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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009**Department of the Treasury  
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code**  
**(except black lung benefit trust or private foundation)**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning , 2009, and ending ,****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions.

**C**  
**THE SOLTI FOUNDATION U.S.**  
**C/O THOMAS MCNEILL**  
**2418 IROQUOIS ROAD**  
**WILMETTE, IL 60091**

**D** Employer identification number

30-0004328

**E** Telephone number**F** Group Exemption Number

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method ☐ Cash ☒ Accrual  
Other (specify) ▶**I** Website: ▶ HTTP://WWW.SOLTIFOUNDATION.US/**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) (insert no) 4947(a)(1) or 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 228,376.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b>	1	Contributions, gifts, grants, and similar amounts received	1	57,080.
	2	Program service revenue including government fees and contracts	2	63,250.
	3	Membership dues and assessments	3	
	4	Investment income	4	44,369.
	5a	Gross amount from sale of assets other than inventory	5a	63,677.
	5b	Less cost or other basis and sales expenses	5b	64,690.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-1,013.
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	163,686.	
<b>EXPENSES</b>	10	Gross and similar amounts paid (attach schedule)	10	21,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	19,319.
	13	Professional fees and other payments to independent contractors	13	4,365.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe) SEE STATEMENT 3	16	52,315.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	96,999.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	66,687.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	325,423.
20	Other changes in net assets or fund balances (attach explanation)	20		
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	392,110.	

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	323,554.	22 373,552.
23 Land and buildings		23
24 Other assets (describe) SEE STATEMENT 4	2,400.	24 18,600.
25 <b>Total assets</b>	325,954.	25 392,152.
26 <b>Total liabilities</b> (describe) SEE STATEMENT 5	531.	26 42.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	325,423.	27 392,110.

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

SCANNED AUG 05 2010

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**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

SEE STATEMENT 9

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	X	
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities. <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>0.</b> , section 4912 <b>0.</b> ; section 4955 <b>0.</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40b</b>		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0.</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>NONE</b>		

**42a** The organization's books are in care of **GRETCHEN B. ZOOK** Telephone no **312-630-6443**  
 Located at **50 SOUTH LASALLE STREET CHICAGO IL** ZIP + 4 **60603**

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If 'Yes,' enter the name of the foreign country: \_\_\_\_\_

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country: \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43**

☐ N/A  
N/A

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
<b>44</b>		X

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
<b>45</b>		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

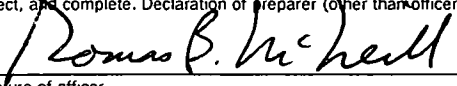

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000. ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

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 officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>July 7, 2010</u>	
	Chair of the Board of Directors Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
		6/30/10		P00234480
	Firm's name (or yours if self-employed), address, and ZIP + 4 DIGIOVINE HNILO JORDAN + JOHNSON, LTD. 184 SHUMAN BLVD., SUITE 200 NAPERVILLE, IL 60563		EIN	36-3029663
		Phone no	(630) 420-1360	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	500.	30,000.	95,000.	75,030.	57,080.	257,610.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
<b>4 Total.</b> Add lines 1-through 3	500.	30,000.	95,000.	75,030.	57,080.	257,610.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
<b>6 Public support.</b> Subtract line 5 from line 4						257,610.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	500.	30,000.	95,000.	75,030.	57,080.	257,610.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,381.	8,552.	2,722.	8,069.	5,063.	34,787.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
<b>11 Total support.</b> Add lines 7 through 10						292,397.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	0.

