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As Filed Data -

DLN: 93492145005021

OMB No 1545-1150

Open to Public Inspection

990-EZ

Department of the Treasury

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)

Short Form

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

Internal Revenue Service A For the 2010 calendar year, or tax year beginning 02-01-2010 and ending 01-31-2011 Check if applicable C Name of organization D Employer identification number GREATER FREMONT DEVELOPMENT COUNCIL Address change 23-7401511 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number PO BOX 472 Initial return (402) 753-8126 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return FREMONT, NE 680260472 Number 🟲 Application pending Cash Accrual Other (specify) **G** Accounting method I Website:► <u>w</u>ww.gFDC NET Check 🕨 🔽 if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check If the organization is not a section 509(a)(3) supporting 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

IIIOIE	, 1110	Toffit 990 lifstead of Form 990-EZ			<b>-</b> 4		193,931
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Bala Check if the organization used Schedule O to respond to any question in this P		(See t	he instruc	tions for Pa	art I )
	1	Contributions, gifts, grants, and similar amounts received				1	
	2	Program service revenue including government fees and contracts				2	
	3	Membership dues and assessments				3	194,050
	4	Investment income				4	208
	5a	Gross amount from sale of assets other than inventory	5a				
<u>a</u>	ь	Less cost or other basis and sales expenses	5b			7	
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line	e 5a)			5c	
ě Š	6	Gaming and fundraising events					
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a				
	b	Gross income from fundraising events (not including \$ _of contributions from fun reported on line 1) (attach Schedule G if the sum of such gross income and cont \$15,000)		_			
	c	Less direct expenses from gaming and fundraising events	6с				
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b a	nd sub	tract lı	ne 6 c )	6d	
	7a	Gross sales of inventory, less returns and allowances	7a				
	ь	Less cost of goods sold	7b				
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	•			7c	
	8	Other revenue (describe in Schedule O)				8	1,693
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•			9	195,951
	10	Grants and similar amounts paid (list in Schedule O)				10	
	11	Benefits paid to or for members			•	11	
	12	Salaries, other compensation, and employee benefits				12	135,479
ů,	13	Professional fees and other payments to independent contractors				13	1,129
el s	14	Occupancy, rent, utilities, and maintenance				14	517
Expenses	15	Printing, publications, postage, and shipping				15	
_	16	Other expenses (describe in Schedule O)				16	31,570
	17	Total expenses. Add lines 10 through 16				17	168,695
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	27,256
Net.Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mus	st agre	e with			-
t.A.5		end-of-year figure reported on prior year's return)				19	174,376
Ž	20	Other changes in net assets or fund balances (explain in Schedule O)				20	,
	21	Net assets or fund balances at end of year Combine lines 18 through 20 .			. •	21	201,632

Part II Balance Sheets Check if the organization used	Schedule O to respond to a	ny question in t	hıs Part II	•	
(See the instruct	tions for Part II)		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			173,742	2 22	200,301
23 Land and buildings				23	
24 Other assets (describe in Schedule O	)		634	1 24	1,731
25 Total assets			174.376	+	202,032
26 Total liabilities (describe in Schedule	0)			26	400
27 Net assets or fund balances (line 27 o	,	uline 21)	174,376	+ +	201,632
Part III Statement of Program			271,07	<u> </u>	Expenses
Check if the organization used	-		his Part III . 🔽	(Re	quired for section 501
What is the organization's primary exempt SEE "A" BELOW  Describe what was achieved in carrying ou describe the services provided, the numbe program title	t the organization's exempt	•		org - 49	(3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)
28 PROMOTION AND INDUCEMENT OF (Grants \$ ) If the	GENERAL COMMERCIAL A s amount includes foreign gi			28a	168,695
30 (Grants \$ ) If the	s amount includes foreign gi	rants, check her	re ▶ ┌	29a 30a	
31 O ther program services (describe in Sc (Grants \$ ) If thi	hedule O) s amount includes foreign gi	rants, check her		31a	
32 Total program service expenses (add lin	es 28a through 31a) .		<b>⊳</b>	32	168,695
Part IV List of Officers, Directors, Tru Check if the organization used			, ,	struction -	ns for Part IV)
	(b) Title and average	(c) Compensa		is to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid enter -0)			account and other allowances
See Additional Data Table					

