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2013

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

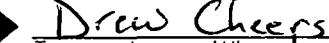
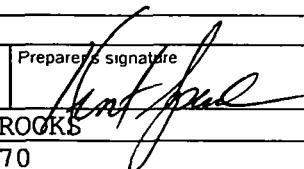
<b>A</b> For the 2013 calendar year, or tax year beginning 7/01		, 2013, and ending 6/30		, 2014	
<b>B</b> Check if applicable		<b>C</b>		<b>D</b> Employer identification number	
<input type="checkbox"/> Address change	FREMONT AREA UNITED WAY		47-6000166		
<input type="checkbox"/> Name change	445 E 1ST ST SUITE 1		<b>E</b> Telephone number		
<input type="checkbox"/> Initial return	FREMONT, NE 68025		402-721-4157		
<input type="checkbox"/> Terminated			<b>G</b> Gross receipts \$ 1,048,747.		
<input type="checkbox"/> Amended return					
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer. SHAWN SHANAHAN SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.)		4947(a)(1) or 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<b>J</b> Website: ► <a href="http://WWW.FREMONTUNITEDWAY.ORG">WWW.FREMONTUNITEDWAY.ORG</a>				<b>H(c)</b> Group exemption number ►	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L</b> Year of formation 1946		<b>M</b> State of legal domicile NE	

**Part I** Summary

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>THE FREMONT AREA UNITED WAY IS A FEDERATED FUND-RAISING, NONPROFIT ORGANIZATION DEDICATED TO HELPING BUILD STRONGER COMMUNITIES.</u>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Revenue</b>	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary).	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	784,187	1,030,418
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,416	1,489
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,840
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	786,603	1,048,747
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	486,866	506,131
14 Benefits paid to non-members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	111,435	157,679	
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ► <u>58,033</u>			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	173,444	356,656	
18 Total expenses (Add lines 13-17) (must equal Part IX, column (A), line 25)	771,745	1,020,466	
19 Revenue less expenses Subtract line 18 from line 12.	14,858	28,281	
20 Total assets (Part X, line 16)	540,856	574,806	
21 Total liabilities (Part X, line 26)	271,992	273,524	
22 Net assets or fund balances. Subtract line 21 from line 20	268,864	301,282	

**Part II** Signature Block

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.

<b>Sign Here</b>	► 	Date <u>11/13/14</u>			
	►  Drew Cheers				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>KENT P. SPEICHER</u>	Preparer's signature 	Date <u>11/12/14</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00126570</u>
	Firm's name ► <u>ERICKSON &amp; BROOKS</u>			Firm's EIN ► <u>47-0358808</u>	
	Firm's address ► <u>P. O. BOX 1270</u>			Phone no <u>(402) 721-3454</u>	

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 11/08/13

Form 990 (2013)

3

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III  X1 Briefly describe the organization's mission:  
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  X  No  
If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  X  No  
If 'Yes,' describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code \_\_\_\_\_) (Expenses \$ 852,156. including grants of \$ 506,131.) (Revenue \$ \_\_\_\_\_)  
SEE SCHEDULE O

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services. (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► 852,156.

## Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 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	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b X	
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12 a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14 a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14 b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 X	
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20 X	
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b X	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III ...	22	X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a	24a	X
24b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
24d	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	X
25b	b Is the organization 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	25b	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a	X
28a	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X
28b	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
28c	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35a	<b>Section 501(c)(3) organizations.</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
35b	b If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	X

BAA

Form 990 (2013)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	
4 a	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)?	4 a	X
b	If 'Yes,' enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4 b	
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9 a	
a	Did the organization make any taxable distributions under section 4966?	9 b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b	
10	<b>Section 501(c)(7) organizations.</b> Enter:	10 a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10 b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	
11	<b>Section 501(c)(12) organizations.</b> Enter	11 a	
a	Gross income from members or shareholders	11 b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11 b	
12 a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12 a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13 a	
a	Is the organization licensed to issue qualified health plans in more than one state?	13 b	
Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 b	
c	Enter the amount of reserves on hand	13 c	
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a	X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response or note to any line in this Part VI

