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## Schedule B

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

Department of the Treasury Internal Revenus Service

## Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization Employer identification number THE CARL SIEMON FAMILY CHARITABLE TRUST 22-6670093 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 X 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 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 11 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 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)

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1	٥f	1	of Part I

Schedule 8	(Form 890, 990-EZ, or 990-PF) (2009)		Page 1 of 1 of Part I
	organization		Employer Identification number
THE CAR	RL SIEMON FAMILY CHARITABLE TRUST		22-6670093
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	NONE  Foreign State or Province  Foreign Country.	\$0	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
2	Foreign State or Province Foreign Country	\$	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
3	Foreign State or Province Foreign Country	\$	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
4	Foreign State or Province Foreign Country	\$	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
5	Foreign State or Province Foreign Country	\$	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
6.			Person Payroll

Foreign State or Province
Foreign Country

Noncash

(Complete Part II if there is a noncash contribution)

Name of organization

THE CARL SIEMON FAMILY CHARITABLE TRUST

Employer Identification number

THE CAP	AL SIEMON PAWALT CHARTIABLE TRUST	<del></del>	22-6670093	
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	
	NONE	\$0	***************************************	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received	
		\$0		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$0	•••••	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$0		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
****		\$0		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received	
		\$ 0		

Schedule 8	(Form <b>990</b> , 990-EZ, or 990-F	PF) (2008)			Page 1 or 1 of Pa	rt li	
Name of o	rganization				Employer identification number	_	
		HARITABLE TRUST			22-6670093		
Part III	aggrøgating more	ous, charitable, etc., Indiv than \$1,000 for the year. ompleting Part III, enter the	Complete c	olumns (a) through (e) ai	(c)(7), (8), or (10) organizations and the following line entry.		
•	contributions of \$1	000 or less for the year (E	- lulai ui ext -nter this inf	ormatico ence. See instr		_	
(a) No.	0011(1)20110113 01 0 1,1	to or icas ior the year th	THE HIS HI	ormation once. See mst	uctions.) > \$		
from Part I	(b) Purp	ose of gift	(c)	Use of gift	(d) Description of how gift is held		
			· · · · · · · · · · · · · · · · · · ·				
			(e) T	ransfer of gift			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
		·····					
	For Draw						
(a) No	For Prov	Country					
from Part I	(b) Purp	ose of gift	(c)	Use of gift	(d) Description of how gift is held		
					***************************************		
					***************************************		
	(e) Transfer of gift						
	Transferee's	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
					***************************************		
	,	• • • • • • • • • • • • • • • • • • • •					
(=\\ A\=	For, Prov	Country					
(a) No from Part I	(b) Purp	ose of gift	(c)	Use of glft	(d) Description of how gift is held		
				· · · · · · · · · · · · · · · · · · ·			
			·····				
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
						_	
4-1-2-	For Prov.	Country					
(a) No. from Part I	(b) Purpose of gift		(c)	Use of gift	(d) Description of how gift is held		
						_	
				· · · · · · · · · · · · · · · · · · ·			

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Country

For Prov

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Relationship of transferor to transferee