



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

**2009**

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

For calendar year 2009, or tax year beginning , 2009, and ending , 20

G Check all that apply  Initial return  Initial return of a former public charity  Final return  
 Amended return  Address change  Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation THE HAROLD W. SIEBENS CHARITABLE FOUNDATION, INC.	A Employer identification number 13-3666768
	Number and street (or P O box number if mail is not delivered to street address) Room/suite C/O MCDERMOTT WILL & EMERY LLP 17TH FL	B Telephone number (see page 10 of the instructions) (212) 547-5699
	City or town, state, and ZIP code NEW YORK, NY 10173-1922	

H Check type of organization  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 3,736,619.

J Accounting method  Cash  Accrual  
 Other (specify) \_\_\_\_\_  
 (Part I, column (d) must be on cash basis)

C If exemption application is pending, check here . . . . .   
 D 1 Foreign organizations, check here . . . . .   
 2 Foreign organizations meeting the 85% test, check here and attach computation . . . . .   
 E If private foundation status was terminated under section 507(b)(1)(A), check here . . . . .   
 F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . . .

**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)	5,135,549			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B. . . . .				
3 Interest on savings and temporary cash investments	91,155	91,155		
4 Dividends and interest from securities . . . . .				
5a Gross rents . . . . .				
b Net rental income or (loss) . . . . .				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a . . . . .				
7 Capital gain net income (from Part IV, line 2)				
8 Net short-term capital gain . . . . .				
9 Income modifications . . . . .				
10a Gross sales less returns and allowances . . . . .				
b Less Cost of goods sold . . . . .				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	5,226,704	91,155		
13 Compensation of officers, directors, trustees, etc. . . . .	0			
14 Other employee salaries and wages . . . . .	352,341	0	0	352,341
15 Pension plans, employee benefits . . . . .				
16a Legal fees (attach schedule) . . . . .	36,250	0	0	36,250
b Accounting fees (attach schedule) ATCH 1 . . . . .	4,000	2,000	0	2,000
c Other professional fees (attach schedule) . . . . .				
17 Interest . . . . .				
18 Taxes (attach schedule) (see page 14 of the instructions) * *	25,372	0	0	24,083
19 Depreciation (attach schedule) and depletion . . . . .	3,012	0	0	
20 Occupancy . . . . .	11,220	0	0	11,220
21 Travel, conferences, and meetings . . . . .	29,151	0	0	29,151
22 Printing and publications . . . . .				
23 Other expenses (attach schedule) ATCH 3 . . . . .	27,291	127	0	23,630
24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	488,637	2,127	0	478,675
25 Contributions, gifts, grants paid . . . . .	4,154,971			4,154,971
26 Total expenses and disbursements Add lines 24 and 25	4,643,608	2,127	0	4,633,646
27 Subtract line 26 from line 12	583,096			
a Excess of revenue over expenses and disbursements		89,028		
b Net investment income (if negative, enter -0-)				
c Adjusted net income (if negative, enter -0-)			-0-	

RECEIVED  
 NOV 22 2010  
 IRS-OSC  
 OGDEN, UT.

P 2

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash - non-interest-bearing		34,768.	194,741.	194,741.	
	2	Savings and temporary cash investments		481,125.	913,636.	913,636.	
	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 (attach schedule) (see page 16 of the instructions)					
	7	Other notes and loans receivable (attach schedule)					
		Less allowance for doubtful accounts					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges			1,201.	3,158.	3,158.
	10 a	Investments - U S and state government obligations (attach schedule) **			2,697,450.	2,598,250.	2,598,250.
	b	Investments - corporate stock (attach schedule)					
	c	Investments - corporate bonds (attach schedule)					
	11	Investments - land, buildings, and equipment basis					
	Less accumulated depreciation (attach schedule)						
12	Investments - mortgage loans						
13	Investments - other (attach schedule)						
14	Land, buildings, and equipment basis	20,362.					
	Less accumulated depreciation (attach schedule)	17,114.		2,937.	3,248.	3,248.	
15	Other assets (describe ATCH 5)			29,640.	23,586.	23,586.	
16	<b>Total assets</b> (to be completed by all filers - see the instructions Also, see page 1, item I)			3,247,121.	3,736,619.	3,736,619.	
Liabilities	17	Accounts payable and accrued expenses		1,121.	6,723.		
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe)					
23	<b>Total liabilities</b> (add lines 17 through 22)			1,121.	6,723.		
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/>			<b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
	<b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.</b> <input checked="" type="checkbox"/>						
	27	Capital stock, trust principal, or current funds					
	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds			3,246,000.	3,729,896.	
30	<b>Total net assets or fund balances</b> (see page 17 of the instructions)			3,246,000.	3,729,896.		
31	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions)			3,247,121.	3,736,619.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,246,000.
2	Enter amount from Part I, line 27a	2	583,096.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	3,829,096.
5	Decreases not included in line 2 (itemize) ATTACHMENT 6	5	99,200.
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30	6	3,729,896.

