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

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

For calendar year 2010, or tax year beginning , 2010, 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

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): **C/O MCDERMOTT WILL & EMERY LLP 340 MADISON AVENUE**
Room/suite: **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**
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

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) **\$ 3,343,926.**
J Accounting method: Cash Accrual
 Other (specify) _____
(Part I, column (d) must be on cash basis)

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)
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)	3,780,000			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	76,635	76,635		ATCH 1
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	13,720			
b Gross sales price for all assets on line 6a	2,315,048			
7 Capital gain net income (from Part IV, line 2)		13,720		
8 Net short-term capital gain				
9 Income modifications				
10 a 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	3,870,355	90,355		
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc	0			
14 Other employee salaries and wages	386,859			386,859
15 Pension plans, employee benefits	25,356			25,356
16a Legal fees (attach schedule)	15,834			15,834
b Accounting fees (attach schedule) ATCH 2	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)				
19 Depreciation (attach schedule) and depletion	2,415			
20 Occupancy	22,722			21,765
21 Travel, conferences, and meetings	20,852			20,852
22 Printing and publications				
23 Other expenses (attach schedule) ATCH 3	14,769	2,682		12,087
24 Total operating and administrative expenses. Add lines 13 through 23	492,807	4,682	0	484,753
25 Contributions, gifts, grants paid	3,816,994			3,816,994
26 Total expenses and disbursements. Add lines 24 and 25	4,309,801	4,682	0	4,301,747
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-439,446			
b Net investment income (if negative, enter -0-)		85,673		
c Adjusted net income (if negative, enter -0-)				

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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	194,741.	225,767.	225,767.
	2	Savings and temporary cash investments	913,636.	701,265.	701,265.
	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 15 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	3,158.	5,680.	5,680.
	10 a	Investments - U S and state government obligations (attach schedule). **	2,598,250.	2,388,935.	2,388,935.
	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 ▶ 22,596. Less accumulated depreciation (attach schedule) ▶ 19,529.	3,248.	3,067.	3,067.
15	Other assets (describe ▶ ATCH 5)	23,586.	19,212.	19,212.	
16	Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)	3,736,619.	3,343,926.	3,343,926.	
Liabilities	17	Accounts payable and accrued expenses	6,723.	7,088.	
	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	Total liabilities (add lines 17 through 22)	6,723.	7,088.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>				
	and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <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	3,729,896.	3,336,838.		
30	Total net assets or fund balances (see page 17 of the instructions)	3,729,896.	3,336,838.		
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	3,736,619.	3,343,926.		

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 3,729,896.
2	Enter amount from Part I, line 27a	2 -439,446.
3	Other increases not included in line 2 (itemize) ▶ ATTACHMENT 6	3 46,388.
4	Add lines 1, 2, and 3	4 3,336,838.
5	Decreases not included in line 2 (itemize) ▶	5
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6 3,336,838.

**ATCH 4

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 SEE PART IV SCHEDULE						
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) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))			
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	13,720.	
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))
2009	4,633,646.	4,923,318.	0.941163
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
2 Total of line 1, column (d)			7.482934
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			1.496587
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5			3,625,246.
5 Multiply line 4 by line 3			5,425,496.
6 Enter 1% of net investment income (1% of Part I, line 27b)			857.
7 Add lines 5 and 6			5,426,353.
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			4,301,747.

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 53, refunded 53.

Part VII-A Statements Regarding Activities

Table with 10 rows of activity statements. Includes questions about political campaigns, unrelated business income, and state reporting. 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 15
16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 Yes No X
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country

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 X No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No
(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 X No
(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 X No
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 22 of the instructions)? 1b X
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 2010? 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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? Yes X No
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 22 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 X No
b If "Yes," did it have excess business holdings in 2010 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 2010) 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 2010? 4b X

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

- 5 a 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)? Yes No
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)
- 6 a 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? Yes No
If "Yes" to 6b, file Form 8870
- 7 a 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? Yes No

5 b		
6 b		X
7 b		

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		386,859.	0.	0.

