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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)

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

2009
Open to Public Inspection

A	For the 20	009 calendar y	ear, or tax year beginning $07/01/09$, and ending $06/30/10$			
В	Check if appli	use IRS	C Name of organization FREMONT COUNTY GROUP HOMES, INC.	1	D Employ	yer Identification number
F	Name change	label or	Doing Business As		83-	0234548
-	<u> </u>	type.	Number and street (or P O box if mail is not delivered to street address) Room/suit	ie	E Telepho	one number
<u> </u>	Initial return	See Specific	11 MINTER LANE		307	-8 <u>56-2643</u>
L	Termination	Instruc-	City or town, state or country, and ZIP + 4	L	G Gross recei	pts \$ 936,232
	Amended ret	um tions .	RIVERTON WY 82501			
	Application p	ending F Nam	e and address of principal officer	1	H(a) Is this a	a group return for
	_				affiliate:	affiliates 🛏 🛏
				[include	d? Yes No
-			7		If "No,"	attach a list (see instructions)
+	Tax-exem		501(c) (3) ◀ (insert no) 4947(a)(1) or 527		We) 0	
م م م	Website:	-	rporation Trust Association Other ► L Year of forms			exemption number M State of legal domicile WY
201	Type of orga	Summa	···	10011		M State of legal domicile W Y
4			the organization's mission or most significant activities			
⊕ 7		-	FOR YOUTH			
z	92					
JAN	2 Ch 3 Nu					
<u> </u>	2 Ch	neck this box I	If the organization discontinued its operations or disposed of more than 25% of its ne	t assets		
SCANNED	5 3 Nu	ımber of votın	g members of the governing body (Part VI, line 1a)		3	6
罢`		imber of indep	pendent voting members of the governing body (Part VI, line 1b)		4	6
A.	Sectivities 5 To 6 To 6	tal number of	employees (Part V, line 2a)		5	20
	를 6 등	tal number, of	volunteers (estimate if necessary) Lated-business-revenue from Part VIII, column (C), line 12		6	
U	` 7a ∱o	tal-gross-unre	lated-business-revenue from Part VIII, column (C), line 12		7a	
_	b Ne		isiness taxable income from Form 990-T, line 34		7b	0
	1		1 0 2011 i j	Prior Year		Current Year
	9 8 Ç		d grants (Part Viliculae 1h)		835	849,990
			revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, and 7d)		836	75,704
			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,657	1,729 7,799
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	747	7,328	935,222
-			ar amounts paid (Part IX, column (A), lines 1–3)		1,500	
	1		or for members (Part IX, column (A), line 4)		7300	
	46 95	•	ompensation, employee benefits (Part IX, column (A), lines 5–10)	527	7,609	609,899
	اذة		draising fees (Part IX, column (A), line 11e)		3,050	
	b To		expenses (Part IX, column (D), line 25)			
ı	* I		(Part IX, column (A), lines 11a-11d, 11f-24f)	107	7,851	282,046
	18 To	tal expenses	Add lines 13–17 (must equal Part IX, column (A), line 25)		3,010	891,945
_		evenue less e	openses Subtract line 18 from line 12	29	318	43,277
-	88			ng of Curre		End of Year
	6 . <u>1</u>	otal assets (Pa			2,771	620,884
3	21 10	•	Part X, line 26)		2,420	77,256
_	Part II		nd balances Subtract line 21 from line 20	500	351	543,628
-	Latt 11				40.400.0004.0	for the soul and a soul
			ilties of perjury, I declare that I have examined this return, including accompanying schedules and statement is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of w			
ç	ign	1 3/	70008 1000		1.1(0.11
	lere	Signal	ure of officer		Date	0.11
•	.0.0	5	Their book expensive Durector		Date	
		Туре	or print name and title			
_		Preparer's	Man Date	Check if	f	Preparer's identifying number
	Paid	signature	1/5/11	self- employe		(see instructions) P00488529
	reparer'	1	KOERWITZ, MICHEL, WRIGHT & ASSOC. P.		EIN D	1 100100022
ι	Jse Only	firm's nam	e (or yours		Phone	
		address, a				307-864-3173
N	lay the IRS	discuss this r	eturn with the preparer shown above? (see instructions)		<u> </u>	Yes X No

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

Form **990** (2009)

) (Revenue \$

Form 990 (2009)

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

46,910 including grants of \$

773,017

			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			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1	<u> </u>	1,,
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	├	X
	candidates for public office? If "Yes," complete Schedule C, Part I			\ .
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3	┼	X
•	Schedule C, Part II	١.		1 ,,
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4	┼	<u> X</u>
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C. Part III	١.		ļ
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	5_	┼-	
٠				
	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		6	 	X
•	Did the organization receive or hold a conservation easement, including easements to preserve open space,			, ,
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	<u> </u>
•	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
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,"			
	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		X
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 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	
I2A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes N	•		
	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		<u> </u>
I4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	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			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		LX
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			$\lceil - \rceil$
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	L	X
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		For	m 99 0	(2009)