\*\* ATCH 4

Form 990-PF (2009)

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)				(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
b						
c						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)			
a						
b						
c						
d						
e						
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 Losses (from col (h))			
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any				
a						
b						
c						
d						
e						
2 Capital gain net income or (net capital loss) . . . . .	{ If gain, also enter in Part I, line 7 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. . . . .	}		3			

**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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? . . . . .  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	3,892,265.	3,448,070.	1.128824
2007	3,528,753.	2,623,218.	1.345200
2006	2,750,661.	1,966,633.	1.398665
2005	3,114,512.	1,166,885.	2.669082
2004	2,522,211.	848,155.	2.973762
2 Total of line 1, column (d) . . . . .			2 9.515533
3 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 . . . . .			3 1.903107
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 . . . . .			4 4,923,318.
5 Multiply line 4 by line 3 . . . . .			5 9,369,601.
6 Enter 1% of net investment income (1% of Part I, line 27b) . . . . .			6 890.
7 Add lines 5 and 6 . . . . .			7 9,370,491.
8 Enter qualifying distributions from Part XII, line 4 . . . . . 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			8 4,633,646.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

Table with 11 rows for excise tax calculations. Includes sub-rows 6a-6d for credits and payments. Total tax due is 130, with 130 refunded.

Part VII-A Statements Regarding Activities

Table with 10 rows of activity statements. Includes questions about political influence, unrelated business income, and state registration. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

11 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) . . . . . 11 X
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? . . . . . 12 X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . . 13 X
Website address N/A
14 The books are in care of DON HOBSBAWN Telephone no (403) 243-7644
Located at 200-815-17 AVE. SW, CALGARY, AB, CANADA ZIP + 4 T2T-0A1
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.

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 No X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . Yes No X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . Yes No X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . Yes No X
(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)? . . . . . Yes No X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the 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) . . . . . Yes No X
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)? . . . . . 1b
Organizations relying on a current notice regarding disaster assistance check here . . . . .
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009? . . . . . 1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? . . . . . Yes No X
If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (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.) . . . . . 2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . Yes No X
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 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) . . . . . 3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . 4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? . . . . . 4b X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

- 5a** During the year did the foundation pay or incur any amount to
- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No
  - (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No
  - (3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No
  - (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions).  Yes  No
  - (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No
- b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? **5b**
- Organizations relying on a current notice regarding disaster assistance check here
- c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
If "Yes," attach the statement required by Regulations section 53.4945-5(d)
- 6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b**  Yes  No  
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  No
- b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **7b**  Yes  No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(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
ATTACHMENT 7		0.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). 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
ATTACHMENT 8		352,341.	0.	0.

**Total number of other employees paid over \$50,000**  0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."**

(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 . . . . . NONE

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
-----	
2	
-----	
3	
-----	
4	
-----	

**Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
-----	
2	
-----	
All other program-related investments See page 24 of the instructions	
3 NONE	
-----	
Total. Add lines 1 through 3 . . . . .	



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	3,364,187.
b	Average of monthly cash balances	1b	1,634,105.
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	<b>Total</b> (add lines 1a, b, and c)	1d	4,998,292.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,998,292.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	74,974.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,923,318.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	246,166.

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part)

1	Minimum investment return from Part X, line 6	1	246,166.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	1,781.
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	1,781.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	244,385.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	244,385.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	244,385.

**Part XII Qualifying Distributions** (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	4,633,646.
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	0.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	4,633,646.
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 (see page 26 of the instructions)	5	N/A
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	4,633,646.

**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

**Part XIII Undistributed Income** (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
<b>1</b> Distributable amount for 2009 from Part XI, line 7 . . . . .				244,385.
<b>2</b> Undistributed income, if any, as of the end of 2009				
<b>a</b> Enter amount for 2008 only . . . . .			0.	
<b>b</b> Total for prior years 20 07, 20 06, 20 05 . . . . .		0.		
<b>3</b> Excess distributions carryover, if any, to 2009				
<b>a</b> From 2004 . . . . .	2,479,835.			
<b>b</b> From 2005 . . . . .	3,056,348.			
<b>c</b> From 2006 . . . . .	2,653,179.			
<b>d</b> From 2007 . . . . .	3,399,309.			
<b>e</b> From 2008 . . . . .	3,721,150.			
<b>f</b> Total of lines 3a through e . . . . .	15,309,821.			
<b>4</b> Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 4,633,646.				
<b>a</b> Applied to 2008, but not more than line 2a . . . . .			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see page 26 of the instructions) . . . . .		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see page 26 of the instructions) . . . . .	0.			
<b>d</b> Applied to 2009 distributable amount . . . . .				244,385.
<b>e</b> Remaining amount distributed out of corpus . . . . .	4,389,261.			
<b>5</b> Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a) ) . . . . .	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5 . . . . .	19,699,082.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0.		
<b>c</b> 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.		
<b>d</b> Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions . . . . .		0.		
<b>e</b> Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions . . . . .			0.	
<b>f</b> Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010 . . . . .				0.
<b>7</b> 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) . . . . .	0.			
<b>8</b> Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .	2,479,835.			
<b>9</b> Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a . . . . .	17,219,247.			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2005 . . . . .	3,056,348.			
<b>b</b> Excess from 2006 . . . . .	2,653,179.			
<b>c</b> Excess from 2007 . . . . .	3,399,309.			
<b>d</b> Excess from 2008 . . . . .	3,721,150.			
<b>e</b> Excess from 2009 . . . . .	4,389,261.			

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9) NOT APPLICABLE

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling

Empty box for ruling date

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 income from Part I or the minimum investment return from Part X for each year listed

Table with columns: Tax year (a) 2009, Prior 3 years (b) 2008, (c) 2007, (d) 2006, (e) Total

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 alternative 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

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)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii)

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here [X] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

**Part XV** Supplementary Information (continued)

**3** Grants and Contributions Paid During the Year or Approved for Future Payment

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
<p><b>a</b> Paid during the year</p> <p>ATTACHMENT 9</p>				
<b>Total.</b> . . . . . ▶ <b>3a</b>				4,154,971.
<p><b>b</b> Approved for future payment</p> <p>ATTACHMENT 10</p>				2,578,173.
<b>Total.</b> . . . . . ▶ <b>3b</b>				2,578,173.