Total number of other employees paid over \$50,000 3

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 24 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	2,545,480.
b	Average of monthly cash balances	1b	1,134,973.
c	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	3,680,453.
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	3,680,453.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions)	4	55,207.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,625,246.
6	Minimum investment return. Enter 5% of line 5	6	181,262.

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	181,262.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	1,713.
b	Income tax for 2010 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	1,713.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	179,549.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	179,549.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	179,549.

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	4,301,747.
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	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	4,301,747.
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	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,301,747.

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 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				179,549.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years 20 08 20 07 20 06		0.		
3 Excess distributions carryover, if any, to 2010				
a From 2005	3,056,348.			
b From 2006	2,653,179.			
c From 2007	3,399,309.			
d From 2008	3,721,150.			
e From 2009	4,389,261.			
f Total of lines 3a through e	17,219,247.			
4 Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ 4,301,747.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions)		0.		
c Treated as distributions out of corpus (Election required - see page 26 of the instructions)	0.			
d Applied to 2010 distributable amount				179,549.
e Remaining amount distributed out of corpus	4,122,198.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	21,341,445.			
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 page 27 of the instructions		0.		
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount - see page 27 of the instructions			0.	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				0.
7 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.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)	3,056,348.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	18,285,097.			
10 Analysis of line 9				
a Excess from 2006	2,653,179.			
b Excess from 2007	3,399,309.			
c Excess from 2008	3,721,150.			
d Excess from 2009	4,389,261.			
e Excess from 2010	4,122,198.			

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 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)

	Tax year		Prior 3 years		(e) Total
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
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					
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 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
a <i>Paid during the year</i> ATTACHMENT 9				
Total ▶ 3a				3,816,994.
b <i>Approved for future payment</i> ATTACHMENT 11				2,784,133.
Total ▶ 3b				2,784,133.

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... a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assets b Other transactions (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule

Table with columns Yes and No. Rows include 1a(1) Cash, 1a(2) Other assets, 1b(1) Sales of assets, 1b(2) Purchases of assets, 1b(3) Rental of facilities, 1b(4) Reimbursement arrangements, 1b(5) Loans or loan guarantees, 1b(6) Performance of services, and 1c Sharing of facilities.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 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... [] Yes [X] No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Sign Here 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

Paid Preparer Use Only section containing fields for Print/Type preparer's name (ROBERT A. ROBINSON), Preparer's signature, Date (11/13/11), Title (Director), Firm's name (KPMG LLP), Firm's address (345 PARK AVENUE, NEW YORK, NY), Firm's EIN (13-5565207), and Phone no (212-758-9700).

Schedule of Contributors

2010

▶ 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 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	\$ 2,882,500.	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	\$ 632,500.	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	\$ 265,000.	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)

**SCHEDULE D
(Form 1041)**

Capital Gains and Losses

OMB No 1545-0092

2010

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).**

Name of estate or trust THE HAROLD W. SIEBENS CHARITABLE FOUNDATION, INC.	Employer identification number 13-3666768
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Note: Form 5227 filers need to complete *only* Parts I and II

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr)	(c) Date sold (mo., day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back ▶	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr)	(c) Date sold (mo., day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	13,720.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back ▶	12	13,720.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D (Form 1041) 2010

Part III Summary of Parts I and II		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part				
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		13,720.
b	Unrecaptured section 1250 gain (see line 18 of the wrksh)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a	15		13,720.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary

Part IV Capital Loss Limitation		16
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of a The loss on line 15, column (3) or b \$3,000	()

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover

Part V Tax Computation Using Maximum Capital Gains Rates
Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero
Caution: Skip this part and complete the worksheet on page 8 of the instructions if
 • Either line 14b, col (2) or line 14c, col (2) is more than zero, or
 • Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17	
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18	
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19	
20	Add lines 18 and 19	20	
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-	21	
22	Subtract line 21 from line 20 If zero or less, enter -0-	22	
23	Subtract line 22 from line 17 If zero or less, enter -0-	23	
24	Enter the smaller of the amount on line 17 or \$2,300	24	
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26, go to line 27 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 23.	25	
26	Subtract line 25 from line 24	26	
27	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30; go to line 31 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	27	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28	
29	Subtract line 28 from line 27	29	
30	Multiply line 29 by 15% (15)	30	
31	Figure the tax on the amount on line 23 Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041).	31	
32	Add lines 30 and 31	32	
33	Figure the tax on the amount on line 17 Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041).	33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36).	34	

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

THE HAROLD W. SIEBENS CHARITABLE

13-3666768

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a GAINS ON INVESTMENTS			2,315,048.	2,301,328.	13,720.

