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SCANNED OCT 05

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)

07/01/09

▶ The organization may have to use a copy of this return to satisfy state reporting requirements , and ending

06/30/10

2009
Open to Public
Inspection

<u>A</u>	For the 2009	calendar y	ear, or tax year beginning $07/01/09$, and ending $06/3$	0/10		
В	Check if applicab		C Name of organization		D Employ	er identification number
X	Address change	use IRS	OMEGA WELLNESS GROUP		l	
Ħ	Name change	label or print or	Doing Business As		20-2	996363
닏	Name change	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephor	ne number
Ш	Initial return	See	11 BOWDOIN MILL ISLAND		!	
\Box	Termination	Specific	City or town, state or country, and ZIP + 4		G Gross receipt	s\$ 165,478
$\overline{\Box}$	Amended return	Instruc- tions.	TOPSHAM ME 04086		- G.G.G. 1300.p.	
\equiv		E Nam	e and address of principal officer		H(a) Isthisag	arous return for
	Application pend	ling F Nam	e and address of principal officer		affiliates?	`
					H(b) Are all af	filiates
			-		- included	
_			501(c) (3) 4 (insert no) 4947(a)(1) or 527		1 " 100, a	ttach a list. (see instructions)
<u></u>	Tax-exempt s		<u> </u>		1	
<u>J</u>	Website:		OMEGAWELLNESS. ORG	1		remption number
*****	Type of organiz			L Year of formation	N	State of legal domicile
	art I	Summa			 	
			the organization's mission or most significant activities.			
φ	I.		DE COMMUNITY EDUCATION AND PERSONAL SUPPOR		•	
au			HO SEEK A BETTER LIFESTYLE AND TO IMPROVE		•	
& Governance			UNDERSTANDING OF PREVENTITIVE HEALTH AND			
Š	2 Chec	k this box I	If the organization discontinued its operations or disposed of more	than 25% of its net as	sets.	_
ಹ	3 Num	ber of votin	g members of the governing body (Part VI, line 1a)		3	6
S S	4 Num	ber of indep	endent voting members of the governing body (Part VI, line 1b)		4	6
Activities	5 Total	number of	employees (Part V, line 2a)		5	1
Ę	6 Total	number of	volunteers (estimate if necessary)		6	8
•	7a Total	gross unre	lated business revenue from Part VIII, column (C), line 12		7a	
	b Net u	inrelated bu	isiness taxable income from Form 990-IT, line 34		7b	0
			d grants (Part VIII line 1h)	Prior Ye		Current Year
0	8 Cont	ributions ar	d grants (Part VIII, line 1h)	90	3,630	67,781
Š	9 Prog	ram service	revenue (Part VIII line 20)			
Revenue	10 Inves	stment inco	me (Part VIII, column (A), lines 3, 4, and 7d GDEN, UT		1,826	901
œ	11 Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			<u> </u>
	12 Total	l revenue -	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90	5,456	68,682
	13 Gran	its and simi	ar amounts paid (Part IX, column (A), lines 1–3)			
			or for members (Part IX, column (A), line 4)			
u)	15 Sala	ries, other o	compensation, employee benefits (Part IX, column (A), lines 5-10)	6	5,599	80,727
enses			draising fees (Part IX, column (A), line 11e)			
ᇫ	1		g expenses (Part IX, column (D), line 25) ▶			
Ä			(Part IX, column (A), lines 11a-11d, 11f-24f)	7	7,003	72,508
	I		Add lines 13–17 (must equal Part IX, column (A), line 25)		2,602	153,235
	ı	•	openses Subtract line 18 from line 12		2,854	-84,553
7.0		511de 1033 C.	periods dubitate into 10 from time 12	Beginning of Cu		End of Year
82	20 Tota	l assets (Pa	art X, line 16)	85	5,593	752,816
Ass	21 Tota	•	Part X, line 26)	2	0,385	2,161
Net Assets or	22 Net	•	nd balances Subtract line 21 from line 20	83	5,208	750,655
17777	Part II		re Block	<u> </u>		
	7,	Linder nena	ulties of penury. I declare that I have examined this return, including accompanying s	chedules and statements,	and to the bes	t of my knowledge
		and belief,	t is true, correct, and complete. Declaration of preparer (other than officer) is based	on all information of which	preparer has a	any knowledge
Si	gn	\ 77	Talcahu & Satchuson		19-	29/0
	еге	Signat	ure of officer		Date	
			Neolan Z. A. TCKINSON			
		—	or print name and title		·	
_		· · · · ·		Date Check	k ıf	Preparer's identifying number
Pa	aid	Preparer's signature		self-	. 👽	(see instructions) 005-62-1703
Pr	reparer's	signature		D9/12/10 emplo	-7	
	se Only		e (or yours LORRAINE L. DARLING, CPA		EIN ▶	51-0637576
		ıf self-empl			Phone	207_700 4000
_		address, a			no 🕨	207-798-4808
			return with the preparer shown above? (see instructions)		/ 1/	X Yes No
Fo DA		ct and Pap	erwork Reduction Act Notice, see the separate instructions.	· ·		Form 990 (2009)
<i>D</i> A	• 1			<u> </u>	011	

