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▶ 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*

Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☒

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	173,742	22	200,301
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .	634	24	1,731
25	Total assets . . . . .	174,376	25	202,032
26	Total liabilities (describe in Schedule O) . . . . .		26	400
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	174,376	27	201,632

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

☐

What is the organization's primary exempt purpose? SEE "A" BELOW		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	PROMOTION AND INDUCEMENT OF GENERAL COMMERCIAL ACTIVITY IN THE FREMONT AREA (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	168,695
29			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . .	32	168,695

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
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) . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions) . . . . .	35b	
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 . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
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 . . . . .	40b	
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 . . . . . ▶		
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 . . . . .	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ PAT LANGAN Telephone no ▶ (402) 753-8126 400 E MILITARY AVE Located at ▶ FREMONT, NE ZIP + 4 ▶ 68025		
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 ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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 must be completed instead of Form990-EZ		No
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		No

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.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	
49b	If "Yes," was the related organization a section 527 organization?	

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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(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

51(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		2011-05-24 Date			
	STEVE HULL, PRESIDENT Type or print name and title					
Paid Preparer's Use Only	Preparer's signature	BRENDA J VAMPOLA	Date	2011-05-24	Preparer's taxpayer identification number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	SHAW HULL & NAVARRETTE CPA'S PC 637 NORTH PARK AVENUE FREMONT, NE 680255035				EIN
						Phone no (402) 721-7662
May the IRS discuss this return with the preparer shown above? See instructions						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Additional Data

Software ID:

Software Version:

