

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED AUG 1 2 2010

	C	an	-PF			·R	eturn (	of Priva	te Found	dation			OMB No 1545-0052
	partme	ent of the Tayenue Se	reasury	Note	· The foundati	or Se	ction 494 Treat	7(a)(1) None ed as a Priv	ting requirements	2009			
_		-			ax year begi		DE ADIC TO	use a copy or		and end		ang requirements	, 20
_			hat apply	1	Initial retur		- T	Initial return	of a former p				Final return
					Amended	return			ss change	Γ	<del></del>	ame change	
_			Name of f	ounda	<del></del>		:	1 1			$\overline{}$	A Employer identifi	cation number
	Use t	he IRS	SARAH	ROSS	S SOTER F	OUND	ATION						
		oel.	C/O SA	RAH	ROSS SOT	ER				31-1793690			
	Othe	rwise,	Number a	nd stre	et (or PO box	number	f mail is not o	lelivered to stree	t address)	Room/su	uite	B Telephone number (see	page 10 of the instructions)
	•	int			•						l		
		ype.	198 VI	A MA	ARINA							(56	31) 832-8150
		pecific ctions.	City or tov	vn, sta	ite, and ZIP coo	de						C If exemption applica	
٠	115111	cuons.										pending, check here  D 1 Foreign organizati	<b>▶</b>
			PALM B	EACH	H, FL 334	180						Foreign organiza	
Н	Che	ck typ	e of organi	zation	X Secti	on 501	(c)(3) exe	mot private	foundation			85% test, check in computation	nere and attach
ſ	- 1				empt charitable				rivate foundat	tion		,	
ī			et value of					ethod. X C		rual		E If private foundation	n status was terminated
			m Part II, c				ther (spe		٠.٠٠٠	-		·	in a 60-month termination
		▶ \$			778.				n cash basis.)				)(1)(B), check here
I	art	Analy	sis of Re	venue	and Expens	es (The	(a) Re	venue and	(b) Not inve	-4	<u> </u>		(d) Disbursements
					nns (b), (c), an ial the amount:		`éxpe	nses per	(b) Net inve		'	) Adjusted net income	for charitable purposes
_					of the instruct		b	ooks					(cash basis only)
	1	Contribu			received (attach sch			,,					ī
	2	Check	► L ir th	e round ch Sch	dation is <b>not</b> requ B	uired to							
	3	Interest	on savings a	ind tem	porary cash inves	stments							
	4	Dividei	nds and inte	erest fr	om securities			26,827	. 2	6,827.			ATCH 2
	5 a	Gross i	rents					· · · · · · · · · · · · · · · · · · ·					
	b	Net ren	rental income or (loss)				, ,	, <sup>4</sup> ,			* ,		,
ē		<b>a</b> Net gain or (loss) from sale of assets not on lib Gross sales pince for all						-57,199			` .		
Revenue	В	b Gross sales price for all assets on line 6a				,064.							
⋛	7	Capita	l gaın net ın	come	(from Part IV, I	ıne 2) .							
_	8	Net sh	ort-term cap	pital ga	ın								,
	9												, i
	I U a	and allo	eles less return wances • •	ns •••			ļ		L				
			ost of goods s										
					ach schedule)								
	11				nedule)			20 270					
_	12				<u>ıh 11</u>			-30,372		6,827.			,
	13				rectors, trustees,			0	•				
Š	14				and wages .								
nse	15 16a 17 18 19				benefits		-						
<u>ē</u>	16a	Legal f	ees (attach	sched	de)			200		200			
Ų	D	AC COU	Hillia/teea	attach	schedule) ATC			300	1	300.		0.	0
ğ		Other	professional	перых	attach schedul	e)					<u> </u>		
B	17	Interes ∧IIC 1	10.7010	· - ŏ			<del> </del>	62 046		774.	l		
š	n 8	⊢vudxels (i	attach schedu	le) (see	page 14 of the inst	tructions)	<b> </b>	62,946	<del>1</del>	//4.	<del>  -</del>		
Ë	9	Depred	ciation (atta	Ch SĕĦ	iedule) and de	pletion.	<u> </u>						,
ğ		COM	andy; .U	$\cdot   \cdot \cdot \cdot$	<u>.</u> j	• • • •					<u> </u>		<del></del>
Ē	21-	-Travel,	conference	s, and	meetings		<b></b>		<u> </u>		<u> </u>	<del></del>	<del> </del>
G D	<ul> <li>Printing and publications</li></ul>							756	<u> </u>	756.		<del></del>	
Ē	23		-		•		<del></del>	/ 50	1	, 50.	<u> </u>		
era	24		=		ministrative ex	•		64,002		1 020		0.	_
Operating and				-				102,000		1,830.	ļ <u>.</u>	0.	102,000
	25		_	_	its paid		<del></del>	166,002	<del></del>	1,830.	<u> </u>	0.	102,000
-	26				nts. Add lines 2	4 and 25	-	100,002	1	1,030.	<u> </u>	<u> </u>	102,000
	27		ct line 26 fr					-196,374					
	ı a	Excess	f revenue over	OYDORS!	es and dishurseme	ants	i .	- 10,3/4	4		ı		1

b Net investment income (If negative, enter -0-)