Part III Statem	ent of Program	Service Accomplishments				1 age 2
1 Briefly describe the TO PROVIDE ADULTS WHO	organization's missio COMMUNITY SEEK A BET		TO IMPROVE THE	•		
				<u> </u>		
2 Did the organization	n undertake any signif	icant program services during the ye	ar which were not listed on			
the prior Form 990			, ,		Yes	X No
	nese new services on					
	n cease conducting, o	r make significant changes in how it	conducts, any program			₩
services?		- 4 0	•		Yes	X No
	nese changes on Scho	edule O ents for each of the organization's thre	ee largest program services h	w avnancac		
Section 501(c)(3) a	ind 501(c)(4) organiza	tions and section 4947(a)(1) trusts at and revenue, if any, for each program	re required to report the amou			
TO PROVIDE ADULTS WHO	SEEK A BET	23,606 including grants EDUCATION AND PERS TER LIFESTYLE AND PREVENTITIVE HEAL	ONAL SUPPORT T TO IMPROVE THE			
			,			
•			•	•		
				•		
•					•	
				•		
						
4b (Code)	(Expenses \$	including grants	or \$) (Revenue \$)
			•	•		
				•		
•	•	•	•	• • • • • • • • • • • • • • • • • • • •	•	
				•	•	• •
4c (Code	(Expenses \$	including grants	of \$) (Revenue \$		<u> </u>
,				, ,		,
			•	•		
						•
			•	•		
4d Other program ser	vices (Describe in Sc	hedule O.)				
(Expenses \$		including grants of \$) (Revenue \$)	
4e Total program se	rvice expenses >	23,606			 -	
					- 1	

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	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u></u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ŀ		
	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		X
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		<u> </u>
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	١.		.,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6_		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		•
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
٠	complete Schedule D, Part III			•
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	8		X
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	ŀ		
	complete Schedule D, Part IV	9		x
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		ж
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		-
	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	<u> </u>		
	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 related 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 separate, independent audited financial statements for the tax year? If "Yes," complete		:	
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	1		
•-	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1		
4 E	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	١		
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
••	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part i	,		.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		₩
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		X
. •	If "Yes," complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
_			990	(2009)

Form 990 (2009) OMEGA WELLNESS GROUP
Part IV Checklist of Required Schedules (continued)

