

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## **Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

otherwise,		Name of foundation			A Employer identification number 73–1497770				
		THE ARNESON CHARITABLE FOUNDATION  Number and street (or P O box number if mail is not delivered to street address) Room/suite		B Telephone number (see page 10 of the instructions) 402-672-8323					
		·		C If exemption application is pending, check here					
		City or town, state, and ZIP code			D 1 Fc	k here			
nstrı	ıctıon	s PAPILLION NE	68046	_	<b>2</b> Fo	reign organizations meetir	ng the _		
1 CI	neck ty	ype of organization X Section 501(c)(3) exempt private	foundation		1	% test, check here and att			
ີ s	ection	4947(a)(1) nonexempt charitable trust Other taxable	e private foundation			ate foundation status was			
Fa	ır marl	ket value of all assets at end J Accounting method	X Cash Accr	ual	section	on 507(b)(1)(A), check here	<b>●</b> [		
of y	year (f	rom Part II, col (c), Other (specify)			F If the	foundation is in a 60-mont	th termination		
line	16) 🖣	\$ 453,712 (Part I, column (d) must be	pe on cash basis)		under	section 507(b)(1)(B), che	ck here		
Pa	rt I	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements		
		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net in:		(c) Adjusted net income	for charitable purposes		
		the amounts in column (a) (see page 11 of the instructions) )					(cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach schedule)		: 			<u> </u>		
ł	2	Check <b>A</b> If the foundation is <b>not</b> required to attach Sch B					ļ <u>.</u>		
Į	3	Interest on savings and temporary cash investments	20		20	20	<del></del>		
	4	Dividends and interest from securities	12,980		12,980	12,980			
1	5a	Gross rents							
او	b	Net rental income or (loss)							
ű	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	-96,046	~~~~		DEA			
Revenue	b	Gross sales price for all assets on line 6a 125,888				- t- U	LIVED		
<u>سّ</u>	7	Capital gain net income (from Part IV, line 2)			0		8		
l	8	Net short-term capital gain				Ser 2	<del>/ [] / [[] / ] / [</del>		
	9	Income modifications		:			8		
	10a	Gross sales less returns & allowances							
l	b	Less Cost of goods sold				1 000	IN, UI		
	С	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	-83,046		13,000	13,000			
S	13	Compensation of officers, directors, trustees, etc					-		
se	14	Other employee salaries and wages				<del></del>			
eu	15	Pension plans, employee benefits							
X	16a	Legal fees (attach schedule)	000		115	· · · · · · · · · · · · · · · · · · ·			
e	b	Accounting fees (attach schedule) STMT 2	230		115		11.		
<u>≨</u>	C	Other professional fees (attach schedule) STMT 3	4,277		2,851		1,42		
tra	17	Interest							
nis	18	Taxes (attach schedule) (see page 14 of the instructions)  Depreciation (attach schedule) and depletion STMT 4	1 255			<del></del>	<del> </del>		
Ξ	19		1,355						
Ad	20	Occupancy	1,326				1,32		
פַ	21	Travel, conferences, and meetings	1,326			<del></del>	1,32		
a	22	Printing and publications Other expenses (att. sch.) STMT 5	110	<del></del>	-		110		
ng	23	ower expenses (en con)	110	-					
ati	24	Total operating and administrative expenses	7,298		2,966		2,97		
Operating and Administrative Expenses	25	Add lines 13 through 23 Contributions, gifts, grants paid	26,000		2,300		26,000		
			33,298		2,966	0			
	26	Total expenses and disbursements. Add lines 24 and 25	33,290		2,300		20,01		
	27	Subtract line 26 from line 12	-116,344						
	a b	Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	-110,044		10,034				