6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b 13,720.

ATTACHMENT 1

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
INTEREST	76,635.	76,635.
TOTAL	<u>76,635.</u>	<u>76,635.</u>

ATTACHMENT 2

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 3

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
BANK CHARGES	2,682.	2,682.	
COMPUTER EXPENSE	3,176.		3,176.
GOODWILL & PROMOTION	943.		943.
PROFESSIONAL DEVELOPMENT	2,278.		2,278.
INSURANCE	3,056.		3,056.
OFFICE SUPPLIES & SUNDRIES	2,534.		2,534.
FEEES & DUES	100.		100.
TOTALS	<u>14,769.</u>	<u>2,682.</u>	<u>12,087.</u>

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	2,388,935.	2,388,935.
US OBLIGATIONS TOTAL	<u>2,388,935.</u>	<u>2,388,935.</u>

ATTACHMENT 5

FORM 990PF, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
EXPENSE ADVANCES RECOVERABLE	1,248.	1,248.
ACCRUED INTEREST RECEIVABLE	17,964.	17,964.
TOTALS	<u>19,212.</u>	<u>19,212.</u>

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

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAINS ON INVESTMENT	46,388.
TOTAL	<u>46,388.</u>

THE HAROLD W. SIEBENS CHARITABLE

13-3666768

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

ATTACHMENT 7

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
STEWART D. SIEBENS C/O SUITE 200-815-17 AVENUE SW T2T 0A1 CALGARY ALBERTA CANADA	DIRECTOR 3.00	0.	0.	0.
W CARTER SIEBENS C/O SUITE 200-815-17 AVENUE SW T2T 0A1 CALGARY ALBERTA CANADA	DIRECTOR 3.00	0.	0.	0.
JAMES G MCKEE C/O SUITE 200-815-17 AVENUE SW T2T 0A1 CALGARY ALBERTA CANADA	DIRECTOR 3.00	0.	0.	0.
HEATHER RAE JOHNSON C/O SUITE 200-815-17 AVENUE SW T2T 0A1 CALGARY ALBERTA CANADA	DIRECTOR 3.00	0.	0.	0.

THE HAROLD W. SIEBENS CHARITABLE

13-3666768

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

ATTACHMENT 7 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
HENRY CHRISTENSEN III C/O MCDERMOTT WILL & EMERY LLP 340 MADISON AVENUE 17TH FL NEW YORK, NY 10173-1922	DIRECTOR 3.00	0.	0.	0.
JAY E RIVLIN C/O MCDERMOTT WILL & EMERY LLP 340 MADISON AVENUE 17TH FL NEW YORK, NY 10173-1922	DIRECTOR 3.00	0.	0.	0.
GRAND TOTALS		0.	0.	0.

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

ATTACHMENT 8

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
KAREN LEVY C/O MCDERMOTT WILL & EMERY LLP NEW YORK, NY 10173	PROGRAM OFFICER 40.00	142,543.	0.	0.
MONICA FISHER C/O MCDERMOTT WILL & EMERY LLP NEW YORK, NY 10173	PROGRAM OFFICER 40.00	133,010.	0.	0.
JEREMY MUELLER C/O MCDERMOTT WILL & EMERY LLP NEW YORK, NY 10173	PROGRAM OFFICER 40.00	111,306.	0.	0.
	<u>TOTAL COMPENSATION</u>	<u>386,859.</u>	<u>0.</u>	<u>0.</u>

