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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requiremen

OMB No 1545-0052

	alendar year 2010, or tax year beginning OCT	1, 2010	, and ending	SEP 30, 201	1
G C	neck all that apply Initial return	Initial return of a fo	ormer public charity	Final retur	n
	Amended return	Address chang	ge	Name change	
Nam	e of foundation			A Employer identification	n number
	CHRISTENSEN CHARITABL	E FOIINDATION	TNC	23-7364652)
Numi	Der and street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	<u> </u>
	P.O. BOX 81407	. 4441000)	T toom sales	402-435-43	369
City	or town, state, and ZIP code		<u> </u>	C If exemption application is	
٠,	LINCOLN, NE 68501			D 1. Foreign organization	
H Ch	neck type of organization X Section 501(c)(3) ex	kempt private foundation		Foreign organizations makes here and attach of the control of	neeting the 85% test,
	Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition	E If private foundation st	
Fai	r market value of all assets at end of year J Account	ing method X Cash	Accrual	under section 507(b)(1	
		ther (specify)		F If the foundation is in a	60-month termination_
<u> </u>		ımn (d) must be on cash t	· · · ·	under section 507(b)(1	4.1
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(0) Disbursements for charitable purposes
		20,000.		N/A	(cash basis only)
	1 Contributions, gifts, grants, etc., received 2 Check if the foundation is not required to attach Sch. B	20,000.		191 EX	+
	Interest on savings and temporary cash investments	2,739.	2,739.		STATEMENT
	4 Dividends and interest from securities				
	5a Gross rents				
	Net rental income or (loss)				
•	6a Net gain or (loss) from sale of assets not on line 10				
eun	b Gross sales price for all assets on line 6a				
Revenue	7 Capital gain net income (from Part IV, line 2)	m,	0.		
	8 Net short-term capital gainECEIVED	<u> </u>	**************************************		
	9 Income modifications	Š.			
	10a and allowances beside the base Cost of goods spid DEC 21 2011		*******************************		•
	c Gross profit or (loss)	⊉			
-	11 Other income OGDEN, UT				
	12 Total. Add lines 1 through 1	22,739.	2,739.		
-	Compensation of officers, directors, trustees, etc	0.	0.		
	14 Other employee salaries and wages	.=			
S I	15 Pension plans, employee benefits				
Suc	16a Legal fees STMT 2	745.	745.		74!
Expen	b Accounting fees STMT 2 c Other professional fees	743.			74
. S	17 Interest				
:=	18 Taxes STMT 3	45.	0.	***	4
ist	19 Depreciation and depletion				
Ē	20 Occupancy				
¥	21 Travel, conferences, and meetings				
103	22 Printing and publications				
ing	23 Other expenses STMT 4	70.	70.		7
Operating	24 Total operating and administrative	860.	015		0.5
ŏ	expenses. Add lines 13 through 23	10,000.	815.		10,00
	25 Contributions, gifts, grants paid 26 Total expenses and disbursements.	10,000.			10,00
- [Add lines 24 and 25	10,860.	815.		10,86
\dashv	27 Subtract line 26 from line 12	10,000	013.		10,000
	Excess of revenue over expenses and disbursements	11,879.			
	b Net investment income (if negative, enter -0-)		1,924.	[
	C Adjusted net income (if negative, enter -0-)		······································	N/A	

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

Form 990-PF (2010)

		Attached schedules and amounts in the description	Beginning of year	End of	year
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	365,318.	377,197.	377,197.
	3	Accounts receivable ►			
		Less. allowance for doubtful accounts			
	4	Pledges receivable			
		Less, allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			·
	7	Other notes and loans recervable			
		Less allowance for doubtful accounts			
ets	8	Inventories for sale or use	<u>.</u>		
Assets	9	Prepaid expenses and deferred charges			
•		Investments - U S and state government obligations			
		Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	-		
		Less. accumulated depreciation			
	Ι.	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis	ŀ		
		Less: accumulated depreciation			
	15	Other assets (describe			
	40	Taket annaka (ha ha campalakad hu all filosa)	365,318.	377,197.	377,197.
	1	Total assets (to be completed by all filers)	303,310.	311,131.	311,131.
	ı	Accounts payable and accrued expenses			
	18 19	Grants payable			
Liabilities	20				
喜	21	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable			
==	ı	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ès	24	Unrestricted	365,318.	377,197.	
<u>ă</u>	25	Temporarily restricted	·	·	
Ba	26	· · ·	_		
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
SO	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			
Ž	30	Total net assets or fund balances .	365,318.	377,197.	
_	31	Total liabilities and net assets/fund balances	365,318.	377,197.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
_					_
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		265 210
_	•	st agree with end-of-year figure reported on prior year's return)		1	365,318.
		r amount from Part I, line 27a		2	11,879.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	377,197.
		reases not included in line 2 (itemize)		5	$\frac{0.}{377,197.}$
b	I ota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	oiumn (b), line 30	6	3//,19/.