Form 990	D-PF (2009) THE ARNESON CHARITABLE FOUNDATION	73-14977	70	Page <b>2</b>
	Attached schedules and amounts in the description column	Beginning of year	End o	fyear
Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-bearing			
2	Savings and temporary cash investments	32,070	23,323	23,323
3	Accounts receivable ◆		#	
	Less allowance for doubtful accounts ◆			
4	Pledges receivable ◆		ŧ	
	Less allowance for doubtful accounts ◆			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see page 16 of the			
ŀ	instructions)			
7	Other notes and loans receivable (att. schedule) ◆			
	Less allowance for doubtful accounts ◆			
ध इ	Inventories for sale or use			· · · · · ·
A Sects 9 10a	Prepaid expenses and deferred charges			
<b>₹</b> 10a	Investments—U S and state government obligations (attach schedule)			
b	Investments—corporate stock (attach schedule) SEE STMT 6	538,190	440,340	428,712
c	Investments—corporate bonds (attach schedule)			
11	Investments—land, buildings, and equipment basis ◆			
	Less accumulated depreciation (attach sch.) ◆			
12	Investments—mortgage loans			
13	Investments—other (attach schedule)			
14	Land, buildings, and equipment basis ◆ 18,312		ļ	
	Less accumulated depreciation (attach sch ) ◆ STMT 7 16,635	2,324	1,677	1,677
15	Other assets (describe ♦ )			
16	Total assets (to be completed by all filers—see the			
	instructions. Also, see page 1, item I)	572,584	465,340	453,712
17	Accounts payable and accrued expenses			
رم 18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities 19 20 21	Mortgages and other notes payable (attach schedule)			
그 <sub>22</sub>	Other liabilities (describe ♦ )			
23	Total liabilities (add lines 17 through 22)	0	0	
	Foundations that follow SFAS 117, check here ◆ X			
တ္တ	and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted	572,584	465,340	
25	Temporanly restricted			
<u>26</u>	Permanently restricted			
힏	Foundations that do not follow SFAS 117, check here ◆			
리	and complete lines 27 through 31.			
Ö 27	Capital stock, trust principal, or current funds			
<u>ග</u> 28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Ø 29	Retained earnings, accumulated income, endowment, or other funds			
30 Y	Total net assets or fund balances (see page 17 of the	Π		
Net Assets or Fund Balances 75 26 27 27 30 31 31 32 32 32 33 31	instructions)	572,584	465,340	
Ž 31	Total liabilities and net assets/fund balances (see page 17	Π		
	of the instructions)	572,584	465,340	
Part	Analysis of Changes in Net Assets or Fund Balances			
1 Tota	I net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a	agree with	ŀ	
end-	of-year figure reported on prior year's return)		1	572,584
	r amount from Part I, line 27a		2	-116,344
3 Othe	er increases not included in line 2 (itemize)   BEGINNING INV ADJ		3	9,100
4 Add	lines 1, 2, and 3		4	465,340
5 Deci	reases not included in line 2 (itemize) ◆		5	
6 Tota	I net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b),	line 30	6	465,340
			· - · <del></del>	Form <b>990-PF</b> (2009)

\* T

OMAARNESON 09/14/2010 10 17 AM 3: THE ARNESON CHARITABLE FOUNDATION 73-1497770 Form 990-PF (2009) Page 3 Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold -Purchase (mo , day, yr ) 2-story brick warehouse, or common stock, 200 shs MLC Co ) (mo, day, yr) -Donation **AMERIPRISE** 1a b C d е (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale а b C d е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col (i) (i) F M V as of 12/31/69 Losses (from col (h)) as of 12/31/69 over col (j), if any а b c d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries (d) (b) (c) Distribution ratio
(col (b) divided by col (c)) Base period years
Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value of nonchantable-use assets 29,973 517,934 0.057870 2008 18,865 617,754 0.030538 2007 17,712 563,745 0.031418 2006 33,937 555,841 0.061055 2005 23 558,780 2004 ,094 0.041329 0.222210 2 Total of line 1, column (d) 2 Average distribution ratio for the 5-year base period-divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 0.044442 3 405,105 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 4