in the United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization current and former officers, directors, trustees, key employees, and highest compensated 23 employees? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 3100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24 Did the organization maintain an escrow account other than a refunding escrow at any time during the year 25 do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 26 Did the organization add soft (c)(4) organizations. Did the organization engage in an excess benefit transaction 27 with a disqualified person during the year? If "Yes," complete Schedule L, Part I 28 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 28 Section 501(c)(3) and 501(c)(4) organizations. Did the organization 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 290-EZ? If "Yes," complete Schedule L, Part I 28 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 prior perior year, and that the transaction has not been reported on any of the organization's prior year. 29 Was the organization a party to a business transaction with one of the followi			į	Yes	No
22 Life the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, count not, Jin ne 21 ff '17 em', complete Schedule I, Parts I and III conganization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I III and I	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
United States on Part IX, column (A), line 27 If "Yes," complete Schedule I., Parts I and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A. Inie. 34, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Yes," complete Schedule I. Yes, "Complete Schedule I. Yes," organization have a trace-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 II. Yes," of to line 25 24b Ibid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Ibid the organization mantal an ascrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Ibid Internation and some an one behalf of issuer for bonds outstanding at any time during the year? 24d Ibid Internation and some and "Internations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part II Ibid Internation and Strick(I4) organizations. Did the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with an disqualified person in a prior year, and that the transaction has not been reported on any of the organization with an disqualified person in a prior year, and that the transaction has not been reported on any of the organization with an expensive provide a grant or other assistance to an 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 I., Part II Ibid was the organization provide a grant or other assistance to an officer, director, trustee, or year person year. In year, to prophyse, and year of y		• • • • • • • • • • • • • • • • • • • •	. 21		X
23 but 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, fusitees, key employees, and highest compensated employees? If "Yes," complete Schedule J but he organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K if "No", go to line 25	22		_		
organization's current and former officers, directors, fusitees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? C Did the organization marks an an escrow account other than a refunding escrow at any lime during the year to defease any tax-exempt bonds? Did the organization account an an escrow account other than a refunding escrow at any lime during the year? 24d Did the organization account as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization account as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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 organizations prior Forms 990 or 990-672 iff "yes," complete Schedule L. Part II 25b X was 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 X was the organization or provide a grant or other assistance to an 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 27 X was the organization or provide a grant or other assistance to an officer, director, trustee, or key employee, if "Yes," complete Schedule L. Part IV 28a A rument or former officer, director, trustee, or key employee? If "Yes," complete		· · · · · · · · · · · · · · · · · · ·		<u></u>	<u> </u>
employees? If "Yes," complete Schedule J 24 Dut the organization have a tax-exempt bond issue with an outstanding principal amount of more than 5100,000 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 N: If "No," go to line 25 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 26c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 27c Did the organization and as an "on behalf of issuer for bonds outstanding at any time during the year? 28c Section 50(16)3 and 50(16)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 28b Is the organization aware that it engaged in an excess benefit it transaction with a disqualified person in a prior year, and that the transaction has not bear reported on any of the organization's prior Forms 990 or 290-E27 If "Yes," complete Schedule L, Part II 29c Was a loan to or by a current or former officier, director, trustee, key employee, highly compensated employee, or 29c disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 29c Was lean not or by a current or former officier, 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 II 29c Was the organization provide a grant or other assistance to an officier, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29c A mentity of which a current or former officier, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29c A mentity of which a current or former officier, director, trustee, or key employee? If "Yes," complete Schedule N, Part II 29c Did the organization receive more than \$25,000 in non-cash	23	· · · · · · · · · · · · · · · · · · ·			
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 brough 24d and complete Schedule K. If "No," go to line 25 Did the organization misest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization misest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization makes an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 24d Did the organization and so "no behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I I I I I I I I I I I I I I I I I I					
s 100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No." go to line 25			. 23		<u> </u>
24b through 24d and complete Schedule K. If "No", go to line 25 b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d d) Did the organization and an an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did the organization and so 'no behalf of' issuer for bonds outstanding at any time during the year? 24d Sas Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have 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 Froms 990 or 990-CE27 if "Yes," complete Schedule L., Part II 'Yes," complete Schedule L., Part II' 'Yes, 'complete Schedule R., Part II' 'Yes, 'complete S	24a	·		1	
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section SO(c)(3) and SO1(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 on the property of the organization and the transaction has not been reported on any of the organization price of the organization and the transaction has not been reported on any of the organization's prior Porms 990 or 990-E27 if "Yes," complete Schedule L, Part II 25b X 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 C 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 key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections	С	· · · · · · · · · · · · · · · · · · ·	245		1
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conservation contributions? If "Yes," complete Schedule M 30	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	X
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 II Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 To 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations 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 lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38		conservation contributions? If "Yes," complete Schedule M	30	ļ	X
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
Schedule N, Part II 32		•	31		X
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	32				
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 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 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Jud 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 Jud the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X			32		X
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	33	· · ·			
ill, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Told 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 34 X X X X X X X X X X X X X		• • • • • • • • • • • • • • • • • • • •	33	-	
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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	34				
Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	25	•	34	-	
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	33		3.5		v
organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	26	· ·	35		<u> </u>
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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	J0		26		Y
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	37	•	. 30	 	 ^
Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	J1				
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X			27		x
19? Note. All Form 990 filers are required to complete Schedule O	38	•	- 57		
			38	x	
		The second secon		_	(2009)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance						-30 -
						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	1a					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b					
C	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortabl	le				
	gaming (gambling) winnings to prize winners?		•		1c		X
2a	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	2a	1		_		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?			2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see						
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by					
	this return?				3a	L	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•		ł		
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				1	
	account)?				4a		X
Þ	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 Foreign	Bank			1		
	and Financial Accounts					f	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	40		•	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactiff "Yes." to line 50 or 5h, did the organization file Form 2886 T. Displaying by Tay Event Faths Board				_5b	-	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarder Prohibited Tax Shelter Transaction?	arding					ŀ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_			<u>5c</u>	 	
va	organization solicit any contributions that were not tax deductible?	e			6a	ŀ	x
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	ne or			Ua_		
-	gifts were not tax deductible?	113 01			6b		
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 o	noods					
	and services provided to the payor?	,			7a	f	İ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs					
	required to file Form 8282?				7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	al				
	benefit contract?				7e		<u></u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		•	7f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				79		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as					
	required?				7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring						
_	organization, have excess business holdings at any time during the year?				8	ļ	
9	Sponsoring organizations maintaining donor advised funds.					•	
a	Did the organization make any taxable distributions under section 4966?				9a	ļ	 -
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b	ļ	
10	Section 501(c)(7) organizations. Enter	۔ مدا	I				
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		-	\dashv		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>		\dashv	l	
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders	11a	i				
a b	•	11a	 -		-	I	
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				•	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		·		- _{12a}	ŧ	1
b	The state of the s	12b	l		120	ļ	
_ <u>-</u> _							<u> </u>

Form 990 (2009) OMEGA WELLNESS GROUP 20-2996363 Page 6 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 Enter the number of voting members of the governing body Enter the number of voting members that are independent 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? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 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 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 14 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? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, 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? 16b Section C. Disclosure NONE 17 List the states with which a copy of this Form 990 is required to be filed ▶ 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 X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization > MICK HUTCHINSON 44 STORER ROAD

BRUNSWICK

ME 04011

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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 five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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.