### Section A. Governing Body and Management

		Yes	No
1a	16		
1b	15		
2		X	
3		X	
4		X	
5		X	
6		X	
7a		X	
7b		X	
8a	X		
8b	X		
9		X	

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
b		
11a	X	
b		
12a	X	
b		
c		
13		
14		
15		
a		
b		
16a		
b		
16b		

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  
SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ► SHAWN SHANAHAN 605 N. BROAD STREET FREMONT NE 68025 402-721-4157

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

 Check if Schedule O contains a response or note to any line in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(1) DREW CHEERS DIRECTOR	0 0	X						0.	0.	0.
(2) LISA VANEK DIRECTOR	0 0	X						0.	0.	0.
(3) AMBER BARTON PRESIDENT	0 0	X		X				0.	0.	0.
(4) JENNIFER BENSON DIRECTOR	0 0	X						0.	0.	0.
(5) TRACY BUFFINGTON DIRECTOR	0 0	X						0.	0.	0.
(6) NICOLE DIX DIRECTOR	0 0	X						0.	0.	0.
(7) KRIS FISCHER DIRECTOR	0 0	X						0.	0.	0.
(8) RITA GOREE VICE PRESIDENT	0 0	X						0.	0.	0.
(9) WENDY GROSSE DIRECTOR	0 0	X						0.	0.	0.
(10) LIBBY HEADID DIRECTOR	0 0	X						0.	0.	0.
(11) CHUCK JOHANNSEN DIRECTOR	0 0	X						0.	0.	0.
(12) MIKE MORLAN DIRECTOR	0 0	X						0.	0.	0.
(13) JUDY NELSON-ROHRIG DIRECTOR	0 0	X						0.	0.	0.
(14) BRETT RICHMOND DIRECTOR	0 0	X		X				0.	0.	0.

## Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former or director	Individual trustee	Officer	Key employee			
(15) MARK STANGE TREASURER	0 0	X				0.	0.	0.
(16) SHAWN SHANAHAN EXECUTIVE DIREC	40 0	X				60,000.	0.	0.
(17)								
(18)								
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								
<b>1 b Sub-total</b>						60,000.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>						0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>						60,000.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1a Federated campaigns . . . . .	1a 716,043.				
	1b Membership dues . . . . .	1b				
	1c Fundraising events . . . . .	1c				
	1d Related organizations . . . . .	1d				
	1e Government grants (contributions) . . . . .	1e 307,006.				
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f 7,369.				
	g Noncash contributions included in lines 1a-1f: \$ . . . . .					
<b>h Total. Add lines 1a-1f . . . . .</b>		1,030,418.				
<b>PROGRAM SERVICE REVENUE</b>	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue . . . . .					
	<b>g Total. Add lines 2a-2f . . . . .</b>					
3 Investment income (including dividends, interest and other similar amounts) . . . . .		1,489.			1,489.	
4 Income from investment of tax-exempt bond proceeds . . . . .						
5 Royalties . . . . .						
6a Gross rents	(i) Real	(ii) Personal				
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss) . . . . .						
7a Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss) . . . . .						
8a Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) . . . . .						
See Part IV, line 18 . . . . .	a 16,840.					
b Less direct expenses . . . . .	b					
c Net income or (loss) from fundraising events . . . . .		16,840.			16,840.	
9a Gross income from gaming activities . . . . .	a					
See Part IV, line 19 . . . . .	b					
b Less: direct expenses . . . . .	c					
c Net income or (loss) from gaming activities . . . . .						
10a Gross sales of inventory, less returns and allowances . . . . .	a					
b Less: cost of goods sold . . . . .	b					
c Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	<b>Business Code</b>					
11a						
b						
c						
d All other revenue . . . . .						
<b>e Total. Add lines 11a-11d . . . . .</b>						
<b>12 Total revenue. See instructions</b>		1,048,747.	0.	0.	18,329.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX 