18,004 5 100 6 18,104 7 28,977

8 Enter qualifying distributions from Part XII, line 4

6 Enter 1% of net investment income (1% of Part I, line 27b)

5 Multiply line 4 by line 3

Add lines 5 and 6

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18

	990-PF (2009) THE ARNESON CHARITABLE FOUNDATION 73-1497770		F	age 4
<u>Pa</u>	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ◆ ☐ and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check			100
	here ♦ X vand enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
3	Add lines 1 and 2			100
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			100
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 554			
b	Exempt foreign organizations—tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)  6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			554
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		•	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10			454
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ◆ 454 Refunded ◆ 11			
	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	T	Yes	No
	participate or intervene in any political campaign?	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	14		<del> </del>
	of the instructions for definition)?	1b		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1.0		1
				Ī
	published or distributed by the foundation in connection with the activities		1	x
C	Did the foundation file Form 1120-POL for this year?	1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			I
	(1) On the foundation ◆ \$ (2) On foundation managers ◆ \$			I
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			1
	on foundation managers • \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	ļ	X
	If "Yes," attach a detailed description of the activities			Ī
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		1	ļ
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?  N/A	4b	<u> </u>	-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	ļ	X
	If "Yes," attach the statement required by General Instruction T			I
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			I
	By language in the governing instrument, or			I
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			I
	conflict with the state law remain in the governing instrument?	6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			I
	instructions) ♦ OK			I
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			I
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		· · · · · · · · · · · · · · · · · · ·	T
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page		1	Ī
	27)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		x

\*\*

` a\		0 10 17 /
Form 990-PF (2009) THE ARNESON CHARITABLE FOUNDATION 73-1497770		Page <b>5</b>
Part VII-A Statements Regarding Activities (continued)		
At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		
meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	1	<u> </u>
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before  August 17, 2008?	2	x
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		
Website address ◆ N/A		
14 The books are in care of ◆ ANN MASON Telephone no ◆		
9263 PLATTE VIEW ROAD		
Located at ◆ PAPILLION, NE ZIP+4 ◆ 68046		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		▼
and enter the amount of tax-exempt interest received or accrued during the year    15		
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required		
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Yes	No No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No		I
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		ŧ
disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No Yes X No		İ
		1
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		
(5) Transfer any income or assets to a disqualified person (or make any of either available for		
the benefit or use of a disqualified person)?		1
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		1
foundation agreed to make a grant to or to employ the official for a period after		
termination of government service, if terminating within 90 days )		1
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		
section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	b	<del></del>
Organizations relying on a current notice regarding disaster assistance check here		ł
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		1
were not corrected before the first day of the tax year beginning in 2009?  N/A	<u>c  </u>	<del></del>
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		l
operating foundation defined in section 4942(j)(3) or 4942(j)(5))		I
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and		Ī
6e, Part XIII) for tax year(s) beginning before 2009?		1
If "Yes," list the years ◆ 20 , 20 , 20 , 20		-
b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)		ŀ
(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		†
all years listed, answer "No" and attach statement—see page 20 of the instructions )  N/A  2	<b>b</b>	<del> </del>
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		1
◆ 20 , 20 , 20 , 20		1
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No		-
		ł
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the		1
		1
Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		
the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	.	
		x
<ul> <li>Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?</li> <li>Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its</li> </ul>		+
chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	ь	x
		<b>F</b> (2009)

