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# Short Form Return of Organization Exempt From Income Tax

# 2011

**Open to Public Inspection**

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2011 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

**C** Name of organization  
**FREMARJO ENTERPRISES, INC**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**P O BOX 382**

City or town state or country ZIP + 4  
**EMIGRANT MT 59027-0382**

**D** Employer identification number  
**36-4013406**

**E** Telephone number  
**(406) 333-4960**

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ **N/A**

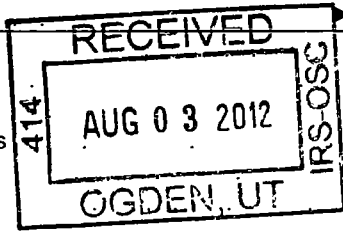
**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **53,810**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

|   | Description   |           | Amount |
|---|---|-----------|--------|
| Revenue   | <b>1</b> Contributions, gifts, grants, and similar amounts received   | <b>1</b>  |        |
|   | <b>2</b> Program service revenue including government fees and contracts  | <b>2</b>  | 53,810 |
|   | <b>3</b> Membership dues and assessments  | <b>3</b>  |        |
|   | <b>4</b> Investment income  | <b>4</b>  |        |
|   | <b>5a</b> Gross amount from sale of assets other than inventory   | <b>5a</b> |        |
|   | <b>b</b> Less cost or other basis and sales expenses  | <b>5b</b> |        |
|   | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | <b>5c</b> | 0      |
|   | <b>6</b> Gaming and fundraising events  |           |        |
|   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)  | <b>6a</b> |        |
|   | <b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b> |        |
| <b>c</b> Less direct expenses from gaming and fundraising events  | <b>6c</b>   |           |        |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | <b>6d</b>   | 0         |        |
|   | <b>7a</b> Gross sales of inventory, less returns and allowances   | <b>7a</b> |        |
|   | <b>b</b> Less cost of goods sold  | <b>7b</b> |        |
|   | <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | <b>7c</b> | 0      |
|   | <b>8</b> Other revenue (describe in Schedule O)   | <b>8</b>  |        |
|   | <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | <b>9</b>  | 53,810 |
| Net Assets  | <b>10</b> Grants and similar amounts paid (list in Schedule O)  | <b>10</b> |        |
|   | <b>11</b> Benefits paid to or for members   | <b>11</b> |        |
|   | <b>12</b> Salaries, other compensation, and employee benefits   | <b>12</b> | 23,000 |
|   | <b>13</b> Professional fees and other payments to independent contractors   | <b>13</b> | 2,355  |
|   | <b>14</b> Occupancy, rent, utilities, and maintenance   | <b>14</b> |        |
|   | <b>15</b> Printing, publications, postage, and shipping   | <b>15</b> | 12,743 |
|   | <b>16</b> Other expenses (describe in Schedule O)   | <b>16</b> | 19,271 |
|   | <b>17 Total expenses.</b> Add lines 10 through 16   | <b>17</b> | 57,369 |
|   | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)   | <b>18</b> | -3,559 |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  | <b>19</b> | 8,946  |
|   | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)  | <b>20</b> |        |
| <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20                           | <b>21</b>   | 5,387     |        |



G9 15



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V

|      |  | Yes | No |
|------|--|-----|----|
| 33   | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  |     | X  |
| 34   | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)   |     | X  |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?   |     | X  |
| b    | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   |     | X  |
| 35 c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   |     | X  |
| 36   | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  |     | X  |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶ 37a</b>  |     |    |
| b    | Did the organization file Form 1120-POL for this year?   |     | X  |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   |     | X  |
| b    | If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>  |     |    |
| 39   | Section 501(c)(7) organizations Enter  |     |    |
| a    | Initiation fees and capital contributions included on line 9 <b>39a</b>  |     |    |
| b    | Gross receipts, included on line 9, for public use of club facilities <b>39b</b>   |     |    |
| 40 a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>▶</b> _____, section 4912 <b>▶</b> _____, section 4955 <b>▶</b> _____  |     |    |
| b    | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   |     | X  |
| c    | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> _____  |     |    |
| d    | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> _____  |     |    |
| e    | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  |     | X  |
| 41   | List the states with which a copy of this return is filed <b>▶</b> _____   |     |    |
| 42 a | The organization's books are in care of <b>▶</b> <u>FREDERICK A. MORSELL</u> Telephone no <b>▶</b> <u>(406) 333-4960</u><br>Located at <b>▶</b> <u>P.O. Box 382</u> City <u>Emigrant</u> ST <u>MT</u> ZIP + 4 <b>▶</b> <u>59027-0382</u>   |     |    |
| b    | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>▶</b> _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | Yes | No |
| 42b  |  |     | X  |
| c    | At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <b>▶</b> _____   |     | X  |
| 42c  |  |     | X  |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>▶</b> <b>43</b>  |     |    |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   |     | X  |
| b    | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  |     | X  |
| 44b  |  |     | X  |
| c    | Did the organization receive any payments for indoor tanning services during the year?   |     | X  |
| 44c  |  |     | X  |
| d    | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     | X  |
| 44d  |  |     | X  |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | X  |
| 45a  |  |     | X  |
| 45 b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)   |     | X  |
| 45b  |  |     | X  |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