-0-

 $\mathcal{Q}$ 

24,997

D	art I	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	
_	a1 t 1	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	4,345.	25,144.	25,144.
	2	Savings and temporary cash investments	181,631.	0.	0.
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable			70 7 72 7 7 7 7 7 7 7
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			•
		disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶			<del></del>
w	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ass	10 a	Investments - U.S. and state government obligations (attach schedule)			
1		Investments - corporate stock (attach schedule)			
		Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings,		<del></del>	
		and equipment basis  Less accumulated depreciation (attach schedule)			mode thanks a mark man man some more to
	12	(attach schedule)			
	13	Investments - mortgage loans Investments - other (attach schedule) ATCH 6	2,336,676.	2,301,134.	2,223,634.
	14	Land, buildings, and			
		equipment basis Less accumulated depreciation (attach schedule)	num dra na er um		ren en me-en-
	4 =	(attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	2,522,652.	2,326,278.	2,248,778.
_			2,322,032.	2,320,270.	2,240,770.
	17	Accounts payable and accrued expenses			4
	18	Grants payable			
Liabilities	19	Deferred revenue			1
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
E	21	Mortgages and other notes payable (attach schedule)			1
	22	Other liabilities (describe			
	••	<b>7</b> ( 18 ( 189) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (			
_	23	Total liabilities (add lines 17 through 22)		<del></del>	,
		Foundations that follow SFAS 117, check here			,
s		and complete lines 24 through 26 and lines 30 and 31.			1
Balances	24	Unrestricted	<del></del>		
ılar	25	Temporarily restricted			1
ä	26	Permanently restricted			1
Fund		Foundations that do not follow SFAS 117,			
Ę		check here and complete lines 27 through 31. $\blacktriangleright X$			
9	27	Capital stock, trust principal, or current funds	·		
Net Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds	2,522,652.	2,326,278.	ļ
¥ /	30	Total net assets or fund balances (see page 17 of the			
ž		instructions)	2,522,652.	2,326,278.	
	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	2,522,652.	2,326,278.	
P	art l	Analysis of Changes in Net Assets or Fund I	Balances		
1		I net assets or fund balances at beginning of year - Part II,			
	end-	of-year figure reported on prior year's return)		<u>1</u>	2,522,652.
2		a annual frame Dant I fine 07-		i	-196,374.
		and the second section of the section of t		I _	
		lines 1, 2, and 3			2,326,278.
5		reases not included in line 2 (itemize) ▶		5	
6		I net assets or fund balances at end of year (line 4 minus l	line 5) - Part II, column (b		2,326,278.
					- 000 PF

P	art IV Capital Gains	s and Losses for Tax on Inv	estment Income			
	(a) List an	(b) How acquired P-Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
	000 DIDE THE OCCUP	rick warehouse; or common stock, 200 s	3110. W.20 00.)	D-Donation	(,,,,,,,	
t					<u> </u>	
-						
	<u> </u>					
	)					
	(e) Gross sales price		(h) Gain or (lo (e) plus (f) mini			
_a						
_k	)				<del></del>	
	<u> </u>					
_6		(h)				
_	omplete only for assets s	howing gain in column (h) and owr			Gains (Col. (h) g (k), but not less t	
	(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	(01.	Losses (from co	
	)				-	··
t						
-				<u> </u>	· -	
-	""					
	)					
2	Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		-57,199.
3	Net short-term capital gair	יי ) 12 or (loss) as defined in sections م	•		<del>.</del>	, =
	•	, line 8, column (c) (see pages 13				
	=	line 8	•	3		
Р		nder Section 4940(e) for Redu		ome		
W		the section 4942 tax on the distrib not qualify under section 4940(e).	• •	ase perio	d?	Yes X No
		ount in each column for each year,	· · · · · · · · · · · · · · · · · · ·	efore mak	cing any entries	
	(a) Base penod years	(b) Adjusted qualifying distributions	(c)  Net value of nonchantable-use assets		(d) Distribution ra	atio
_	Calendar year (or tax year beginning in)				(col (b) divided by	
	2008	86,612. 57,133.	2,667,382. 1,284,031.			0.032471
	2007 2006	94,717.	596,922.	-		0.158676
_	2005	16,000.	582,013.			0.027491
_	2004	2,000.	524,032.			0.003817
2	Total of line 1, column (d)	)		2		0.266950
3		for the 5-year base period - divide		<del>-</del> -		
	•	dation has been in existence if less		3		0.053390
	•		, , , , , , , , , , , , , , , , , , , ,			
4	Enter the net value of nor	ncharitable-use assets for 2009 fro	m Part X, line 5	4	2,	088,415.
5	Multiply line 4 by line 3			5		111,500.
-	·					
6	Enter 1% of net investme		. 6 25			
7	Add lines 5 and 6		7		111,750.	
8	Enter qualifying distribution				102,000.	
0	If line 8 is equal to or gr Part VI instructions on page	eater than line 7, check the box i	n Part VI, line 1b, and complete t	hat part		

_Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	tructio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			40.0
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
þ	Domestic_foundations that meet the section 4940(e) requirements in Part V, check		5	00.
	here  and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			_
	of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2 3		5	00.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	Tax based on Investment income. Subtract line 4 from line 3. If zero or less, enter -0		5	00.
6	Credits/Payments <sup>-</sup>			3
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 25,000.			
	Exempt foreign organizations-tax withheld at source	, ,	,	. '
C	Tax paid with application for extension of time to file (Form 8868) 6c 0.	,		9
d	Backup withholding erroneously withheld		^ = ^	لمممط
7	Total credits and payments Add lines 6a through 6d		25,0	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			<u>3.</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		24,4	07
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		23,9	
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax   500 Refunded 11		23,9	<del>97.</del>
	t VII-A. Statements Regarding Activities	I	V	
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1 a	Yes	No X
	participate or intervene in any political campaign?	la		
U		1b		Х
	of the instructions for definition)?	7		*
	published or distributed by the foundation in connection with the activities		sikin in	ķ. Š
c	Did the foundation file Form 1120-POL for this year?	1 c	within it	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			. «
Ī	(1) On the foundation >\$(2) On foundation managers		, , , , , , , , , , , , , , , , , , ,	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		· * ^	<i>&gt;</i> `
_	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	* *	X
	If "Yes," attach a detailed description of the activities			,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		* * *	Santa Sil
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Χ
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T	Ŷ.		Â
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.	£		
	By language in the governing instrument, or			, }
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	٠ ٠		4
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV.	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			. :
	instructions) ► OH,			ı
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		- x -	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			17
	27)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			v
	names and addresses	10		X

Form **990-PF** (2009)

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . . .

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

enterprise at any time during the year?

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)

Х

2b

3b

Pai	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		· · · · · · · · · · · · · · · · · · ·
5a	During the year did the foundation pay or incur any amou (1) Carry on propaganda, or otherwise attempt to influer		4945(e))?	Yes X No	,	
	(2) Influence the outcome of any specific public election					
	directly or indirectly, any voter registration drive?			Yes X No	)	
	(3) Provide a grant to an individual for travel, study, or oth				,	
	(4) Provide a grant to an organization other than a chari	table, etc , organizatio	n described in		İ	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (	see page 22 of the ins	structions)	Yes X No	,	
	(5) Provide for any purpose other than religious, charital					
	purposes, or for the prevention of cruelty to children of			Yes X No	,	1 1 :
ь	If any answer is "Yes" to 5a(1)-(5), did any of the trans					
	Regulations section 53.4945 or in a current notice regard				5b	
	Organizations relying on a current notice regarding disast	*		. [		
c	If the answer is "Yes" to question 5a(4), does the foundation					
-	because it maintained expenditure responsibility for the gi			Yes X No	,	i
	If "Yes," attach the statement required by Regulations section					
6 2	Did the foundation, during the year, receive any funds, d		nav premiums			
Vu	on a personal benefit contract?	•		Yes X No	,	
b	Did the foundation, during the year, pay premiums, direct			. — —	6Ь	X
_	If "Yes" to 6b. file Form 8870	ony or monoody, on a	portonial bonom contra	^	• •	
7 a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes X No	,	
	If yes, did the foundation receive any proceeds or have a			· —		X
	t VIII Information About Officers, Directors					L
	and Contractors					
1	List all officers, directors, trustees, foundation m	(b) Title, and average		(d) Contributions to		se account,
	(a) Name and address	hours per week devoted to position	(c) Compensation (if not paid, enter	employee benefit plans		lowances
			. ~U~)	and deferred componention I		
		devoted to position	-0-)	and deferred compensation		
 ДТ	TACHMENT 7	devoted to position	- <b>0-)</b>	and deferred compensation		0
ĀT	TACHMENT 7	devoted to position	-0-)			0
ΑT		devoted to position	-0-)			0
ΑT	TACHMENT 7	devoted to position	-0-)			0
AT	TACHMENT 7	devoted to position	-0-)			0
AT	TACHMENT 7	devoted to position	-0-)			0
AT	TACHMENT 7	devoted to position	-0-)			0
	TACHMENT 7		0.	0.	ructions	0
	TACHMENT 7		0.	0.	tructions).	0
2	TACHMENT 7		0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	(e) Expen	se account,
2	TACHMENT 7  Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0 .	e page 23 of the inst	(e) Expen	se account,
2	TACHMENT 7  Compensation of five highest-paid employees (ot if none, enter "NONE."	her than those inc	0 .	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	(e) Expen	se account,
2	TACHMENT 7  Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0 .	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	(e) Expen	se account,
2	TACHMENT 7  Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0 .	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	(e) Expen	se account,
2	TACHMENT 7  Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0 .	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	(e) Expen	se account,
2	TACHMENT 7  Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0 .	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	(e) Expen	se account,
2	TACHMENT 7  Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0 .	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	(e) Expen	se account,
2	TACHMENT 7  Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0 .	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	(e) Expen	se account,
2	TACHMENT 7  Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0 .	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	(e) Expen	se account,
2 (a	TACHMENT 7  Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc  (b) Title, and average hours per week devoted to position	luded on line 1 - se	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	(e) Expen	se account,

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	/ees,
3 Five high	est-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	er of others receiving over \$50,000 for professional services	▶ NONE
Part IX-A	Summary of Direct Charitable Activities	
	lation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number ins and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A		
2		
	<del></del>	
3		
<b>-</b> -		
4		
Part IX-B		
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
	ram-related investments. See page 24 of the instructions	
3 NONE		
Tatal Add I	nos 1 through 3	