Marie Control of the	ON CHARITABLE FOUND parding Activities for Which Fo		L497770	inued)		Pa
a During the year did the foundation p		Jilli 4720 May De Ki	equired (COIII	illueu)		T
	vise attempt to influence legislation (section	on 4945(e))?		Yes X No		
	pecific public election (see section 4955),	• • • •				1
directly or indirectly, any voter re	, , , , , , , , , , , , , , , , , , , ,	<b>,</b> ,		Yes X No		
	for travel, study, or other similar purpose	s?	П	Yes X No		I
, ,	on other than a chantable, etc , organizat					1
, ,	section 4940(d)(2)? (see page 22 of the			Yes X No		1
	nan religious, charitable, scientific, literary		_	_		1
	of cruelty to children or animals?			Yes X No		ŧ
b If any answer is "Yes" to 5a(1)-(5), o	did any of the transactions fail to qualify u	inder the exceptions desc	ribed in	_		
	current notice regarding disaster assistar			N/A	5b	
Organizations relying on a current n	otice regarding disaster assistance check	k here		<b>◆</b> □		
c If the answer is "Yes" to question 5a	(4), does the foundation claim exemption	n from the tax				
because it maintained expenditure r	esponsibility for the grant?		N/A 🗌	Yes No		
If "Yes," attach the statement require	ed by Regulations section 53 4945-5(d)		_ <del>_</del>			ı
a Did the foundation, during the year,	receive any funds, directly or indirectly, to	o pay premiums		_		-
on a personal benefit contract?				Yes X No		I
<b>b</b> Did the foundation, during the year,	pay premiums, directly or indirectly, on a	personal benefit contract	?		6b	
If "Yes" to 6b, file Form 8870						1
a At any time during the tax year, was	the foundation a party to a prohibited tax	x shelter transaction?		Yes X No		
	y proceeds or have any net income attrib			N/A	7b	
	ıt Officers, Directors, Trustees	s, Foundation Mana	gers, Highly	Paid Employe	es,	
and Contractors	£		f the imptometical			
	foundation managers and their comp	ensation (see page 22 o	f the instruction	<del></del>		
List all officers, directors, trustees,		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit		pense acc
List all officers, directors, trustees,	foundation managers and their compose and address		T	(d) Contributions to		pense acc er allowand
List all officers, directors, trustees,		(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and deferred		
List all officers, directors, trustees, (a) Nam	e 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 and deferred compensation		
List all officers, directors, trustees,  (a) Nam  ANN MASON	e and address PAPILLION	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	othe	
List all officers, directors, trustees,  (a) Nam  ANN MASON  9263 PLATTEVIEW ROAD	PAPILLION NE 68146	(b) Title, and average hours per week devoted to position  PRES/TEE  5.00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	othe	
List all officers, directors, trustees,  (a) Nam  ANN MASON  9263 PLATTEVIEW ROAD  JOHN ARNESON	PAPILLION NE 68146 SAUDIA ARABIA	(b) Title, and average hours per week devoted to position  PRES/TEE  5.00  VP/TEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Othe	
List all officers, directors, trustees,  (a) Nam  ANN MASON  9263 PLATTEVIEW ROAD  JOHN ARNESON SAUDIA ARABIA	PAPILLION NE 68146 SAUDIA ARABIA SA	(b) Title, and average hours per week devoted to position  PRES/TEE  5.00  VP/TEE  5.00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Othe	
List all officers, directors, trustees,  (a) Nam  ANN MASON  9263 PLATTEVIEW ROAD  JOHN ARNESON  SAUDIA ARABIA  KARL ARNESON	PAPILLION NE 68146 SAUDIA ARABIA SA CANUTILLO	(b) Title, and average hours per week devoted to position  PRES/TEE 5.00  VP/TEE 5.00  SEC/TR/TEE	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	othe 0	
List all officers, directors, trustees,  (a) Nam  ANN MASON 9263 PLATTEVIEW ROAD  JOHN ARNESON SAUDIA ARABIA  KARL ARNESON PO BOX 3018	PAPILLION NE 68146 SAUDIA ARABIA SA CANUTILLO TX 79835	(b) Title, and average hours per week devoted to position  PRES/TEE 5.00  VP/TEE 5.00  SEC/TR/TEE 5.00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	othe 0	
ANN MASON 9263 PLATTEVIEW ROAD JOHN ARNESON SAUDIA ARABIA KARL ARNESON PO BOX 3018  2 Compensation of five highest-pai	PAPILLION NE 68146 SAUDIA ARABIA SA CANUTILLO	(b) Title, and average hours per week devoted to position  PRES/TEE 5.00  VP/TEE 5.00  SEC/TR/TEE 5.00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	othe 0	
List all officers, directors, trustees,  (a) Nam  ANN MASON 9263 PLATTEVIEW ROAD  JOHN ARNESON SAUDIA ARABIA  KARL ARNESON PO BOX 3018	PAPILLION NE 68146 SAUDIA ARABIA SA CANUTILLO TX 79835	(b) Title, and average hours per week devoted to position  PRES/TEE 5.00  VP/TEE 5.00  SEC/TR/TEE 5.00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	othe 0	
