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SCANNED JAN 2 6 2010

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Impection

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form
990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

Α	Fort	the 2008 calendar year, or tax year beginning $9/01$, 2008, and er	nding 8/31		, 2009						
В		if applicable C		Employer	identification number						
	Addre	ss change Please use IRS FREMONT AREA ART ASSOCIATION, INC	1	47-06	515932						
	Name	change label or PO BOX 335	E	Telephone							
<u> </u>	Initial	return type. FREMONT, NE 68026-0335		402-7	721-7779						
⊨	Iermination Specific										
⊨	1	ded return tions.	F	Group E Number	xemption						
	<u> ∨h</u> biic		G Accounting me		Cash Accrual						
		● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	Other (specify)	<u> </u>							
	1A/_ L	site: ► N/A	H Check ► X		ganization is not						
٠.			990-EZ, or 990	1011 SCHE 1-PF).	dule B (Form 990,						
K			<u> </u>		nt more than						
	K Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.										
L		lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file F	orm 990	, ►\$	40,391.						
	IIISTE	ad of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balan	ces (See the in								
888	1	Contributions, gifts, grants, and similar amounts received	Ces (See the III	1	7,515.						
	2	Program service revenue including government fees and contracts		2	21,661.						
	3	Membership dues and assessments	• •	3	10,915.						
	4	Investment income		. 4	300.						
	1 .	Gross amount from sale of assets other than inventory									
	1	Less: cost or other basis and sales expenses	16,028	3.							
Ŗ			tatement 1	. 5c	-16,028.						
REVE XU	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, chec	k here 🕨 🗌								
N	l a	Gross revenue (not including \$ of contributions									
E		reported on line 1)									
	b	Less: direct expenses other than fundraising expenses									
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6с							
	7 a	Gross sales of inventory, less returns and allowances									
		Less: cost of goods sold									
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	·						
	8	Other revenue (describe >	VED.	8							
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) .		▶ 9	24,363.						
	10	Grants and similar amounts paid (attach schedule) Benefits paid to or for members JAN 2 1	NO NO	10							
Ε	11	·	2010 . 0	11							
EXPENSE	12	Salaries, other compensation, and employee benefits	&	12	12,918.						
E	13	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance.	1.12	13	500.						
S	14		, · U .	14	8,779.						
S	15	Printing, publications, postage, and shipping			12 047						
	16	Other expenses (describe See Statement 2		16 17 17	12,847. 35,044.						
	17 18	Total expenses (add lines 10 through 16). Excess or (deficit) for the year (Subtract line 17 from line 9)		. 18	-10,681.						
A	1			assassast 1							
N S E E T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agi figure reported on prior year's return).	ee wiin end-oi-year	19	217,742.						
	20	Other changes in net assets or fund balances (attach explanation).	••	. 20							
S	21	Net assets or fund balances at end of year. Combine lines 18 through 20.		▶ 21	207,061.						
	HII	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or mor	e, file Form 990 ins								
		(See the instructions for Part II.)	(A) Beginning of		(B) End of year						
22	Ca	sh, savings, and investments	138,74		128,061.						
23		nd and buildings		23							
24		ner assets (describe • See Statement 3)	79,00		79,000.						
25		tal assets	217,74		207,061.						
26		tal liabilities (describe		0. 26	0.						
27		t assets or fund balances (line 27 of column (B) must agree with line 21)	217,74	2. 27	207,061.						
BA	A Fo	r Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.			Form 990-EZ (2008)						