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreignee page 24 of the instructions.)	gn foundation	is,
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		<u>-                                    </u>
	purposes.		
а	Average monthly fair market value of secunties	1a	1,837,181.
b	Average of monthly cash balances	1b	147,103.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	135,934.
d	Total (add lines 1a, b, and c)	1d	2,120,218.
е	Reduction claimed for blockage or other factors reported on lines 1a and	1	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,120,218.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	31,803.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,088,415.
6	Minimum investment return. Enter 5% of line 5	6	104,421.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ ☐ and do not complete this private in the com	ate operating	
1	Minimum investment return from Part X, line 6	1	104,421.
2 a	Tax on investment income for 2009 from Part VI, line 5	8	
b	Income tax for 2009 (This does not include the tax from Part VI.)		
С		2c	500.
3	Distributable amount before adjustments. Subtract line 2c from line 1		103,921.
4	Recoveries of amounts treated as qualifying distributions	4	<u></u>
5		5	103,921.
6	Deduction from distributable amount (see page 25 of the instructions)	6	<del>-</del>
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	<del>-</del>	
	line 1 · · · · · · · · · · · · · · · · · ·	7	103,921.
		· -,L-	
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	: * 2 -	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	102,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	<u>-</u>	
	DUTDOSAS	2	0.
3	Amounts set aside for specific charitable projects that satisfy the:	<del></del>	
a	Suitability test (prior IRS approval required)	3a	0.
b	Andread and the second	3b	
4	Cash distribution test (attach the required schedule)  Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	102,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	<del>  -   -   -                            </del>	
•	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adiosead availation distributions. Outstand has 5 fears has 4	6	102,000.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w		
	qualifies for the section 4940(e) reduction of tax in those years.	meniei nie iou	Juation

Form **990-PF** (2009)

Рa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	<b>(d)</b> 2009
•	· [	• • • • • • • • • • • • • • • • • • • •			103,921.
2	Undistributed income, if any, as of the end of 2009				<del></del>
2	Enter amount for 2008 only				
d	Total for pnor years 20 07 .20 06 .20 05		0.		
о 3	Excess distributions carryover, if any, to 2009:				
	From 2004				
	From 2005				
	From 2006				
	From 2007				
	From 2008				
	Total of lines 3a through e	7,407.			
	Qualifying distributions for 2009 from Part XII,		<del></del>		
	line 4 <sup>.</sup> ▶ \$102,000.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
•	required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				102,000.
	Remaining amount distributed out of corpus	0.			
5		1,921.			1,921.
6	(If an amount appears in column (d), the same amount must be shown in column (a) ) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,486.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	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.	, &			
d	Subtract line 6c from line 6b. Taxable				
	amount - see page 27 of the instructions	t 1 %	0.		
е	Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see page 27 of the instructions	, <b>)</b> , /, /, /, /, /, /, /, /, /, /, /, /, /,			
f	Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010.				
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				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)				
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	5,486.			
10	Analysis of line 9.				
	Excess from 2005				
	Excess from 2006 5,486.				
	Excess from 2007				
	Excess from 2008				
	Excess from 2009			1	

₋Pa	rt XIV Private Oper	ating Foundations (	see page 27 of the	instructions and	l Part VII-A, ques	tion 9) NO	OT APPLICABLE
1 a	If the foundation has foundation, and the ruling	•		•		-	
b	Check box to indicate wh					4942(j)(3) o	r 4942(J)(5)
_		Tax year	,	Prior 3 years			
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 200	6	(e) Total
	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 .						
a	Amounts included in line 2c not used directly for active conduct of exempt activities						
е	Qualifying distributions made						
	directly for active conduct of exempt activities Subtract line						
3	2d from line 2c Complete 3a, b, or c for the						
	alternative test relied upon						
а	"Assets" alternative test - enter						
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying</li></ul>	-					
	under section 4942(j)(3)(B)(i)						
b	"Endowment" alternative test-						
	enter 2/3 of minimum invest- ment return shown in Part X,						
	line 6 for each year listed						
С	"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)						
	public and 5 or more exempt organizations as						
	provided in section 4942 (j(X3)(B)(iii)						
	(3) Largest amount of sup- port from an exempt						
	organization						
D s	(4) Gross investment income .  Int XV Supplement	ary Information (C	omplete this part	only if the for	undation had \$	5 000 or i	more in assets
1 6		during the year - se			anaation naa v	J,000 01 1	nore in assets
1	Information Regarding	g Foundation Manage	rs:				
а	List any managers of before the close of any						y the foundation
	SARAH ROSS	SOTER					
b	List any managers of ownership of a partner					equally larg	e portion of the
	NONE						
2	Information Regarding	g Contribution, Grant	, Gift, Loan, Scholarsi	nip, etc., Programs	s:		
	Check here ► X if t unsolicited requests f organizations under ot	or funds. If the foun	dation makes gıfts, g	grants, etc. (see	charitable organiza page 28 of the i	ations and onstructions)	loes not accept to individuals or
а	The name, address, a	nd telephone number	of the person to whor	m applications sho	uld be addressed:		
b	The form in which app	lications should be su	bmitted and information	on and materials	they should include	<b>.</b> .	
	Any submission deadli	nes:					
	Any restrictions on the	mitations on awards	such as by sees	applications of	paritable fields by	nde of ince	utions or other
a	Any restrictions or li factors:	imitations on awards.	, such as by geogra	аргіісаі аг <b>е</b> а <b>s, с</b> п	iai itabie lielus, Ki	nus oi mstit	unons, or other