ANN MASON 9263 PLATTEVIEW ROAD JOHN ARNESON SAUDIA ARABIA KARL ARNESON PO BOX 3018  2 Compensation of five highest-pai	PAPILLION NE 68146 SAUDIA ARABIA SA CANUTILLO TX 79835	(b) Title, and average hours per week devoted to position  PRES/TEE 5.00  VP/TEE 5.00  SEC/TR/TEE 5.00  ed on line 1—see page 2	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	othe	
ANN MASON 9263 PLATTEVIEW ROAD JOHN ARNESON SAUDIA ARABIA KARL ARNESON PO BOX 3018  2 Compensation of five highest-pai	PAPILLION NE 68146 SAUDIA ARABIA SA CANUTILLO TX 79835	(b) Title, and average hours per week devoted to position  PRES/TEE 5.00  VP/TEE 5.00  SEC/TR/TEE 5.00  ed on line 1—see page 2	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  tions).  (d) Contributions to employee benefit plans and deferred	othe	er allowani
ANN MASON 9263 PLATTEVIEW ROAD JOHN ARNESON SAUDIA ARABIA KARL ARNESON PO BOX 3018  2 Compensation of five highest-pail If none, enter "NONE."	PAPILLION NE 68146 SAUDIA ARABIA SA CANUTILLO TX 79835	(b) Title, and average hours per week devoted to position  PRES/TEE 5.00  VP/TEE 5.00  SEC/TR/TEE 5.00  ed on line 1—see page 2	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	othe	pense acc
ANN MASON 9263 PLATTEVIEW ROAD JOHN ARNESON SAUDIA ARABIA KARL ARNESON PO BOX 3018  2 Compensation of five highest-pai	PAPILLION NE 68146 SAUDIA ARABIA SA CANUTILLO TX 79835	(b) Title, and average hours per week devoted to position  PRES/TEE 5.00  VP/TEE 5.00  SEC/TR/TEE 5.00  ed on line 1—see page 2	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  tions).  (d) Contributions to employee benefit plans and deferred	othe	pense acc
ANN MASON 9263 PLATTEVIEW ROAD JOHN ARNESON SAUDIA ARABIA KARL ARNESON PO BOX 3018  2 Compensation of five highest-pail If none, enter "NONE."	PAPILLION NE 68146 SAUDIA ARABIA SA CANUTILLO TX 79835	(b) Title, and average hours per week devoted to position  PRES/TEE 5.00  VP/TEE 5.00  SEC/TR/TEE 5.00  ed on line 1—see page 2	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  tions).  (d) Contributions to employee benefit plans and deferred	othe	pense acc
ANN MASON 9263 PLATTEVIEW ROAD JOHN ARNESON SAUDIA ARABIA KARL ARNESON PO BOX 3018  2 Compensation of five highest-pail If none, enter "NONE."	PAPILLION NE 68146 SAUDIA ARABIA SA CANUTILLO TX 79835	(b) Title, and average hours per week devoted to position  PRES/TEE 5.00  VP/TEE 5.00  SEC/TR/TEE 5.00  ed on line 1—see page 2	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  tions).  (d) Contributions to employee benefit plans and deferred	othe	pense acc
ANN MASON 9263 PLATTEVIEW ROAD JOHN ARNESON SAUDIA ARABIA KARL ARNESON PO BOX 3018  2 Compensation of five highest-pail If none, enter "NONE."	PAPILLION NE 68146 SAUDIA ARABIA SA CANUTILLO TX 79835	(b) Title, and average hours per week devoted to position  PRES/TEE 5.00  VP/TEE 5.00  SEC/TR/TEE 5.00  ed on line 1—see page 2	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  tions).  (d) Contributions to employee benefit plans and deferred	othe	pense acc
ANN MASON 9263 PLATTEVIEW ROAD JOHN ARNESON SAUDIA ARABIA KARL ARNESON PO BOX 3018  2 Compensation of five highest-pail If none, enter "NONE."	PAPILLION NE 68146 SAUDIA ARABIA SA CANUTILLO TX 79835	(b) Title, and average hours per week devoted to position  PRES/TEE 5.00  VP/TEE 5.00  SEC/TR/TEE 5.00  ed on line 1—see page 2	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  tions).  (d) Contributions to employee benefit plans and deferred	othe	pense acc
ANN MASON 9263 PLATTEVIEW ROAD JOHN ARNESON SAUDIA ARABIA KARL ARNESON PO BOX 3018  2 Compensation of five highest-pail If none, enter "NONE."	PAPILLION NE 68146 SAUDIA ARABIA SA CANUTILLO TX 79835	(b) Title, and average hours per week devoted to position  PRES/TEE 5.00  VP/TEE 5.00  SEC/TR/TEE 5.00  ed on line 1—see page 2	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  tions).  (d) Contributions to employee benefit plans and deferred	othe	pense acc
ANN MASON 9263 PLATTEVIEW ROAD JOHN ARNESON SAUDIA ARABIA KARL ARNESON PO BOX 3018  2 Compensation of five highest-pail If none, enter "NONE."	PAPILLION NE 68146 SAUDIA ARABIA SA CANUTILLO TX 79835	(b) Title, and average hours per week devoted to position  PRES/TEE 5.00  VP/TEE 5.00  SEC/TR/TEE 5.00  ed on line 1—see page 2	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  tions).  (d) Contributions to employee benefit plans and deferred	othe	pense acc
ANN MASON 9263 PLATTEVIEW ROAD JOHN ARNESON SAUDIA ARABIA KARL ARNESON PO BOX 3018  2 Compensation of five highest-pail If none, enter "NONE."	PAPILLION NE 68146 SAUDIA ARABIA SA CANUTILLO TX 79835	(b) Title, and average hours per week devoted to position  PRES/TEE 5.00  VP/TEE 5.00  SEC/TR/TEE 5.00  ed on line 1—see page 2	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  tions).  (d) Contributions to employee benefit plans and deferred	othe	pense acc