TEEA0803L 09/18/08

	1990-EZ (2008) FREMUNI ARLA AF				<u>-Ub.</u>	15932 Page 2
Par	Statement of Program Se	rvice Accomplishment	s (See the instruct	ions.)	ŀ	Expenses
	s the organization's primary exempt purpose? SE				/R≥c	uired for 501(c)(3)
Dane	s the organization's primary exempt purpose:	SE DELOW	In a class and ass		and	(A) organizations and
Desc	ribe what was achieved in carrying out thribe the services provided, the number of	ne organization's exempt purp	oses. In a clear and cor	ncise manner,	4947	(4) organizations and (a)(1) trusts; optional
prog	ram title.	i persons benefited, or other i	elevant innonnation for	eacri	for o	thers.)
		TOD IND IDDUCTION	TON OF ADM		101 0	1
28	FACILITATE OPPORTUNITIES	FOR AND APPRECIAT.	TON OF AKT		1	İ
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		· -			1	
	~	. .		~- -		
	(Grants \$) If the	nis amount includes foreign gr	rants, check here.	▶	28a	34,038.
29						
LJ					ł	
	~					
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		· -				İ
	(Grants \$) If the	nis amount includes foreign gr	rants, check here	<u> </u>	29 a	
30					l	j
				-		1
	~- 			-		
					ł	
	(Grants \$) If the	nis amount includes foreign gr	ants, check here	. ▶	30 a	1
21						-
31	Other program services (attach schedule			—		
		nis amount includes foreign gr	ants, check here		31 a	<u> </u>
32	Total program service expenses (add lin	nes 28a through 31a) .		. ▶	32	34,038.
	List of Officers, Directors		nniovees Aust each	one even if not co	mpen	
2000	LISCOI Officers, Directors					
	4.531	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to .	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plai deferred compensa	ns and	and other allowances
		to position		deferred compensa	tion	
		}	1			ļ
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		┥	10 000		_	
<u>See</u>	Statement 4		12,000.		0.	0.
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A (1)	Other information (Note the Statement requirement in deficial instruction V.)		Yes	Na
•			Tes	No
33	The second secon	33	1	X
34	the control of the co	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a	<u></u>	X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	ļ	<u> </u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.	36		X
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions			
	b Did the organization file Form 1120-POL for this year?	37 b		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 unpaid at the start of the period covered by this return?	38 a		Χ
	b If 'Yes,' complete Schedule L, Part II and enter the total			
20	amount involved			
	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
-,-	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 ь		X
	c Enter amount of tax imposed on organization managers or disqualified persons during the			
	year under sections 4912, 4955, and 4958			
	Enter difficult of tack of mile feet fall balled by the organization.			
	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	40 e	*******	X
	List the states with which a copy of this return is filed None	100	l	
71	List the states with which a copy of this folding is find			
42	a The books are in care of ► MAXINE_TURNER Telephone no. ► 402-72	21-7	<u>779</u>	
	Located at ► 92 WEST 6TH STREET FREMONT NE ZIP + 4 ► 68025			
		Г	V	N.
	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)?	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country:	72.5		***
	11 Test, effect the harte of the following country.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42 c		X
	If 'Yes,' enter the name of the foreign country:			
		_		NT /=
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here.	•		N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year .			N/A
			Yes	No
ДА	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
44	of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'			v
	Form 990 must be completed instead of Form 990-EZ	45		X

	O-EZ (2008) FREMONT AREA ART A			47-0615		⊃age 4
Part V	Section 501(c)(3) organization	is only. All section	501(c)(3) organiz	zations must answer q	uestions 46	-49
_•	and complete the tables for lir	nes 50 and 51.		See St	atement 5	. _
46 Did	the organization engage in direct or indire	et political campaign act	wites on behalf of or	in apposition to candidates	Yes	No
for	public office? If 'Yes,' complete Schedule (C, Part I	· · · · ·	·· · · · · · ·	46	X
47 Did	the organization engage in lobbying activit	ies? If 'Yes,' complete S	Schedule C, Part II .		47	X
48 Is t	the organization operating a school as desc	ribed in section 170(b)()(A)(ii)? If 'Yes,' com	plete Schedule E	48	X
	the organization make any transfers to an	* * * *			49 a	X
	Yes,' was the related organization(s) a sect	•			49Ь	
50 Co	mplete this table for the five highest competeived more than \$100,000 of compensation	nsated employees (othe	er than officers, directo	ors, trustees and key emplo	yees) who eacl	h
rec	erved more than \$100,000 of compensation	(b) Title and average	(c) Compensation		(e) Expense	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) compensation	(d) Contributions to employee benefit plans and deferred compensation	account and other allowance	
None						
]				
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		1				
Total numb	per of other employees paid over \$100,000 >					
	, , , , , , , , , , , , , , , , , , ,		·······		· · · · · · · · · · · · · · · · · · ·	
51 Cor	mplete this table for the five highest compe m the organization. If there is none, enter 'I	nsated independent con None.'	tractors who each rec	eived more than \$100,000 t	or compensation	n
	(a) Name and address of each independent conf	ractor paid more than \$100,000		(b) Type of service	(c) Compensation	on
None						
_						
_						
						_
		-	 1			
				ł		
Total nur	mber of other independent contractors recei	ving over \$100,000				
	Under penalties of perjury, I declare that I have exar true, correct, and complete Declaration of preparer		ompanying schedules and sta	tements, and to the best of my kno	wledge and belief, it	t is
	true, correct, and complete Declaration of preparer	(other than officer) is based on	all information of which prep	arer has any knowledge		
٥.		. /		1 1-13-10		
Sign	Signature of officer	<u> </u>		Date		
Here	"M" -	- 1kg	asurer	5-17		
	- / lax, ne / urne	7 // //	15urci	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	Type or print name and title			15		
Paid	Preparer's		Date		arer's Identifying Nu Instructions)	ander
Pre-	signature // any U	rllying		/U employed ► PO	0126566	
parer's	Firm's name (or Erickson & Broo	. //-				
	very feelf	ks //				
Use	yours if self- employed), P. O. Box 1270			EIN ► 4	7-0358808	
	yours if self- employed), P. O. Box 1270	26-1270			7-0358808 721-3454	<u> </u>
Use Only	yours if self- employed), P. O. Box 1270	26-1270	tions	EIN ► 4	721-3454	l No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public inspection