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

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments . . . . .					
<b>3</b> Interest on savings and temporary cash investments			14	91,155.	
<b>4</b> Dividends and interest from securities . . . . .					
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property . . . . .					
<b>b</b> Not debt-financed property . . . . .					
<b>6</b> Net rental income or (loss) from personal property .					
<b>7</b> Other investment income . . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory					
<b>9</b> Net income or (loss) from special events . . . .					
<b>10</b> Gross profit or (loss) from sales of inventory . .					
<b>11</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e) . . . . .				91,155.	
<b>13</b> <b>Total.</b> Add line 12, columns (b), (d), and (e) . . . . .				<b>13</b> 91,155.	91,155.

(See worksheet in line 13 instructions on page 28 to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions )
	NOT APPLICABLE

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- a** Transfers from the reporting foundation to a noncharitable exempt organization of
    - (1) Cash . . . . . **1a(1)**  Yes  No
    - (2) Other assets . . . . . **1a(2)**  Yes  No
  - b** Other transactions
    - (1) Sales of assets to a noncharitable exempt organization . . . . . **1b(1)**  Yes  No
    - (2) Purchases of assets from a noncharitable exempt organization . . . . . **1b(2)**  Yes  No
    - (3) Rental of facilities, equipment, or other assets . . . . . **1b(3)**  Yes  No
    - (4) Reimbursement arrangements . . . . . **1b(4)**  Yes  No
    - (5) Loans or loan guarantees . . . . . **1b(5)**  Yes  No
    - (6) Performance of services or membership or fundraising solicitations . . . . . **1b(6)**  Yes  No
  - c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . . **1c**  Yes  No
- d** If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
	N/A		N/A

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge

**Sign Here**

Signature of officer or trustee: *[Signature]* Date: 11/15/10 Title: Director

<b>Paid Preparer's Use Only</b>	Preparer's signature: <i>[Signature]</i> Date: 11/11/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See Signature on page 30 of the instructions) P00741489
	Firm's name (or yours if self-employed), address, and ZIP code: KPMG LLP 345 PARK AVENUE NEW YORK, NY 10154-0102		

# Schedule of Contributors

2009

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

Name of the organization THE HAROLD W. SIEBENS CHARITABLE FOUNDATION, INC.	Employer identification number 13-3666768
--	--

Organization type (check one)

Filers of:

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

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **THE HAROLD W. SIEBENS CHARITABLE FOUNDATION, INC.** Employer identification number **13-3666768**

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SEACAY CORPORATION SUITE 200-815-17 AVENUE SW T2T 0A1 CALGARY ALBERTA CANADA	\$ 1,972,536.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	FAMSEA CORPORATION SUITE 200-815-17 AVENUE SW T2T 0A1 CALGARY ALBERTA CANADA	\$ 3,118,913.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	SEAFAM CORPORATION SUITE 200-815-17 AVENUE SW T2T 0A1 CALGARY ALBERTA CANADA	\$ 44,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)



ATTACHMENT 1

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
TAX PREPARATION FEES	4,000.	2,000.		2,000.
TOTALS	<u>4,000.</u>	<u>2,000.</u>	<u>0.</u>	<u>2,000.</u>

ATTACHMENT 2

FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
EXCISE TAXES	1,289.	0.	0.	0.
PAYROLL TAXES	24,083.	0.	0.	24,083.
TOTALS	<u>25,372.</u>	<u>0.</u>	<u>0.</u>	<u>24,083.</u>

ATTACHMENT 3

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
BANK CHARGES	127.	127.	0.	0.
COMPUTER EXPENSE	483.	0.	0.	483.
GOODWILL & PROMOTION	1,805.	0.	0.	1,805.
PROFESSIONAL DEVELOPMENT	8,070.	0.	0.	4,536.
INSURANCE	2,796.	0.	0.	2,796.
OFFICE SUPPLIES & SUNDRIES	2,568.	0.	0.	2,568.
TELEPHONE	6,856.	0.	0.	6,856.
FEES & DUES	2,239.	0.	0.	2,239.
PAYROLL PROCESSING FEES	2,264.	0.	0.	2,264.
OTHER EXPENSES	83.	0.	0.	83.
<b>TOTALS</b>	<b>27,291.</b>	<b>127.</b>	<b>0.</b>	<b>23,630.</b>

FORM 990-PF

PART II, LINE 14

LAND, BUILDING, AND EQUIPMENT:

	<u>COST</u>	<u>ACCUMULATED DEPRECIATION</u>	<u>NET</u>	<u>DEPRECIATION, DEPLETION, ETC.</u>
OFFICE EQUIPMENT AND FURNISHINGS	6,587	6,328	259	87
COMPUTER EQUIPMENT	13,775	10,786	2,989	2,925
SUBTOTAL	<u>20,362</u>	<u>17,114</u>	<u>3,248</u>	<u>3,012</u>

THE HAROLD W. SIEBENS CHARITABLE

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

ATTACHMENT 4

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
US TREASURY NOTE	2,598,250.	2,598,250.
US OBLIGATIONS TOTAL	<u>2,598,250.</u>	<u>2,598,250.</u>

THE HAROLD W. SIEBENS CHARITABLE

FORM 990PF, PART II - OTHER ASSETS

ATTACHMENT 5

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
EXPENSE ADVANCES RECOVERABLE	3,625.	3,625.
ACCRUED INTEREST RECEIVABLE	19,961.	19,961.
TOTALS	<u>23,586.</u>	<u>23,586.</u>

ATTACHMENT 6

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED LOSSES ON INVESTMENT	99,200.
TOTAL	<u>99,200.</u>

THE HAROLD W. SIEBENS CHARITABLE

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 7

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS  
EXPENSE ACCT AND OTHER ALLOWANCES

COMPENSATION

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS

0. 0. 0.