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment											
Recipient	If recipient is an individual,	Foundation		T							
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							
	or substantial contributor	recipient									
a Paid during the year				į							
A THA CLIMENT O											
ATTACHMENT 8											
				i							
		1									
		ŀ									
				į							
		1									
	İ										
				1							
	1										
			i								
Tatal		l	▶ 3a	102,000.							
Total		<del></del>	Ja	102,000.							
<b>b</b> Approved for future payment											
				1							
		L	<u> </u>								
Total			▶ 3b								

nter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt function income
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	( <b>d)</b> Amount	function income (See page 28 of the instructions)
a					
b	-				
c					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments			14	26,827.	
Dividends and interest from securities				•	
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory	1		18	-57,199.	
Net income or (loss) from special events	1				
Gross profit or (loss) from sales of inventory					
Other revenue: a		·			
b					
c					
d					
e			i		
				20 270	
				-30,372.	20 270
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)					-30,372
3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions on page 28 art XVI-B Relationship of Activities	to verify calc	ulations.)	xempt Purp	oses	
ee worksheet in line 13 instructions on page 28  art XVI-B Relationship of Activities	to verify calc to the Ac	ulations.) complishment of E	Exempt Purp	oses  (e) of Part XVI-A cont	ributed importantly
art XVI-B Relationship of Activities  Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E	Exempt Purp	oses  (e) of Part XVI-A cont	ributed importantly
art XVI-B Relationship of Activities  Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E	Exempt Purp	oses  (e) of Part XVI-A cont	ributed importantly
ee worksheet in line 13 instructions on page 28  art XVI-B Relationship of Activities  Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E	Exempt Purp	oses  (e) of Part XVI-A cont	ributed importantly
ee worksheet in line 13 instructions on page 28  art XVI-B Relationship of Activities  Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E	Exempt Purp	oses  (e) of Part XVI-A cont	ributed importantly
ee worksheet in line 13 instructions on page 28  art XVI-B Relationship of Activities  Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E	Exempt Purp	oses  (e) of Part XVI-A cont	ributed importantly
ee worksheet in line 13 instructions on page 28  art XVI-B Relationship of Activities  Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E	Exempt Purp	oses  (e) of Part XVI-A cont	ributed importantly
ee worksheet in line 13 instructions on page 28  art XVI-B Relationship of Activities  Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E	Exempt Purp	oses  (e) of Part XVI-A cont	ributed importantly
rotal. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 28  art XVI-B  Relationship of Activities  ine No.  Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E ch income is report exempt purposes	ed in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly
rotal. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 28 art XVI-B Relationship of Activities ine No. Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E	ed in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly
rotal. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 28  art XVI-B  Relationship of Activities  ine No.  Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E ch income is report exempt purposes	ed in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly
rotal. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 28  art XVI-B Relationship of Activities  ine No. Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E ch income is report exempt purposes	ed in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly
ee worksheet in line 13 instructions on page 28  art XVI-B Relationship of Activities  Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E ch income is report exempt purposes	ed in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly
rotal. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions on page 28  art XVI-B Relationship of Activities  ine No. Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E ch income is report exempt purposes	ed in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly
ee worksheet in line 13 instructions on page 28  art XVI-B Relationship of Activities  Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E ch income is report exempt purposes	ed in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly
ee worksheet in line 13 instructions on page 28  art XVI-B Relationship of Activities  Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E ch income is report exempt purposes	ed in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly
ee worksheet in line 13 instructions on page 28  art XVI-B Relationship of Activities  Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E ch income is report exempt purposes	ed in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly
art XVI-B Relationship of Activities  Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E ch income is report exempt purposes	ed in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly
art XVI-B Relationship of Activities  Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E ch income is report exempt purposes	ed in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly
art XVI-B Relationship of Activities  Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E ch income is report exempt purposes	ed in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly
art XVI-B Relationship of Activities  Explain below how each activities the accomplishment of the form	to verify calc to the Ac	ulations.) complishment of E ch income is report exempt purposes	ed in column (other than b	oses  (e) of Part XVI-A cont	ributed importantly

Form 990-PF (2009)											31-1/93690							Page 1			
Pai	rt X\	VII_	Informa Exempt				Transfe	ers	То	an	d 1	Transact	tions	an	d Re	lationshi	ps	With	None	charit	able
1	Did	the	organization	directly	or	ındırectly	engage	in	any	of t	the	following	with	any	other	organizatio	n d	lescribed		Yes	No