Part IV Checklist of Required Schedules (continued)

			Yes	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			3.5
^^	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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			v
24-	employees? If "Yes," complete Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24-		Х
_	24b through 24d and complete Schedule K. If "No," go to line 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
2 3 a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1		
	990-EZ? 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	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	ļ	ļ	
	Schedule L, Part IV	28b	L	X
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 direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	۱		
0.4	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,	١,,	l	Х
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
JE	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>	 	
•	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,		\vdash	T
	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		X
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		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	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	<u> </u>
		_	004	(0000)

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 club facilities 10a 10b						Yes	No
be Enter the number of Forms W-2G included in line 1s. Enter-0-1 find applicable in Different Programme Company with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees exported on Form W-3, Transmittal of Wage and Tax Statements, flied for the calendar year enteng with or within the year covered by this return 3 If all least one is reported on inne 2a, did the organization file all required federal employment tax returns? Nota, If the sum of lines 1s and 2s is greater than 260, you may be required to -file this return (see institutions) 3 Different Programme Company (see the second of the second of this return) 4 If Yes, 1 has if filed a Form 990-T for this year? If No.* provide an explanation in Schedule O 5 If Yes, 1 has if filed a Form 990-T for this year? If No.* provide an explanation in Schedule O 5 If Yes, 1 has if filed a Form 990-T for this year? If No.* provide an explanation in Schedule O 5 If Yes, 1 has if filed a Form 990-T for this year? If No.* provide an explanation in Schedule O 5 If Yes, 2 has if filed a Form 990-T for this year? If No.* provide an explanation in Schedule O 5 If Yes, 2 has if filed a Form 990-T for this year? If No.* provide an explanation in Schedule O 5 If Yes, 2 has if filed a Form 990-T for this year? If No.* provide an explanation in Schedule O 5 If Yes, 2 has the capacitation and in the organization have an all interest in, or a signature or other authority over, a filenancial account in a foregrap country (such as a bank account, security) 5 If Yes, 2 has the capacitation and party to a prohibited tax shelter transaction at any time during the tax year? 5 If Yes, 1 to the Sar of Sb, did the organization that was on a a party to a prohibited tax shelter transaction? 5 If Yes, 1 to the Sar of Sb, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax shelter transaction? 5 If Yes, 1 to the organization and party to	1a	· · · · · · · · · · · · · · · · · · ·					
but the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) winnings to prize winners? 2			1a				
gamming (gambling) winnings to pinze winners? 2 Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fled for the calendar year enting with or within the year covered by this return If at least one is reported on hine 2a, did the organization file all required federal employment tax returns? Note, If the sum of hiese 1a and 2 is greater than 250, you may be incurred to e-file this return (see minuticions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3 bid If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3 bid If "Yes," filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3 bid If "Yes," filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4 A Aray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country 5 A Vas the organization and file organization the form of the security of the security of the organization in Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts 5 A Vas the organization is partly to a prohibited tax shelter transaction? 5 A Vas the organization is partly to a prohibited tax shelter transaction? 5 A Vas the organization is partly to a prohibited tax shelter transaction? 5 A Vas the organization is partly to a prohibited tax shelter transaction? 5 A Vas the organization is organization that it was or a a partly to a prohibited tax shelter transaction? 6 A Vas the organization is organization that it was or a a partly to a prohibited tax shelter transaction? 6 B Vas the organization and prose receipts that are normally greater than \$100,000, and did the organization is obtained to the organization organization and prohibited tax shelter transaction? 6 B Vas th	þ	•••	<u> </u>	0			
2a Enter the number of employees reported on Form W.3, Transmitted of Wage and Tax Statements, life of the calendary year enting with or within the year covered by this return 1 b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b X Note: If the unof innes is and 2 as greater than 250, you may be required to e-file this return (see instructions) 3 b Id five; has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b If 'Yes,' a file in the name of the foreign country lever, a file in the same of the foreign country lever, a file in the same of the foreign country lever, a file in the same of the foreign country lever, and the same of the foreign file in the same of the foreign country lever, and the same of the foreign file in the same of the foreign file in the same of the foreign country lever, and the same of the foreign file in the same of th	С	· · · · · · · · · · · · · · · · · · ·	table				
Statements, flied for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-flie this return (see instructions) To the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? By If Y'ea, "has it filed a Form 990-1 for this year? If 'No," provide an explanation in Schedule O By If Y'ea," has it filed a Form 990-1 for this year? If 'No," provide an explanation in Schedule O By If Y'ea, "has it filed a Form 990-1 for this year? If 'No," provide an explanation in Schedule O By If Y'ea," ender the name of the foreign country (such as a bank account, securities account, or other financial account in 5 oreign country (such as a bank account, securities account, or other financial account is oreign country (such as a bank account, securities account, or other financial account is oreign country (such as a bank account, securities account, or other financial accounts of the organization of the foreign country (such as a bank account, securities account, or other financial accounts of the organization of the foreign country (such as a bank account, securities account, or other financial accounts. Was the organization of exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction? By If 'Yes, 'Indicate the promating organization the arms and the organization fore security organization the arms and gross receipts that are normally greater than \$100,000, and did the organization of the organization the organization fore form 8865. To Decision the transaction? By If 'Yes, 'Indicate the number of Forms 8852 filed during the year organization and party for goods and services provided to the payor? If 'Yes, 'Indicate the number of Forms 8852 filed during the year organization and party for goods or services provided? If year, and the organization under					1c	ļ	ļ
Material content Material M	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
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 covered by the return? 3b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b A A larry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (sevice as a bank account, excursion secount, or other financial accounts) 8b If "Yes," enter the name of the foreign country 8ce the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 8c Was the organization a party for a prohibited tax shelter fransaction at any time during the tax year? 8c Was the organization a party for a prohibited tax shelter fransaction at any time during the tax year? 8c Was the organization and party for a prohibited tax shelter fransaction? 8c Was the organization and party for a prohibited tax shelter fransaction? 8c Was the organization and party for a prohibited tax shelter fransaction? 8c Was the organization and party for a prohibited tax shelter fransaction? 8c Was the organization and party for a prohibited tax shelter fransaction? 8c Was the organization and gross receipts that are normally greater than \$100,000, and did the organization routice with every solicitation and party for goods and services provided to the organization folder where the solicitation and party for goods and services provided to the payor? 9c Organizations that may receive deductible contributions under section 170(c). 9c Was the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 9c Was the organization will be organization file form 8282? 9c Was the organization will be payor? 9c Was the organization will be payor? 9c Was the organization will be p		·		20			
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3a		- · · · · · · · · · · · · · · · · · · ·					
this return? If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O All any time during the calendar year, do the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country [web, and in the provided of the provided in th		•					
b If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry) If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts If "Yes," to lie so or 50, did the organization life Form 869 The See Through Bank and Financial Accounts If "Yes," to lie so or 50, did the organization life Form 8686 The See Through Bank and Financial Accounts If "Yes," to lie so or 50, did the organization life Form 8686 The See Through Bank and Financial Accounts If "Yes," to lie so or 50, did the organization life Form 8686 The See Through Bank and Financial Accounts If "Yes," to lie so or 50, did the organization life Form 8686 The See Exempt Entity Regarding Prohibited Tax Shelter Transaction? Boes the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may organization review a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Organizations that may receive deductible contributions under section 170(c). Did the organization review a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," indicate the number of Forms 8282 filed during the year required to life Form 822? If "Yes," indicate the number of Forms 8282 filed during the year required to life Form 822? If "Yes," indicate the number of Forms 8282 filed during the year required to life Form 8290 as required? If "Yes," indicate the number of Forms 8282 filed during the year required to life Form 8290 as required? For all contributions of qualified intellectual	3a		У				
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 77 78 79 For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 79 70 70 71 72 73 74 75 76 76 77 78 79 79 70 70 70 70 70 70 70 70	b	•			-	 	
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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 club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 10a 10b 11b 12a	b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	b						l
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4.5	·					1
			1 1		12a	ļ	<u> </u>
	b	it "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				<u> </u>