Name	of the	organiza	ition					_		1		tion number		
FRE	MOI	IA TV	REA ART	ASSOCIATION, 1	INC					47-0	615932	2		
	***	Reas	on for Pu	ublic Charity State	us (All organizations	must	compl	ete th	is part	.) (see	instru	ctions)		
The c	rga	nızatıoı	n is not a pri	vate foundation becau	se it is: (Please check on	ily one d	organiza	tion.)						
1	П	A chui	ch, convent	on of churches or ass	ociation of churches desc	ribed in	section	170(b)(1) (A)(i).					
2	П	A sch	ool describe	d in section 170(b)(1)(A	A)(ii). (Attach Schedule E)								
3	П				e organization described i		n 170(b	χ1χΑχί	ii). (Atta	ach Sche	edule H.)			
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's													
			city, and st	•	•	•					` '	·		
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1)XAXiv). (Complete Part II.)													
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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					1 70(b)(1)(A)(vi). (Complete	e Part II	.)							
9		from a	ictivities rela ment income	ited to its exempt funct	more than 33-1/3 % of tions — subject to certain ss taxable income (less somplete Part III.)	exception	ons. and	1 (2) no i	more th	an 33-1/	3 % of it	s suddort ti	om ar	oss
10		An org	janization or	ganized and operated	exclusively to test for pul	olic safe	ty. See	section	509(a)(4). (see	instruction	ons)		
11		more i	bublicly supp	ported organizations d	exclusively for the benefi lescribed in section 509(a zation and complete lines)(1) or s	section 5	09(a)(2)	tions of . See s	, or carr ection 5	y out the 0 9(a)(3).	purposes Check the	of one box th	or nat
			ype i	b Type II	c ☐ Type III		_		ed		d 🗌	Type III-	Other	
е		By che	ecking this boundation ma	ox, I certify that the or anagers and other that	ganization is not controlle n one or more publicly su	ed direct ipported	ly or ind organiz	lirectly b ations d	y one o escribe	r more o d in sect	disqualification 509(a	ed persons a)(1) or sec	other tion	
f			organization this box	received a written det	ermination from the IRS t	hat is a	Type I,	Type II	or Type	III supp	orting or	ganızatıon,		
g		Since	August 17, 2	2006, has the organiza	tion accepted any gift or	contribi	ution froi	m any o	f the fol	lowing p	ersons?	,		
													Yes	No
		(i) a	person who	o directly or indirectly o	controls, either alone or to upported organization?	ogether	with per	sons de	scribed	ın (II) ar	nd (III)	11g(i)		
				nber of a person desc	• •	••••		•			•	11g (ii)		
		• •	-	•	described in (i) or (ii) abo	ove?	• •			•		11g (iii)		
L				• .	he organizations the orga			to.	•			119(11)		
h					1	1		T			<u> </u>			
	0	Name o Orgar	Supported	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	ls the tion in col. d in your eming ment?	the organ	ou notify nzation in (i) of upport?	organizat (i) organi	s the ion in col. zed in the S ?	(vii) Amoun	t of Supp	port
			·			Yes	No_	Yes	No	Yes	No			
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Total			-											_