1		he organization directly									Yes	No
а		izations? fers from the reporting for										
		ash							<b>.</b>	1a(1)		X
	(2) 0	ther assets								1a(2)		X
b		transactions:										<u>.</u>
		ales of assets to a nonch								1b(1)		X
		urchases of assets from								1b(2)		X
		ental of facilities, equipment								1b(3)		X
		eimbursement arrangeme								1b(4)		$\frac{\lambda}{X}$
		oans or loan guarantees erformance of services o								1b(5)		X
c		ng of facilities, equipmen								1c		X
		e answer to any of t									fair r	narket
		of the goods, other										
		in any transaction or										
(a) l	ine no	(b) Amount involved	(c) Name of r	noncharitable exempt	organization	<del></del>	ription of trans	fers, transaction	ons, and shar	ing ama	ngeme	nts
		N/A				N/A						
			··· ·· · · · · · · · · · · · · · · · ·			<del></del>						
								<del></del>		<del></del>		
	_										-	
							-	•				·····
_												
2-	la tha	formulation discosting			<u> </u>	<u> </u>		<del></del> -		-		
28		e foundation directly or on 501(c) of the Code (oth								<u></u>	<u> [3</u>	No
b		s," complete the following		or(c)(3)) or in sect	1011 527 ?		• • • • • •		L	**	<b>≲</b>	. NO
		(a) Name of organization		(b) Type	of organization			(c) Description	n of relations	hip	-	
										<u> </u>		
	_											
		<del></del>		<del></del> :								
	Under belief,	penalties of perjury, I design it is true, correct and com-	are that I have exa plete Declaration o	amined this return, in of preparer (other thai	cluding accompa n taxpayer or fidi	anying schedi uciary) is bas	ules and stater sed on all infor	ments, and to mation of wh	the best of nich preparer	fmykı hasar	nowled by know	ge and wledge
l		Som in 12				IMP C	-10.	$\mathcal{O}_{\bullet}$	- · · · ·	1		Ū
a	¥ \	uppature of officer or tructon	<b>EMD</b> 5	ouu		M	1-10	XIST R	mcrr	<b>~</b>		
Sign Here	<u> </u>	gnature of officer or trustee			D-4-	Date	7	Title	Preparer's	identif	vinc	
드	w .	A			Date		Check if		nuṁber (Se	e Signa	iture o	
Sig	arer. Yaly	Preparer's signature	a Dollar	نسد	วุกเ	S 2010	self-employ	ed 🗕 🔛	page 30 of t	ne iņstr '₹2	uctions	)
•,	Paid Preparer's Use Only	Firm's name (or yours if	CALER,	DONTEN, LE	VINE ET	AL, P.A		EIN ▶ 5	9-28312	281		
	r z	self-employed), address,	505 SC	OUTH FLAGLER		<del></del>						
		and ZIP code	WEST E	PALM BEACH,	FL	334	01	Phone no.	561-83	32-9	292	
									Fo	om 99	0-PF	(2009)

SARAH ROSS SOTER FOUNDATION

FORM 990-PF - PART IV

CAPITAL CAINS AND LOSSES FOR TAX ON INVEST

Kind of P		INS AND LO		cription		or	Date	Date sold
		Costos			Evenes of	Ď	acquired	
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj. basis as of	Excess of FMV over		Gain or	
price less expenses of sale	allowable	basis	12/31/69	12/31/69	adj basis	44	(loss)	
		TOTAL LONG-	TERM CAPIT	AL GAIN DIV	IDENDS		1,549.	
						$\parallel \parallel$		
		THROUGH JP				P	ĺ	
		PROPERTY T	YPE: SECURI	TIES				
20,015.		182,830.					-62,815.	
		THROUGH JP				P		
		PROPERTY T	YPE: SECURI	TIES				
28,500.		24,433.					4,067.	
OTAL GAIN(LO	oss)						<u>-57,199.</u>	
		İ						
						+		
						$  \cdot  $	}	
						$  \cdot  $		
						$  \cdot  $		
							}	
							1	
							}	
						$  \cdot  $		
		1				1 1		

PAGE 19

ATTACHMENT 2

ATTACHMENT 2

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

NET INVESTMENT	INCOME	26,554. 273.
REVENUE AND EXPENSES	PER BOOKS	26,554.
		NA NA
	NO	JPMORGAN CHASE BANK, JPMORGAN CHASE BANK,
	DESCRIPTION	JPMORGAN JPMORGAN

26,827.

26,827.

TOTAL

- ACCOUNTING FEES PART I FORM 990PF,

REVENUE	AND	EXPENSES	PER BOOKS

300. INVESTMENT INCOME NET 300.

ADJUSTED NET INCOME

CHARITABLE PURPOSES

THRU JPMORGAN CHASE BANK, NA

DESCRIPTION

TOTALS

300.

300.

.

ATTACHMENT

ATTACHMENT 4

TAXES ı PART I FORM 990PF,

SARAH ROSS SOTER FOUNDATION

INVESTMENT INCOME NET 1,400. 60,772. EXPENSES PER BOOKS REVENUE AND STATE OF OHIO FOREIGN TAX WITHHELD EXCISE TAX DESCRIPTION

TOTALS

62,946.

774.

774.

**S0302** 

1:11:43 PM V 09-7 70293U H073

ATTACHMENT 5

- OTHER EXPENSES PART I FORM 990PF,

DESCRIPTION CUSTODY & MANAGEMENT FEES BANK FEES

EXPENSES PER BOOKS REVENUE AND

INVESTMENT INCOME

TOTALS

756.

7/20/2010

9

7/20/2010

ATTACHMENT 6

FORM 990PF, PART II - OTHER INVESTMENTS

SARAH ROSS SOTER FOUNDATION

31-1793690

BOOK VALUE ENDING

ENDING FMV

2,082,285. 141,349.