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 6	_		
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?	2		<u>X</u>
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?	3_		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	renue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100		_
	form?	11	Х	
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	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	1-5		
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	125	_	
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	_	X
14	Does the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by	1-4	<u> </u>	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	45-	Х	Ť
a	Other officers or key employees of the organization	15a		X
p	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	400		v
_	, ,	16a	-	X
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			
		401	1	ŧ
500	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	List the states with which a copy of this Form 900 is required to be find by None			
17 40	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1033 (or 1034 if population), 000, and 000 T (504(a)(3)), and 0			
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 X Upon request			
19	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			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
_	organization ► FREMONT CO GROUP HOMES, INC. 11 MINTER LANE			
R	IVERTON WY 82501	<u> 107-85</u>	6-2	<u>643</u>

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) Average hours per	Average Posit			Average Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations			
ELISSA BURLESON						<u> </u>							
BOARD PRESIDENT	1.00	X						ol	o				
JIM LOGAN		1								****			
BOARD VICE PRESIDENT	1.00	X						l ol	o				
PATRICIA HORTON													
SECRETARY/TREASURER	1.00	X						l ol	0				
CINDY BROWALL		† <u> </u>					\vdash	<u>~</u>					
BOARD MEMBER	1.00	X						l ol	ol				
GRETCHEN VINCENT		† <u></u>	†	\dagger				<u> </u>					
BOARD MEMBER	1.00	X						l ol	ol				
CHERYL RODGERS		<u> </u>				t	\vdash	<u> </u>					
BOARD MEMBER	1.00	X						l ol	o				
STACEY DOERR		1		<u> </u>	-								
EXECUTIVE DIRECTOR	40.00			x				59,380	0				