(A) Name and Title	(B) (C) Average hours per (C) (C) (Check all that apply)							(D) Reportable	(E) Reportable	(F) Estimated
	nours 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 organizations
THEODORE CROOKER								^		
PRESIDENT STEVEN JOHNSON		┼	-	-	├	╁	├─	0	0	
SECRETARY/TR				ĺ			l	0	o	
DR. TIMOTHY HOWE						1		· · · · · · · · · · · · · · · · · · ·		-
MED ADVISORY		<u> </u>		L		<u> </u>		0	0	
ADRIANNA CROOKER-	CATLIN		}					_		
BOARD MEMBER		-	_		ļ	↓	ļ	0	0	
JIM HOWARD BOARD MEMBER								o	o	
SHERYL MCWILLIAMS	<u> </u>	1	 	 	 	 	 		<u> </u>	
BOARD MEMBER		İ						o	o	
MALCOLM HUTCHINS										
OP MANAGER	40.00	X	<u> </u>	<u> </u>	ļ	<u> </u>	<u> </u>	75,000	0	
i										
					-					
		-	_	-	-	 	<u> </u>			
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		+		\vdash	1	+				
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;										
			Ī							

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F)													
	(A) Name and Title	(B) Average	Posi	ton (hat a	pply)		(E) Reportable	(F) 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 organizations			
	· · · · · · · · · · · · · · · · · · ·													
			· · · · ·											
														
									75 000					
1b 2	Total Total number of individuals (in	scluding but not !	muto	d to	thac	o lic	tod a	bov	75,000					
_	reportable compensation from	-			11105	C 113	ieu a	IDOV	e) who received more than	\$100,000 in				
3	Did the organization list any fo	· -			ruste	e k	ev ei	nplo	ovee or highest compensati	red	Yes No			
4	employee on line 1a? If "Yes," For any individual listed on line	complete Schede 1a, is the sum	dule of re	J for	suci able	h inc	lividu pens	ial satio	n and other compensation		3 X			
5	the organization and related o individual Did any person listed on line 1	-							•		4 X			
	services rendered to the organ	nization? If "Yes,									5 X			
1	tion B. Independent Contract Complete this table for your five compensation from the organi	ve highest comp	ensa	ited i	ndep	end	ent o	conti	ractors that received more	than \$100,000 of				
		(A) business address							Descrip	(B) tion of services	(C) Compensation			
							_							
								-						
	-						_							
2	Total number of independent more than \$100,000 in compe	·	_				ed to	tho	se listed above) who receiv	ved	0			
DAA	than \$ 100,000 in compe		J. 9								Form 990 (2009)			

Pa	rt V	III Statement of Reve	nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
83 83	12	Federated campaigns	1a				TOVORIDO		312, 313, 01 314
E a	h	Membership dues	1b					,	
声		Fundraising events	1c			,			
₹ <u>.</u>	ن	_	1d				,		,
9,0	a	Related organizations							
ë ë		Government grants (contributions)	1e						ĺ
풀힐	T	All other contributions, gifts, grants, and similar amounts not included above	1f		67 701				
들					67,781				
SE SE	9	Noncash contributions included in lines 1a-	11	\$		67.701			
Program Service Revenue Contributions, gifts, grants	n	Total. Add lines 1a-1f			P	67,781			
ž					Busn. Code				
ě	2a		•						
8	b								
ا چَ	C								
ဖွ	d	•							
檀	е								
Ş,	f	All other program service reve	nue						
-	у.	Total. Add lines 2a–2f			>				
	3	Investment income (including	dividei	nds, intere	st, and	1 607	4 605		
		other similar amounts)				1,697	1,697		
	4	Income from investment of tax	-exem	pt bond pi	roceeds -				
	5	Royalties	•					·	· · · · · · · · · · · · · · · · · · ·
		(i) Real		(II) P	ersonal				
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)							
	d 7a	Net rental income or (loss) Gross amount from (i) Security		T	•				·
	, .	sales of assets (i) Securities	3	(11)	Other				
		other than inventory			96,000				
	ь	Less cost or other							
		basis & sales exps			96,796				
		Gain or (loss)			-796				
		Net gain or (loss)				-796	-796		
9	8a	Gross income from fundraising eve	nts		<u> </u>				
ē		(not including \$							
36		of contributions reported on line 1c).		[
9		See Part IV, line 18	а						
Other Reven		Less direct expenses	b						
-		Net income or (loss) from fund		events	•				
	9a	Gross income from gaming activities			ŀ				
		See Part IV, line 19	а						
		Less direct expenses	b						
		Net income or (loss) from gam	ing ac	tivities	>				
	10a	Gross sales of inventory, less							
		returns and allowances	a						
	1	Less. cost of goods sold	b						
	C	Net income or (loss) from sale		ventory	D				
	<u> </u>	Miscellaneous Revenue			Busn. Code				
	11a							<u> </u>	
	Ь							<u> </u>	
	C	:							
	i	All other revenue			L				
	е	Total. Add lines 11a–11d			>				
	12	Total Revenue. See instruction	ns.		>	68,682	901		0

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D) Fundraising
7b	8b, 9b, and 10b of Part VIII.	rotal expenses	Program service expenses	Management and general expenses	expenses
1					· · · · · · · · · · · · · · · · · · ·
	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			•	
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		j		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	75,000		75,000	
8	Pension plan contributions (include section 401(k)	,			
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,727		5,727	
11	Fees for services (non-employees).				
а	Management				
b	Legal	5,463		5,463	
С	Accounting	4,862		4,862	<u> </u>
d	Lobbying	_			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses		1		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	10.00			
22	Depreciation, depletion, and amortization	12,068	12,068		
23	Insurance				·
_			1		
24	Other expenses Itemize expenses not		1		
	covered above (Expenses grouped together		I		
	and labeled miscellaneous may not exceed				
_	5% of total expenses shown on line 25 below)	11 520	11 520		
a	VOICE IN THE WILDERNESS CONTRACTS	11,538 10,000	11,538	10 000	<u> </u>
b		7,079		10,000	
ر د	ADVERTISING CONSULTING	5,668		7,079 5,668	
d	INSURANCE	5,192		5,192	
f	All other expenses	10,638		10,638	
25	Total functional expenses. Add lines 1 through 24f	153,235	23,606	129,629	
26		100,200	23,000	129,029	
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA	torici along donotration		<u> </u>		Form 990 (2009)