MUTUAL FUNDS US FIXED INCOME

DESCRIPTION

TOTALS

2,301,134.

2,171,299. 129,835.

2,223,634.

SARAH ROSS SOTER FOUNDATION CUSTODY ACCT W01720007 For the Period 12/1/09 to 12/31/09

### **Equity Detail**

	Quantity	Pnœ	Market Value	Tax Cost	Unrealized Gain/Loss	Estimated Annual Income Accrued Dividends	Yield
US Large Cap							
BRANDYWINE BLUE FUND INC 105328-10-1 BLUE X	7,383 119	21 59	159,401 54	170,344 35	(10,942.81)	494 66	0 31 %
CGM FOCUS FUND 125325-50-6 CGMF X	2,506 833	29 76	74,603 35	103,400 00	(28,796 65)	551.50	0 74%
HANCOCK HORIZON FAMILY FDS GR&INCOME CL A 41012R-87-8 HHGA X	10,248.301	18 10	185,494.25	152,964.58	32,529 67	2,182 88	1 18%
HUSSMAN STRATEGIC GROWTH FUND 448108-10-0 HSGF X	9,051 480	12 78	115,677 91	142,249 35	(26,571.44)	226 28	0 20%
MARSICO 21ST CENTURY FUND 573012-30-9 MXXI X	8,245.771	12 19	100,515 95	128,000 00	(27,484 05)	272 11	0 27 %
Total US Large Cap			<b>Z</b> \$635,693.00	\$696,958.28	(\$61,265.28)	\$3,727.43	0.59%
US Mid Cap/Small Cap							
AMANA MUT FDS TR GROWTH FD 022865-20-8 AMAG X	7,640 649	21 33	162,975 04	161,469 64	1,505 40		
BROWN ADVISORY SMALL-CAP VALUE FUND 349903-24-5 BIAC X	7,787 672	66 6	77,798 84	74,217 23	3,581 61	54 51	% 20 0
GAMCO WESTWOOD FDS EQUITY CL AAA 361439-10-2 WESW X	23,091 594	90 8	186,118 25	263,504 26	(77,386 01)	1,639 50	% 88 0

Page 5 of 22

SARAH ROSS SOTER FOUNDATION CUSTODY ACCT W01720007 For the Period 12/1/09 to 12/31/09

	Quantity	Priœ	Market Value	Tax Cost	Unrealized Gain/Loss	Estimated Annual Income Accrued Dividends	Yield
US Mid Cap/Small Cap							
ROYCE VALUE PLUS FUND SV 780905-74-1 RYVP X	7,754 376	11 24	87,159 19	56,606 94	30,552 25		
Total US Mid Cap/Small Cap			\$514,051.32	\$555,798.07	(\$41,746.75)	\$1,694.01	0.33%
Non US Equity							
ARTIO INTERNATIONAL EQUITY II - A 04315J-84-5 JETA X	16,693 740	11 71	195,483 70	208,216 70	(12,733 00)	9,265 02	4 74 %
HARBOR INTERNATIONAL FUND 411511-30-6 HAIN X	4,133.775	54 87	226,820 23	160,307 24	66,512.99	2,914 31	1 28 %
IVY ASSET STRATEGY FUND CL Y 466000-72-6 WASY X	5,320 749	22 32	118,759.12	140,178 39	(21,419 27)	521 43	% 44 %
JANUS INVESTMENT FUND ORION FUND 471023-64-8 JORN X	8,950 292	66 6	89,413.42	75,154 26	14,259 15	26 85	% 60 0
KINETICS PARADIGM FUND 494613-60-7 WWNP X	5,056 869	20 12 12/30/09	101,744 20	135,000 00	(33,255 80)	854 61	0 84 %
MERGER FUND S/B/I 589509-10-8 MERF X	1,368 289	15 54	21,263 21	20,059.14	1,204 07	413 22	1 94 %
PERMANENT PORTFOLIO 714199-10-6 PRPF X	2,556 012	38 67	98,840.98	84,934 09	13,906 90	715 68	0 72%

## J.P.Morgan

SARAH ROSS SOTER FOUNDATION CUSTODY ACCT W01720007 For the Period 12/1/09 to 12/31/09

	Quantity	Рпсе	Market Value	Tax Cost	Unrealized Gain/Loss	Estimated Annual Income Accrued Dividends	Yield
Non US Equity THE ARBITRAGE FUND-R 03875R-10-6 ARBF X	1,642 913	12 69	20,848 57	19,693 00	1,155.57	87 07	0 42 %
Total Non US Equity			<b>[Z]</b> \$873,173.43	\$843,542.82	\$29,630.61	\$14,798.19	1.69%
Emerging Markets Harding Loevner emerging markets Portfolio 412295-30-5 HLEM X	1,380 961	42.99	<b>Z</b> 59,367 51	75,000 00	(15,632.49)	174 00	0 29%
	·		\$2,082,285.26	\$2,171,299.17 total cost			

## J.P.Morgan

SARAH ROSS SOTER FOUNDATION CUSTODY ACCT W01720007 For the Period 12/1/09 to 12/31/09

