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Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number

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|---|---|---|--|--|
| Organization type (chec | | | | |
| 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 | | | |
| Note. Only a section 501 instructions General Rule | n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General | · | | |
| For an organization property) from any | n filing Form 990, 990-EZ, or 990-PF that received, during the year one contributor. Complete Parts I and II | ir, \$5,000 or more (in money or | | |
| Special Rules | | | | |
| sections 509(a)(1) | c)(3) organization filing Form 990 or 990-EZ that met the 33½% si and 170(b)(1)(A)(vi), and received from any one contributor, during 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 9 | the year, a contribution of the greater | | |
| the year, aggregat | c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receive contributions of more than \$1,000 for use exclusively for religious ses, or the prevention of cruelty to children or animals Complete F | s, charitable, scientific, literary, or | | |
| the year, contribu aggregate to more year for an exclus | c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receive tions for use exclusively for religious, charitable, etc., purposes, but the thin \$1,000 if this box is checked, enter here the total contributively religious, charitable, etc., purpose. Do not complete any of the anization because it received nonexclusively religious, charitable, etc. | It these contributions did not sons that were received during the se parts unless the General Rule | | |
| | that is not covered by the General Rule and/or the Special Rules | | | |

990-PF)

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

| | 1 | | | |
|---|-----------------------------------|--------------------------------|--|--|
| Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Name of organization | | | Page of of Part I Employer identification number | |
| Part I | Contributors (see instructions) | | · · · · · · · · · · · · · · · · · · · | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution | |
| | Mohammad F. Sharbek | \$ 10.000.00 | 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) | |
| (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)

SHARBEK FAMILY FOUNDATION 5315 OBERLIN AVE LARAIMI OH 44053

1464

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of Officer or Trustee