EIN: 23-7401511

Name: GREATER FREMONT DEVELOPMENT COUNCIL










Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
STEVE HULL SHAW HULL & NAVARRETTE 637 N PARK AVE FREMONT, NE 68025	PRESIDENT 5 00	0		
MARLIN BRABEC DON PETERSON & ASSOCIATES PO BOX 1268 FREMONT, NE 68025	TRUSTEE 000 00	0		
ROGER BRACKHAN LOU'S SPORTING GOODS PO BOX 509 FREMONT, NE 68025	TRUSTEE 000 00	0		
TOM CHRISTENSEN CHRISTENSEN LUMBER 714 S MAIN STREET FREMONT, NE 68025	TRUSTEE 000 00	0		
CHARLIE DIERS DIERS FORD-LINCOLN-MERCURY PO BOX 485 FREMONT, NE 68025	TRUSTEE 000 00	0		
BILL DUGAN LATTIN-DUGAN-CHAMBERS FUNERAL HOME 751 NORTH LINCOLN FREMONT, NE 68025	TRUSTEE 000 00	0		
BILL EKELER OVERLAND PRODUCTS CO INC PO BOX 567 FREMONT, NE 68025	TRUSTEE 000 00	0		
BEN SIEBLER SIEBLER & SCHMEICHEL RETIREMENT PLAN 1910 N BELL FREMONT, NE 68025	VICE PRESIDE 5 00	0		
PAUL GIFFORD GIFFORD REALTY INC PO BOX 926 FREMONT, NE 68025	TRUSTEE 000 00	0		
BERRY BENSON FREMONT NATIONAL BANK & TRUST CO PO BOX 228 FREMONT, NE 68025	TRUSTEE 000 00	0		
DOUG HEIM PINNACLE BANK PO BOX 668 FREMONT, NE 68025	TRUSTEE 000 00	0		
DON HINDS D&D INVESTMENT CO INC PO BOX 661 FREMONT, NE 68025	TRUSTEE 000 00	0		
JIM HOSHER RETIREEE-FREMONT NATIONAL BANK 2031 PARKVIEW FREMONT, NE 68025	TRUSTEE 000 00	0		
RON KRANZ FIRST STATE BANK & TRUST CO PO BOX 549 FREMONT, NE 68025	TRUSTEE 000 00	0		
MICHAEL ARPS ARPS RED-E-MIX INC 250 W VINE ST FREMONT, NE 68025	TRUSTEE 000 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ROB KREIKEMEIER RK AERIALS 870 S BROAD STREET FREMONT, NE 68025	TRUSTEE 000 00	0		
NICK LAMME YOST SCHAFERSMAN LAW OFFICES 81 WEST 5TH STREET FREMONT, NE 68025	TRUSTEE 000 00	0		
STEVE LEONARD MCDONALDS PO BOX 1347 FREMONT, NE 68025	TRUSTEE 000 00	0		
SCOTT MEISTER PINNACLE BANK PO BOX 668 FREMONT, NE 68026	MEMBER AT LA 5 00	0		
SHEILA O'CONNOR METRO COMMUNITY COLLEGE PO BOX 3777 FREMONT, NE 68025	TRUSTEE 000 00	0		
JAMES PAULSON LALLMAN PAULSON BRETTMAN INC PO BOX 672 FREMONT, NE 68025	TRUSTEE 000 00	0		
RUSS PETERSON JR NYE SQUARE RETIREMENT COMMUNITY 650 W 21ST STREET FREMONT, NE 68025	TRUSTEE 000 00	0		
STEVE PRIBNOW ERICKSON & BROOKS CPA PO BOX 1270 FREMONT, NE 68025	TRUSTEE 000 00	0		
JERRY RINNE FREMONT FAMILY YMCA 810 N LINCOLN AVE FREMONT, NE 68025	TRUSTEE 000 00	0		
RONNIE SCHULTZ PATHFINDER COMPANY FARM MANAGEMENT 1416 E 23RD STREET FREMONT, NE 68025	TRUSTEE 000 00	0		
DON SCOTT NATURA MANUFACTURING INC 2779 RADEMAKERS WAY FREMONT, NE 68025	TRUSTEE 000 00	0		
MARY SENDGRAFF ALLIED APPLIANCE INC 1234 EAST 16TH STREET FREMONT, NE 68025	TRUSTEE 000 00	0		
DONNIE TEMPERLEY HORMEL FOODS CORP PO BOX 69 FREMONT, NE 68025	TRUSTEE 000 00	0		
BILL VOBEJDA FREMONT TRIBUNE PO BOX 9 FREMONT, NE 68025	TRUSTEE 000 00	0		
RICHARD WIKERT R&M COMPANIES 340 EAST MILITARY FREMONT, NE 68025	TRUSTEE 000 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
LES SHALLBERG FREMONT ELECTRIC INC  1245 HILLS RD FREMONT, NE 68025	PAST PRESIDE 5 00	0		
KATHIE NATHAN DODGE COUNTY TITLE & ESCROW  549 N MAIN STREET FREMONT, NE 68025	TRUSTEE 000 00	0		
DAVID MITCHELL YOST SCHAFERSMAN LAW OFFICES  81 WEST 5TH STREET FREMONT, NE 68025	SECRETARY/TR 5 00	0		
KEVIN WILKINS GREATER FREMONT DEVELOPMENT COUNCIL  PO BOX 472 FREMONT, NE 68025	FORMER EX D 40 00	40,422		
DAVE HANEN FREMONT AREA MEDICAL CENTER  450 E 23RD STREET FREMONT, NE 68025	TRUSTEE 000 00	0		
RALPH KNOBBE KRIZ-DAVIS CO  PO BOX 570 FREMONT, NE 68025	TRUSTEE 000 00	0		
DEL MEYER KHUB/KFMT/KBLR/ NRG MEDIA LLC  PO BOX 669 FREMONT, NE 68025	TRUSTEE 000 00	0		
RON WEAKLEND FIRST STATE BANK & TRUST CO  PO BOX 549 FREMONT, NE 68025	TRUSTEE 000 00	0		
PAT LANGAN GREATER FREMONT DEVELOPMENT COUNCIL  PO BOX 472 FREMONT, NE 68026	EXECUTIVE DI 40 00	54,833		



SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

<b>Name of the organization</b> GREATER FREMONT DEVELOPMENT COUNCIL	<b>Employer identification number</b> 23-7401511
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Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	MISCELLANEOUS INCOME 1,693 TOTAL 1,693