See the Part VI instructions

	990-PF		CHARITABLE						<u>7364</u>			Page 4
Pa	rt VI	Excise Tax Based on Inves	tment Income (Se	ction 4940)(a), 49	40(b), 4940(e)), or 4	948 -	see i	nstrı	ıctio	ns)
1a		operating foundations described in section)					
		ruling or determination letter										
þ	Domest	ic foundations that meet the section 4940(e) requirements in Part V,	check here 🕨	· 🔲 and	d enter 1%)	1				<u>38.</u>
		, line 27b				-						
C	All othe	r domestic foundations enter 2% of line 27	'b Exempt foreign organiza	itions enter 4%	of Part I, I	line 12, col (b))					_
2	Tax und	ler section 511 (domestic section 4947(a)((1) trusts and taxable found	lations only. Oth	ners enter	-0-)		2			_	<u>0.</u>
3	Add line	es 1 and 2						3				38.
4	Subtitle	A (income) tax (domestic section 4947(a)	(1) trusts and taxable foun	dations only Ot	hers enter	r - 0-)		4				0.
		ed on investment income. Subtract line 4	from line 3 If zero or less	, enter -0-	•			5				38.
6	Credits/	Payments										
		timated tax payments and 2009 overpaym			6a							
b	Exempt	foreign organizations - tax withheld at sou	rce .		6b							
C	Tax paid	d with application for extension of time to f	ile (Form 8868)		6c							
		withholding erroneously withheld			6d							_
7	Total cr	edits and payments. Add lines 6a through	6d					7				0.
		y penalty for underpayment of estimated t		m 2220 is attac	:hed			8				
		. If the total of lines 5 and 8 is more than I	•					9				38.
		yment. If line 7 is more than the total of lin		nt overpaid		1		10				
	1,117	e amount of line 10 to be Credited to 201				Refund	ed 🚩	11				
		A Statements Regarding A				 -						
1a	-	the tax year, did the foundation attempt to	influence any national, stat	e, or local legisla	ation or di	d it participate or ir	itervene	IN			Yes	
	•	tical campaign?								_1a		X
		end more than \$100 during the year (eithe					•		•	1b	ļ	X
		nswer is "Yes" to 1a or 1b, attach a de	•	activities and	copies o	of any materials p	ublishe	d or				
_		ited by the foundation in connection v										v
		foundation file Form 1120-POL for this yea								10		<u>X</u>
		e amount (if any) of tax on political expend					0.					
		the foundation > \$										
G		e reimbursement (if any) paid by the found $rs \triangleright \$$	adon during the year for p	onticai expenditi	ure tax imi	posea on toundation	on					
2	•	foundation engaged in any activities that h	ious not arouseusly boss ro	nadad ta tha ID	ca					2		X
		" attach a detailed description of the	•	porteu to the in	٥,					<u></u>		
		foundation made any changes, not previou		te governing in	etrument	articles of incorne	ration o					
•		or other similar instruments? If "Yes," at				articles of incorpo	ialion, c	′'		3		X
4a		foundation have unrelated business gross		-						4a		X
		has it filed a tax return on Form 990-T for		g tho your				N	/A	4b		 -
		re a liquidation, termination, dissolution, o	•	uring the vear?				_•		5		<u> </u>
		" attach the statement required by Ge		g j v					•	·····		······································
		requirements of section 508(e) (relating to		45) satisfied eitl	her							
		iguage in the governing instrument, or	· ·	•								
	By sta	ite legislation that effectively amends the g	overning instrument so tha	t no mandatory	directions	s that conflict with i	the state	law				
		in in the governing instrument?		·						6	X	
7	Did the	foundation have at least \$5,000 in assets a	t any time during the year?	•						7	Х	
		" complete Part II, col. (c), and Part X										
8a	Enter th	e states to which the foundation reports or	with which it is registered	(see instruction	is) 🕨							
	NE		<u> </u>									
b	If the an	swer is "Yes" to line 7, has the foundation t	furnished a copy of Form 9	90-PF to the Att	torney Ger	neral (or designate))					
	of each	state as required by General Instruction	G? If "No," attach expla	nation		•				8b	X	
9	Is the fo	undation claiming status as a private opera	ating foundation within the	meaning of sec	tion 4942((j)(3) or 4942(j)(5)	for cale	ndar				
	year 20	10 or the taxable year beginning in 2010 (s	ee instructions for Part XIV	/)? If "Yes," co	mplete F	Part XIV				9		X
10_	Did any	persons become substantial contributors	during the tax year? if "Yes,	attach a schedule	e listing thei	r names and addresse	15			10		X

