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Form **990-EZ**

Department of the Treasury Internal Revenue Service

2009

OMB No 1545 1150

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

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Open to Public Inspection

B Creek supplicable Anderson charge Name charge Incidental	,	A I	For	he 2009 ca <u>lendar year, or tax ye</u> a	ar beginning 9/01	, 2009, an	d endin	g 8/31		, 2010
Website: N/A Section 501(xX) argumentations and 4927(xXI) nonexempt charitable trusts would be completed Schedule A (Form 9990 or 999-EZ) Cash Accuration would be completed Schedule A (Form 9990 or 999-EZ) Cash Accuration would be completed Schedule A (Form 9990 or 999-EZ) Cash Accuration would be completed Schedule A (Form 9990 or 999-EZ) Cash Accuration would be completed Schedule A (Form 9990 or 999-EZ) Cash Accuration would be completed Schedule A (Form 9990 or 999-EZ) Cash Accuration would be completed Schedule A (Form 9990 or 999-EZ) Cash Accuration would be completed Schedule A (Form 9900 or 999-EZ) Cash Accuration would be completed Schedule A (Form 9900 or 999-EZ) Cash Accuration would be completed Schedule A (Form 9900 or 999-EZ) Cash Accuration would be completed schedule A (Form 9900 or 999-EZ) Cash Accuration would be completed schedule A (Form 9900 or 999-EZ) Cash Accuration would be completed schedule A (Form 9900 or 999-EZ) Cash Accuration would be completed schedule A (Form 9900 or 999-EZ) Cash Accuration would be completed schedule A (Form 9900 or 999-EZ) Cash Cash Accuration would be completed schedule A (Form 9900 or 999-EZ) Cash Cas	Ę	<u>B</u> _	Check						D Employ	er identification number
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**Section 507(c/3) organizations and 4947(a)(1) nonexempt charitable trusts* **Section 507(c/3) organizations and 4947(a)(1) nonexempt charitable trusts* must affach a completed Schedule A (Form 599 or 599-E2). **Website: - M/A Ta-cempt tabus (cherk kerly cen) X 501(n) (3) = (inset les) 4947(a)(1) or 527 Ta-cempt tabus (cherk kerly cen) X 501(n) (3) = (inset les) 4947(a)(1) or 527 Ta-cempt tabus (cherk kerly cen) X 501(n) (3) = (inset les) 4947(a)(1) or 527 Ta-cempt tabus (cherk kerly cen) X 501(n) (3) = (inset les) 4947(a)(1) or 527 Ta-cempt tabus (cherk kerly cen) X 501(n) (3) = (inset les) 4947(a)(1) or 527 Ta-cempt tabus (cherk kerly cen) X 501(n) (3) = (inset les) 4947(a)(1) or 527 Ta-cempt tabus (cherk kerly cen) X 501(n) (3) = (inset les) 4947(a)(1) or 527 Ta-cempt tabus (cherk kerly cen) X 501(n) (3) = (inset les) 4947(a)(1) or 527 Ta-cempt tabus (cherk kerly cen) X 501(n) (3) = (inset les) 4947(a)(1) or 527 Ta-cempt tabus (cherk kerly cen) X 501(n) (3) = (inset les) 500		Ħ			NE 68026-0335				402-	-721-7779
### Special Strick (PC) organizations and 4947(s)(1) nonexempt charitable trusts must attach a completed Schedule & (From 590 or 599-E2) Website: N/A		=		Specime				I.		
**Section 501(c/3) organizations and 4947(a/1) noneempt charitable trusts Website: N/A H Check If the organization is not a section 599(a)(3) supporting organization and its gross receipts are normally not more than \$2,500.4 Across 200 or 599 or 5		=		tions.				'		
Website: N/A	-		фрис		es and 4947/aVI) nonevemnt si	haritable tructs	G	Accounting n		
Website: ► N/A Tan exempts state: (hete (not liven) X 50(c) 3 4 (neset tao) 4947(a)(1) or 527 7990-E2, or 990-PF).	_			must attach a complete	ed Schedule A (Form 990 or 99	O-EZ),		Other (specif	y) ►	