(A)	(B)			((C)			(D)	(E)	(F)	
Name and Title	Average hours per week	ndividual trustee or director		Officer	all Key employee	a Highest compensated employee	Pormer Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
1 22.1											
,							-				
					<u> </u>						
					-	 					
					_						
						-					
		_			_	ļ					
						_					
											-
					-						
1b Total			<u> </u>	<u> </u>		J	<u> </u>	59,380			
Total number of individuals (in reportable compensation from	-		to th	ose	liste	d abo	ve)	who received more than \$1	00,000 in		
 Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line the organization and related or individual Did any person listed on line 1 services rendered to the organization. 	complete Schedue 1a, is the sum organizations great a receive or accru	ile J f repo ter th	for s ortab an \$ ompe	uch i le co 150, ensat	indiv ompe ompe ompe	ridual ensat ? If "Y from :	tion a 'es,"	and other compensation froi complete Schedule J for su unrelated organization for	m	3 4	X X X
Section B. Independent Contract	ors								····		<u> </u>
Complete this table for your fix compensation from the organi	zation	ısate	ed inc	depe	nde	nt co	ntrac				
Name and	(A) d business address						-	Descrip	(B) tron of services	(C) Compens	ation
							_				
•—•—•							<u> </u>				
	•										
	<u> </u>										
			_								
Total number of independent of more than \$100,000 in competition.						l to th	ose	listed above) who received			····
DAA	nouton nom the t	<u>yaı</u>	سدطنا	UII 💆						<u>E0</u> Form 99	0 (2009)

Pe	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
द्य	1a	Federated campaigns	1a					7.72, 0.10, 0.1017
an X	Ь	Membership dues	1b	·	Į.			i,
g.E	c	Fundraising events	1c		-			
ar a	d	Related organizations	1d		1			
S,E	ء ا	Government grants (contributions)	10	849,990				
ion	f	All other contributions, gifts, grants,	- <u>'*</u> -	045,550	1			
野	١.	and similar amounts not included above	_{1f}					
d d	١,	Noncash contributions included in lines 1a-	<u> </u>	****	1			
Se	9 h	Total. Add lines 1a-1f	ıı y		849,990			
Program Service Revenue Contributions, gifts, grants and other similar amounts		Total. Add liftes 1a-11	·	Busn. Code	049,990			
enn	2a	REIMBURSED EXPENSES		Busii. Code	75,704	75,704		
Re.	ь	REINBORSED EXPENSES			75,704	75,704		
9	_							
eΓ	4							
S	۰				-			
gra	f	All other program service rever	NI 6		-			
P	a		iue		75,704		TI MATERIA	
	3	Investment income (including d	ıvıdends intere		73,704			
		other similar amounts)	widerids, intere	st, and	1,729	1,729		
	4	Income from investment of tax-	evernt hand n	roceeds	1,725	1,725		
	5	Royalties	exempt bond p	locacius				
		(i) Real	(11)	Personal				
	6a	Gross Rents	····		1			
	b	Less rental exps			1			
	c	Rental inc or (loss)			1			
	d	Net rental income or (loss)	<u> </u>		Ť	1		
	7a	Gross amount from (i) Securities	s (1	ı) Other				.,.
		sales of assets other than inventory			1			
	ь	Less cost or other			1			
	_	basis & sales exps			1			
	С	Gain or (loss)						
	d	Net gain or (loss)		—	1	İ		
		Gross income from fundraising ever	nts					
nue		(not including \$			1			
e e		of contributions reported on line 1c)			1			
Other Reven		See Part IV, line 18	a	7,257				
the	b	Less direct expenses	ь	1,010				
0	С	Net income or (loss) from fundr	aising events	•	6,247	6,247		
		Gross income from gaming activities				-, -, -, -,		
		See Part IV, line 19	a		1			
	b	Less direct expenses	ь		1	Į		
	С	Net income or (loss) from gami	ng activities	•				
		Gross sales of inventory, less	·					
		returns and allowances	a		1			
	b	Less cost of goods sold	b					
	C	Net income or (loss) from sales	of inventory	>				
		Miscellaneous Revenue		Busn. Code		1 1 1111-11		
	11a	OTHER			1,352	1,352		
	b	DRUG & ALCOHOL		<u> </u>	200	200		
	С			<u> </u>				
	d	All other revenue						
	0	Total. Add lines 11a-11d		•	1,552			
	12	Total Revenue. See instruction	ns		935,222	85,232	0	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).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		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				
3	Grants and other assistance to governments,			I	
	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	59,380	46,910	12,470	
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 salaries and wages	474,357	393,000	81,357	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	17,232	16,370	862	
10	Payroll taxes	58,930	50,160	8,770	
11	Fees for services (non-employees)				
а	Management				
b	Legal		-		
С	Accounting	10,600		10,600	
d	Lobbying				
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	146,857	146,857		
12	Advertising and promotion	1,728	1,010	718	
13	Office expenses	25,204	23,690	1,514	
14	Information technology				
15	Royalties				-
16	Occupancy				
17	Travel	19,467	19,467		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,020	2,020		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	17,380	15,294	2,086	
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)	<u>[</u>			
а	GROCERY EXPENSE	13,813	13,813		
b	UTILITIES	12,692	12,692		
c	REPAIRS	10,831	10,831		
d	DONATION PURCHASES	6,308	6,308		
0	CONTRACT LABOR	6,040	6,040		
f	All other expenses	9,106	8,555	551	
25	Total functional expenses. Add lines 1 through 24f	891,945	773,017	118,928	
	Joint costs. Check here ▶ If following				
	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				- <u></u>	Form 990 (2009)