DIRECTOR  
3.00

STEWART D. SIEBENS  
C/O SUITE 200-815-17 AVENUE SW  
T2T 0A1  
CALGARY  
ALBERTA  
CANADA

0. 0. 0.

DIRECTOR  
3.00

W CARTER SIEBENS  
C/O SUITE 200-815-17 AVENUE SW  
T2T 0A1  
CALGARY  
ALBERTA  
CANADA

0. 0. 0.

DIRECTOR  
3.00

JAMES G MCKEE  
C/O SUITE 200-815-17 AVENUE SW  
T2T 0A1  
CALGARY  
ALBERTA  
CANADA

0. 0. 0.

DIRECTOR  
3.00

HEATHER RAE JOHNSON  
C/O SUITE 200-815-17 AVENUE SW  
T2T 0A1  
CALGARY  
ALBERTA  
CANADA



THE HAROLD W. STIEBENS CHARITABLE

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 7 (CONT'D)

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

EXPENSE ACCT AND OTHER ALLOWANCES

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS

0. 0. 0.

0. 0. 0.

0. 0. 0.

0. 0. 0.

DIRECTOR 3.00

HENRY CHRISTENSEN III  
C/O MCDERMOTT WILL & EMERY LLP  
340 MADISON AVENUE 17TH FL  
NEW YORK, NY 10173-1922

0. 0. 0.

0. 0. 0.

0. 0. 0.

0. 0. 0.

DIRECTOR 3.00

JAY E RIVLIN  
C/O MCDERMOTT WILL & EMERY LLP  
340 MADISON AVENUE 17TH FL  
NEW YORK, NY 10173-1922

0. 0. 0.

0. 0. 0.

0. 0. 0.

0. 0. 0.

GRAND TOTALS

THE HAROLD W. SIEBENS CHARITABLE

990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

ATTACHMENT 8

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES
KAREN LEVY C/O MCDERMONTT WILL & EMERY LL NEW YORK, NY 10173-1922	PROGRAM OFFICER 40.00	132,440.	0.
MONICA FISCHER C/O MCDERMOTT WILL & EMERY LLP NEW YORK, NY 10173-1922	PROGRAM OFFICER 40.00	125,666.	0.
JEREMY MUELLER C/O MCDERMOTT WILL & EMERY LLP NEW YORK, NY 10173-1922	PROGRAM OFFICER 40.00	94,235.	0.
TOTAL COMPENSATION		352,341.	0.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BIG SPRINGS MEDICAL ASSOCIATION PO BOX 157 ELLINGTON, MO 63638	NO RELATIONSHIP EXEMPT/CHARITABLE	BIG SPRINGS DENTAL CLINIC EXPANSION SALARY	50,000
CAMP HERTKO HOLLOW INC 101 LOCUST STREET DES MOINES, IA 50309	NO RELATIONSHIP EXEMPT/CHARITABLE	CAMPERSHIPS - 2009	19,500.
CENTRAL IOWA SHEULTER AND SERVICES 205 15TH STREET DES MOINES, IA 50309-3405	NO RELATIONSHIP EXEMPT/CHARITABLE	MULTI-YEAR GENERAL OPERATING	94,410.
CITY ACADEMY INC 4175 NORTH KINGSHIGHWAY BLVD ST LOUIS, MO 63115	NO RELATIONSHIP EXEMPT/CHARITABLE	SCHOLASTIC PLAN FOR GROWTH	25,000
COALITION AGAINST RAPE AND DOM VIOL OF CALWAY COTY PO BOX 786 FULTON, MO 65251	NO RELATIONSHIP EXEMPT/CHARITABLE	MULTI-YEAR PREVENTION EDUCATION	25,000.
COMM ACTION PARTNERSHIP OF GREATER ST JOSEPH 817 MONTEREY STREET, PO BOX 3068 ST. JOSEPH, MO 64503	NO RELATIONSHIP EXEMPT/CHARITABLE	CAP REACHING HIGHER EMERGENCY ASSISTANCE	25,000.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
EL CENTRO LATINOAMERICANO 500 EAST 4TH STREET, SUITE 310 WATERLOO, IA 50703	NO RELATIONSHIP EXEMPT/CHARITABLE	GENERAL OPERATING	30,000
INTERFAITH HOUSING COALITION PO BOX 720206 DALLAS, TX 75372-0206	NO RELATIONSHIP EXEMPT/CHARITABLE	2008-2010 OPERATING - CASE MANAGEMENT SUPPORT	25,000
IOWA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS PO BOX 1382 JOHNSTON, IA 50131	NO RELATIONSHIP EXEMPT/CHARITABLE	REACH OUT AND READ IOWA EXPANSION	32,000.
IOWA CREDIT UNION FOUNDATION INC 1500 NW 118TH STREET CLIVE, IA 50325	NO RELATIONSHIP EXEMPT/CHARITABLE	ADMINISTRATION	31,697
IOWA HOME OWNERSHIP EDUCATION PROJECT INC 217 52ND STREET DES MOINES, IA 50132	NO RELATIONSHIP EXEMPT/CHARITABLE	OPERATING	20,000
IOWA LEGAL AID 1111 9TH STREET, SUITE 230 DES MOINES, IA 50314-2527	NO RELATIONSHIP EXEMPT/CHARITABLE	EQUAL JUSTICE PROJECT	79,524