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

ATTACHMENT 9

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BIG SPRINGS MEDICAL ASSOCIATION P.O. BOX 157 ELLINGTON, MO 63638	NO RELATIONSHIP EXEMPT/CHARITABLE	ORAL HEALTH SERVICES	40,000.
CAMP HERTKO HOLLOW INC. 101 LOCUST STREET DES MOINES, IA 50309	NO RELATIONSHIP EXEMPT/CHARITABLE	CAMPERSHIP	18,000.
CENTRAL IOWA SHELTER AND SERVICES 205 15TH STREET DES MOINES, IA 50309-3405	NO RELATIONSHIP EXEMPT/CHARITABLE	MULTI-YEAR GENERAL OPERATING	67,260.
CITY ACADEMY, INC. 4175 NORTH KINGSHIGHWAY BLVD ST LOUIS, MO 63115	NO RELATIONSHIP EXEMPT/CHARITABLE	SCHOLASTIC PLAN FOR GROWTH PHASE VII	20,000.
COMM ACTION PARTNERSHIP OF GREATER ST JOSEPH 817 MONTEREY STREET, P.O. BOX 3068 ST. JOSEPH, MO 64503	NO RELATIONSHIP EXEMPT/CHARITABLE	DEVELOPMENT DEPARTMENT STAFF SALARIES AND BENEFITS	45,000.
IOWA HOME OWNERSHIP EDUCATION PROJECT, INC. 217 52ND STREET DES MOINES, IA 50132	NO RELATIONSHIP EXEMPT/CHARITABLE	OPERATING	15,000.

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>
IOWA LEGAL AID 1111 9TH STREET, SUITE 230 DES MOINES, IA 50314-2527	NO RELATIONSHIP EXEMPT/CHARITABLE	EQUAL JUSTICE PROJECT	79,524.
IOWA WOMEN'S FOUNDATION 320 KIRKWOOD AVENUE IOWA CITY, IA 52240	NO RELATIONSHIP EXEMPT/CHARITABLE	EXECUTIVE DIRECTOR SALARY	37,150.
IRVING CARES, INC. P.O. BOX 177425 IRVING, TX 75060	NO RELATIONSHIP EXEMPT/CHARITABLE	EMERGENCY ASSISTANCE PROGRAM (EAP)	15,000.
JACKSON RECOVERY CENTERS, INC, 800 5TH STREET, SUITE 200 SIOUX CITY, IA 51101	NO RELATIONSHIP EXEMPT/CHARITABLE	SANCTUARY TRANSITIONAL LIVING DAYCARE	31,060.
KID NET FOUNDATION P.O. BOX 140085 DALLAS, TX 75214	NO RELATIONSHIP EXEMPT/CHARITABLE	FOSTER AND ADOPTIVE FAMILY PROGRAM	25,000.
OZARKS FOOD HARVEST, INCORPORATED 2810 N CEDARBROOK P.O BOX 5746 SPRINGFIELD, MO 65802	NO RELATIONSHIP EXEMPT/CHARITABLE	SUPPLEMENTAL FOOD CAPITAL AND FOOD BANK FOOD PURCHASE PROGRAM	175,000.

FORM 990EF, 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
PREVENT CHILD ABUSE IOWA 505 FIFTH AVE, SUITE 900 DES MOINES, IA 50309	NO RELATIONSHIP EXEMPT/CHARITABLE	2010-11 UNRESTRICTED OPERATION	110,000.
R.O.W. INC 306 NORTH TUCKER ST. LOUIS, MO 63114	NO RELATIONSHIP EXEMPT/CHARITABLE	ROW'S ECONOMIC ACTION PROGRAM (REAP)	40,000.
ROY MAAS' YOUTH ALTERNATIVES, INC. 3103 WEST AVE SAN ANTONIO, TX 78213	NO RELATIONSHIP EXEMPT/CHARITABLE	2009-2011 TURNING POINT INDEPENDENCE LIVING PROGRAM	20,000.
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BLACK HAWK COUNTY 425 LAFAYETTE STREET WATERLOO, IA 50703	NO RELATIONSHIP EXEMPT/CHARITABLE	GENERAL OPERATING	25,000.
YOUTH AND SHELTER SERVICES, INC. 420 KELLOGG AVENUE AMES, IA 50010-1628	NO RELATIONSHIP EXEMPT/CHARITABLE	FAMILY LIFE CENTER	50,000.
ABUSE VICTIMS EDUCATION NETWORK UNIFIED P.O. BOX 284 HANNIBAL, MO 63401	NO RELATIONSHIP EXEMPT/CHARITABLE	DEVELOPMENT SPECIALIST STAFF SALARY AND BENEFIT PILOT	1,000.