Form '990 (2009)

Balance Sheet Part X (A) (B) Beginning of year End of year 743 28,704 1 Cash-non-interest bearing 208,808 108,746 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 46,000 Notes and loans receivable, net Inventories for sale or use 8 18,011 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 10b 619,472 453,707 10c b Less accumulated depreciation 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 13 Investments-program-related See Part IV, line 11 58,407 14 14 Intangible assets 26,570 39,241 Other assets See Part IV, line 11 15 15 855,593 752,816 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 20,385 2,161 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 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 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 20,385 2,161 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here $\triangleright |\overline{\mathbf{X}}|$ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 835,208 750,655 27 Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ │ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 835,208 750,655 33 Total net assets or fund balances 33

752,816 Form **990** (2009)

855,593

Total liabilities and net assets/fund balances

Pa	rt XI Financial Statements and Reporting			
		· · · · · · · · · · · · · · · · · · ·	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
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		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O		,	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1		
	the Single Audit Act and OMB Circular A-133?	3a]
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		<u> </u>

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) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ 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

OMEGA WELLNESS GROUP

Employer identification number 20-2996363

															
	ert I			Status (All organizations				part.)	See ir	struct	ions.				
he	orgai	nization is not	a private foundation because	se it is (For lines 1 through 11, o	check only	one box)								
1		A church, cor	nvention of churches, or ass	ociation of churches described	ın sectior	170(b)(1)(A)(i).								
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3		A hospital or	a cooperative hospital servi-	ce organization described in se	ction 170	(b)(1)(A)(i	iii).								
4	П	A medical res	search organization operate	d in conjunction with a hospital	described	in sectio	n 170(b))(1)(A)(i	ii). Ente	r the ho	spital's name	∍,			
-	_	city, and state							•		·	•			
5	\Box	An organizati	on operated for the benefit of	of a college or university owned	or operate	ed by a q	overnme	ental uni	t descri	bed in		••			
			b)(1)(A)(iv). (Complete Part												
6	\Box			overnmental unit described in s	ection 17	O(b)(1)(A)/v)								
7	H		-	substantial part of its support fr				from the	genera	al public					
•		•	section 170(b)(1)(A)(vi). (Co		om a gove		unit or i	iroin the	genera	ii public	•				
8	\Box														
9	\	A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross													
J															
	receipts from activities related to its exempt 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														
			•		•			() from E	usines	ses					
	\Box	•	•	0, 1975 See section 509(a)(2)	•		•								
10	H	•	•	exclusively to test for public saf	•										
11	Ш	_	•	exclusively for the benefit of, to	•										
				ed organizations described in s						section	1				
				the type of supporting organization			nes 11e								
	$\overline{}$	a Type	··	c Type III-Function			d [e III-Ot						
6	Ш			ganization is not controlled direc	-										
		persons othe	r than foundation managers	and other than one or more pul	blicly supp	orted org	anızatıo	ns desc	rıbed in	section	Ì				
		509(a)(1) or s	section 509(a)(2)												
f		If the organiz	ation received a written dete	ermination from the IRS that it is	s a Type I,	Type II,	or Type	III supp	orting						
		organization,	check this box										П		
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of th	ne								
		following per	rsons?				•	•							
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ıbed ın (n)				Yes	No		
		and (III)	below, the governing body o	f the supported organization?							11g(l)				
		(ii) A family	member of a person describ	bed in (i) above?				•	•	•	11g(ii	-			
		(iii) A 35% c	ontrolled entity of a person	described in (i) or (ii) above?				•	•		11g(ii				
h			•	the supported organization(s)											
	Name	e of supported	(ii) EIN	(III) Type of organization	(iv) Is the	organization	(v) Did v	ou notify	(vn	is the	(vii) An	ount of			
• •		anization	, ,	(described on lines 1-9	1 ' '	sted in your	the organ	nization in	organizat	ion in col		port			
				above or IRC section	governing	document?		of your port?		zed in the S ?					
			1	(see instructions))	Yes	No	Yes	No	Yes	No					
					1				1						
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Pa	Int I Support Schedule for O	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)													
	(Complete only if you che														
	tion A. Public Support			<u>, </u>	y										
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")														
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf														
3 -	The value of services or facilities furnished by a governmental unit to the organization without charge														
4	Total. Add lines 1 through 3														
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)														
6	Public support. Subtract line 5 from line 4						H								
Sec	tion B. Total Support														
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total								
7	Amounts from line 4														
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources														
9	Net income from unrelated business activities, whether or not the business is regularly carried on														
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)														
11	Total support. Add lines 7 through 10		.L	1	<u> </u>	1	ļ								
12	Gross receipts from related activities, etc	•				12	<u> </u>								
13	First five years. If the Form 990 is for the		st, second, third, fo	ourth, or fifth tax yea	ar as a section 50	1(c)(3)									
800	organization, check this box and stop her tion C. Computation of Public St		togo				•								
		~-*		(0)			1								
14	Public support percentage for 2009 (line 6		•	nn (t))		14	%								
15	Public support percentage from 2008 Sch			40	00.4/0.0/	15	<u> </u>								
16a	33 1/3 % support test—2009. If the organ				33 1/3 % or more,	, cneck this box									
b	and stop here. The organization qualifies 33 1/3 % support test—2008. If the organ			, , , , , , , , , , , , , , , , , , , ,	15 10 22 1/2 0/		. , 🏲 🗀								
b	box and stop here. The organization quali				15 IS 33 1/3 % OF	more, cneck this									
17a	10%-facts-and-circumstances test—200				in or 16h and lim	n 14 in 100/ nn									
.,,	more, and if the organization meets the "fa														
	organization meets the "facts-and-circums						. □								
b	10%-facts-and-circumstances test—200				-		-								
	more, and if the organization meets the "fa						"								
	organization meets the "facts-and-circums			•	•		▶ ┌								
18	Private foundation. If the organization did														
	the organization die		on line 10, 10a, 10												