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	506,131.	506,131.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	60,001.	28,722.	8,651.	22,628.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	82,629.	62,144.	1,837.	18,648.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	4,326.	2,756.	318.	1,252.
10 Payroll taxes	10,723.	6,832.	788.	3,103.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	7,760.		7,760.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	1,345.			1,345.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	8,308.		8,308.	
17 Travel	5,668.	2,366.	3,302.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	35.		35.	
21 Payments to affiliates	7,151.		7,151.	
22 Depreciation, depletion, and amortization	1,914.		1,914.	
23 Insurance	1,697.		1,697.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SERVICES	105,206.	105,206.		
b BAD DEBTS	51,065.		51,065.	
c COMMUNITY INITIATIVE GRANTS	32,520.	32,520.		
d BOOKS	29,565.	29,565.		
e All other expenses SEE SCH. O	104,422.	75,914.	17,451.	11,057.
25 Total functional expenses. Add lines 1 through 24e	1,020,466.	852,156.	110,277.	58,033.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	184,940	1	182,189
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	298,339	3	316,124
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	1,203	7	769
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	1,991
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	24,999		
	b Less: accumulated depreciation	10b 10,856	913	10c 14,143
	11 Investments – publicly traded securities		11	
	12 Investments – other securities See Part IV, line 11		12	
	13 Investments – program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	55,461	15	59,590
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>540,856</b>	<b>16</b>	<b>574,806</b>	
LIABILITIES	17 Accounts payable and accrued expenses	251,197	17	258,711
	18 Grants payable		18	
	19 Deferred revenue	20,795	19	11,510
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	3,303
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>271,992</b>	<b>26</b>	<b>273,524</b>
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	213,403	27	241,692
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	55,461	29	59,590
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	268,864	33	301,282
	<b>34 Total liabilities and net assets/fund balances</b>	<b>540,856</b>	<b>34</b>	<b>574,806</b>

BAA

Form 990 (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,048,747.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,020,466.
3 Revenue less expenses Subtract line 2 from line 1.	3	28,281.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	268,864.
5 Net unrealized gains (losses) on investments	5	4,137.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).	10	301,282.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

	Yes	No
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

 Separate basis  Consolidated basis  Both consolidated and separate basis

2a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
----	--------------------------	-------------------------------------

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

 Separate basis  Consolidated basis  Both consolidated and separate basis

2b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
----	--------------------------	-------------------------------------

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

2c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a	<input type="checkbox"/>	<input checked="" type="checkbox"/>

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b	<input type="checkbox"/>
----	--------------------------

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

FREMONT AREA UNITED WAY

Employer identification number

47-6000166

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

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

1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)  
 9  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
     a  Type I     b  Type II     c  Type III – Functionally integrated     d  Type III – Non-functionally integrated  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**  
 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
     (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
     (ii) A family member of a person described in (i) above?  
     (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h Provide the following information about the supported organization(s).

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

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

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . .	549,358.	665,118.	644,281.	784,187.	1,043,547.	3,686,491.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3 . . . . .	<b>549,358.</b>	<b>665,118.</b>	<b>644,281.</b>	<b>784,187.</b>	<b>1,043,547.</b>	<b>3,686,491.</b>
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) . . . . .						0.
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						<b>3,686,491.</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	549,358.	665,118.	644,281.	784,187.	1,043,547.	3,686,491.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,076.	3,554.	2,258.	2,416.	1,489.	13,793.
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) <b>SEE PART IV.</b>	3,299.	2,156.				5,455.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						<b>3,705,739.</b>
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	0.
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						▶ <input type="checkbox"/>