|    |     |    |
|----|-----|----|
|    | Yes | No |
| 46 |     | X  |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?  
 b If "Yes," was the related organization a section 527 organization?

|     |     |    |
|-----|-----|----|
|     | Yes | No |
| 47  |     | X  |
| 48  |     | X  |
| 49a |     | X  |
| 49b |     |    |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| Name NONE Str<br>City ST ZIP                                   | Title<br>Hr/WK .00                                       |   |   |  |
| Name NONE Str<br>City ST ZIP                                   | Title<br>Hr/WK .00                                       |   |   |  |
| Name NONE Str<br>City ST ZIP                                   | Title<br>Hr/WK .00                                       |   |   |  |
| Name NONE Str<br>City ST ZIP                                   | Title<br>Hr/WK .00                                       |   |   |  |
| Name NONE Str<br>City ST ZIP                                   | Title<br>Hr/WK .00                                       |   |   |  |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| Name NONE Str<br>City ST ZIP   | NONE                |                  |
| Name NONE Str<br>City ST ZIP   | NONE                |                  |
| Name NONE Str<br>City ST ZIP   | NONE                |                  |
| Name NONE Str<br>City ST ZIP   | NONE                |                  |
| Name NONE Str<br>City ST ZIP   | NONE                |                  |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  
 Signature of officer: *Frederick A. Morse*  
 Date: 31 July 2012  
 Type or print name and title: FREDERICK A MORSE, PRESIDENT

Paid Preparer Use Only  
 Print/Type preparer's name: LYNN R WALKER, C.P.A.  
 Preparer's signature: *Lynn R. Walker*  
 Date: 7/26/2012  
 Check  if self-employed  
 PTIN: P00112500  
 Firm's name: LYNN R. WALKER, C P A  
 Firm's EIN: 81-0460760  
 Firm's address: P O BOX 916, LIVINGSTON, MT 59047  
 Phone no: (406) 222-8652

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

FREMARJO ENTERPRISES, INC

Employer identification number

36-4013406

**Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions**

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its 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 acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     | X  |
| 11g(ii)  |     | X  |
| 11g(iii) |     | X  |

h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of support |
|------------------------------------|----------|---|--|----|---|----|--|----|-------------------------|
|                                    |          |   | Yes  | No | Yes   | No | Yes  | No |                         |
| (A)                                |          |   |  |    |   |    |  |    | 0                       |
| (B)                                |          |   |  |    |   |    |  |    | 0                       |
| (C)                                |          |   |  |    |   |    |  |    | 0                       |
| (D)                                |          |   |  |    |   |    |  |    | 0                       |
| (E)                                |          |   |  |    |   |    |  |    | 0                       |
| <b>Total</b>                       |          |   |  |    |   |    |  |    | <b>0</b>                |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants").  | 85,199   | 71,078   | 66,149   | 62,922   | 53,810   | 339,158   |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.   |          |          |          |          |          | 0         |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.   |          |          |          |          |          | 0         |
| 4 <b>Total.</b> Add lines 1 through 3.   | 85,199   | 71,078   | 66,149   | 62,922   | 53,810   | 339,158   |
| 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 <b>Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 339,158   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4.  | 85,199   | 71,078   | 66,149   | 62,922   | 53,810   | 339,158   |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. |          |          |          |          |          | 0         |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on.                             |          |          |          |          |          | 0         |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).                                |          |          |          |          |          | 0         |
| 11 <b>Total support.</b> Add lines 7 through 10.  |          |          |          |          |          | 339,158   |