rt X	Balance Sheet		· · · · · · · · · · · · · · · · · · ·		
			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		388,232	1	126,045
2	Savings and temporary cash investments			2	247,330
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		4	157,208	
5	Receivables from current and former officers, directors, t	rustees, key			
	employees, and highest compensated employees Comp	elete Part II of		1	
	Schedule 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		1	
	Part II of Schedule L			6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	9,576
10a	Land, buildings, and equipment cost or				
	other basis Complete Part VI of Schedule D	10a 317,902		1	
b	Less accumulated depreciation		71.417	10c	80,462
11					307102
12	Investments—other securities See Part IV, line 11				
13	Investments—program-related See Part IV, line 11				-
14	Intangible assets				
15	Other assets See Part IV, line 11		63,122		263
16)		-	620,884
17	- · · · · · · · · · · · · · · · · · · ·				77,256
18	Grants payable				,
19	Deferred revenue				
20	Tax-exempt bond liabilities			-	
21	Escrow or custodial account liability Complete Part IV of	Schedule D			
		· •		1	
	- · · · · · · · · · · · · · · · · · · ·		ĺ	22	
23		parties	· · · · · · · · · · · · · · · · · · ·		
		·			
	•				·
	•		22.420	-	77,256
	Organizations that follow SFAS 117, check here ▶	X and			777230
27	Unrestricted net assets		491.906	27	535,183
	Temporarily restricted net assets				8,445
	•				0,113
	Organizations that do not follow SFAS 117, check he	re ▶ 🗂			
	and complete lines 30 through 34.	_		I	
30	•			30	
	• • •	fund			
		1			
	Total net assets or fund balances		500,351	33	543,628
33	rotal fiet assets of fully balances				
	1 2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 Cash—non-interest bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, temployees, and highest compensated employees Comp. Schedule L 6 Receivables from other disqualified persons (as defined 4958(f)(1)) and persons described in section 4958(c)(3)(Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of 22 Payables to current and former officers, directors, trusted employees, highest compensated employees, and disquipersons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third 24 Unsecured notes and loans payable to unrelated third unsecured notes and loans payable to unrelated third pactorial inabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here Complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 Permanently restricted net assets 28 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Organizations that do not follow SFAS 117, check head complete lines 30 through 34. 31 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment	1 Cash—non-interest bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D 10a 317,902 b Less accumulated depreciation 11 Investments—publicity traded securities 12 Investments—other securities See Part IV, line 11 13 Investments—other securities See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability Complete Part IV of Schedule D 12 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 19 Secured mortages and notes payable to unrelated third parties 10 Unsecured notes and loans payable to unrelated third parties 11 Unsecured notes and loans payable to unrelated third parties 12 Other liabilities Complete Part X of Schedule D 13 Contail liabilities Complete Part X of Schedule D 14 Total liabilities Complete Part X of Schedule D 15 Total liabilities Add lines 17 through 25 15 Organizations that follow SFAS 117, check here ▶ ☐ 16 and complete lines 20 through 34. 17 Unrestricted net assets 18 Temporarily restricted net assets 19 Permanently restricted net assets 19 Organizations that do not follow SFAS 117, check he	(A) Beginning of year 1 Cash—non-interest bearing 2 Savings and temporary cash investments 3 88 , 232 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(n)(1)) and persons described in section 4958(n)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10a 317,902 10b 237,440 71,417 11 Investments—publicly traded securities 1 Investments—popram—related See Part IV, line 11 1 Investments—popram—related See Part IV, line 11 1 Intiangible assets 1 Other assets See Part IV, line 11 1 Fortal assets. Add lines 1 through 15 (must equal line 34) 1 522, 771 2 Accounts payable and accrued expenses 1 Grants payable 1 Deferred reversue 1 Tax-exempt bond liabilities 2 Escrew or custodial account liability. Complete Part IV of Schedule D 2 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 2 Secured mortgages and notes payable to unrelated third parties 2 Other liabilities. Add lines 17 through 25 2 Organizations that follow SFAS 117, check here ▶	Cash—non-interest bearing 388 , 232 1