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	99.48 %
15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	15	99.12 %
<b>16a 33-1/3% support test – 2013.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		▶ <input checked="" type="checkbox"/>
<b>b 33-1/3% support test – 2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		▶ <input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test – 2013.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . .		▶ <input type="checkbox"/>
<b>b 10%-facts-and-circumstances test – 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . .		▶ <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		▶ <input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►

- 1 Gifts, grants, contributions and membership fees received. (Do not include any "unusual grants.") ..
- 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..
- 3 Gross receipts from activities that are not an unrelated trade or business under section 513 ..
- 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ..
- 5 The value of services or facilities furnished by a governmental unit to the organization without charge ..
- 6 **Total.** Add lines 1 through 5 ..
- 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons ..
- b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ..
- c Add lines 7a and 7b ..
- 8 **Public support** (Subtract line 7c from line 6) ..

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►

- 9 Amounts from line 6 ..
- 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 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 in line 10b, whether or not the business is regularly carried on ..
- 12 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) ..
- 14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9						
10a						
b						
c						
11						
12						
13						
14						

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

- 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) ..
- 16 Public support percentage from 2012 Schedule A, Part III, line 15 ..

15	%
16	%

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

- 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) ..
- 18 Investment income percentage from 2012 Schedule A, Part III, line 17 ..

17	%
18	%

- 19a **33-1/3% support tests – 2013.** 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 – 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

## Part IV

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service  
Name of the organization**Supplemental Financial Statements**► Complete if the organization answered 'Yes,' to Form 990,  
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013****Open to Public  
Inspection**

Employer identification number

**FREMONT AREA UNITED WAY**

47-6000166

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements.  
b Total acreage restricted by conservation easements  
c Number of conservation easements on a certified historic structure included in (a).  
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.  
e Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_  
f Number of states where property subject to conservation easement is located ► \_\_\_\_\_  
g Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No  
h Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  
i \_\_\_\_\_  
j Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
k ► \$ \_\_\_\_\_  
l Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No  
m In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  
(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_  
(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  
a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_  
b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other \_\_\_\_\_

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

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

**Part IV** | **Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

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

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

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

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

**Part VI** | **Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		524.	17.	507.
d Equipment		24,475.	10,839.	13,636.
e Other				

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

14,143.

BAA

Schedule D (Form 990) 2013

**Part VII Investments – Other Securities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

N/A

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

**Part VIII Investments – Program Related.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

N/A

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

**Part IX Other Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) FIRST STATE TRUST ADMINISTRATIVE ACCOUNT	59,590.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total. (Column (b) must equal Form 990, Part X, column (B), line 15)</b>	59,590.

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE PAYABLE	3,303.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)</b>	3,303.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,052,884.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	4,137.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	4,137.
3	Subtract line 2e from line 1	3	1,048,747.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,048,747.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,020,466.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,020,466.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,020,466.

**Part XIII** Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**BAA**

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Schedule D (Form 990) 2013

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

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

- Attach to Form 990 or Form 990-EZ. ► See separate instructions.
- Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

**Name of the organization**

## FREMONT AREA UNITED WAY

**Employer identification number**

47-6000166

**Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

**Part** Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- Mail solicitations
- Internet and email solicitations
- Phone solicitations
- In-person solicitations

- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

**(i) Name and address of individual or entity (fundraiser)**    **(ii) Activity**    **(iii) Did fundraiser have custody or control of contributions?**    **(iv) Gross receipts from activity**    **(v) Amount paid to (or retained by) fundraiser listed in column (i)**    **(vi) Amount paid to (or retained by) organization**

		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II** **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>IMAGINATION LI</u> (event type)	(b) Event #2 (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts . . . . .	16,840.			16,840.
	2 Less: Charitable contributions . . . . .				
	3 Gross income (line 1 minus line 2). . . . .	16,840.			16,840.
DIRECT EXPENSES	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .				
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				16,840.