Pa	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	1.03	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 or Form 990-T			
а	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
ь	If "Yes," has it filed a tax return on Form 990-T 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 F			
b	Did the organization file Form 1120-POL for this year?	37b		Νο
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		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1		
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			
е	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	<b>►</b> (40	)2)753	-8126
	400 E MILITARY AVE  Located at ► FREMONT, NE ZIP + 4	<b>►</b> 6	8025	
ь	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 No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		Νo
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •		<b>▶</b> 「
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		Νo
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation	44c		No
	ın Schedule O	1	I	1

	EZ (2010)						Yes	Page 4
<b>45</b> Is an	ıy related organızatıon a controlle	ad antity of the organizat	ion within the meaning o	faction 512	(h)(13)2 <i>Tf</i>		165	140
	Form 990 and Schedule R must be	· · · · · · · · · · · · · · · · · · ·	_	r section 512	.(0)(13)* 11	45		No
	he organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>		•			4-		
	he organization engage, directly					45a		Νο
	ıdates for public office? If "Yes,"					46		Νo
Part VI	Section 501(c)(3) orga All section 501(c)(3) organ			_			-	etione
	47-49b and 52.			•	e d'uses muse	answ	er que	-
	Check if the organization used	Schedule O to respond	to any question in this P	'art V I .		· ·	Yes	No
1 <b>7</b> D.J.	h		amalata Cabadula C. Dav	<del>.</del>		47		
	he organization engage in lobbyir e organization a school described					48		
	he organization make any transfe					49a		
	es," was the related organization					49b		
	plete this table for the organization			than officers	. directors . trus	tees a	nd kev	
	oyees) who each received more t	han \$100,000 of compe		ation If there	e is none, entei	r "None	e "	
	and address of each employee	<b>(b)</b> Title and average hours per week	(c) Compensation	employee b	ributions to enefit plans &	a	e) Exper count a	and
	Ta more than \$100,000	devoted to position		deferred co	ompensation	othe	r allowa	nces
<b>50(f)</b> Tot	al number of other employees pa	ıd over \$100,000 .				<u> </u>		
<b>1</b> Comp	al number of other employees pa plete this table for the organization mpensation from the organization	on's five highest compen		ractors who e	 ach received π	nore th	an \$10	0,000
i <b>1</b> Comp	plete this table for the organization	on's five highest compen n Ifthere is none, enter	'None "	,	ach received m		an \$10	
1 Comp	plete this table for the organization mpensation from the organization	on's five highest compen n Ifthere is none, enter	'None "	,				
1 Comp	plete this table for the organization mpensation from the organization	on's five highest compen n Ifthere is none, enter	'None "	,				
1 Comp	plete this table for the organization mpensation from the organization	on's five highest compen n Ifthere is none, enter	'None "	,				
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61 Comp	plete this table for the organization mpensation from the organization	on's five highest compen n Ifthere is none, enter	'None "	,				
of composition (a) N	plete this table for the organization mpensation from the organization ame and address of each indeper	on's five highest compen n If there is none, enter ndent contractor paid mo	'None " re than \$100,000	,				
61 Composition of column (a) N	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Sche	on's five highest compen If there is none, enter indent contractor paid mo contractors each receiving	'None " re than \$100,000  g over \$100,000	( <b>b)</b> Type	of service	(c) C	ompen	trusts
61 Composition (a) N	plete this table for the organization mpensation from the organization ame and address of each independent of other independent of	on's five highest compen If there is none, enter indent contractor paid mo contractors each receiving	'None " re than \$100,000  g over \$100,000	( <b>b)</b> Type	of service	(c) C	ompen	trusts
(a) N  (a) N  (a) N  (b) Tot  (c) Dic  mu  moder penal  mowledge a	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Scheist attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and completed, and correct, and completed schedule.	on's five highest compendent of there is none, enternated the contractor paid monopole on the contractors each receiving the contractors each receiving the contractors and the contractors each receiving the contractor	'None " re than \$100,000  g over \$100,000  on 501(c)(3) organizatio  luding accompanying scho	(b) Type	of service  (a)(1) nonexen	npt cha	aritable (es	trusts
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of composition (a) No.  (a) No.  (b) (a) No.  (c) (a) No.  (c) (a) No.  (d) Total (c) No.  (d) Total (c) No.  (e) (d) No.  (e) (d) Total (c) No.  (e) (d) No.	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Schelist attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is the organization complete Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete schedule lities of perjury.	on's five highest compendent of there is none, enternated the contractor paid monopole on the contractors each receiving the contractors each receiving the contractors and the contractors each receiving the contractor	'None " re than \$100,000  g over \$100,000  on 501(c)(3) organizatio  luding accompanying scho	(b) Type  ons and 4947 edules and statis based on al	of service  (a)(1) nonexen  itements, and to information of	npt cha	aritable (es	trusts
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51 Composition of column o	al number of other independent of the organization ame and address of each independent of the organization complete. Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is the complete of officer    STEVE HULL PRESIDENT   Type or print name and title	on's five highest compendent of the second modern contractor paid modern contractors each receiving a contractors each receiving a contractor of the second complete. Declaration of present complete.	re than \$100,000  g over \$100,000  on 501(c)(3) organizatio	(b) Type  ons and 4947  edules and sta is based on al	of service  (a)(1) nonexen  tements, and to l information of	npt cha	aritable /es st of my prepare	trusts No
51 Composition of column (a) N  51(d) Totic mu  nder penal	al number of other independent of the organization ame and address of each independent of the organization complete. Schedule littles of perjury, I declare that I have and belief, it is true, correct, and complete is the strue, correct, and complete is the series of perjury. I declare that I have and belief, it is true, correct, and complete is the series of perjury. I declare that I have and belief, it is true, correct, and complete is signature of officer.    STEVE HULL PRESIDENT   Type or print name and title	on's five highest compendent of there is none, enternation paid modern contractor paid modern contractors each receiving the distribution of the complete. Declaration of present the present complete co	re than \$100,000  g over \$100,000  on 501(c)(3) organizatio	(b) Type  ons and 4947  edules and sta is based on al	of service  (a)(1) nonexen  tements, and to l information of	npt cha the be which	ompens aritable fes  st of my prepare	trusts No