Schedule A (Form 990 or 990-EZ) 2008 FREMONT AREA ART ASSOCIATION, INC 47-0615932

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

•	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1.)			
Sec	tion A. Public Support						,
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.').	120,571.	23,621.	21,461.	20,343.	18,430.	204,426.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-3 .	120,571.	23,621.	21,461.	20,343.	18,430.	204,426.
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)						119,773.
	Public support. Subtract line 5 from line 4						84,653.
Sec	tion B. Total Support					· ·-=··	
Calendar year (or fiscal year beginning in) ►		(a) 2004 (b) 2003 (c) 2000				(e) 2008	(f) Total
7	Amounts from line 4	120,571.	23,621.	21,461.	20,343. 18,43		204,426.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.	351.	248.	424.	478.	300.	1,801.
9	Net income form unrelated business activities, whether or not the business is regularly carried on .						0.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10						206,227.
12	Gross receipts from related activi	ties, etc. (see ins	tructions).	• • • •		12	79,299.
	First five years. If the Form 990 is organization, check this box and	stop here		i, third, fourth, or	fifth tax year as a	a section 501(c)(3)
	tion C. Computation of Pu						41 1 2
14 15	Public support percentage for 200 Public support percentage for 200					14 15	41.1%
16a	33-1/3 support test — 2008. If the and stop here. The organization of	organization did i qualifies as a publ	not check the box licly supported org	on line 13, and t ganization.	he line 14 is 33-1/ 	3 % or more, che	ck this box
b	33-1/3 support test — 2007. If the and stop here. The organization of	organization did i qualifies as a publ	not check a box or icly supported org	n line 13, or 16a, ganization	and line 15 is 33-	1/3% or more, che	eck this box
17a	10%-facts-and-circumstances tes or more, and if the organization r the organization meets the 'facts-	neets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here.	. Explain in Part I'	V how
	10%-facts-and-circumstances tes organization meets the 'facts-and	neets the 'facts-ar I-circumstances' 1	nd-circumstances' test. The organiza	test, check this b ation qualifies as	ox and stop here , a publicly support	. Explain in Part I' ed organization.	V how the ▶
18	Private foundation. If the organiz	ation did not chec	k a box on line, I	o, 10a, 100, 1/a,			ructions

Schedule A (Form 990 or 990-EZ) 2008 FREMONT AREA ART ASSOCIATION, INC

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

	(Complete only if you ched	ked the box on lir	ne 9 of Part I.)				
Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
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						
7 a	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
	Public support (Subtract line						
	7c from line 6.)						
Sec	tion B. Total Support		•			<u> </u>	
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Take your (or noon). Dogg,		(-/	(-/			47.0.
q	Amounts from line 6				l .	i i	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is						
10 a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, 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.)	s for the organizat	tion's first, second	I, third, fourth, oi	r fifth tax year as	a section 501(c)(3)	
10 a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, 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.)			I, third, fourth, or	r fifth tax year as	a section 501(c)(3)	▶ □
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10 a b c 11 12 13 14 Sec 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, 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.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu	blic Support I 08 (line 8, column	Percentage (f) divided by line	13, column (f))			
10 a b c 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, 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.) Total support. (add lins 9, 10c, 11, and 12) [First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu	blic Support I 08 (line 8, column 007 Schedule A, l	Percentage (f) divided by line Part IV-A, line 27	13, column (f))		. 15	%
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10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, 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.). Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage for 200 Public support percentage from 2 tion D. Computation of Investment income percentage for 33-1/3 support tests — 2008. If the more than 33-1/3%, check this box	blic Support I 08 (line 8, column 007 Schedule A, in restment Incolumn or 2008 (line 10c, com 2007 Schedule e organization did ox and stop here.	Percentage (f) divided by line Part IV-A, line 27g me Percentag column (f) divided e A, Part IV-A, line I not check the booth	t 13, column (f)) e by line 13, colum e 27h c on line 14, and qualifies as a pub	In (f)) line 15 is more the olicly supported or	15 16 17 18 1an 33-1/3%, and Inganization	% % % % ne 17 is not ►
10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, 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.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage for 200. Public support percentage from 2 Lion D. Computation of Investment income percentage for linvestment income percentage from 33-1/3 support tests — 2008. If the	blic Support I 08 (line 8, column 007 Schedule A, I restment Inco or 2008 (line 10c, co om 2007 Schedule e organization did ox and stop here. e organization did	Percentage (f) divided by line Part IV-A, line 27, me Percentag column (f) divided e A, Part IV-A, line I not check the box The organization	by line 13, column (f)) by line 13, column (f) con line 14, and qualifies as a pub on line 14 or 19a,	In (f)) Ine 15 is more the olicly supported ore and line 16 is mo	15 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	% % % % ne 17 is not ►