**Part III** **Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue . . . . .				
DIRECT EXPENSES	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

b If 'No,' explain: \_\_\_\_\_

\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If 'Yes,' explain: \_\_\_\_\_

\_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13	Indicate the percentage of gaming activity operated in:		
	a The organization's facility	13a	%
	b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ....  Yes  No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .

c If 'Yes.' enter name and address of the third party:

Name ►

**Address ►** 123 Main Street, Anytown, USA 12345

## 16 Gaming manager information.

Name ►

## Gaming manager compensation ► \$

## Description of services provided ►

Director/officer       Employee       Independent contractor

## 17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? \_\_\_\_\_  Yes  No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► **\$**

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I**  
(Form 990)

OMB No 1545-0047  
**2013**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**FREMONT AREA UNITED WAY**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).



1

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes  No

SEE PART IV

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CARE CORPS -- 723 N BROAD STREET -- FREMONT, NE 68025	47-0792729		87,500.	0.			SHELTER
(2) CRISIS CENTER -- 114 E MILITARY AVENUE -- FREMONT, NE 68025	47-0641821		71,000.	0.			SHELTER
(3) DODGE COUNTY HEAD START -- PO BOX 244 -- FREMONT, NE 68026	47-0493797		50,000.	0.			PRE-SCCHOOL
(4) FREMONT FAMILY YMCA -- 810 N LINCOLN -- FREMONT, NE 68025	47-0376600		77,000.	0.			YOUTH SCHOLARSHIP / SP NEEDS
(5) HABITAT FOR HUMANITY -- PO BOX 932 -- FREMONT, NE 68026	47-0763503		40,000.	0.			HABITAT HOMES
(6) JEFFERSON HOUSE -- 437 JEFFERSON ROAD -- FREMONT, NE 68025	47-0390618		20,000.	0.			IN-HOME SVCS, GROUP HOME
(7) LOW INCOME MINISTRY -- PO BOX 598 -- FREMONT, NE 68026	47-0539625		15,000.	0.			FOOD PANTRY
(8) LUTHERAN FAMILY SERVICES -- 1420 E MILITARY AVENUE -- FREMONT, NE 68025	23-7267972		75,000.	0.			BOUTIQUE/MENTAL HLTH SVCS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....

3 Enter total number of other organizations listed in the line 1 table .....

TEEA3901L 07/12/13

**Schedule I (Form 990) (2013)**

11

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**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**PART I, LINE 2. PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

IN THE SPRING OF EVERY YEAR THE GRANT APPLICATIONS ARE SENT OUT TO THE VARIOUS AGENCIES. THE AGENCY RETURNS THE APPLICATION WITH ALL DETAIL ATTACHED ALONG WITH THEIR FUNDING REQUEST FOR THE YEAR. REPRESENTATIVES OF THE UNITED WAY GO OUT IN TEAMS TO PERFORM SITE VISITS TO EVALUATE THE AGENCY'S PROGRAMS, ASSESS THE PROGRAM'S IMPACT ON THE AREA AND TO DISCUSS THE GRANT WITH THE AGENCY'S PERSONNEL. THESE TEAMS FILL OUT AN EVALUATION SHEET AND WRITE IN WHAT THEY RECOMMEND SHOULD BE AWARDED TO THE PARTICULAR AGENCY. THE UW BOARD THEN MEETS AND HAS THE FINAL DECISION ON WHO GETS AWARDED A GRANT AND HOW MUCH THAT GRANT WILL BE FOR. THEIR DECISION IS BASED ON COMMUNITY NEED AND MAKES SURE THAT THE GRANTS ARE JUST BEING SPENT ON PROGRAM EXPENSES AND NOT FOR GENERAL OVERHEAD EXPENSES.