## 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 Form \$90-EZ or Form \$90 return is not required, but if the organization chooses to file a return, be sure to file a complete return. ### Add lines \$5, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form \$90 in the sure to file a complete return. ### Add lines \$5, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form \$90 in the sure to file a complete return. ### Add lines \$5, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form \$90 in the sure to file a complete return. ### Add lines \$1, 20, 34, 5c, 6c, 7c, and \$2, 34, 5c, 5c, 7c, and \$3, 13, 660. ### Add lines of truth growness (distoribe > 9 Total revenue, chalding \$	ı				5014.	4047/ 1/3	[required to a	ittach Sch	organization is not nedule B (Form 990,
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19 207, 061.	_		18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	
Part Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. Cash, savings, and investments 128,061. 22 146,552. 23 24 Other assets (describe ► See Statement 3 79,000. 24 83,471. 25 Total assets 207,061. 25 230,023. 26 Total liabilities (describe ► 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 207,061. 27 230,023.		ŝ	19	Net assets or fund balances at b	beginning of year (from line 27	, column (A)) (must	agree	with end-of-ye	ar	
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22 Cash, savings, and investments 128,061. 22 146,552. 23 Land and buildings 23 24 Other assets (describe ► See Statement 3) 79,000. 24 83,471. 25 Total assets 207,061. 25 230,023. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 207,061. 27 230,023.	E	ra	T II			are \$1,250,000 or r			_	
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26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 207, 061. 27 230, 023.				· · · · · · · · · · · · · · · · · · ·	Lacement 5	,	<u> </u>			
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 207, 061. 27 230, 023.)		201,0		
					of column (B) must soree wit	/ h line 21)		207 (
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		Statement of Program Se		s (See the instruct	ions.)		Expenses
What	is the organ	nization's primary exempt purpose? SE	E BELOW			(Reg 5017	uired for section
Desc	ribe wha ribe the s ram title.	it was achieved in carrying out this services provided, the number of	e organization's exempt purpopersons benefited, or other r	oses. In a clear and cor elevant information for	ncise manner, each	orga 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers.)
28		LITATE OPPORTUNITIES	FOR AND APPRECIATI	ON OF ART		10. 0	110.13.7
					 -	1	
	(Grants	\$) If th	is amount includes foreign gr	ants, check here		28a	67,340.
29	7		<u> </u>				
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	(Grants	Ś) If th	s amount includes foreign gr	ants check here		29 a	
30	Taranis	7	is amount includes foreign gr	dita, check fiere	· · ·		
-					-	1	
						1	
	(Grants	\$) If th	is amount includes foreign gr	ants, check here		30 a	
31		rogram services (attach schedule		· · · · · · · · · · · · · · · · · ·			
	(Grants	\$) If th	is amount includes foreign gr	ants, check here	_► □	31 a	_
32		ogram service expenses (add lin				32	67,340.
Par	t IV	List of Officers, Directors	, Trustees, and Key En	iployees. List each o	ne even if not con	npens	ated. (See the instrs.)
			(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account and other allowances
	(a	a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensa	ns and Ition	and other allowances
			to position.		dolorida dollipalida		
See	State	ement 4		12,000.		0.	0.
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47-0615932