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
AFFORDABLE HOUSING NETWORK, INC. 5400 KIRKWOOD BOULEVARD SW CEDAR RAPIDS, IA 52404	NO RELATIONSHIP EXEMPT/CHARITABLE	COMMON GROUND	50,000.
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	25,000.
DEXTER COMMUNITY REGIONAL HEALTHCARE FOUNDATION 215 WEST GRANT STREET DEXTER, MO 63841	NO RELATIONSHIP EXEMPT/CHARITABLE	BUILDING HEALTHY STABLE FAMILIES	45,000.
EVERYCHILD, INC. 8400 NORTH MOPAC EXPY#201 AUSTIN, TX 78759	NO RELATIONSHIP EXEMPT/CHARITABLE	LEARNING COMMUNITY INITIATIVE	75,000.
FOOD OUTREACH, INC. 3117 OLIVE STREET ST. LOUIS, MO 63103	NO RELATIONSHIP EXEMPT/CHARITABLE	CANCER PATIENT NUTRITION PROGRAM AND EXPANSION OF THE NUTRITION PROGRAM FOR LOW-INCOME PEOPLE LIVING WITH CANCER	88,508.
FOUNDATION FOR CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	NO RELATIONSHIP EXEMPT/CHARITABLE	ELEVATE	42,194.

FORM 990FE, 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>
FOUR OAKS FAMILY AND CHILDREN'S SERVICES 5400 KIRKWOOD BLVD. SW CEDAR RAPIDS, IA 52404	NO RELATIONSHIP EXEMPT/CHARITABLE	HOLISTIC WORKS AND 2010-2011 FREEDOM WRITERS	131,000.
FREE CLINICS OF IOWA 3200 GRAND AVENUE DES MOINES, IA 50312	NO RELATIONSHIP EXEMPT/CHARITABLE	GENERAL OPERATING 2009-2011	20,000.
IOWA COUNCIL FOR INTERNATIONAL UNDERSTANDING 929 3RD STREET SUITE 203 DES MOINES, IA 50309	NO RELATIONSHIP EXEMPT/CHARITABLE	IOWA GLOBAL CONNECT, PHASE II	47,250.
IOWA COUNCIL OF FOUNDATIONS P.O. BOX 13229 DES MOINES, IA 50310	NO RELATIONSHIP EXEMPT/CHARITABLE	PROGRAM ASSOCIATE POSITION	20,000.
OFICINA LEGAL DEL PUEBLO UNIDO, INC. 1405 MONTOPOLIS DRIVE AUSTIN, TX 78741	NO RELATIONSHIP EXEMPT/CHARITABLE	VAWA PROGRAM SALARY SUPPORT	28,119.
OPERATION FOOD SEARCH, INC. 6282 OLIVE BOULEVARD ST. LOUIS, MO 63130	NO RELATIONSHIP EXEMPT/CHARITABLE	OPERATION BACKPACK FOOD PURCHASE EXPANSION	36,000.