Form **990** (2009)

orn	990 (2009) FREMONT COUNTY GROUP HOMES, INC. 83-0234548		Pa	ge 12
Pa	art 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		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	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	Х	
	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			
	X 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			
	the Single Audit Act and OMB Circular A-133?	3a		Х
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		

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

	*******					P HOMES,	INC.						<u>4548</u>		
P	art I	Reas	on for Publi	ic Charity	Status (All	organization	s must c	omplete	this p	art.) S	ee ins	tructio	ons.		
Γhe	orga	nization is not	a private found	ation because	t is (For lines	1 through 11, ch	neck only o	ne box)					-		_
1		A church, cor	nvention of chui	rches, or asso	ociation of churc	ches described ii	n section 1	70(b)(1)(A)(i).						
2		A school des	cribed in sectio	on 170(b)(1)(A	A)(ii). (Attach S	chedule E)									
3		A hospital or	a cooperative h	nospital servic	e organization	described in sec	tion 170(b)	(1)(A)(iii)							
4		A medical res	search organiza	ation operated	In conjunction	with a hospital d	escribed in	section 1	170(b)(1	(A)(iii).	Enter th	e hospi	tal's name.		
		city, and state			•	•						•	•		
5		An organizati	on operated for	r the benefit of	f a college or ur	niversity owned	or operated	by a gove	ernmenta	al unit de	scribed	ın			
			b)(1)(A)(iv). (C			•		., 3							
6	П	-		=	•	t described in se	ection 170	b)/1)(A)(v	<i>(</i>)						
7	Н					of its support fro			•	the aei	neral nu	blic -			
•	ш				omplete Part II)		iii a gotoiii	incina ai		i ilic gci	iciai pu	DIIC			
8	П				, ,	(Complete Part	шл								
9	X					1/3 % of its supp		ntribution	e mamh	erebin fa	age and	laross			
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			section 509(a)(2	•	rmination from t	the IDC that it is	o Turo I. Tu	mall of T	Fune III e						
f			check this box		mination nom t	the IRS that it is	a ryper, ry	ype II, or	rype iii s	upportin	g				
_		-			on accented or	ny gift or contribu	ition from a	ny of the							Ш
g		following per		trie organizati	ion accepted at	ly gift of continue	ilion nom a	ily of the							
				r indirectly co	ntrole outhor al	one or together v	with norman	a dagariba	ad in (ii)					Yes	T No.
							willi berson	s describe	su III (II)				44-4		No
		, ,	-		the supported ed in (i) above?	•							11g(+
					ed iii (i) above? lescribed in (i) d								11g(+
L			-	•	ne supported or	• •							11g(шуј	1
<u>h</u>	Nam	e of supported	(ii) i		1	of organization	(iv) to the	organization	[64 Dat.	ou notific	643	- 4h-	(II) A		
ν.		janization	\""			d on lines 1-9	1 ' '	isted in your		ou notify nization in	organizat	is the ion in col		mount of	
						r IRC section		document?		of your	1	zed in the			
					(see ins	structions))	Yes	No	Yes	ort?	Yes	S? No			
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che	Jule A (Form 990 or 990-EZ) 2009 FR	EMONT COUN	ITY GROUP	HOMES, IN	IC. 83	-0234548	Page
Pa	rt il Support Schedule for O	rganizations De	escribed in Se	ctions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)	, uge
	(Complete only if you ch	ecked the box	on line 5, 7, or	8 of Part I.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ect	ion A. Public Support						
Cal	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")						
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						
1	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)						
<u> </u>	Public support. Subtract line 5 from line 4						<u></u>
ect	ion B. Total Support					<u></u>	
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
•	Amounts from line 4						
3	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
)	Net income from unrelated business activities, whether or not the business is regularly carried on				-		
)	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<u>'</u>	Total support. Add lines 7 through 10	(l	<u> </u>			
	Gross receipts from related activities, etc	•		b 686 4		12	
	First five years. If the Form 990 is for the organization, check this box and stop here		secona, tnira, toun	n, or τιπη tax year a	is a section 501(c)	(3)	
eci	ion C. Computation of Public Su		000	···			
	Public support percentage for 2009 (line 6,	· · · · · · · · · · · · · · · · · · · 		(6)	 -		
	Public support percentage from 2008 Sche			(1))		14	
а	33 1/3 % support test—2009. If the organ			3 and line 14 ie 22	1/3 % or more sho	15	
	and stop here. The organization qualifies			5, and line 14 is 55	1/3 /6 Of Hibre, Cire	ECK IIIIS DOX	
b	33 1/3 % support test—2008. If the organ			or 16a and line 15	is 33 1/3 % or mon	e check this	
	box and stop here. The organization quali				13 00 170 70 01 11101	e, check this	•
'a	10%-facts-and-circumstances test—200				or 16b, and line 14	l is 10% or	
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums						•

