u>
	Maximum amount. See the insti	•				-	· · · · · · · · · · · · · · · · · · ·
	Total cost of section 179 propert	• •	•			-	
	Threshold cost of section 179 pr	•	•	•			
	Reduction in limitation. Subtract					4	
	Dollar limitation for tax year Su				3	_	
	iling separately, see instructions						}
6	(a) Description of pro	репу	(b) Cost (but	siness use only)	(c) Elec	cted cost	
							
- 1		-4.6 1' 00	<u>-</u>	· · · · · · · · · · · · · · · · · · ·	_ 		
	usted property. Enter the amou				7		
	Total elected cost of section 179		• • •				
	Tentative deduction Enter thes				• • • • • • • • • • • • • • • • • • • •		
	Carryover of disallowed deduction		•				
	Business income limitation. Ent		•	•		, , , , , , , , , , , ,	
	Section 179 expense deduction.			_		12	
	Carryover of disallowed deduction			<u></u>	3		
	: Do not use Part II or Part III b					 	
Par			Other Depreciation (Do		 	e instructions)	
	Special depreciation allowance (
	turing the tax year (see instructi	•					
	Property subject to section 168(f						
	Other depreciation (including AC					16]	
Pal	MACRS Depreciation	(Do not include I	listed property) (See ins	structions.)			
			Section				1 00 -
17 F	WACRS deductions for assets p	laced in service II	n tax years beginning b	efore 2009		17	1,035.
			and the second s				
	f you are electing to group any a	•	•				
	nto one or more general asset a	occounts, check h	ere	<u></u>			
	nto one or more general asset a	ets Placed in Se	ere rvice During 2009 Tax	Year Using the G			
	nto one or more general asset a	occounts, check h	ere	<u></u>			(g) Depreciation deduction
(a	nto one or more general asset a Section B-Ass	ets Placed in Se (b) Month and year placed in	rvice During 2009 Tax (c) Basis for depr (business/investment use	Year Using the G	eneral Depred (e)	lation System	(g) Depreciation
(a	nto one or more general asset a Section B-Ass) Classification of property	ets Placed in Se (b) Month and year placed in	rvice During 2009 Tax (c) Basis for depr (business/investment use	Year Using the G	eneral Depred (e)	lation System	(g) Depreciation
(a 19a b	Section B-Ass) Classification of property 3-year property	ets Placed in Se (b) Month and year placed in	rvice During 2009 Tax (c) Basis for depr (business/investment use	Year Using the G	eneral Depred (e)	lation System	(g) Depreciation
(a 19a b	Section B-Ass Classification of property 3-year property 5-year property	ets Placed in Se (b) Month and year placed in	rvice During 2009 Tax (c) Basis for depr (business/investment use	Year Using the G	eneral Depred (e)	lation System	(g) Depreciation
(a 19a b c	Section B-Ass Classification of property 3-year property 5-year property 10-year property 15-year property	ets Placed in Se (b) Month and year placed in	rvice During 2009 Tax (c) Basis for depr (business/investment use	Year Using the G	eneral Depred (e)	lation System	(g) Depreciation
(a 19a b c	Section B-Ass Classification of property 3-year property 5-year property 7-year property 10-year property	ets Placed in Se (b) Month and year placed in	rvice During 2009 Tax (c) Basis for depr (business/investment use	Year Using the G	eneral Depred (e)	lation System	(g) Depreciation
(a 19a b c d e f	Section B-Ass Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	ets Placed in Se (b) Month and year placed in	rvice During 2009 Tax (c) Basis for depr (business/investment use	Year Using the G	eneral Depred (e)	lation System	(g) Depreciation
(a 19a b c d e f	Section B-Ass Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property	ets Placed in Se (b) Month and year placed in	rvice During 2009 Tax (c) Basis for depr (business/investment use	Year Using the G (d) Recovery period	eneral Depred (e)	(f) Method	(g) Depreciation
(a 19a b c d e f	Section B-Ass Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	ets Placed in Se (b) Month and year placed in	rvice During 2009 Tax (c) Basis for depr (business/investment use	Year Using the G (d) Recovery period	eneral Depred (e) Convention	(f) Method	(g) Depreciation
(a 19a b c d e f	Section B-Ass Section B-Ass Classification of property 3-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental	ets Placed in Se (b) Month and year placed in	rvice During 2009 Tax (c) Basis for depr (business/investment use	Year Using the G (d) Recovery period 25 yrs 27 5 yrs	eneral Depred (e) Convention	(f) Method S/L S/L	(g) Depreciation
(a 19a b c d e f g	Section B-Ass Section B-Ass Classification of property 3-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	ets Placed in Se (b) Month and year placed in	rvice During 2009 Tax (c) Basis for depr (business/investment use	Year Using the G (d) Recovery period 25 yrs 27 5 yrs 27 5 yrs	eneral Depred (e) Convention MM MM	S/L S/L	(g) Depreciation
(a 19a b c d e f g	Section B-Ass Section B-Ass Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	ets Placed in Se (b) Month and year placed in service	rvice During 2009 Tax (c) Basis for depr (business/investment use	Year Using the G (d) Recovery period 25 yrs 27 5 yrs 27 5 yrs 39 yrs	eneral Depred (e) Convention MM MM MM MM	S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
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