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.
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.
THE SALVATION ARMY 6500 HARRY HINES BOULEVARD P.O. BOX 36607 DALLAS, TX 75235	NO RELATIONSHIP EXEMPT/CHARITABLE	SHERMAN SALVATION ARMY-2011-2012 EMERGENCY ASSISTANCE, CORSICANA SALVATION ARMY - 2011-2012 EMERGENCY ASSISTANCE, PARIS SALVATION ARMY - 2011-2012 EMERGENCY ASSISTANCE, AND BRYAN SALVATION ARMY - 2011-2012 EMERGENCY ASSISTANCE.	40,800.
THE SALVATION ARMY 6500 HARRY HINES BOULEVARD P.O. BOX 36607 DALLAS, TX 75235	NO RELATIONSHIP EXEMPT/CHARITABLE	ORANGE SALVATION ARMY - 2011-2012 EMERGENCY ASSISTANCE, PAMPA SALVATION ARMY - 2011-2012 EMERGENCY ASSISTANCE, PLAINVIEW SALVATION ARMY - 2011-2012 EMERGENCY ASSISTANCE, AND BORGER SALVATION ARMY - 2011-2012 EMERGENCY ASSISTANCE.	40,000.
THE SALVATION ARMY 6500 HARRY HINES BOULEVARD P.O. BOX 36607 DALLAS, TX 75235	NO RELATIONSHIP EXEMPT/CHARITABLE	CLEBURNE SALVATION ARMY - 2011-2012 EMERGENCY ASSISTANCE, AMARILLO SALVATION ARMY - 2011-2012 EMERGENCY ASSISTANCE, DFW AREA COMMAND SALVATION ARMY - 2011-2012 EMERGENCY ASSISTANCE, AND GREENVILLE SALVATION ARMY - 2011-2012 EMERGENCY ASSISTANCE.	87,600.
THE SALVATION ARMY	NO RELATIONSHIP	LAREDO SALVATION ARMY - 2011 EMERGENCY ASSISTANCE, HARLINGEN SALVATION ARMY - 2011-2012 EMERGENCY ASSISTANCE, TEMPLE SALVATION ARMY - 2011-2012 EMERGENCY ASSISTANCE, KILLEEN SALVATION ARMY - 2011 EMERGENCY ASSISTANCE, AND VICTORIA	50,800.

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
6500 HARRY HINES BOULEVARD P.O. BOX 36607 DALLAS, TX 75235	EXEMPT/CHARITABLE	SALVATIONARMY - 2011-2012 EMERGENCY ASSISTANCE.	
THE SALVATION ARMY 6500 HARRY HINES BOULEVARD P.O. BOX 36607 DALLAS, TX 75235	NO RELATIONSHIP EXEMPT/CHARITABLE	TEXAS CITY SALVATION ARMY - 2011-2012 EMERGENCY ASSISTANCE, SAN ANGELO SALVATION ARMY - 2011-2012 EMERGENCY ASSISTANCE, LONGVIEW SALVATION ARMY - 2011-2012 EMERGENCY ASSISTANCE, AND LUFKIN SALVATION ARMY - 2011-2012 EMERGENCY ASSISTANCE.	40,800.
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER DES MOINES, IOWA 101 LOCUST STREET DES MOINES, IA 50309	NO RELATIONSHIP EXEMPT/CHARITABLE	MILITARY FAMILY RECONNECT PROGRAM	50,000.
UNITED ACTION FOR YOUTH P.O. BOX 892 IOWA CITY, IA 52244	NO RELATIONSHIP EXEMPT/CHARITABLE	CONSULTING ASSISTANCE AND TEEN COUNSELING	120,000.
WHOLE HEALTH OUTREACH 180 COUNTY ROAD 700 ELLINGTON, MO 63638	NO RELATIONSHIP EXEMPT/CHARITABLE	PROGRAM OPERATING SUPPORT	40,000.
THE FOOD BANK FOR CENTRAL & NORTHEAST MISSOURI, IN 2101 VANDIVER DRIVE COLUMBIA, MO 65202	NO RELATIONSHIP EXEMPT/CHARITABLE	FOOD ACQUISITION	75,000.