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|   |           |         |
|---|-----------|---------|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> | 100.00% |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14                       | <b>15</b> | 0.00%   |

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II  
If the organization fails to qualify under the tests listed below, please complete Part II )

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          | 0         |
| 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 | 85,199   | 71,078   | 66,149   | 62,922   | 53,810   | 339,158   |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          | 0         |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          | 0         |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          | 0         |
| 6 Total. Add lines 1 through 5   | 85,199   | 71,078   | 66,149   | 62,922   | 53,810   | 339,158   |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          | 0         |
| 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 amount on line 13 for the year           |          |          |          |          |          | 0         |
| c Add lines 7a and 7b  | 0        | 0        | 0        | 0        | 0        | 0         |
| 8 Public support (Subtract line 7c from line 6)  |          |          |          |          |          | 339,158   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6   | 85,199   | 71,078   | 66,149   | 62,922   | 53,810   | 339,158   |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          | 0         |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          | 0         |
| c Add lines 10a and 10b   | 0        | 0        | 0        | 0        | 0        | 0         |
| 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)  |          |          |          |          |          | 0         |
| 13 Total support. (Add lines 9, 10c, 11, and 12)  | 85,199   | 71,078   | 66,149   | 62,922   | 53,810   | 339,158   |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |    |         |
|---|----|---------|
| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | 100.00% |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15                      | 16 | 0.00%   |

**Section D. Computation of Investment Income Percentage**

|  |    |       |
|--|----|-------|
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.00% |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17                        | 18 | 0.00% |

- 19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

Employer identification number

FREMARJO ENTERPRISES, INC

36-4013406

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

|   | (a) Donor advised funds                                  | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year   |  |                              |
| 2 Aggregate contributions to (during year)  |  |                              |
| 3 Aggregate grants from (during year)   |  |                              |
| 4 Aggregate value at end of year  |  |                              |
| 5 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?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 6 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

|  |  |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space  |  |

2 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                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....

8 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)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items
- |  |            |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ ..... |
| b Assets included in Form 990, Part X              | ▶ \$ ..... |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part 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?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f | 0      |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 0                | 0              | 0                  | 0                    |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment .....%
- b Permanent endowment .....%
- c Temporarily restricted endowment .....%

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                  | 0                                    | 0                               |                              | 0              |
| b Buildings              | 0                                    | 0                               | 0                            | 0              |
| c Leasehold improvements | 0                                    | 0                               | 0                            | 0              |
| d Equipment              | 0                                    | 0                               | 0                            | 0              |
| e Other                  | 0                                    | 0                               | 0                            | 0              |

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 0

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives   | 0              |   |
| (2) Closely-held equity interests                                       | 0              |   |
| (3) Other   | 0              |   |
| (A)   | 0              |   |
| (B)   | 0              |   |
| (C)   | 0              |   |
| (D)   | 0              |   |
| (E)   | 0              |   |
| (F)   | 0              |   |
| (G)   | 0              |   |
| (H)   | 0              |   |
| (I)   | 0              |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)       | 0              |   |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13

| (a) Description of investment type                                | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1)   | 0              |   |
| (2)   | 0              |   |
| (3)   | 0              |   |
| (4)   | 0              |   |
| (5)   | 0              |   |
| (6)   | 0              |   |
| (7)   | 0              |   |
| (8)   | 0              |   |
| (9)   | 0              |   |
| (10)  | 0              |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) | 0              |   |

**Part IX Other Assets.** See Form 990, Part X, line 15

| (a) Description   | (b) Book value |
|---|----------------|
| (1) #VALUE!   | #VALUE!        |
| (2) #VALUE!   | #VALUE!        |
| (3) #VALUE!   | #VALUE!        |
| (4) #VALUE!   | #VALUE!        |
| (5) #VALUE!   | #VALUE!        |
| (6) #VALUE!   | #VALUE!        |
| (7) #VALUE!   | #VALUE!        |
| (8) #VALUE!   | #VALUE!        |
| (9) #VALUE!   | #VALUE!        |
| (10) #VALUE!  | #VALUE!        |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) | #VALUE!        |