BAA

## Continuation Sheet for Schedule I (Form 990)

2013

Continuation Page 1 of 1

Name of the organization

FREMONT AREA UNITED WAY

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

**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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

FREMONT AREA UNITED WAY

Employer identification number

47-6000166

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

THE FREMONT AREA UNITED WAY IS A FEDERATED FUND-RAISING, NONPROFIT ORGANIZATION

DEDICATED TO HELPING BUILD STRONGER COMMUNITIES. THE COMMON FOCUS OF THE UNITED WAY

IS INVESTING CHARITABLE GIFTS IN PROGRAMS AND INITIATIVES WHICH PROMOTE

OPPORTUNITIES FOR A BETTER LIFE IN THE AREAS OF EDUCATION, INCOME, AND HEALTH. THE

ORGANIZATION IS SUPPORTED PRIMARILY THROUGH DONOR CONTRIBUTIONS.

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

THE FREMONT AREA UNITED WAY SEEKS TO IDENTIFY THE MOST PRESSING HEALTH AND HUMAN

SERVICE ISSUES IN OUR LOCAL COMMUNITY AND DISTRIBUTE RESOURCES IN SUCH A WAY AS TO

MAKE THE GREATEST IMPACT POSSIBLE- TO CREATE REAL, LASTING CHANGES IN THE LIVES OF

OUR NEIGHBORS IN THE AREAS OF EDUCATION, INCOME, AND HEALTH.

IN 2013, THOUSANDS OF INDIVIDUAL LIVES WERE TOUCHED BY THE PROGRAMS WE SUPPORT, AND

OUR COMMUNITY WAS STRENGTHENED. THE FIFTEEN PROGRAMS FUNDED BY UW GRANTS PROMOTED

EARLY LEARNING AND SUCCESS IN SCHOOL, HELPED FAMILIES MOVE TO FINANCIAL STABILITY,

AND ENCOURAGED HEALTHY BEHAVIORS FOR FAMILIES AND INDIVIDUALS. EXAMPLES OF THEIR

ACCOMPLISHMENTS INCLUDED:

- PARENTS OF CHILDREN ENROLLED IN AN EARLY PRE-SCHOOL PROGRAM SHOWED

INCREASED LITERACY SKILLS AND KNOWLEDGE REGARDING THE IMPORTANCE OF PARTICIPATING IN

LITERACY ACTIVITIES WITH THEIR CHILDREN TO IMPROVE SCHOOL READINESS; AND

FREMONT AREA UNITED WAY IS EMBRACING UNITED WAY WORLD WIDE CHANGE TO MOVING TO

COMMUNITY IMPACT WORK AND IMPROVING COMMUNITY OUTCOMES WITH LOCAL PARTNERS.

UNITED WAY IS LEADING A COMMUNITY COLLABORATION IN CREATING COMMUNITY CHANGE. THE

Name of the organization

FREMONT AREA UNITED WAY

Employer identification number

47-6000166

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

FULL REPORT OF COMMUNITY NEEDS CAN BE FOUND ON THE WEB SITE UNDER EARLY CHILDHOOD TAB.

UNITED WAY IS LEADING A COMMUNITY TRANSFORMATION TO ADDRESS SCHOOL READINESS, SOCIAL AND EMOTIONAL NEEDS, AS WELL AS A PILOT SIGHT FOR PREVENTION WORK. UNITED WAY HAS RECEIVED MANY GRANTS TO SUPPORT COMMUNITY CHANGE.

UNITED WAY HAS CREATED A COMMUNITY RESPONSE PROGRAM TO CONNECT FAMILIES TO SERVICES TO BE OF ASSISTANCE TO THEM AND THEIR FAMILIES.

UNITED WAY IS ALSO CREATING COMMUNITY CHANGE TOGETHER.

ADDITIONALLY, THE ORGANIZATION CONTINUED ITS FOCUS ON EARLY LITERACY WITH A LARGE COMMUNITY IMPACT IN GROWING THE NUMBER OF CHILDREN THAT RECEIVE A FREE BOOK EACH MONTH THROUGH THE DOLLY PARTON IMAGINATION LIBRARY PROGRAM, PROVIDING FREE BOOKS TO AREA CHILDREN FROM KINDERGARTEN TO THIRD GRADE.