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
IOWA WOMEN'S FOUNDATION 320 KIRKWOOD AVENUE IOWA CITY, IA 52240	NO RELATIONSHIP EXEMPT/CHARITABLE	EXECUTIVE DIRECTOR SALARY	56,475
IRVING CARES INC 440 SOUTH NURSERY ROAD, PO BOX 177425 IRVING, TX 75017-7425	NO RELATIONSHIP EXEMPT/CHARITABLE	EMERGENCY ASSISTANCE PROGRAM	16,000
JACKSON RECOVERY CENTERS INC 800 5TH STREET, SUITE 200 SIOUX CITY, IA 51101	NO RELATIONSHIP EXEMPT/CHARITABLE	SANCTUARY TRANSITIONAL LIVING DAYCARE	34,984
KID NET FOUNDATION PO BOX 140085 DALLAS, TX 75214	NO RELATIONSHIP EXEMPT/CHARITABLE	FOSTER AND ADOPTIVE FAMILY PROGRAM	50,000
LUTHERAN SERVICES IN IOWA INC 3125 COTTAGE GROVE AVENUE DES MOINES, IA 50311	NO RELATIONSHIP EXEMPT/CHARITABLE	MUSCATINE REFUGEE RESETTLEMENT PROGRAM	19,500
MIDLAND FAIR HAVENS INC 2400 WHITMIRE BLVD, SUITE 100 MIDLAND, TX 79705	NO RELATIONSHIP EXEMPT/CHARITABLE	CHILDREN'S ENRICHMENT CENTER	35,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
OPENING DOORS 1561 JACKSON DUBUQUE, IA 52001	NO RELATIONSHIP EXEMPT/CHARITABLE	OPERATING	75,000
OZARKS FOOD HARVEST INCORPORATED 615 NORTH GLENSTONE AVENUE SPRINGFIELD, MO 65802	NO RELATIONSHIP EXEMPT/CHARITABLE	SUPPLEMENTAL CAPITAL	200,000
PHELPS COUNTY FAMILY CRISIS SERVICES INC PO BOX 2259 ROLLA, MO 65401	NO RELATIONSHIP EXEMPT/CHARITABLE	TEEN VIOLENCE PREVENTION EDUCATION	50,000
PREVENT CHILD ABUSE IOWA 505 5TH AVENUE, SUITE 800 DES MOINES, IA 50309	NO RELATIONSHIP EXEMPT/CHARITABLE	SEXUAL ABUSE PREVENTION, COMMUNITY PARTNERSHIP FOR PROTECTING CHILDREN & FUND DEVELOPMENT CONSULTING ASSISTANCE	125,000
R O W INC 2229 PINE STREET ST LOUIS, MO 63103	NO RELATIONSHIP EXEMPT/CHARITABLE	FINANCIAL LITERACY STAFF SALARY AND BENEFITS	36,000.
ROMAN CATHOLIC DIOCESE OF DES MOINES 601 GRAND AVENUE DES MOINES, IA 50309	NO RELATIONSHIP EXEMPT/CHARITABLE	ST MARY FAMILY CENTER FOOD PANTRY IMPROVEMENTS	28,147

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ROY MAAS YOUTH ALTERNATIVES INC 3103 WEST AVENUE SAN ANTONIO, TX 78213	NO RELATIONSHIP EXEMPT/CHARITABLE	2009-2011 TURNING POINT INDEPENDENT LIVING PROGRAM	40,000.
SERVE INCORPORATED 4901 COUNTY ROAD 304 FULTON, MO 65251	NO RELATIONSHIP EXEMPT/CHARITABLE	FOOD PANTRY CAPITAL AND GARDENING INITIATIVE	25,000
THE CENTER FOR FAMILY RESOURCES INC 2770 N DOUGLAS MALDEN, MO 63863	NO RELATIONSHIP EXEMPT/CHARITABLE	FAMILY SUPPORT OUTREACH VEHICLE PURCHASE AND MILEAGE REIMBURSEMENT	22,320
THE HERBERT HOOVER BOYS AND GIRLS CLUB OF ST LOUIS 2901 NORTH GRAND ST LOUIS, MO 63107	NO RELATIONSHIP EXEMPT/CHARITABLE	MULTI-YEAR EXPANSION OPERATING	50,000
THE SALVATION ARMY 6500 HARRY HINES BOULEVARD, PO BOX 36607 DALLAS, TX 75235-1607	NO RELATIONSHIP EXEMPT/CHARITABLE	2009-2010 EMERGENCY ASSISTANCE - TEXAS PANHANDLE REGION	49,000
YOUNG WOMENS CHRISTIAN ASSN OF ST JOSEPH MISSOURI 304 NORTH 8TH ST JOSEPH, MO 64501	NO RELATIONSHIP EXEMPT/CHARITABLE	SHELTER MANAGER SALARY AND BENEFIT AND MULTI-YEAR WOMEN'S SHELTER SALARY AND BENEFITS	84,662