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

Form 990-PF (2010) CHRISTENSEN CHARITABLE F			23-73646	52 Page 6		
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)			
	r to carry on, directly or indirectly or educational purposes, or the exceptions described octions)? Here the exceptions described octions)? Here om the tax because it maintated in the fax b	rectly, rec	es X No	5b		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X		
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax s	If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No					
b If 'Yes,' did the foundation receive any proceeds or have any net income attribution About Officers, Directors, Trusto		nogoro Highli		7b		
Part VIII Paid Employees, and Contractors	ees, i oulidation Ma	iliagers, riigili	,			
1 List all officers, directors, trustees, foundation managers and their	compensation.					
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances		
SEE STATEMENT 6		0.	0.	0.		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances		
NONE						
Total number of other employees paid over \$50,000	<u> </u>		<u> </u>	0		
The state of the s						

Form 990-PF (2010) CHRISTENSEN CHARITABLE FOUNDATIO	N, INC.	23-736	4652	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundar Paid Employees, and Contractors (continued)		Highly		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."			
(a) Name and address of each person paid more than \$50,000	(b) Ty	pe of service	(c) Com	pensation
NONE	_			
	.		-	
	4			
	-			
	\dashv			
	<u></u>			
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities			<u> </u>	0
	ical information such s	as the	. <u> </u>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers prod	uced, etc	is the	Expenses	;
1 N/A			•	
2				
3				
				
4				
Part IX-B Summary of Program-Related Investments				
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2		Amount	
1 N/A				
2				
	 			
All other program-related investments. See instructions				
3				
		-		
Total. Add lines 1 through 3		<u> </u>		0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a]	0.
b	Average of monthly cash balances	1b	381,133.
	Fair market value of all other assets	1c	<u> </u>
d	Total (add lines 1a, b, and c)	1d	381,133.
е	Reduction claimed for blockage or other factors reported on lines 1a and		· · ·
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	381,133.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	18,115.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	363,018.
6	Minimum investment return. Enter 5% of line 5	6	18,151.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	18,151.
2a	Tax on investment income for 2010 from Part VI, line 5		<u> </u>
b	Income tax for 2010 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	20	38.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	18,113.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	18,113.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	18,113.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	10,860.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	10,860.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	10,860.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for	the section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2010)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,		, , , , , , , , , , , , , , , , , , , ,		
line 7				18,113.
2 Undistributed income, if any, as of the end of 2010			_	
a Enter amount for 2009 only			0.	11111111111111111111111111111111111111
b Total for prior years		•		
		0.		
3 Excess distributions carryover, if any, to 2010				
a From 2005 29,778.				
b From 2006 40,537. c From 2007 3,163.				
1				
d From 2008				
8 From 2009	72 470			
f Total of lines 3a through e	73,478.			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 10,860.				
			0.	
a Applied to 2009, but not more than line 2a	·····		V •	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		·	······································	***************************************
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2010 distributable amount				10,860.
e Remaining amount distributed out of corpus	0.			10,000.
5 Excess distributions carryover applied to 2010	7,253.	***************************************		7,253.
(If an amount appears in column (d), the same amount must be shown in column (a))	,,233			.,,233.
6 Enter the net total of each column as indicated below:	55.005			:
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	66,225.			•
b Prior years' undistributed income. Subtract		•		
line 4b from line 2b		0.		······
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		0.		
d Subtract line 6c from line 6b Taxable				······
amount - see instructions		0.		
e Undistributed income for 2009 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				·
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				O.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			·····
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	22,525.			·····
9 Excess distributions carryover to 2011.	40 -00			
Subtract lines 7 and 8 from line 6a	43,700.			
10 Analysis of line 9				
a Excess from 2006 b Excess from 2007 40,537.				
1				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				