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Form 990-EZ (2009) FREMONT AREA ART ASSOCIATION, INC

	m 990-EZ (2009) FREMONT AREA ART ASSOCIATION, INC 47-061593			age_
<u>ra</u>	Other Information (Note the statement requirements in the instrs for Part V.) See Sta	atem		
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			_v
24	each activity Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	33		X
	•	34	-	
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 why the organization did not report the income on Form 990-T			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			,,
	reporting, and proxy tax requirements?	35a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	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	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 0.			
	b Did the organization file Form 1120-POL for this year?	37Ь		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 period covered by this return?	38a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
30	Section 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. 39b N/A			
	a Section 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40Ь		Х
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization	400		
,	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
•	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed 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		Х
41	List the states with which a copy of this return is filed None			
42:	a The organization's books are in care of ► MAXINE TURNER Telephone no ► 402-72	21-77	779	
	Located at ► 92 WEST 6TH STREET FREMONT NE ZIP + 4 ► 68025		· ·	
١	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)?		Yes	No
	If 'Yes,' enter the name of the foreign country:	42b		X
	The state the hame of the foreign country.			
-			1	···· ··
	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.?	42c	1	Х
	If 'Yes,' enter the name of the foreign country:	<u></u>		
4-	0.1.4.407(2)(2)			
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
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead		T	
	of Form 990-EZ	44	- 1	Х

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Form 990-EZ (2009)	FREMONT	AKEA	ART	ASSOCIATION.	INC

May the IRS discuss this return with the preparer shown above? See instructions

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47-0615932

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►|X| Yes | No

Form 990-EZ (2009)

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section Part VI 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 47 X Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b if 'Yes,' was the related organization a section 527 organization? 49 b 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.' (d) Contributions to employe benefit plans and deferred compensation (b) Title and average (e) Expense (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position account and other allowances None 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 None d Total number of other independent contractors each receiving over \$100,000 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 Type or print name and title Preparer's Identifying Number (See instructions) Date Paid 13/11 selfsignature P00126566 employed Pre-Firm's name (or yours if selfparer's 1270 employed), address, and ZIP + 4 Box 47-0358808 Use FIN Only Fremont, NE 68026-1270 721-3454 Phone no

SCHÈDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545 0047 2009

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

FREMONT AREA ART ASSOCIATION, INC 47-0615932 Part | 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 cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X 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.) 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 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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. Type III - Functionally integrated Type III- Other 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No 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? **(i)** 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organizations (iii) Type of organization (v) Did you notify (i) Name of Supported (vi) Is the organization in col (i) organized in the US? (in EIN (iv) Is the (vii) Amount of Support described on lines 1 9 above or IRC section (see instructions)) rganization in col the organization col (i) of your support? governing document? Yes No Yes No Yes No Total

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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.)

Sec	tion A. Public Support								
begi	endar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	23,621.	21,461.	20,343.	18,430.	64,859.	148,714.		
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-through 3	23,621.	21,461.	20,343.	18,430.	64,859.	148,714.		
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)				ŕ		51,325.		
6	Public support. Subtract line 5 from line 4						97,389.		
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	23,621.	21,461.	20,343.	18,430.	64,859.	148,714.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	248.	424.	478.	300.	3,027.	4,477.		
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	Total support. Add lines 7 through 10				1		153,191.		
12	Gross receipts from related activi	ties, etc. (see insti	ructions)			12	69,730.		
	First five years. If the Form 990 is organization, check this box and	stop here.		third, fourth, or	fifth tax year as a	section 501(c)(3)	<u> </u>		
	tion C. Computation of Pu			117777					
	Public support percentage for 200 Public support percentage from 2	-		i i, column (i)		14	63.6%		
	33-1/3 support test - 2009. If the	organization did n	ot check the box	on line 13, and th	e line 14 is 33-1/3	LL.,	this box		
b	and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test — 2008. 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	a 10%-facts-and-circumstances test — 2009 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.								
	10%-facts-and-circumstances tes or more, and if the organization n organization meets the 'facts-and	neets the 'facts-an -circumstances' te	d-circumstances' t est. The organizat	est, check this bo tion qualifies as a	ox and s top here. I publicly supported	Explaın ın Part IV I d organization.	how the		
18 3AA	Private foundation. If the organiza	ation did not check	a box on line, 13	, 16a, 16b, 17a, o		box and see instruited the box and see instruited by the box and see instruction by t			