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
YOUTH AND SHELTER SERVICES INC 420 KELLOGG AVENUE, PO BOX 1628 AMES, IA 50010-1628	NO RELATIONSHIP EXEMPT/CHARITABLE	IOWA HOMELESS YOUTH CENTERS JOB COACH	16,896
EMPLOYEE CHARITABLE DONATION MATCHING PROGRAM 340 MADISON AVENUE NEW YORK, NY 10173	NO RELATIONSHIP EXEMPT/CHARITABLE	MATCHING PROGRAM	5,000
ABUSE VICTIMS EDUCATION NETWORK UNIFIED P O BOX 284 HANNIBAL, MO 63401	NO RELATIONSHIP EXEMPT/CHARITABLE	CLIENT EMERGENCY ASSISTANCE AND RELOCATION	20,000.
ABUSE VICTIMS EDUCATION NETWORK UNIFIED P O. BOX HANNIBAL, MO 63401	NO RELATIONSHIP EXEMPT/CHARITABLE	DEVELOPMENT SPECIALIST STAFF SALARY AND BENEFITS PILOT	35,768
AFFORDABLE HOUSING NETWORK, INC 5400 KIRKWOOD BOULEVARD SW CEDAR RAPIDS, IA 52404	NO RELATIONSHIP EXEMPT/CHARITABLE	PARTNERSHIP CAPACITY	24,000.
AUDRAIN COUNTY CRISIS INTERVENTION SERVICES P O BOX 181 MEXICO, MO 65265	NO RELATIONSHIP EXEMPT/CHARITABLE	PASSENGER VAN PURCHASE	23,626



FORM 990FF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CATHOLIC COUNCIL FOR SOCIAL CONCERN, INC. 601 GRAND AVENUE DES MOINES, IA 50306	NO RELATIONSHIP EXEMPT/CHARITABLE	PARISH OUTREACH LIAISON	42,023
CENTRAL DALLAS FOOD PANTRY P O BOX 710385 DALLAS, TX 75371	NO RELATIONSHIP EXEMPT/CHARITABLE	2009-2010 TRAC PROGRAM	60,000
CENTRAL DALLAS FOOD PANTRY P O BOX 710385 DALLAS, TX 75371	NO RELATIONSHIP EXEMPT/CHARITABLE	TRAC PROGRAM - EVALUATION STUDY	27,035
CHILDREN'S ADVOCACY CENTER OF COLLIN COUNTY, INC. 2205 LOS RIOS BLVD PLANO, TX 50309	NO RELATIONSHIP EXEMPT/CHARITABLE	2009-2012 SALARY SUPPORT - VOLUNTEER COORDINATOR	40,000
DES MOINES AREA INTERFAITH HOSPITALITY NETWORK INC 4114 ALLISON AVENUE DES MOINES, IA 50310	NO RELATIONSHIP EXEMPT/CHARITABLE	CONSULTING ASSISTANCE	14,000
DEXTER COMMUNITY REGIONAL HEALTHCARE FOUNDATION 215 WEST GRANT STREET DEXTER, MO 63841	NO RELATIONSHIP EXEMPT/CHARITABLE	BUILDING HEALTHY STABLE FAMILIES	50,000

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
IOWA CREDIT UNION FOUNDATION, INC 1500 NW 118TH STREET CLIVE, IA 50325	NO RELATIONSHIP EXEMPT/CHARITABLE	CREDIT UNION FAMILY PARTNERSHIP PROJECT	50,000
EVERYCHILD, INC 8400 NORTH MOPAC EXPY#201 AUSTIN, TX 78759	NO RELATIONSHIP EXEMPT/CHARITABLE	LEARNING COMMUNITY INITIATIVE	75,000
FAMILY CRISIS CENTERS OF NORTHWEST IOWA, INC P.O BOX 295 STIOUX CENTER, IA 51250	NO RELATIONSHIP EXEMPT/CHARITABLE	CHILDREN SOAR	67,709
FAMILY PLANNING COUNCIL OF IOWA 108 3RD STREET, SUITE 220 DES MOINES, IA 50309	NO RELATIONSHIP EXEMPT/CHARITABLE	HPV VACCINE PILOT PROJECT	189,200
FOOD OUTREACH, INC 3117 OLIVE STREET ST LOUIS, MO 63103	NO RELATIONSHIP EXEMPT/CHARITABLE	CANCER PATIENT NUTRITION PROGRAM	54,000.
FOUNDATION FOR CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	NO RELATIONSHIP EXEMPT/CHARITABLE	ELEVATE	63,000