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	88.1 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	87.4 %

**16a 33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒

**b 33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.. ☐

**17a 10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

**b 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

BAA

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <span style="float: right;"><input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17.	<b>18</b>	%
<b>19a 33-1/3 support tests – 2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. <span style="float: right;"><input type="checkbox"/></span>		
<b>b 33-1/3 support tests – 2008.</b> If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. <span style="float: right;"><input type="checkbox"/></span>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <span style="float: right;"><input type="checkbox"/></span>		



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

2009

## FEDERAL STATEMENTS

PAGE 1

THE SOLT FOUNDATION U.S.  
C/O THOMAS MCNEILL

30-0004328

STATEMENT 1  
FORM 990-EZ, PART I, LINE 5C  
NET GAIN (LOSS) FROM NONINVENTORY SALESPUBLICLY TRADED SECURITIESGROSS SALES PRICE: 63,677.  
COST OR OTHER BASIS: 64,690.TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -1,013.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -1,013.STATEMENT 2  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAIDCLASS OF ACTIVITY: GRANT  
DONEE'S NAME: ANTHONY BARRESSE  
DONEE'S ADDRESS: AVAILABLE UPON REQUEST  
RELATIONSHIP OF DONEE: NONE  
CASH AMOUNT GIVEN: \$ 5,000.CLASS OF ACTIVITY: GRANT  
DONEE'S NAME: JOSEPH YOUNG  
DONEE'S ADDRESS: AVAILABLE UPON REQUEST  
RELATIONSHIP OF DONEE: NONE  
CASH AMOUNT GIVEN: \$ 2,000.CLASS OF ACTIVITY: GRANT  
DONEE'S NAME: ERIK NIELSEN  
DONEE'S ADDRESS: AVAILABLE UPON REQUEST  
RELATIONSHIP OF DONEE: NONE  
CASH AMOUNT GIVEN: \$ 10,000.CLASS OF ACTIVITY: GRANT  
DONEE'S NAME: JAMES FEDDECK  
DONEE'S ADDRESS: AVAILABLE UPON REQUEST  
RELATIONSHIP OF DONEE: NONE  
CASH AMOUNT GIVEN: \$ 2,000.CLASS OF ACTIVITY: GRANT  
DONEE'S NAME: KELLY KINO KOO  
DONEE'S ADDRESS: AVAILABLE UPON REQUEST  
RELATIONSHIP OF DONEE: NONE  
CASH AMOUNT GIVEN: \$ 2,000.STATEMENT 3  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSESMISCELLANEOUS \$ 112.  
NEWS LETTER 1,018.  
OCT 21, 2009 EVENT EXPENSES 36,739.  
OFFICE EXPENSES 3,600.  
PAYROLL PROCESSING 745.

THE SOLT I FOUNDATION U.S.  
C/O THOMAS MCNEILL

30-0004328

**STATEMENT 3 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

PUBLICITY	\$	7,500.
TELEPHONE		77.
TRAVEL		2,239.
WEBSITE DEVELOPMENT		285.
<b>TOTAL</b>	<b>\$</b>	<b>52,315.</b>

**STATEMENT 4**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
PLEDGES AND GRANTS RECEIVABLE	\$ 2,400.	\$ 18,600.
<b>TOTAL</b>	<b>\$ 2,400.</b>	<b>\$ 18,600.</b>

**STATEMENT 5**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
PAYROLL FEES	\$ 43.	\$ 42.
PAYROLL TAXES	488.	0.
<b>TOTAL</b>	<b>\$ 531.</b>	<b>\$ 42.</b>