Schedule A	(Form 990	or 990-l	EZ) 2008	FREMO	NT AF	REA	ART	ASSO	CIAT	ION,	INC	47-061	.5932	Page 4
Part IV	Supple Part II,	mental line 17	Informa a or 17b	tion. Co ; or Part	mplete	this	s parl	to provide a	ovide iny ot	the	explana addition	47-061 ation required by al information. (s	Part II, line see instruct	e 10; tions)
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2008	Federal Statemen	Federal Statements							
Client 18850	FREMONT AREA ART ASSOCIA	ATION, INC		47-0615932					
1/11/10				09:19AM					
Statement 1 Form 990-EZ, Part I, Line 5c Net Gain (Loss) from Noninven	itory Sales								
Publicly Traded Securitie	<u>s</u>								
Gross Sales Price: Cost or Other Basis:	0. 16,028.								
	Total Gain (Loss) Public	cly Traded Se	curities 🗧	-16,028.					
	Total Net Gain (Loss) Fro	om Noninvento	ry Sales 🖺	-16,028.					
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses									
Advertising and Promotion DUES/SUBSCRIPTIONS. Office Expenses. ProGRAM SERVICE EXPENSES			Total \$	1,780. 506. 1,188. 9,373. 12,847.					
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets									
Miscellaneous		<u>Be</u> <u>\$</u> Total <u>\$</u>	79,000. \$ 79,000. \$	79,000. 79,000.					
Statement 4 Form 990-EZ, Part IV List of Officers, Directors, Trus	tees, and Key Employees								
Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other					
BOBBIE HARVEY	<u>rel week Devoted</u> Director		\$ 0.						
FREMONT, NE 68025	0								
BILL CATTA	Director		0.	0.					
FREMONT, NE	0								
MAXINE TURNER	Treasurer		0.	0.					
FREMONT, NE 68025	0								

2008	Federal Statement	S		Page 2						
Client 18850	FREMONT AREA ART ASSOCIAT	47-0615932								
1/11/10				09:19AM						
Statement 4 (continued) Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees										
Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Account/						
SANDY HINKEL	Director	\$ 0	. \$ 0.	\$ 0.						
FREMONT, NE 68025	0									
BARB TELLATIN	Director	0	. 0.	0.						
FREMONT, NE 68025	0									
MARILYN SHANKS	Director	0	. 0.	0.						
FREMONT, NE 68025	U									
JEN NINETE	Director	0	. 0.	0.						
FREMONT, NE 68025	0									
PAMELA KING	Executive Direc 20.00	12,000	. 0.	0.						
FREMONT, NE 68025	20.00									
COURTNEY MIMICK	Director 0	0	. 0.	0.						
FREMONT, NE 68025	U									
MARY RINGENBERG	Vice President	0	. 0.	0.						
FREMONT, NE 68025	Ü									
LISA NELSON	Secretary	0	. 0.	0.						
FREMONT, NE 68025	U									
JAMIE SEAWALL	President	0	. 0.	0.						
FREMONT, NE 68025	U									
WILMA LORENZ	Director 0	0	. 0.	0.						
EDEMONT NE	U									

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0. \$

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Total \$ 12,000.

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FREMONT, NE

2008	Federal Statements	Page 3
Client 18850	FREMONT AREA ART ASSOCIATION, INC	47-0615932
1/11/10		09:19AM
Statement 5 Form 990-EZ, Part \ Regarding Transfer	VI rs Associated with Personal Benefit Contracts	
(a) Did the orgindirectly, to j	ganization, during the year, receive any funds, directly or pay premiums on a personal benefit contract? ganization, during the year, pay premiums, directly or a personal benefit contract?	No
indirectly, on a	a personal benefit contract?	. No
Į.		