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.) Section A. Public Support Calendar year (or fiscal yr beginning in)► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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.) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form sımılar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 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.) 13 Total support. (add ins 9, 10c, 11, and 12) 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 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or 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 /	A (Forn	n 990 or 9	90-EZ) 2	2009	FREN	TOON	AREA	ART	ASSC	CIAT	ION,	INC		4	7-061	5932		Page 4
Part IV	Sup	plemen II, line	tal Info	rmat	ion. C	ompl	ete th	is par	t to p	rovide	the	explana	ations	requi	red by	Part II	, line 1	0;
	Part	II, line	17a or	17b;	and F	Part II	II, Iine	12. P	rovide	e any	other	additio	onal ı	nforma	ation.	See ins	structio	ns.
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2009	Federal Statements	Page 1
Client 18850	FREMONT AREA ART ASSOCIATION, INC	47-0615932
1/10/11		12.57PM
Statement 1 Form 990-EZ, Part I, Line 5c Net Gain (Loss) from Noninven	tory Sales	
Publicly Traded Securitie	es	
Gross Sales Price: Cost or Other Basis:	14,230. 0.	
	Total Gain (Loss) Publicly Traded Securities	\$ 14,230.
	Total Net Gain (Loss) From Noninventory Sales	\$ 14,230.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses		
Advertising and Promotion Depreciation DUES/SUBSCRIPTIONS Office Expenses ProGRAM SERVICE EXPENSES	Total	1,109. 343. 513. 1,431. 11,108. 14,504.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets		
Furniture and Fixtures Miscellaneous	Beginning \$ 0. 79,000. Total \$ 79,000.	\$ 4,814. 78,657.
Statement 4 Form 990-EZ, Part IV List of Officers, Directors, Trust	tees, and Key Employees	
Name and Address	Title and Contri Average Hours Compen- bution Per Week Devoted sation EBP & D	to Account/
BOBBIE HARVEY	Director \$ 0.\$	0. \$ 0.
FREMONT, NE 68025	v	
CHRIS BRISTOL	Director 0.	0. 0.
FREMONT, NE	U	
		•

009	Federal Statements	5		Page 2
lient 18850	FREMONT AREA ART ASSOCIATI	ON, INC		47-0615932
/10/11				12 57PM
Statement 4 (continued) 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	
MAXINE TURNER	Treasurer \$			
FREMONT, NE 68025	0			
MYRNA MEISTER	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	0			
STEVEN EISENMEYER	Director	0.	0.	0.
FREMONT, NE 68025	0			
PAMELA KING	Executive Direc	12,000.	0.	0.
FREMONT, NE 68025	20.00			
PAM HYNEK	Director	0.	0.	0.
FREMONT, NE 68025	0			
MARY RINGENBERG	Vice President	0.	0.	0.
FREMONT, NE 68025	U			
LISA NELSON	Secretary	0.	0.	0.
FREMONT, NE 68025	U			
TAMMY ROGERS	President	0.	0.	0.
FREMONT, NE 68025	U			
JEFF HOFFMAN	Director	0.	0.	0.
FREMONT, NE	O			
DAN ROSENBAUM	Director	0.	0.	0.
FREMONT, NE 68025	0			

2009	Federal Statements	Page 3
Client 18850	FREMONT AREA ART ASSOCIATION, INC	47-0615932
1/10/11		12 57PM
Statement 4 (continu Form 990-EZ, Part IV List of Officers, Direc	ctors, Trustees, and Key Employees	
Name and	Title and Contri- Average Hours Compen- bution to Address Per Week Devoted sation EBP & DC	Expense Account/ Other
JOAN SORENSEN RON	NAN Director \$ 0. \$ 0.	
FREMONT, NE 68025	0 5	
	Total <u>\$ 12,000.</u> <u>\$ 0.</u>	\$ 0.
<pre>(a) Did the orga indirectly, to pa (b) Did the orga</pre>	Associated with Personal Benefit Contracts anization, during the year, receive any funds, directly or any premiums on a personal benefit contract? anization, during the year, pay premiums, directly or personal benefit contract?	No No