#### 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	(C) Compensation	(D) Contributions to	(E) Expense
	hours per week devoted to position	(If not paid, enter -0)	employee benefit plans &	account and other allowances
		,	deferred compensation	
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 TO 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 RETIREE-FREMONT NATIONAL BANK 2031 PARKVIEW FREMONT, NE 68025	TRUSTEE 000 00	0		
RON KRANZ FIRST STATE BANK & TRUST CO D PO BOX 549 FREMONT, NE 68025	TRUSTEE 000 00	0		
MICHAEL ARPS ARPS RED-E-MIX INC 20 250 W VINE ST FREMONT, NE 68025	TRUSTEE 000 00	0		

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

Form 990EZ, Part IV - List of Off	<u> </u>	<u> </u>		
(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 1 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 1 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 D 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 DO BOX 549 FREMONT, NE 68025	TRUSTEE 000 00	0		
PAT LANGAN GREATER FREMONT DEVELOPMENT COUNCIL D PO BOX 472 FREMONT, NE 68026	EXECUTIVE DI 40 00	54,833		

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As Filed Data -

DLN: 93492145005021

OMB No 1545-0047

2010

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

**SCHEDULE 0** 

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.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization GREATER FREMONT DEVELOPMENT COUNCIL

**Employer identification number** 

23-7401511

ldentifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	MISCELLANEOUS INCOME 1,693 TOTAL 1,693

ldentifier	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

ldentifier	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

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

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**Depreciation and Amortization** 

(Including Information on Listed Property)

DLN: 93492145005021

OMB No 1545-0172

Department of the Treasury

Form 4562

Attachment

See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** GREATER FREMONT DEVELOPMENT COUNCIL INDIRECT DEPRECIATION 23-7401511 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount See the instructions for a higher limit for certain businesses 1 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 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 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 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. 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 15** Property subject to section 168(f)(1) election **16** Other depreciation (including ACRS) 281 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 (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property 1,614 HYS/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 27 5 yrs ММ S/L h Residential rental property 27 5 yrs мм S/L 39 yrs мм S/L i Nonresidential real property ΜМ 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 ММ S/L 40 yrs 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 22 517 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

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.