**STATEMENT 6**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE SOLT I FOUNDATION U.S. WAS ESTABLISHED AFTER THE 1997 DEATH OF SIR GEORG SOLT I. ITS MISSION IS TO ASSIST TALENTED YOUNG AMERICAN MUSICIANS AT THE START OF THEIR PROFESSIONAL CAREERS. IT HAS MADE ANNUAL GRANTS TO AWARDEES SINCE 2003. SINCE 2004 IT HAS FOCUSED ON HELPING EXCEPTIONAL YOUNG CONDUCTORS. SIR GEORG'S WIDOW, LADY SOLT I, HAS EXPLAINED IT IN THESE WORDS: "SIR GEORG SOLT I BELIEVED IN A GUARDIAN ANGEL THAT GUIDED HIS LIFE AND HE WAS GRATEFUL TO THE AGENTS OF THAT ANGEL - THE PEOPLE WHO HELPED HIM AT DIFFICULT TIMES. THE SOLT I FOUNDATION BELIEVES THAT MUSIC IS ESSENTIAL - ESPECIALLY DURING THESE TROUBLED TIMES - TO HEALING AND CONNECTING INDIVIDUALS AND GLOBAL LIVES. THEREFORE, WE ARE COMMITTED TO REALIZING SIR GEORG'S PASSION FOR EXCELLENCE IN MUSIC AND EXTENDING HELP TO FURTHER THE EARLY CAREERS OF THOSE WITH EXCEPTIONAL TALENT."

**STATEMENT 7**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

ON WEDNESDAY, OCTOBER 21, 2009, THE SOLTJ FOUNDATION U.S. AGAIN CELEBRATED THE LIFE OF SIR GEORG SOLTJ. THE BENEFIT DINNER AND PROGRAM WAS HELD AT THE CASINO <sup>VN</sup> CHICAGO. CLUB

SIR GEORG WAS CONDUCTOR OF THE CHICAGO SYMPHONY ORCHESTRA FROM 1969-1991 AND LAUREATE CONDUCTOR UNTIL 1997. THE MUCH LOVED AND REVERED SOLTJ IS REMEMBERED BY HIS MANY FRIENDS AND ASSOCIATES NOT ONLY IN CHICAGO, BUT THROUGHOUT THE WORLD.

THE SOLTJ FOUNDATION WAS FORMED TO ASSIST OUTSTANDING YOUNG AMERICAN MUSICIANS AT THE START OF THEIR PROFESSIONAL CAREERS. THE AWARDEES ARE SOLTJ'S LEGACY TO THE WORLD OF MUSIC.

THE WINNER OF THE SOLTJ FOUNDATION 2009 GRANT WAS ANNOUNCED BY LADY VALERIE SOLTJ WHO FLEW IN FOR THE CEREMONY FROM HER HOME IN LONDON. AMERICAN CONDUCTOR ERIK NIELSEN IS THE 2009 WINNER. A FORMER STUDENT AT THE CURTIS INSTITUTE OF MUSIC AND THE JUILLIARD SCHOOL, HE HAS BEEN THE KAPPELLMEISTER AT THE OPER FRANKFURT SINCE 2002. IN 2008, NIELSEN REPLACED THE INDISPOSED JAMES LEVINE AT THE TANGLEWOOD MUSIC CENTER WHERE HE CONDUCTED THE RISE AND FALL OF THE CITY OF MAHAGONNY AT MAESTRO LEVINE'S REQUEST. THERE WERE ALSO COMMENTS BY BASS RENE PAPPE WHO IS CURRENTLY APPEARING AT LYRIC OPERA OF CHICAGO AND - VIA FILM - BY 2009 SOLTJ RECIPIENT, ERIK NIELSEN.

A COCKTAIL RECEPTION PRECEDED THE MUSICAL PROGRAM THAT FEATURED SPECIAL GUEST ARTIST RYAN CENTER TENOR, RENE BARBERA AND THE CHICAGO SYMPHONY ORCHESTRA'S DALE CLEVENGER, BOTH ACCOMPANIED BY BETTY BUCCHERI. DINNER FOLLOWED IN THE ELEGANT DINING ROOM OF THE CASINO WHERE THE TABLES WERE A MASS OF MULTI-COLORED PINK ROSES. THE MENU INCLUDED PARSNIP BISQUE, A BEEF TENDERLOIN ENTREE AND A WARM CHOCOLATE CAKE DESSERT.