•		OMAA	RNESON 09/14/2010 10 17 A
Form 990-PF (20	109) THE ARNESON CHARITABLE FOUNDATION	73-1497770	Page <b>7</b>
Part VIII	Information About Officers, Directors, Trustees, Foundate and Contractors (continued)		
3 Five highe	est-paid independent contractors for professional services (see page 23 of	of the instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of	others receiving over \$50,000 for professional services		•
	others receiving over 400,000 for professional services	· · · · · · · · · · · · · · · · · · ·	
Part IX-A	Summary of Direct Charitable Activities		
	on's four largest direct chantable activities during the tax year. Include relevant statistical inf d other beneficianes served, conferences convened, research papers produced, etc	ormation such as the number of	Expenses
1 N/A			
2			
3		~	
4			
Part IX-B	Summary of Program-Related Investments (see page 2	4 of the instructions)	
Describe the two	largest program-related investments made by the foundation during the tax year on lines 1		Amount
1 N/A			
2			
All other program	n-related investments. See page 24 of the instructions		
Total. Add lines	1 through 3	<b>•</b>	
. Juli / lud lii/es			Form <b>990-PF</b> (2009)

Form **990-PF** (2009)

28,977

28,877

3a

3b

4

6

3

Amounts set aside for specific charitable projects that satisfy the

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Suitability test (pnor IRS approval required)

Cash distribution test (attach the required schedule)

Form 990-PF (2009) THE ARNESON CHARITABLE FOUNDATION 73-1497770 Page 9 Undistributed Income (see page 26 of the instructions) (a) (b) (c) (d) Corpus Years prior to 2008 2008 2009 Distributable amount for 2009 from Part XI, 20,155 line 7 Undistributed income, if any, as of the end of 2009 25,318 a Enter amount for 2008 only Total for pnor years 20 \_\_\_\_\_ , 20 \_\_\_\_ Excess distributions carryover, if any, to 2009 a From 2004 From 2005 c From 2006 d From 2007 From 2008 Total of lines 3a through e Qualifying distributions for 2009 from Part XII, 28,977 line 4 ◆ \$ a Applied to 2008, but not more than line 2a 25,318 b Applied to undistributed income of prior years (Election required—see page 26 of the instructions) c Treated as distributions out of corpus (Election required—see page 26 of the instructions) 3,659 d Applied to 2009 distributable amount Remaining amount distributed out of corpus Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount-see page 27 of the instructions Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be 16,496 distributed in 2010 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 Excess from 2005 Excess from 2006 Excess from 2007 Excess from 2008 d Excess from 2009

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Any submission deadlines

NONE

NONE

THE ARNESON CHARITABLE FOUNDATION 73-1497770 Form 990-PF (2009) Page 11 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Purpose of grant or status of Amount contribution any foundation manager or substantial contributor recipient Name and address (home or business) a Paid during the year THANKSGIVING LUTHERAN 3702 370 PLAZA GENERAL CHARITABLE PURPOSES 16,000 BELLEVUE NE 68123 ST PHILLIP LUTHERAN 7531 SOUTH KENDALL BLVD GENERTAL CHARITABLE PURPOSED 10,000 LITTLETON CO 80128 26,000 Total **♦** 3a **b** Approved for future payment N/A