THE ORGANIZATION ALSO PROMOTED THE BENEFITS OF VOLUNTEERING THROUGH THE FREMONT VOLUNTEER CONNECTION, A WEB-BASED SOURCE CONNECTING WILLING VOLUNTEERS WITH THE PROGRAMS THAT NEED THEM.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE BOARD OF THE FREMONT AREA UNITED WAY WILL RECEIVE AN ELECTRONIC COPY OF THE 990 FORM FOR REVIEW. IF NO REVISIONS OR CORRECTIONS ARE REPORTED TO THE TREASURER IN WRITING WITHIN 10 DAYS, THE FORM WILL BE SIGNED AND SUBMITTED, ACCORDING TO FILING DEADLINES.

Name of the organization

• FREMONT AREA UNITED WAY

Employer identification number

47-6000166

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

IN ADDITION TO PROVIDING ANY CONFLICTS OF INTEREST IN WRITING ANNUALLY, THE BOARD IS ASKED TO DISCLOSE ANY POTENTIAL CONFLICTS AT TWO SEPARATE MEETINGS. MEMBERS REPORTING CONFLICTS ARE PROHIBITED FROM PARTICIPATING IN ANY CONVERSATION OR VOTE RELATED TO THE IDENTIFIED INTEREST.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT**

THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS RECOMMENDED BY THE EXECUTIVE COMMITTEE OF THE BOARD AND APPROVED BY THE BOARD ANNUALLY, FOLLOWING A FORMAL PERFORMANCE REVIEW. COMPARABLE COMPENSATION OF LIKE ORGANIZATIONS WITHIN THE COMMUNITY AND THE UNITED WAY SYSTEM ARE REVIEWED PERIODICALLY.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

DISCLOSURE OF THESE DOCUMENTS AVAILABLE UPON REQUEST.

2013

## SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT 19685

FREMONT AREA UNITED WAY

47-6000166

11/12/14

12:44PM

FORM 990, PART IX, LINE 24E  
OTHER EXPENSES

	(A) <u>TOTAL</u>	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADMINISTRATIVE	5,178.	5,178.		
ASSESSMENTS	5,650.	5,650.		
BANK CHARGES	344.		344.	
CONTRACTED CONSULTING	3,734.	3,734.		
DUES AND SUBSCRIPTIONS	425.		425.	
EQUIPMENT RENTAL	66.		66.	
FLEX FUNDS	4,555.	4,555.		
MEALS & ENTERTAINMENT	9,520.	2,343.	1,024.	6,153.
MILEAGE	1,025.		850.	175.
MISCELLANEOUS	2,508.		2,508.	
OFFICE SUPPLIES	3,621.		3,621.	
OTHER	17,390.	17,390.		
OUTREACH AND PUBLICITY	12,086.	12,086.		
PIWI GROUPS	11,537.	11,537.		
POSTAGE AND SHIPPING	1,504.		1,504.	
PRINTING AND PUBLICATIONS	1,034.		434.	600.
REPAIRS	510.		510.	
SOFTWARE SUPPORT	4,167.		4,167.	
SUPPLIES	10,395.	6,266.		4,129.
TELEPHONE	1,998.		1,998.	
TRAINING	7,175.	7,175.		
<b>TOTAL</b>	<b>\$ 104,422.</b>	<b>\$ 75,914.</b>	<b>\$ 17,451.</b>	<b>\$ 11,057.</b>

**2013****SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5****CLIENT 19685****FREMONT AREA UNITED WAY****47-6000166**

11/12/14

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**PART II, LINE 10 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>
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MISCELLANEOUS				\$ 2,156.	\$ 3,299.
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 2,156.	\$ 3,299.