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

(Complete only if you checked the box on line 9 of Part	1.)	
---	----	--	---	--

Sec	tion A. Public Support				- -		
	endar 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.")	16,000		58,500	903,630	66,781	1,044,911
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					o	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
6	Total. Add lines 1 through 5	16,000		58,500	903,630	66,781	1,044,911
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	l		1	}	1	
	amount on line 13 for the year			 			
-	Add lines 7a and 7b		·····				
8	Public support (Subtract line 7c from line 6)						1,044,911
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	16,000		58,500	903,630	66,781	1,044,911
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1,826	1,697	3,523
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b				1,826	1,697	3,523
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		·			0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,			}			
	and 12)	16,000	· · · · · · · · · · · · · · · · · · ·	58,500	905,456	68,478	1,048,434
14	First five years. If the Form 990 is for the organization, check this box and stop her	e		ourth, or fifth tax year	as a section 501(c)(3) 	▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (line 8	, column (f) divided	by line 13, colu	mn (f))		15	99.66%
16 Sec	Public support percentage from 2008 Schittion D. Computation of Investme			 			%
17	Investment income percentage for 2009 (i			3, column (f))		17	%
18	Investment income percentage from 2008		•			18	%
19a	33 1/3 % support tests—2009. If the orga		•	ne 14, and line 15 is r	nore than 33 1/3 %	6, and line	
b	17 is not more than 33 1/3 %, check this b 33 1/3 % support tests—2008. If the orgal line 18 is not more than 33 1/3 %, check the	anization did not che	eck a box on line	14 or line 19a, and li	ne 16 is more tha	n 33 1/3 %, and	▶ X
	mile to is not more than 33 1/3 %, Check t	ins bux and stup ne	oro. The blyaffizi	anon quamies as a pt	abaciy supported o	ryanization	

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009

Open to Public Inspection

Schedule D (Form 990) 2009

Name of the organization **Employer Identification number** OMEGA WELLNESS GROUP 20-2996363 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. Part II 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 Complete lines 2a through 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 Tax Year a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2¢ 2d d Number of conservation easements included in (c) acquired after 8/17/06 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, handling 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) and section 170(h)(4)(B)(ii)? 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 Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a 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 (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 b Assets included in Form 990, Part X

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

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P₽	art III Organizations Maintaining	Collections of Ar	t, Historical Trea	sures, or Othe	Simi	lar Assets	(contin)					
3	Using the organization's acquisition, accession collection items (check all that apply)								<u> </u>					
а	Public exhibition	d Loa	n or exchange prograr	ns										
b	Scholarly research	e 🗌 Othi	er	- -										
C	Preservation for future generations													
4	Provide a description of the organization's coll Part XIV	ections and explain how	w they further the orga	inization's exempt p	urpose	in								
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of	of the organization's c	ollection?			Ye		No					
Pa	art IV Escrow and Custodial Arra			ation answered	l "Yes	" to Form 9	990, Pa	rt						
	IV, line 9, or reported an amount on Form 990, Part X, line 21.													
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not														
	included on Form 990, Part X?						Ye	s	No					
b	If "Yes," explain the arrangement in Part XIV a	nd complete the follow	ing table											
							Amoun	11						
	Beginning balance					1c								
	Additions during the year		•			1d								
_	Distributions during the year		•			10								
f						1f								
	Did the organization include an amount on For	m 990, Part X, line 213	?				Y€	s L	_ No					
	If "Yes," explain the arrangement in Part XIV	4- :6		1- E 000 B	. 15.7	11 40								
F¢	art V Endowment Funds. Comple			T			T . : -							
		(a) Current year	(b) Рлог year	(c) Two years back	(d) Tr	ree years back	(e) Four	years	back					
	Beginning of year balance					·	 	····						
	Contributions			[·	****************	 	····						
С	Net investment earnings, gains,													
_	and losses			<u> </u>	. 	****************	 	·····	*******					
	Grants or scholarships			<u> </u>	-		<u> </u>							
е	Other expenditures for facilities													
	and programs				 		 							
	Administrative expenses			<u> </u>		***************************************	[,,,,,,,	*********					
9	•			<u> </u>	<u>‡</u>		<u> </u>							
2	Provide the estimated percentage of the year € Board designated or guasi-endowment ▶													
a		%												
	Permanent endowment ► % Term endowment ►													
	Are there endowment funds not in the possess	uon of the organization	that are hold and adm	aumintared for the										
- Ca	organization by	sion of the organization	tilat are new and aun	ministered for the			í	<u></u>	T No.					
	(i) unrelated organizations						20/0	Yes	No					
	(ii) related organizations	•				••••	3a(i)		-					
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Sc	chedule R2				3a(ii) 3b		 					
4							30		<u> </u>					
	art VI Investments—Land, Buildir			0 Part X line 1	0	·	-							
	Description of investment	(a) Cost or other basis			cumulate	ed T	(d) Book	value						
		(investment)	basis (other	. ' '.	reciation	I	,_, _	,40						
1a	Land		259	,827	***************************************		2!	59.	827					
	Buildings			,513	7	, 633			880					
	Leasehold improvements			·	` _	·		/						
	Equipment													
	Other													
	II. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X,	column (B), line 10(c))		—	4!	53.	707					
					_	Cabada	D /F	- 000						