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
SECOND HARVEST COMMUNITY FOOD BANK 915 DOUGLAS ST. JOSEPH, MO 64505	NO RELATIONSHIP EXEMPT/CHARITABLE	FOOD PURCHASE PROGRAM	50,000.
BEYOND HOUSING, INC. 4156 MANCHESTER AVENUE ST. LOUIS, MO 63110	NO RELATIONSHIP EXEMPT/CHARITABLE	THE VIKING ADVANTAGE IDA PROGRAM	83,825.
BOYS & GIRLS CLUBS OF THE MIDLANDS 815 N. 16TH STREET COUNCIL BLUFFS, IA 51501	NO RELATIONSHIP	2010-2011 OPERATING SUPPORT FOR BOYS & GIRLS CLUBS OF COUNCIL BLUFFS	50,000.
CAPITAL AREA FOOD BANK OF TEXAS, INC. 8201 SOUTH CONGRESS AVE. AUSTIN, TX 78745	NO RELATIONSHIP EXEMPT/CHARITABLE	WHEELS OF SHARING MOBILE FOOD PANTRY	50,000.
CENTRAL MISSOURI COMMUNITY ACTION 807-B N. PROVIDENCE RD. COLUMBIA, MO 65203	NO RELATIONSHIP	DEVELOPMENT PLANNING VOLUNTEER COORDINATOR SALARY AND BENEFITS	75,000.
CIRCLE OF CONCERN 112 ST. LOUIS AVENUE VALLEY PARK, MO 63088	NO RELATIONSHIP	FRESH FOOD PURCHASES NEW PANTRY DIRECTOR TRANSITION	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
CITY SQUARE 511 N. AKARD, SUITE 302 DALLAS, TX 75201	NO RELATIONSHIP	TRANSITION RESOURCE ACTION CENTER - TRAC	50,000.
COMM CONFLICT SERVICES OF METROPOLITAN SAINT LOUIS 438 NORTH SKINKER BLVD ST. LOUIS, MO 63130	NO RELATIONSHIP	RESTORATIVE JUSTICE SCHOOL PROGRAM	20,000.
CRIDER HEALTH CENTER, INC. 1032 CROSSWINDS COURT WENTZVILLE, MO 63385	NO RELATIONSHIP	BUILDING A HEALTH CARE HOME FOR THE LOW-INCOME, UNINSURED AND UNDERINSURED	100,000.
FRIENDS OF THE ACADEMIES 3615 OLIVE STREET, SUITE 210 ST. LOUIS, MO 63108	NO RELATIONSHIP	SUMMER SUCCEEDING WITH READING 2010	40,000.
HEART OF MISSOURI UNITED WAY, INC. 1700 EAST POINTE DRIVE, SUITE 201 COLUMBIA, MO 65201	NO RELATIONSHIP EXEMPT/CHARITABLE	COMMUNITY IMPACT IMPLEMENTATION - PHASE I	37,500.
HOMES OF OAKRIDGE HUMAN SERVICES, INC. 1236 OAKRIDGE DRIVE DES MOINES, IA 50314	NO RELATIONSHIP EXEMPT/CHARITABLE	PROJECT OASIS (OAKRIDGE ACHIEVERS SUCCESSFUL IN SCHOOL)	75,000.

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
JOB POINT 2116 NELWOOD DRIVE, SUITE 200 COLUMBIA, MO 65202	NO RELATIONSHIP EXEMPT/CHARITABLE	COLUMBIA BUILDS YOUTH (CBY)	85,000.
LOWER RIO GRANDE VALLEY COMM HEALTH MANAGT CORP. 901 EAST VERMONT AVENUE MCALLEN, TX 78503	NO RELATIONSHIP EXEMPT/CHARITABLE	2010-2011 WELLNESS PROJECT	50,000.
LUTHERAN SERVICES IN IOWA, INC. 3125 COTTAGE GROVE AVENUE DES MOINES, IA 50311	NO RELATIONSHIP EXEMPT/CHARITABLE	MUSCATINE REFUGEE RESETTLEMENT PROGRAM	9,930.
MERS/MISSOURI GOODWILL INDUSTRIES 1727 LOCUST STREET ST. LOUIS, MO 63103	NO RELATIONSHIP EXEMPT/CHARITABLE	SCHOLARSHIPWORK	91,227.
MID-IOWA COMMUNITY ACTION (MICA), INC. 1001 S. 18TH AVENUE MARSHALLTOWN, IA 50158	NO RELATIONSHIP EXEMPT/CHARITABLE	STORY COUNTY DENTAL CLINIC	43,840.
MIDLAND FAIR HAVENS, INC. 2400 WHITWIRE BLVD, STE 100 MIDLAND, TX 79705	NO RELATIONSHIP EXEMPT/CHARITABLE	CHILDREN'S ENRICHMENT CENTER PROGRAM 2010	40,000.