FORM 990FP, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
FOUR OAKS FAMILY AND CHILDREN'S SERVICES 5400 KIRKWOOD BLVD SW DES MOINES, IA 52404	NO RELATIONSHIP EXEMPT/CHARITABLE	FREEDOM WRITERS	25,000.
FREE CLINICS OF IOWA 3200 GRAND AVENUE DES MOINES, IA 50312	NO RELATIONSHIP EXEMPT/CHARITABLE	GENERAL OPERATING 2009-2011	40,000
HEALTH ACCESS PARTNERSHIP, INC 1111 9TH STREET SUITE 320 DES MOINES, IA 50314	NO RELATIONSHIP EXEMPT/CHARITABLE	ADMINISTRATION	25,935
IOWA ABLE FOUNDATION 307 NORTH 13TH STREET SUITE 500 CENTERVILLE, IA 52544	NO RELATIONSHIP EXEMPT/CHARITABLE	STRATEGIC PLANNING AND FUND DEVELOPMENT CONSULTING ASSISTANCE	25,000.
IOWA COUNCIL FOR INTERNATIONAL UNDERSTANDING 929 3RD STREET SUITE 203 DES MOINES, IA 50309	NO RELATIONSHIP EXEMPT/CHARITABLE	IOWA GLOBAL CONNECT	37,800
IOWA COUNCIL OF FOUNDATION P O. BOX 13229 DES MOINES, IA 50310	NO RELATIONSHIP EXEMPT/CHARITABLE	PROGRAM ASSOCIATE POSITION	20,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
OPENING DOORS 1561 JACKSON DUBUQUE, IA 52001	NO RELATIONSHIP EXEMPT/CHARITABLE	CAPITAL CAMPAIGN FEASIBILITY STUDY	15,000
OZARKS FOOD HARVEST, INCORPORATED P O BOX 5746 2810 N CEDARBROOK AVENUE SPRINGFIELD, MO 63830	NO RELATIONSHIP EXEMPT/CHARITABLE	FOOD BANK CAPITAL	200,000
LYDIA'S HOUSE, INC P O BOX 2722 ST LOUIS, MO 63116	NO RELATIONSHIP EXEMPT/CHARITABLE	INTERPRETER SERVICES FOR NON-ENGLISH SPEAKING CLIENTS	14,000
MID-IOWA COMMUNITY ACTION (MICA), INC 1001 S 18TH AVENUE MASHALLTOWN, IA 50158	NO RELATIONSHIP EXEMPT/CHARITABLE	STORY COUNTY DENTAL CLINIC	29,240
OFICINA LEGAL DEL PUEBLO UNIDO, INC. 1405 MONTOPOLIS DRIVE AUSTIN, TX 78741	NO RELATIONSHIP EXEMPT/CHARITABLE	VAWA PROGRAM SALARY SUPPORT	58,820
OPERATION FOOD SEARCH, INC 6282 OLIVE BOULEVARD ST LOUIS, MO 63130	NO RELATIONSHIP EXEMPT/CHARITABLE	OPERATION BACKPACK FOOD PURCHAS EXPANSION	13,000

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PEMISCOT COUNTY INITIATIVE NETWORK 711 WEST 3RD STREET CARUTHERSVILLE, MO 63830	NO RELATIONSHIP EXEMPT/CHARITABLE	CAREER EDUCATION FOR IN-SCHOOL YOUTH	50,000
PHELPS COUNTY FAMILY CRISIS SERVICES, INC P O BOX 2259 ROLLA, MO 65402	NO RELATIONSHIP EXEMPT/CHARITABLE	MULTI-YEAR PREVENTION EDUCATION	4,213
SERVE INCORPORATED 4901 COUNTY ROAD 304 FULTON, MO 65251	NO RELATIONSHIP EXEMPT/CHARITABLE	PHASE III CAPITAL RENOVATIONS	1,164
SOUTHEAST MISSOURI FOOD BANK, INC 3920 NASH ROAD 304 CAPE GIRARDEAU, MO 65251	NO RELATIONSHIP EXEMPT/CHARITABLE	REMOTE AND UNDERSERVED COMMUNITIES MOBILE FOOD PANTRY CAPITAL	151,254
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION ONE CHILDREN'S PLACE ST LOUIS, MO 63110	NO RELATIONSHIP EXEMPT/CHARITABLE	HEALTHY KIDS EXPRESS ASTHMA EXPANSION	100,000
STARKLOFF DISABILITY INSTITUTE 133 S 11TH STREET, SUITE 500 ST LOUIS, MO 63102	NO RELATIONSHIP EXEMPT/CHARITABLE	DISABILITY STUDIES INITIATIVE	55,000.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE CENTER FOR FAMILY RESOURCES, INC 2770 N DOUGLAS WALDEN, MO 63863	NO RELATIONSHIP EXEMPT/CHARITABLE	MULTI-YEAR OPERATING	25,250
THE SALVATION ARMY 6500 HARRY HINES BOULEVARD P O BOX 36607 DALLAS, TX 75235	NO RELATIONSHIP EXEMPT/CHARITABLE	2009-2010 EMERGENCY ASSISTANCE - NORTH TEXAS REGION	101,000.
THE SALVATION ARMY 6500 HARRY HINES BOULEVARD P O BOX 36607 DALLAS, TX 75235	NO RELATIONSHIP EXEMPT/CHARITABLE	2009-2010 EMERGENCY ASSISTANCE - EAST TEXAS REGION	40,000.
THE SALVATION ARMY 6500 HARRY HINES BOULEVARD P O BOX 36607 DALLAS, TX 75235	NO RELATIONSHIP EXEMPT/CHARITABLE	2009-2010 EMERGENCY ASSISTANCE - WEST TEXAS REGION	49,000
THE SALVATION ARMY 6500 HARRY HINES BOULEVARD P O BOX 36607 DALLAS, TX 75235	NO RELATIONSHIP EXEMPT/CHARITABLE	2009-2010 EMERGENCY ASSISTANCE - CENTRAL TEXAS REGION	46,000
THE SALVATION ARMY 6500 HARRY HINES BOULEVARD P O BOX 36607 DALLAS, TX 75235	NO RELATIONSHIP EXEMPT/CHARITABLE	2009-2010 EMERGENCY ASSISTANCE - SOUTHEAST TEXAS REGION	63,000