**♦** 3b

Total

12,980

13 \_

-96,026

-83,046

				OMAARN	ESON 09/14/2010 10 17 A
Form 990-PF (2009) THE ARNESON CHARITABLE	FOUNDAT	ION 73-	-1497770	)	Page <b>12</b>
Part XVI-A Analysis of Income-Producing Activ	/ities				
Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					20
4 Dividends and interest from securities			14	12,980	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			14		-96,046
9 Net income or (loss) from special events	<u> </u>				<del></del>
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a	ļļ				
b					
С					

(See worksheet in line 13 instructions on page 28 to verify calculations ) Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the Line No. accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions) N/A

12 Subtotal Add columns (b), (d), and (e)

DAA

13 Total. Add line 12, columns (b), (d), and (e)

Form **990-PF** (2009)

Phone no 402-697-1040 Form 990-PF (2009)

number (see Signature on

page 30 of the instructions)

P00137051

EIN ◆ 42-1552029

Check if

09/14/10

SERVICES

STE 202

self-employed ◆

Paid Preparer's Use Only

Preparer's

signature

Firm's name (or yours if

self-employed), address, and ZIP code

BENINATO

OMAHA,

10110 NICHOLAS ST,

NE

H&R BLOCK TAX & BUSINESS

68114

OMAARNESON THE ARNESON CHARITABLE FOUNDATION 73-1497770 Federal Statements

9/14/2010 10:17 AM

FYE: 12/31/2009

## Statement 8 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

<u> </u>	Description
	R GRANT MAY BE SUBMITTED WITHOUT O IN ANY FORM THAT COMMUNICATES THE NEED.
	Form 990-PF, Part XV, Line 2c - Submission Deadlines
	Description
NONE	
	Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations
	Description
NONE	

Form 8	868 (Rev 4-2009)			Page 2	
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			▶ X	
Note. C	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 886	В			
● If y	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)				
Part	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies	needed).	· <del></del>	
Туре о	r Name of Exempt Organization	Employe	er identificatio	on number	
print					
File by th	he THE ARNESON CHARITABLE FOUNDATION	73-1	497770		
extended	1 14d fiber, Street, and room of State fio if a file box, See instructions		For IRS use only		
due date	1 9253 PLATTEVIEW ROAD				
return S	City, town or post office, state, and ZIP code. For a foreign address, see instructions			-	
instruction				· · · · · · · · · · · · · · · · · · ·	
Check	type of return to be filed (File a separate application for each return)		<del></del>		
<b>-</b>	Form 990 X Form 990-PF Form 1041-A		F-1	n 6069	
	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720		Forn	m 8870	
	Form 990-EZ Form 990-T (trust other than above) Form 5227				
	Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed	Form 886	68.	<del></del>	
	e books are in the care of ► ANN MASON  FAX No ►				
				. □	
	he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	2 16			
		nd attach	2		
	the names and EINs of all members the extension is for	ild attacii	a		
	request an additional 3-month extension of time until 11/15/10		<del></del>		
	For calendar year 2009, or other tax year beginning , and ending				
	f this tax year is for less than 12 months, check reason Initial return Final return Change in	accounti	ina period		
	State in detail why you need the extension				
	ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PR	REPAR	E A COM	IPLE TE	
1	AND ACCURATE RETURN.				
	411		<del></del>	<del></del>	
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			100	
-	ess any nonrefundable credits. See instructions	8a	\$	100	
	f this application is for Form 990-PF, 990-T. 4720, or 6069, enter any refundable credits and	- } - }			
	estimated tax payments made Include any prior year overpayment allowed as a credit and any		_	551	
-	amount paid previously with Form 8868	8b	\$	554	
	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			0	
v	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions  Signature and Verification	8c	\$		
		enoudede-	and hatef		
it is true,	enalties of perjury, Indeclare that I have examined this form, including accompanying schedules and statements, and to the best of my l	uiowieage	and belief,		
Signatur	Title , CFA		Date •	08/13/10	
Signatur	THE THE			68 (Rev 4-2009)	
			. 3 30	( , 2000)	