CHAIRING THE BENEFIT WERE PENNY VAN HORN AND NANCY KEMPF OF CHICAGO. THE HONORARY CHAIRMAN IS LADY VALERIE SOLTJ AND RENEE FLEMING IS THE HONORARY PRESIDENT. MEMBERS OF THE DINNER COMMITTEE INCLUDED KATHERINE ABELSON AND ROB CORNELL, MARLETTA DARNELL, MITZI FREIDHEIM, DIANA DAVIS MASON AND RACHEL BARTON PINE OF CHICAGO. FROM THE NORTH SHORE WERE KAY MABIE OF NORTHBROOK, CATHY OSBORN AND BILL AND KITTY DEVERS OF WINNETKA AND INGRID AND TOM MCNEILL OF WILMETTE. FROM THE WESTERN SUBURBS WERE AVIS HERSETH OF OAK PARK AND JORGE AND BEATRIZ JORGULESCO OF OAK BROOK. THE EVENT WAS SPONSORED BY BESSEMER TRUST.

**STATEMENT 8**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LADY VALERIE SOLTJ	HONORARY CHAIR	\$ 0.	\$ 0.	\$ 0.
LONDON, UNITED KINGDOM	0			
GABRIELLE SOLTJ	DIRECTOR	0.	0.	0.
LONDON, ENGLAND, UNITED KINGDOM	0			

THE SOLT FOUNDATION U.S.  
C/O THOMAS MCNEILL

30-0004328

STATEMENT 8 (CONTINUED)  
FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TESSA F CRAIB-COX CHICAGO, IL 60614	ASST SEC / DIR 0	\$ 0.	\$ 0.	\$ 0.
THOMAS MCNEILL WILMETTE, IL 60091	CHAIRMAN 0	0.	0.	0.
STEPHEN POTTER CHICAGO, IL	DIRECTOR 0	0.	0.	0.
ELIZABETH BUCCHERI EVANSTON, IL 60093	DIRECTOR 0	0.	0.	0.
WILLIAM R JENTES CHICAGO, IL 60610	DIRECTOR 0	0.	0.	0.
RICHARD GRAY CHICAGO, IL 60611	CHAIR EMERITUS 0	0.	0.	0.
GABRIELLE SOLT LONDON, UNITED KINGDOM	DIRECTOR 0	0.	0.	0.
DEBORAH RUTTER CHICAGO, IL	DIRECTOR 0	0.	0.	0.
DIETRICH M GROSS SCHILLER PARK, IL	DIRECTOR 0	0.	0.	0.
SEL KARDAN EVANSTON, IL	DIRECTOR 0	0.	0.	0.
KAY MABIE NORTHFIELD, IL	VICE CHAIR/DIR 0	0.	0.	0.
DAVID MCNEEL CHICAGO, IL	DIRECTOR 0	0.	0.	0.

2009

## FEDERAL STATEMENTS

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THE SOLT FOUNDATION U.S.  
C/O THOMAS MCNEILL

30-0004328

## STATEMENT 8 (CONTINUED)

FORM 990-EZ, PART IV

## LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
OWEN YOUNGMAN CHICAGO, IL	SECRETARY/DIR 0	\$ 0.	\$ 0.	\$ 0.
GRETCHEN ZOOK CHICAGO, IL	TREASURER/DIR 0	0.	0.	0.
PENNY VAN HORN CHICAGO, IL	DIRECTOR 0	0	0	0
	TOTAL	\$ 0.	\$ 0.	\$ 0.

## STATEMENT 9

FORM 990-EZ, PART V

## REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

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

OMB No 1545-1709

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*

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	THE SOLT FOUNDATION U.S. C/O THOMAS MCNEILL	30-0004328
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	2418 IROQUOIS ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WILMETTE, IL 60091	

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

- The books are in the care of ► GRETCHEN B. ZOOK

Telephone No ► 312-630-6443 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 8/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 09 or
- ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

<b>3a</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>3a</b> \$	0.
<b>b</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.	<b>3b</b> \$	0.
<b>c 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.	<b>3c</b> \$	0.

**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.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 4-2009)