		ABLE FOUNDA			64652 Page 10			
Part XIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A				
1 a If the foundation has received a ruling o	r determination letter that	t it is a private operating						
foundation, and the ruling is effective fo	r 2010, enter the date of	the ruling	>					
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)								
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years					
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total			
investment return from Part X for								
each year listed					ł			
b 85% of line 2a								
c Qualifying distributions from Part XII,								
line 4 for each year listed								
d Amounts included in line 2c not								
used directly for active conduct of								
exempt activities								
e Qualifying distributions made directly								
for active conduct of exempt activities.								
Subtract line 2d from line 2c								
3 Complete 3a, b, or c for the				_				
afternative test relied upon								
a "Assets" alternative test - enter								
(1) Value of all assets								
(2) Value of assets qualifying								
under section 4942(j)(3)(B)(i)								
b "Endowment" alternative test - enter 2/3 of minimum investment return								
shown in Part X, line 6 for each year								
listed	<u> </u>							
c "Support" alternative test - enter								
(1) Total support other than gross								
investment income (interest,								
dividends, rents, payments on securities loans (section								
512(a)(5)), or royalties)			l		<u></u>			
(2) Support from general public								
and 5 or more exempt					-			
organizations as provided in section 4942(j)(3)(B)(III)								
(3) Largest amount of support from								
an exempt organization								
(4) Gross investment income								
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets			
at any time during t								
1 Information Regarding Foundation								
a List any managers of the foundation wh	-	than 2% of the total cont	ributions received by the	foundation before the clo	ice of any tay			
year (but only if they have contributed n			indutions recoived by the	Todildation before the cio	30 of any tax			
MARIAN CHRISTENSEN	. , ,	, ,, ,,						
b List any managers of the foundation wh	a own 10% or more of th	o ctock of a corporation /	or an aqually large north	on of the ownership of a r	ortnorohip or			
other entity) of which the foundation has			or an equally large porti	UII UI UIE UWIIEISIIIP UI A P	armership or			
NONE	, , , , , , , , , , , , , , , , , , ,	- ··						
	C+ Citt I	Cabalamakia ata Da						
2 Information Regarding Contribute								
Check here X if the foundation of the foundation makes gifts, grants, etc.								
	· · · · · · · · · · · · · · · · · · ·			Unipiete Reins Za, U, C, and	_			
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed					
								
b The form in which applications should b	e submitted and informa	tion and materials they sh	iould include					
c Any submission deadlines								
-,,,,- -								
d Any restrictions or limitations on awards	s, such as by geographic	ai areas, charitable fields,	kinds of institutions, or	other factors:				

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Yo		Payment		<u>-</u>
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year JUVENILE DIABETES RESEARCH FOUNDATION 120 WALL STREET, 19TH FLOOR NEW YORK, NY 10005	or substantial contributor NONE	PUBLIC	COMMUNITY SUPPORT	10,000.
Total			▶ 3a	10,000.
b Approved for future payment NONE			> 2h	

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated	Unrelated	d business income	Exclu	ded by section 512, 513, or 514	(e)	
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
•	Code		adde			
a	-		 		 	
b			<u> </u>			
C	-		<u> </u>			
d	_		<u> </u>			
e	_		ļ			
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash					<u> </u>	
investments			14	2,739.		
4 Dividends and interest from securities			1			
5 Net rental income or (loss) from real estate			<u> </u>			
a Debt-financed property			1			
b Not debt-financed property						
			<u> </u>			
6 Net rental income or (loss) from personal						
property		 .	 			
7 Other investment income			-		 	
8 Gain or (loss) from sales of assets other	i l					
than inventory			_			
9 Net income or (loss) from special events			ļ			
10 Gross profit or (loss) from sales of inventory			ļ			
11 Other revenue						
a						
b						
C	_					
d	I I					
8						
12 Subtotal Add columns (b), (d), and (e)		0.		2,739.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	2,739.	
(See worksheet in line 13 instructions to verify calculations)				· · · · · · —	<u>, </u>	
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other the	come is reported in	n column (e) of Part XVI-A			plishment of	
			_			
	-					