Schedule D (Form 990) 2009 OMEGA WELLINESS GROUP		20-2996363	Page 3
Part VII Investments—Other Securities. See Form 99	90, Part X, line 12.		, ago e
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
Financial derivatives			
Closely-held equity interests			
Other			
			-
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 9			···
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
	-		
			
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.		l	
(a) Description			(b) Book value
ARCHITECTUAL DESIGN/BU	ILDING EXPENSE	7.	26,570
LEASEHOLD IMP/NOT YET			12,671
			-,
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	39,241
Part X Other Liabilities. See Form 990, Part X, line 2	···	· · · · · · · · · · · · · · · · · · ·	
1. (a) Description of liability	(b) Amount		
Federal income taxes			
		4	
		4	
		4	
A STATE OF THE STA	-	4	
		,	
		-	
		-	•
		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		1	
2. FiN 48 Footnote In Part XIV, provide the text of the footnote to the organization.		interthat range to the	·····
organization's liability for uncertain tay positions under FIN 48	ameation a finalitial statelife	anto triat reports the	

	dule D (Form 990) 2009 OMEGA WELLNESS GROUP	20-299636	3_	Page 4
P	Reconciliation of Change in Net Assets from Form 990 to	o Audited Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
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 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10	
Pŧ	at XII Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per Re	turn	
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	1 1		
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
8	Add lines 2a through 2d		2ө	
3	Subtract line 2e from line 1	f 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIV)	4b		
_C	Add lines 4a and 4b		4c	
5		A ABIAL F	5	
1	ITAXII Reconciliation of Expenses per Audited Financial Staten	nents with Expenses per i	1	<u>n</u>
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25.	•	1	
a	Donated services and use of facilities	2a		
-	Prior year adjustments	2b	l	
þ	Other losses	2c		
c d	Other (Describe in Part XIV)	2d	•	
8	Add lines 2a through 2d	20	30	
3	Subtract line 2e from line 1		2e 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	f	-	 -
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b	[
	Add lines 4a and 4b	40	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	• • • •	5	
	at XIV Supplemental Information	 	1 -	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1a and 4, Part IV, lines 1b		
	2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	·		
	part to provide any additional information			
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Schedule D	(For	n 990)	200	9	OM	EG	A '	WEL	LN	es:	S (3R(IUC	2								20	-29	996	36	3						Page 5
Schedule D Part XIV	F ;	Supp	lem	ent	al Ir	nfo	ma	tion	(co	ntin	uec	<u>(</u> t																				
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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization

OMEGA WELLNESS GROUP

Employer Identification number 20-2996363

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

DRAFT OF FORM 990 IS PRESENTED TO THE BOARD. THEY REVIEW AND RECOMMEND

CHANGES. THE BOARD MUST VOTE TO APPROVE FINAL DOCUMENT.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
BOARD MONITORS OFFICERS, DIRECTORS, AND KEY EMPLOYEES FOR POSSIBLE
CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
FORM 990, ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST BY CONTACTING THE DIRECTOR,
MALCOLM HUTCHINSON AT 11 BOWDOIN MILL ISLAND, TOPSHAM, ME 04086.

Form 4562

Department of the Treasury Internal Revenue Service (9

Depreciation and Amortization

(Including Information on Listed Property)

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

OMB No 1545-0172 2009

tachment equence No 6

Name(s) shown on return Identifying number OMEGA WELLNESS GROUP 20-2996363 Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 800,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If marned filing separately, see instructions 5 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Я Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 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 Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 7,328 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery placed in (e) Convention (a) Classification of property (business/investment use (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property 5-year property 7-year property d 10-year property 15-year property 20-year property g 25-year property 25 yrs. S/L Residential rental 27 5 yrs S/L MM property MM 27 5 yrs. S/L MM Nonresidential real 39 yrs. S/L property MM S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs b 12-year S/L 40-year 40 yrs MM S/L Summary (See instructions.)