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion 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")	96,354	93,563	92,987	123,835	849,990	1,256,729
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	529,873	617,688	604,380	620,836	84,513	2,457,290
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	626,227	711,251	697,367	744,671	934,503	3,714,019
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				.,.		
þ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						3,714,019
	tion B. Total Support	r	I		,	·	
	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	626,227	711,251	697,367	744,671	934,503	3,714,019
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,628	4,017	5,561	2,657	1,729	16,592
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2,628	4,017	5,561	2,657	1,729	16,592
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)	628,855	715,268	702,928	747,328	936,232	3,730,611
14	First five years. If the Form 990 is for the organization, check this box and stop here		econd, third, fourth	i, or fifth tax year a	s a section 501(c)(3)	▶ [
Sec	tion C. Computation of Public Su	pport Percenta	ge				·
15	Public support percentage for 2009 (line 8,	column (f) divided b	y line 13, column (n)		15	99 56 %
16	Public support percentage from 2008 Schei					16	99.64 %
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (lin	ie 10c, column (f) di	vided by line 13, co	olumn (f))		17	%
18	Investment income percentage from 2008 S					18	%
19a	33 1/3 % support tests—2009. If the organ						
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ	nization did not chec	k a box on line 14	or line 19a, and lin	e 16 is more than 3	3 1/3 %, and	▶ [X
	line 18 is not more than 33 1/3 %, check thi	s box and stop her e	e. The organization	qualifies as a pub	licly supported orga	anization	▶□
20	Private foundation. If the organization did						▶ □

Schedule A (Form 990 or 990-EZ) 2009 FREMONT COUNTY GROUP HOMES, INC. 83-0234548

Part IV 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 Open to Public inspection

Name of the organization **Employer identification number** FREMONT COUNTY GROUP HOMES, INC. 83-0234548 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 Total number at end of year 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 chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 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 b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c 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? Yes No 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 Yes No 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. 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 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 b Assets included in Form 990, Part X

	dule D (Form 990) 2009	FREMONT				INC.		3-0234		Page 2
Pa	rt III Organizatio	ns Maintainir	ng Collection	ons of Art	, Historica	l Treasu	ıres, or O	ther Sim	ilar Assets	(continued)
3	Using the organization's a collection items (check all	cquisition, access that apply)	sion, and other	records, che	ck any of the	following t	that are a sig	inificant use	of its	<u> </u>
а	Public exhibition			d Loa	n or exchang	e program	ıs			
b	Scholarly research			e Oth						
C	Preservation for future	e generations		- [
4	Provide a description of the Part XIV	-	collections and	explain how	they further to	ne organiz	ation's exem	npt purpose	ın	
5	During the year, did the or assets to be sold to raise to	rganization solicit funds rather than	or receive don	ations of art,	historical trea	sures, or	other similar			Yes No
Pa		Custodial A						ered "Ye	s" to Form 9	190 Part
	IV, line 9, or	r reported an	amount on	Form 990	. Part X. li	ne 21.				,00, r art
1a	Is the organization an age						assets not	 -		
	included on Form 990, Pa			, , ,						Yes No
ь	If "Yes," explain the arrang		/ and complete	e the followin	o table					☐ 163 ☐ NO
		,			g 145.5					Amount
С	Beginning balance								1c	7 11100111
d	Additions during the year								1d	
6	Distributions during the ye	ar							16	
f	Ending balance	, 41							1f	
	Did the organization include	de an amount on l	Form 000 Par	t Y line 212					<u> </u>	
	If "Yes," explain the arrang		-	(A, III C 2 ('						☐ Yes ☐ No
		t Funds. Com		anization	angwered	"Vee" to	Form 90	0 Part IV	/ line 10	
	<u> </u>	er anao. con		urrent year	(b) Pric		(c) Two year) Three years bac	k (e) Four years back
1a	Beginning of year balance		(,		(2)	, , , , ,	(6) 1 10) 00	TO DUCK (C	if thice years bac	(e) Four years back
b	Contributions									
	Net investment earnings,	gaine	<u> </u>							
·	and losses	yanıs,								
ч	Grants or scholarships		-						·	
	Other expenditures for fac	vilition			 					
•	and programs	annes								
			-							
-	Administrative expenses		<u> </u>							
g	End of year balance		L		L					
2	Provide the estimated per		ar end balance							
	Board designated or quasi			_%						
	Permanent endowment ▶		%							
	Term endowment ▶	%								
3 a	Are there endowment fund	ds not in the possi	ession of the o	rganization tl	nat are held a	nd adminis	stered for the	•		
	organization by									Yes No
	(i) unrelated organization	าร								3a(i)
	(ii) related organizations									3a(ii)
b	If "Yes" to 3a(II), are the re									3b
4	Describe in Part XIV the in							·		
Pa		s—Land, Buil	<u>dings, and</u>	Equipme	nt. See Fo	orm 990	<u>, Part X, I</u>	<u>ine 10.</u>		
	Description of inves	stment	1 ' '	st or other basi	1 '	Cost or oth		(c) Accum		(d) Book value
			(1)	nvestment)	l t	asis (other)		deprecia	tion	
	Land		<u> </u>	 			,500			34,500
	Buildings		<u> </u>			190	,401	16	6,480	23,921
C	Leasehold improvements		<u> </u>							
	Equipment									
	Other					93	,001	7	70,960	22,041
Total	. Add lines 1a through 1e ((Column (d) must	equal Form 99	00, Part X, co	lumn (B), line	10(c))			•	80,462