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

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
	AND	FOUNDATION STATUS OF RECIPIENT		
ORCHARD PLACE 2116 GRAND DES MOINES, IA 50312	NO RELATIONSHIP	EXEMPT/CHARITABLE	ORCHARD PLACE SUMMER SCHOOL	43,300.
PETTIS COUNTY COMMUNITY PARTNERSHIP, INC. 515 S. KENTUCKY SEDALIA, MO 65301	NO RELATIONSHIP	EXEMPT/CHARITABLE	HEALTHY YOUTH AND FAMILY DIRECTOR SALARY AND BENEFITS	40,000.
SOUTHEAST TEXAS FOOD BANK, INC. P.O. BOX 21012 BEAUMONT, TX 77720	NO RELATIONSHIP	EXEMPT/CHARITABLE	BACKPACK PROGRAM	37,592.
SOUTHWEST IOWA FAMILIES, INC. 215 E WASHINGTON CLARINDA, IA 51632	NO RELATIONSHIP	EXEMPT/CHARITABLE	COUNSELING STAFF EXPANSION	35,203.
THE DES MOINES PASTORAL COUNSELING CENTER, INC. 2929 WESTOWN PARKWAY, SUITE 110 WEST DES MOINES, IA 50266	NO RELATIONSHIP	EXEMPT/CHARITABLE	CAMPAIGN FOR HOPE AND HEALING CAPITAL PROJECT	250,000.
THE GRIEF RESOUCCE CENTER 25775 OAK RIDGE DR, SUITE 150 THE WOODLANDS, TX 77380	NO RELATIONSHIP	EXEMPT/CHARITABLE	2010 RENT SUPPORT	33,600.

FORM 990EFF. 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 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.
UNITED WAY OF SOUTHERN CAMERON COUNTY 634 EAST LEVEE STREET BROWNSVILLE, TX 78520	NO RELATIONSHIP EXEMPT/CHARITABLE	ASSETS FOR INDEPENDENCE	50,000.
WEST DALLAS INITIATIVE 2300 CANADA DRIVE DALLAS, TX 75212	NO RELATIONSHIP EXEMPT/CHARITABLE	SCHOOL BUS - CAPITAL PURCHASE	40,000.
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF ST. JOSEPH, MISSOURI 304 NORTH 8TH STREET ST JOSEPH, MO 64501	NO RELATIONSHIP EXEMPT/CHARITABLE	MUTI-YEAR WOMEN'S SHELTER SALARY AND BENEFITS AND SHELTER MANAGER SALARY AND BENEFITS	84,662.
YOUNG WOMEN'S RESOURCE CENTER 818 - 5TH AVENUE DES MOINES, IA 50309	NO RELATIONSHIP EXEMPT/CHARITABLE	PROBLEM SOLVING GROUP	35,000.
YOUTH EMERGENCY SERVICES & SHELTER OF IOWA 918 SE 11TH STREET DES MOINES, IA 50009	NO RELATIONSHIP EXEMPT/CHARITABLE	DEVELOPMENT MANAGER	17,500.

FORM 990FF, 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>
EMPLOYEE CHARITABLE DONATION MATCHING PROGRAM 340 MADISON AVENUE NEW YORK, NY 10173	NO RELATIONSHIP EXEMPT/CHARITABLE	MATCHING PROGRAM	6,750.

TOTAL CONTRIBUTIONS PAID 3,816,994.

FORM 990-PF - PART IV

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
2,315,048.		GAINS ON INVESTMENTS 2,301,328.					13,720.	
TOTAL GAIN (LOSS)					<u>13,720.</u>	

Application for Extension of Time To File an Exempt Organization Return

► **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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.

Type or print File by the due date for filing your 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	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10173	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application is For	Return Code	Application is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► Don Hobsbawn

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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► calendar year 20 10 or
► tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 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 \$	\$1,807
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.	3b \$	\$130
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	\$1,677

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.

- 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 your 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	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10173	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 Telephone No. 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.

- I request an additional 3-month extension of time until , 20 .
- For calendar year , or other tax year beginning , 20 , and ending , 20 .
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a 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.	8a \$
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.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFPS (Electronic Federal Tax Payment System). See instructions.	8c \$

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 Date