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 instructions

For assets shown above and placed in service during the current year, enter the

Listed property Enter amount from line 28

7,328

21

22

23

20-2996363

orm	4562 (2009	9)														Page 2	
Pa	rt V		erty (Include							lar tele	phone	s, cer	tain co	mpute	rs, and		
			d for entertai														
		24b, columns (a	ehicle for which y) through (c) of S	ou are using section A, al	g the sta l of Sect	noard n ion B, a	nileage r nd Secti	ate or de on C if a	educting	iease e: e.	xpense,	complet	e only 2	4a,			
			-Depreciation a								its for pa	ssenge	r autom	obiles.)			
24a	Do you ha	ave evidence to supp	ort the business/inv	estment use o	daimed?		Yes	No	24b	If "Yes."	is the ev	vidence	written?	, , ,	Yes	No	
	(a)	(b)	(c)	(d)			(e)		(1)		(g)		(h)		(1)		
	of property	Date placed in	Business/ investment use	Cost or			is for depr		Recover	y M	lethod/	- }	Depreciat	ıon	Elected :	section	
	vehicles first)	service	percentage	bas	IS	(bus	use only		penod	Co	nvention		deductio	n 179 cost			
25	Special	depreciation allow	ance for qualified	listed prop	erty plac	ed in se	rvice du	ring the	<u> </u>								
	tax vear	and used more th	an 50% in a qual	lified busine	ss use (see inst	ructions)	,			25	;			,		
26		used more than 5										-				***************************************	
						7				\top							
			%									1					
			%														
27	Property	used 50% or less	in a qualified bu	siness use:				-									
	ſ		/ %			1				S/L							
			%			ŀ				S/L							
28	Add amo	ounts in column (h), lines 25 throug	h 27 Enter	here an	d on line	e 21, pag	je 1	•		28		· · · · · ·				
29	Add amo	ounts in column (i)), line 26. Enter h	ere and on	line 7, pa	age 1								29			
		· · · · · ·					ation on	Use of	Vehicles	3							
Com	plete this	section for vehicle	es used by a sole	proprietor,	partner,	or other	r "more t	han 5%	owner,"	or relate	d persor	ı If you	provided	d vehicle	s		
o you	ir employee	es, first answer the qu	uestions in Section	C to see if you	meet an	exceptio	n to comp	leting this	s section t	for those	vehicles						
30	Total bu	siness/investment	t miles driven		(a)	1 (b)	(c)	(0	i)	(e)	(f)		
	during th	ne year (do not ind	clude		Veh	cle 1	Veh	icle 2	Veh	icle 3	Vehi	cle 4	Veh	icle 5	Vehic		
		ing miles)								-					1		
31		mmuting miles dri	ven during the ye	ear													
32		her personal (nonc	· · · · · · · · · · · · · · · · · · ·														
33		les driven during t	· · ·									_					
		through 32	•														
34	Was the	vehicle available	for personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		ng off-duty hours?	•														
35	Was the	vehicle used prim	narily by a										ļ —				
	more tha	an 5% owner or re	lated person?			Ì		Ì						}			
36		er vehicle availabl		e?												_	
			Section C-Qu	estions for	Employ	ers Who	Provid	e Vehicl	les for L	se by T	heir Em	ployees	3				
Ansv	ver these	questions to deter	rmine if you mee	t an exception	on to co	npleting	Section	B for ve	ehicles u	sed by e	employee	es who a	are not				
nore	than 5%	owners or related	persons (see in:	structions).													
37	Do you	maintain a written	policy statement	that prohibi	ts all pe	rsonal u	se of ve	hicles, in	ncluding	commut	ing, by				Yes	No	
	your em	ployees?															
38	Do you	maintain a written	policy statement	that prohibi	ts perso	nal use	of vehic	les, exce	ept com	nuting, t	y your						
	employe	ees? See the instr	uctions for vehicl	es used by	corporat	e officer	rs, direct	ors, or 1	% or mo	ore owne	ers			•			
39	Do you	treat all use of veh	ncles by employe	es as perso	onal use	7											
40	Do you	provide more than	five vehicles to	your employ	ees, obt	aın infoi	rmation t	rom you	ır emplo	yees abo	out the						
	use of th	he vehicles, and re	etain the informat	tion received	1?												
41	Do you	meet the requirem	ents concerning	qualified au	tomobile	demon	stration	use? (S	ee ınstru	actions)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Note: If	your answer to 37	⁷ , 38, 39, 40, or 4	1 is "Yes," o	do not co	mplete	Section	B for the	e covere	d vehicle	es						
P	art VI	Amortizatio	n	-													
				(Ь)			(c)		(d)	(e)			(f)		
		(a) Description of cost	Date amo	rtization			ortizable		Co	de	Amortization Amor			rtization for this year			
		Description of cost	<u> </u>	begi	r15 		a	mount		section			tage	<u></u>			
42	Amortiz	ation of costs that	begins during yo	our 2009 tax	year (se	e instru	ctions).										
				<u> </u>									\downarrow				
43	Amortiz	ation of costs that	began before yo	ur 2009 tax	year								43		4	<u>, 740</u>	

Total. Add amounts in column (f) See the instructions for where to report