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
THE SALVATION ARMY 6500 HARRY HINES BOULEVARD P O. BOX 36607 DALLAS, TX 75235	NO RELATIONSHIP EXEMPT/CHARITABLE	2009-2010 EMERGENCY ASSISTANCE - SOUTH TEXAS REGION	52,000
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ST LOUIS CORPORATE OFFICE, 1528 LOCUST STREET ST LOUIS, MO 63103	NO RELATIONSHIP EXEMPT/CHARITABLE	YMCA LITERACY EXPANSION	40,000
TRINITY RIVER MISSION, INC 2060 SINGLETON BLVD STE 104 DALLAS, TX 75212	NO RELATIONSHIP EXEMPT/CHARITABLE	2008-2010 AFTER-SCHOOL PROGRAMMING	50,000.
UNITED ACTION FOR YOUTH P O BOX 892 IOWA CITY, IA 52244	NO RELATIONSHIP EXEMPT/CHARITABLE	TEEN COUNSELING	200,000.
VAN BUREN YOUTH AND COMMUNITY CENTER, INC P O BOX 462 VAN BUREN, MO 63965	NO RELATIONSHIP EXEMPT/CHARITABLE	ACCESSIBILITY AND VISIBILITY CAPITAL IMPROVEMENTS	60,369
WHOLE HEALTH OUTREACH 180 COUNTY ROAD 700 ELLINGTON, MO 63638	NO RELATIONSHIP EXEMPT/CHARITABLE	2009 FAMILY SELF-SUFFICIENCY	45,200

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
YOUTH EMERGENCY SERVICES & SHELTER OF IOWA	NO RELATIONSHIP EXEMPT/CHARITABLE	DEVELOPMENT MANAGER	26,250
THE FOOD BANK FOR CENTRAL & NORTHEAST MISSOURI, IN 2101 VANDIVER DRIVE COLUMBIA, MO 65202	NO RELATIONSHIP EXEMPT/CHARITABLE	2009 SUPPLEMENTAL FOOD PURCHASE AND FOOD PANTRY CAPITAL	130,000
SECOND HARVEST COMMUNITY FOOD BANK 915 DOUGLAS ST JOSEPH, MO 64505	NO RELATIONSHIP EXEMPT/CHARITABLE	FOOD PURCHASE	50,000

TOTAL CONTRIBUTIONS PAID 4,154,971



**THE HAROLD W. SIEBENS CHARITABLE FOUNDATION, INC.  
APPROVED FOR FUTURE PAYMENT**

---

<u>Organization</u>	<u>Commitment Amount</u> <u>12/31/2009</u>
Central Iowa Shelter & Services	67,260
Community Action Partnership of Greater St. Joseph	25,000
Des Moines Pastoral Counseling Center	250,000
El Centro Latinoamericano	25,000
Food Outreach	40,500
Iowa Legal Aid	79,524
Jackson Recovery Centers Inc.	31,060
Lutheran Services in Iowa, Inc	9,930
The Young Men's Christian Association of Greater St. Louis	40,000
United Action for Youth	120,000
Van Buren Youth and Community Center	7,181
Young Women's Christian Association of St. Joseph, Missouri Avenues	70,800 1,000
Collin County Children's Advocacy Center	50,000
Community Action Partnership of Greater St. Joseph	45,000
EveryChild, Inc.	75,000
Family Crisis Centers of Northwest Iowa	126,064
Foundation for Children & Families of Iowa	63,992
Free Clinics of Iowa	30,000
Iowa Home Ownership Education Project	25,000
Iowa Women's Foundation	56,275
Kid Net Foundation	25,000
Midland Fair Havens	40,000
Northeast Iowa Food Bank	750,000
Oakridge Neighborhood	75,000
Ozarks Food Harvest, Incorporated	100,000
Pemiscot County Initiative Network	50,000
Pettis County Community Partnership, Inc	40,000
Roy Maas' Youth Alternatives, Inc.	20,000
St. Louis Children's Hospital Foundation	100,000
Texas Civil Rights Project	75,875
Young Women's Christian Association of St. Joseph, Missouri	37,462
Youth Emergency Services & Shelter of Iowa	26,250
<b>TOTALS</b>	<b><u>2,578,173</u></b>

**Note:** The above amounts represent future grant commitments of the foundation. The grant recipients must meet certain conditions before receiving payment from the foundation.

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

Type or print  File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	HAROLD W. SIEBENS CHARITABLE FOUNDATION INC.	13-3666768
	Number, street, and room or suite no. If a P O box, see instructions	
	340 MADISON AVENUE, 17TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	NEW YORK, NY 10173	

### Check type of return to be filed (file a separate application for each return)

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ            | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► DON HOBSEAWN

Telephone No ► 403-243-7644 FAX No ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 2009 or
- tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	1,911
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	711
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	1,200

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization HAROLD W. SIEBENS CHARITABLE FOUNDATION INC.	Employer identification number 13-3666768
	Number, street, and room or suite no. If a P O box, see instructions 340 MADISON AVENUE, 17TH FLOOR	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW YORK, NY 10173	

**Check type of return to be filed (File a separate application for each return)**

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of  **DON HOBBSAWN**  
Telephone No.  403-243-7644 FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15/2010
- 5 For calendar year 2009, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b> \$	1,911
<b>b</b> If 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 amount paid previously with Form 8868	<b>8b</b> \$	1,911
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>8c</b> \$	0

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature   Title  AUTHORIZED AGENT Date  8/10/10