Pa	rt XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable	
		Exempt Organizations	
4	Did the ave	Voc	s No

1 110	tne org	anization directly or indir	rectly engage in any (ot the tollowin	g with any other organizati	on described in	section 501(c) of	1 '	res	NO
the	Code (d	other than section 501(c))(3) organizations) oi	r ın section 52	7, relating to political organ	nizations?				
a Tra	nsfers f	rom the reporting founda	ation to a noncharitat	ble exempt org	ganization of			'		
(1)	Cash							1a(1)		Х
(2)	Other	assets						1a(2)		X
		actions	•				•			
(1)	Sales	of assets to a noncharital	ble exempt organizat	ion				1b(1)]	Х
		ases of assets from a nor				•		1b(2)		X
		of facilities, equipment,		- igamention				1b(3)		X
		ursement arrangements	01 011101 033013					1b(4)		X
		or loan guarantees								X
		mance of services or me		una aaliadatia				1b(5)		X
			•	•				1b(6)		X
	-	facilities, equipment, mai	-		· •			10		
							fair market value of the goods,		ets,	
					eo iess than fair market vaii	ue in any transa	ction or sharing arrangement,	snow in		
		the value of the goods, o				(4) -				
(a) Line no	, (b) Amount involved	(c) Name of		exempt organization	(U) Descr	nption of transfers, transactions, and	sharing an	rangeme	nts
	-			N/A			·			
	-					<u> </u>				
	-									
					. <u> </u>					
					-					
							·		-	
2a Isti	ne found	dation directly or indirect	tly affiliated with, or re	elated to, one	or more tax-exempt organi	zations describe	ed			
		501(c) of the Code (other	·				Γ	Yes	X	No
		mplete the following sche		· //	• •					
		(a) Name of org			(b) Type of organization		(c) Description of relations	hip		
-		N/A					· <u></u> ` · · - · · · · · · · · · · · · · · · ·	·		
					 					
	-				-					
					.,					
	Under	penalties of perjury. I declare	that I have examined th	nis return, includi	ng accompanying schedules an	d statements, and	to the best of my knowledge and be	lief, it is to	Je, come	
Sign					ased on all information of which			,	,	34
Here	Y	Mariam	Chenta	M h h an	/ 11-20.	-11	PRESIDENT			
		Signature of officer or tru	reteg		Data	- 1)	THIS			
		Print/Type preparer's na		Preparer's si	Date	Data	Check If PTIN			
		•• • •		1	ynature	Date	self- employed			
Daid		DELMAR A.	TIENEMANN	12 2	:	11-6-11	Seil- employed			
Paid		JR.	TTDATEA	<u>⊅.~.⊬</u>	Mary D. C.					
Prepa		Firm's name ► D.A	. LIENEMA	MN C.P	.A., P.C.		Firm's EIN ►			
Use C		Francis address b 10	22 DI 1774 C	mp n n n			-			
		Firm's address ► 13								
		LI	NCOLN, NE	68502				<u>) 435</u>		
							Fo	rm 990	-PF (2010)

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-E2, or 990

CHRISTENSEN CHARITABLE FOUNDATION, INC.

23-7364652

Organizatio	n type (check one)):	23 /304032
Filers of:	S	Section:	
Form 990 or	990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 990-PF	: []	X 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Note. Only a	section 501(c)(7), e	covered by the General Rule or a Special Rule . 1, (8), or (10) organization can check boxes for both the General Rule and a Special Rule and	
	tributor. Complete	e Parts I and II.	
509	a section 501(c)(3 (a)(1) and 170(b)(1	3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regul 1)(A)(vi), and received from any one contributor, during the year, a contribution of the gi Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
agg	regate contribution	7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or elty to children or animals. Complete Parts I, II, and III.	
con If th pur	tributions for use ones of the compose. Do not comp	7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of contributions did not agging the religious, charitable, etc., purposes, but these contributions did not agging, enter here the total contributions that were received during the year for an exclusively applied any of the parts unless the General Rule applies to this organization because it refect, contributions of \$5,000 or more during the year.	regate to more than \$1,000. religious, chantable, etc.,
but it must a that it does n	nswer "No" on Pa not meet the filing	t is not covered by the General Rule and/or the Special Rules does not file Schedule B (art IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	of its Form 990-PF, to certify