(a) (b) Business/ (d) (e) (f) (f) (Type of property (list Date placed in Investment Cost or other (business/investment Cost) (husiness/investment Cost) (hus	es," is the  g) hod/ ention  25  r," or rel ompleting	e evidence (h Depreci deduc	yritten? ) ation/ ttion	Yes see vehicle	(i) Elected ection 179 cost
(a) (b) Date placed in investment use percentage percentage which dispersed to the percentage percentage basis for depreciation (business/investment use only) and percentage percentage percentage basis (business/investment use only) and percentage percentage basis (business/investment use only) and percentage percentage basis (business/investment use only) and percentage basis (business use 26 Property used more than 50% in a qualified business use 27 Property used more than 50% in a qualified business use 28 Property used 50% or less in a qualified business use 29 Property used 50% or less in a qualified business use 29 Property used 50% or less in a qualified business use 29 Property used 50% or less in a qualified business use 29 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or l	g) hod/ ention  25  r," or rel mpleting	(h) Deprecial deduction de	s on for those	e vehicle	(i) Elected ection 179 cost
(a) Date placed in service whether the property (list vehicles first) which service whether service during the tax year and used more than 50% in a qualified business use  25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use  26 Property used more than 50% in a qualified business use  27 Property used 50% or less in a qualified business use  27 Property used 50% or less in a qualified business use  28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	r," or rel	29 Plated persthis section (d)	s on for those	e vehicle	Elected ection 179 cost
26 Property used more than 50% in a qualified business use	r," or rel	elated pers this section (d)	for those	:)	(f)
27 Property used more than 50% in a qualified business use	r," or rel	elated pers this section (d)	for those	:)	(f)
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27 Property used 50% or less in a qualified business use	r," or rel	elated pers this section (d)	for those	:)	(f)
%   %	r," or rel	elated pers this section (d)	for those	:)	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	r," or rel	elated pers this section (d)	for those	:)	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	r," or rel	elated pers this section (d)	for those	:)	(f)
Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner from you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner from you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete in Section C to see if you meet an exception to see if you meet an exception to complete in Section C to see if you meet an exception to see if you meet an exception to complete in Section C to see if you meet an exception to see if you meet an exception to complete in Section B for vehicles owners or related person?  Section C—Questions for Employers Who Provide Vehicles for Use the sequence of the provide vehicles of the provide vehicles of the sequence of the provide vehicles of the pro	r," or rel	elated pers this section (d)	for those	:)	(f)
Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to or  30 Total business/investment miles driven during the year (do not include commuting miles)	mpleting	elated pers this section (d)	for those	:)	(f)
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner from your provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section C to see if you meet an exception to complete the your devehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete the your developed your meet an exception to complete the your meet an exception to complete your meet an exception to complete your meet an exception to complete year.  31 Total commuting miles driven during the year and lines 30 through 32	mpleting	this section (d)	for those	:)	(f)
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30 Total business/investment miles driven during the year (do not include commuting miles)		(d)	(е	:)	(f)
year (do not include commuting miles)	3 V 6	ehicle 4	Vehic	le 5	
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					
33 Total miles driven during the year Add lines 30 through 32					
33 Total miles driven during the year Add lines 30 through 32					
through 32					
during off-duty hours?					
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 Answer these questions to determine if you meet an exception to completing Section B for vehicles owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or metal.	o Yes	es No	Yes	No	Yes No
owner or related person?					
Section C—Questions for Employers Who Provide Vehicles for Us Answer these questions to determine if you meet an exception to completing Section B for vehicles 5% owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?					
Answer these questions to determine if you meet an exception to completing Section B for vehicles owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?					
<ul> <li>37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?</li> <li>38 Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or maintain.</li> </ul>					<b>ot</b> more th
as Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or many contents.	commu	uting by w	, our		N
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or m				Ye	s No
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or m				<u> </u>	-
<b>39</b> Do you treat all use of vehicles by employees as personal use?					
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employ vehicles, and retain the information received?	ees abo	out the us	e of the	!	
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instru	ctions )	)			
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the cover	ed vehic	cles			
Part VI Amortization					
(b) (c) (d) (A.				(f)	
(a) Date Amortizable Code Ar	(e)		A mor	tızatıor	ı for
. I amount I section I	nortizatio		th	ns year	
42 A mortization of costs that begins during your 2010 tax year (see instructions)	nortizatio period or	-			
	nortizatio				
	nortizatio period or				
43 A mortization of costs that began before your 2010 tax year	nortizatio period or				

44 Total. Add amounts in column (f) See the instructions for where to report

44

# **TY 2010 Compensation Explanation**

PATLANGAN

GREATER FREMONT DEVELOPMENT COUNCIL

Name: GREATER FREMONT DEVELOPMENT COUNCIL

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 NY E 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 VOBEJDA 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 I ANGAN	