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES CONFERENCE EXPENSES 6,259 COPIES AND SUPPLIES 1,135 TELEPHONE/CELL/INTERNET 4,899 POSTAGE 428 AWARDS & RECOGNITION 185 HOSTING 5,455 MARKETING/ADVERTISING 244 VEHICLE EXPENSE 7,751 DUES & SUBSCRIPTIONS 2,656 OFFICE EXPENSES 1,327 MISC 420 WORKMANS COMP 562 INSURANCE 249 TOTAL 31,570

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	EQUIPMENT & DEPRECIABLE ASSETS 11,477 13,091 LESS ACCUMULATED DEPRECIATION 10,843 11,360 TOTAL 634 1,731

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	PREPAID MEMBERSHIPS 0 400

Form

4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment  
Sequence No 67

Department of the Treasury  
Internal Revenue Service (99)

See separate instructions.

Attach to your tax return.

Name(s) shown on return GREATER FREMONT DEVELOPMENT COUNCIL	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 23-7401511
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	500,000
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562 . . . . .	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 .	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	281

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010 . . . . .	17	75
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,614	5 0	HY	S/L	161
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions . . . . .	22	517
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2010 tax year (see instructions)					
43 A mortization of costs that began before your 2010 tax year				43	
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	

TY 2010 Compensation Explanation

**Name:** GREATER FREMONT DEVELOPMENT COUNCIL  
**EIN:** 23-7401511

Person Name	Explanation
STEVE HULL SHAW HULL NAVARRETTE	
MARLIN BRABEC DON PETERSON ASSOCIATES	
ROGER BRACKHAN LOUS SPORTING GOODS	
TOM CHRISTENSEN CHRISTENSEN LUMBER	
CHARLIE DIERS DIERS FORDLINCOLNMERCURY	
BILL DUGAN LATTINDUGANCHAMBERS FUNERAL HOME	
BILL EKELER OVERLAND PRODUCTS CO INC	
BEN SIEBLER SIEBLER SCHMEICHEL RETIREMENT PLAN	
PAUL GIFFORD GIFFORD REALTY INC	
BERRY BENSON FREMONT NATIONAL BANK TRUST CO	
DOUG HEIM PINNACLE BANK	
DON HINDS DD INVESTMENT CO INC	
JIM HOSHER RETIREEFREMONT NATIONAL BANK	
RON KRANZ FIRST STATE BANK TRUST CO	
MICHAEL ARPS ARPS REDEMIX INC	
ROB KREIKEMEIER RK AERIALS	
NICK LAMME YOST SCHAFERSMAN LAW OFFICES	
STEVE LEONARD MCDONALDS	
SCOTT MEISTER PINNACLE BANK	
SHEILA OCONNOR METRO COMMUNITY COLLEGE	
JAMES PAULSON LALLMAN PAULSON BRETTMAN INC	
RUSS PETERSON JR NYE SQUARE RETIREMENT COMMUNITY	
STEVE PRIBNOW ERICKSON BROOKS CPA	
JERRY RINNE FREMONT FAMILY YMCA	
RONNIE SCHULTZ PATHFINDER COMPANY FARM MANAGEMENT	
DON SCOTT NATURA MANUFACTURING INC	
MARY SENDGRAFF ALLIED APPLIANCE INC	
DONNIE TEMPERLEY HORMEL FOODS CORP	
BILL VOBJDA FREMONT TRIBUNE	
RICHARD WIKERT RM COMPANIES	
LES SHALLBERG FREMONT ELECTRIC INC	
KATHIE NATHAN DODGE COUNTY TITLE ESCROW	
DAVID MITCHELL YOST SCHAFERSMAN LAW OFFICES	
KEVIN WILKINS GREATER FREMONT DEVELOPMENT COUNCIL	
DAVE HANEN FREMONT AREA MEDICAL CENTER	
RALPH KNOBBE KRIZDAVIS CO	
DEL MEYER KHUBKFMTKBLR NRG MEDIA LLC	
RON WEAKLEND FIRST STATE BANK TRUST CO	
PAT LANGAN GREATER FREMONT DEVELOPMENT COUNCIL	