	1 .	1	
age	⊥ of	Т.	of Part I

Schedule E	3 (Form	990.	990-EZ.	or 990-PF	1 (2010)

Name of organization

Employer Identification number

CHRISTENSEN CHARITABLE FOUNDATION, INC.

23-7364652

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MARIAN CHRISTENSEN 9145 PIONEER COURT LINCOLN, NE 68520	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
23452 12-2	3-10	Schedule B (Form	990, 990-EZ, or 990-PF) (2010)

Schedule B (Fo	orm 990, 990	-EZ, or 990-	-PF) (2010)
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Name of organization

Page of of Employer identification number

CHRISTENSEN CHARITABLE FOUNDATION, INC.

23-7364652

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	

90, 990-EZ, or 990-PF) (2010)		Page of o					
ation		Employer identification number					
Exclusively religious, charitable, etc., i more than \$1,000 for the year. Complet Part III, enter the total of exclusively religi	ndividual contributions to section te columns (a) through (e) and the four ous, charitable, etc., contributions	following line entry. For organizations completing of					

(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift						
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
(e) Transfer of gift							
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Transferee's name, address, a	Relationship of transferor to transferee						
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift						
	SEN CHARITABLE FOUND Exclusively religious, charitable, etc., i more than \$1,000 for the year. Complet Part III, enter the total of exclusively religi \$1,000 or less for the year. (Enter this in (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift Transferee's name, address, a	ASEN CHARITABLE FOUNDATION, INC. Exclusively religious, charitable, etc., individual contributions to section more than \$1,000 for the year. Complete columns (a) through (e) and the I Part IIII, enter the total of exclusively religious, charitable, etc., contributions \$1,000 or less for the year. (Enter this information once. See instructions.) (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Transfer of gift (e) Use of gift					

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CASH II	NVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
CORNHUSKER BANK MORGAN STANLEY SMITH BARNEY			- -	2,677. 62.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=	2,739.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOMI	(D) CHARITABLE PURPOSES
ACCOUNTING SERVICES	745.	745.		745.
TO FORM 990-PF, PG 1, LN 16B	745.	745.		745.
FORM 990-PF	TAX	ES	***	STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOMI	(D) CHARITABLE PURPOSES
SECTION 4940 TAX	45.	0.		45.
TO FORM 990-PF, PG 1, LN 18	45.	0.	-	45.
		XPENSES		STATEMENT 4
FORM 990-PF	OTHER E	AFENDED		STATEMENT 4
DESCRIPTION	(A) EXPENSES	(B)		(D) CHARITABLE
	(A) EXPENSES	(B) NET INVEST- MENT INCOME	ADJUSTED	(D) CHARITABLE

FOOTNOTES

STATEMENT

5

FORM 990-PF, PART X, LINE 4

BASED ON THE FOUNDATION'S PROJECTED CONTRIBUTIONS AND OPERATING EXPENSES FOR THE NEXT FISCAL YEAR, THE FOUNDATION HAS SET ASIDE CASH FOR CHARITABLE ACTIVITIES IN THE AMOUNT OF - - - - -

18,115.

		FOUNDATION MANAGERS		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
MARIAN CHRISTENSEN 9145 PIONEER COURT LINCOLN, NE 68520	PRESIDENT/TREAS	SURER 0.	0.	0.
DEL LIENEMANN, SR. 1516 SUNBURST LANE LINCOLN, NE 68506	SECRETARY 1.00	0.	0.	0.
BRIAN CHRISTENSEN 1540 ADAMS STREET LINCOLN, NE 68521	VICE-PRESIDENT 1.00	0.	0.	0.
RICHARD CHRISTENSEN 1901 DEVONSHIRE DRIVE LINCOLN, NE 68506	DIRECTOR 1.00	0.	0.	0.
JOANN KEMIST 165 BROOKWOOD ROAD WOODSIDE, CA 94062	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.