Schedule D (Form 990) 2009

Schedule D (Form 990) 200	9 FREMONT COUNTY GROUP I	HOMES, INC.	83-0234548	Page 3
Part VII Investme	ents—Other Securities. See Form 990	, Part X, line 12.		
	escription of security or category	(b) Book value	(c) Method of value	ation
	(including name of security)		Cost or end-of-year mai	rket value
Financial derivatives				
Closely-held equity interests				
Other				
				:-
Total. (Column (b) must equ	ial Form 990, Part X, col. (B) line 12.)	<u> </u>		
	ents—Program Related. See Form 990			
(a)	Description of investment type	(b) Book value	(c) Method of valua	
			Cost or end-of-year man	rket value
	#			
				
				······
Part IX Other As	sets. See Form 990, Part X, col (B) line 13) sets. See Form 990, Part X, line 15.			
Fait IA Other As	(a) Description		· · · · · · · · · · · · · · · · · · ·	(b) D
	(a) Description			(b) Book value
				
				····
				
				·
				······································
Total. (Column (b) must equ	ual Form 990, Part X, col (B) line 15)	-···	b	
	abilities. See Form 990, Part X, line 25),		
1	(a) Description of liability	(b) Amount		
Federal income taxes	· · · · · · · · · · · · · · · · · · ·		7	
			7	
			7	
			7	
			7	
			7	
			7	
			7	
			7	
Total. (Column (b) must equ	ual Form 990, Part X, col (B) line 25)		7	
2. FIN 48 Footnote In Part	XIV, provide the text of the footnote to the organiz	ation's financial statement	s that reports the	-
	certain tax positions under FIN 48		•	

	dule D (Form 990) 2009 FREMONT COUNTY GROUP HOMES, INC. 83-0234		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	935,222
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	891,945
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	43,277
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	43,277
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	
1	Total revenue, gains, and other support per audited financial statements	1	935,222
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
þ	Donated services and use of facilities 2b		
C	Recovenes of prior year grants 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2е	
3	Subtract line 2e from line 1	3	935,222
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	935,222
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
1	Total expenses and losses per audited financial statements	1	891,945
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIV)		
θ	Add lines 2a through 2d	2е	
3	Subtract line 2e from line 1	3	891,945
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	891,945
Pa	art XIV Supplemental Information		
Com	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		
and 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete		
this p	part to provide any additional information		
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Sched	lule C) (Fo	<u>rm 99</u>	90) <u>2</u>	2009		<u>FRE</u>	MOI	И.Т.	CC	<u> 1UC</u>	1.T. X	G	<u> </u>	<u>UP</u>	HC	ME	<u>s,</u>	<u> T</u>	<u>иС.</u>		 83-	<u>- 02</u>	<u> 345</u>	48						Page 5
Sched	rt XI	٧	Su	ppl	eme	nta	l Inf	orm	atio	n (cor	ntinu	ied))																	
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SCHEDULE O

(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.

2009
Open to Public Inspection

Name of the organization

FREMONT COUNTY GROUP HOMES, INC.

Employer identification number 83 - 0234548

Form 990, Part VI, Line 8b - Documentation by Committee Explanation N/A - NO COMMITTEES

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 EITHER REVIEWED AT REGULAR MEETING OR MAILED TO ALL DIRECTORS PRIOR TO SUBMISSION FOR COMMENT/APPROVAL.

Form 990, Part VI, Line 15a - Compensation Process for Top Official APPROVED BY BOARD OF DIRECTORS

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation MADE AVAILABLE UPON REQUEST

83-0234548	Federal Statements	tements		
Ę.	Form 990, Part IX, Line 11g - Other Fo	ine 11g - Other Fees for Service (Non-employee)	nployee)	
Description CONTRACTUAL EXPENSE CONTRACTUAL EXPENSE Total	Total Expenses \$ 39,357 107,500 \$ 146,857	Program Service \$ 39,357 107,500 \$ 146,857	Management & General	Fund Raising
	Form 990, Part IX, Line 24f	Part IX, Line 24f - All Other Expenses		
Description RHH SAFE PLACE ALLOWANCE, SCHOOL & ENTER MISC TAXES	Expenses \$ 3,787 2,816 1,554	Program Service \$ 3,787 2,816 1,554	Management & General	Fund Raising \$
CLOTHING Total	\$ 9,106	\$ 8,555	\$ 551	0