**Part X Other Liabilities.** See Form 990, Part X, line 25

| 1. (a) Description of liability                                   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  | #VALUE!        |
| (2) #VALUE!   | #VALUE!        |
| (3) #VALUE!   | #VALUE!        |
| (4) #VALUE!   | #VALUE!        |
| (5) #VALUE!   | #VALUE!        |
| (6) #VALUE!   | #VALUE!        |
| (7) #VALUE!   | #VALUE!        |
| (8) #VALUE!   | #VALUE!        |
| (9) #VALUE!   | #VALUE!        |
| (10) #VALUE!  | #VALUE!        |
| (11) #VALUE!  | #VALUE!        |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | #VALUE!        |

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

| <b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b> |   |   |
|---|---|---|
| 1   | Total revenue (Form 990, Part VIII, column (A), line 12)                                | 0 |
| 2   | Total expenses (Form 990, Part IX, column (A), line 25)                                 | 0 |
| 3   | Excess or (deficit) for the year Subtract line 2 from line 1                            | 0 |
| 4   | Net unrealized gains (losses) on investments  |   |
| 5   | Donated services and use of facilities  |   |
| 6   | Investment expenses   |   |
| 7   | Prior period adjustments  |   |
| 8   | Other (Describe in Part XIV)  |   |
| 9   | Total adjustments (net) Add lines 4 through 8   | 0 |
| 10  | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | 0 |

| <b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> |   |    |
|--|---|----|
| 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            |    |
| a  | 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 |
| e  | Add lines 2a through 2d   | 2e |
| 3  | Subtract line 2e from line 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 |
| b  | Other (Describe in Part XIV)  | 4b |
| 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  |

| <b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b> |  |    |
|---|--|----|
| 1   | Total expenses and losses per audited financial statements                     | 1  |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25:              |    |
| a   | Donated services and use of facilities   | 2a |
| b   | Prior year adjustments   | 2b |
| c   | Other losses   | 2c |
| d   | Other (Describe in Part XIV)   | 2d |
| e   | Add lines 2a through 2d  | 2e |
| 3   | Subtract line 2e from line 1   | 3  |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:             |    |
| a   | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a |
| b   | Other (Describe in Part XIV)   | 4b |
| 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  |

**Part XIV Supplemental Information**

Complete 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 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 part to provide any additional information

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

FREMARJO ENTERPRISES, INC.

Employer identification number

36-4013406

Form 990-EZ, Part I, Line 16, Other Expenses: Travel 12,091

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 1,092

Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance 280

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies 848

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone 867

Form 990-EZ, Part I, Line 16, Other Expenses: Automobile expenses: 36

Form 990-EZ, Part I, Line 16, Other Expenses: Awards and certificates 55

Form 990-EZ, Part I, Line 16, Other Expenses: Boarding 613

Form 990-EZ, Part I, Line 16, Other Expenses: Dues and subscriptions 145

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance 945

Form 990-EZ, Part I, Line 16, Other Expenses: Miscellaneous 45

Form 990-EZ, Part I, Line 16, Other Expenses: Payroll taxes 1,760

Form 990-EZ, Part I, Line 16, Other Expenses: Program expenses 141

Form 990-EZ, Part I, Line 16, Other Expenses: Unemployment 18

Form 990-EZ, Part I, Line 16, Other Expenses: Utilities 335

Form 990-EZ, Part II, Line 24, Other Assets: Office Equipment (net), Beginning of year 5,002

End of year 4,300

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

|  |  |  |
|--|--|--|
| <b>Type or print</b><br><small>File by the due date for filing your return. See instructions</small> | Name of exempt organization or other filer, see instructions<br><b>FREMARJO ENTERPRISES, INC</b>                         | Employer identification number (EIN) or<br><input checked="" type="checkbox"/> <b>36-4013406</b> |
|  | Number, street, and room or suite no. If a P O box, see instructions<br><b>P.O. BOX 382</b>                              | Social security number (SSN)<br><input type="checkbox"/>   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><b>EMIGRANT MT 59027-0382</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return) 01

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990                                 | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 990-EZ                              | 01          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

- The books are in the care of ▶ FREDERICK A. MORSELL
- Telephone No ▶ 406-333-4790 FAX No ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
  - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 2011 or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

|  |           |    |   |
|--|-----------|----|---|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ |   |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ |   |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | <b>3c</b> | \$ | 0 |