## Fixed Income Detail

	Quantity	Price	Market Value	Tax Cost Adjusted Onginal	Unrealized Gain/Loss	Estimated Annual Income Accrued Interest	Yield
US Fixed Income - Taxable							1
LOOMIS SAYLES FDS I BOND FD RETAIL 543495-83-2	2,836 477	13 29	37,696 78	31,385 87	6,310 91	2,104 66	5.58%
PIMCO TOTAL RETURN FUND SER D 693391-67-4	6,579 510	10 80	71,058.71	67,763 14	3,295 57	3,802 95	5 35 %
VANGUARD FIXED INCOME SECURITIES FUND INC SHORT TERM BOND PORTFOLIO (FUND 39) 922031-40-6	3,077 797	10 59	32,593 87	30,686 02	1,907 85	1,295.75	3 98 %
Total US Fixed Income - Taxable			\$141,349.36	\$129,835.03	\$11,514.33	\$7,203.36	5.10%

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

PAGE 24

**S0302** 

EXPENSE ACCT ALLOWANCES AND OTHER ATTACHMENT CONTRIBUTIONS BENEFIT PLANS . 0 0 TO EMPLOYEE

0

GRAND TOTALS

1.00

PALM BEACH, FL 33480

WILLIAM J SOTER

198 VIA MARINA

DIRECTOR

0

0

0

1.00

DIRECTOR

SARAH WINDELS ZIEGLER

COLUMBUS, OH 43209 230 ASHBORNE ROAD

PALM BEACH, FL 33480

SARAH ROSS SOTER

198 VIA MARINA

NAME AND ADDRESS

.

0

5.00

DIRECTOR

COMPENSATION

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION 31-1793690

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

ATTACHMENT 8

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BETHESDA-BY-THE-SEA	PUBLIC CHARITY	TO FURTHER ITS EXEMPT PURPOSES	5,000.
141 SOUTH COUNTY ROAD			
PALM BEACH, FL 33480			
AMERICAN CANCER SOCIETY	N/A	TO FURTHER ITS EXEMPT PURPOSES	5,000.
235 S COUNTY RD #20	PUBLIC CHARITY		
PALM BEACH, FL 33480			
GREEN LAWN CEMETERY	N/A	TO FURTHER ITS EXEMPT PURPOSES	7,000
1000 GREENLAWN AVENUE	PUBLIC CHARITY		
COLUMBUS, OH 43223			
NORTON MUSEUM OF ART	N/A	TO FURTHER ITS EXEMPT PURPOSES	20,000.
DIXIE HIGHWAY	PUBLIC CHARITY		
WEST PALM BEACH, FL 33402			
COLUMBUS SCHOOL FOR GIRLS	N/A	TO FURTHER ITS EXEMPT PURPOSES	10,000.
56 SOUTH COLUMBIA AVENUE	PUBLIC CHARITY		
COLUMBUS, OH 43209			
OHIO STATE UNIVERSITY	N/A	TO FURTHER ITS EXEMPT PURPOSES	1,500
1960 KENNY ROAD	PUBLIC CHARITY		
COLUMBUS, OH 43210			

70293U H073 7/20/2010

so302

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

ATTACHMENT 8 (CONT'D)

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

70293U H073

RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE SOCIETY OF THE FOUR ARTS	N/A	TO FURTHER ITS EXEMPT PURPOSES	23,000.
2 FOUR ARTS PLAZA	PUBLIC CHARITY		
PALM BEACH, FL 33480			
MARBURN ACADEMY	N/A	TO FURTHER ITS EXEMPT PURPOSES	000
	PUBLIC CHARITY		
THE COLUMBUS ACADEMY	N/A	TO FURTHER ITS EXEMPT PURPOSES	2,500
	PUBLIC CHARITY		
REHABILITATION CENTER FOR CHILDREN & ADULTS	N/A	TO FURTHER ITS EXEMPT PURPOSES	5,000
	PUBLIC CHARITY		
COLUMBUS MUSEUM OF ART	N/A	TO FURTHER ITS EXEMPT PURPOSES	10,000
480 EAST BROAD STREET	PUBLIC CHARITY		
COLUMBUS, OH 43215			
ST ALBANS CHURCH	N/A	TO FURTHER ITS EXEMPT PURPOSES	10,000.
	PUBLIC CHARITY		

FOUNDATION
SOTER
ROSS
SARAH

31-1793690

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

TO FURTHER ITS EXEMPT PURPOSES

2,500 AMOUNT

ATTACHMENT 8 (CONT'D)

PUBLIC CHARITY N/A

CRANBROOK SCHOOLS ANNUAL FUND

RECIPIENT NAME AND ADDRESS

102,000

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 8

PAGE 27

50302

V 09-7

70293U H073 7/20/2010

### **SCHEDULE D** (Form 1041)

**Capital Gains and Losses** 

► 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).

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

SARAH ROSS SOTER FOUNDATION

C/O SARAH ROSS SOTER

Employer identification number

31-1793690

Note: Form 5227 filers need to complete only Pa					_	
Part I Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar 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 pnce	(e) Cost or other (see page 4 of instructions	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a						
					-	
					_	
<b>b</b> Enter the short-term gain or (loss), if any, fi	rom Schedule D	)-1. line 1b			1b	4,067.
2 Short-term capital gain or (loss) from Form	ns 4684, 6252,	6781, and 882	4		2	
3 Net short-term gain or (loss) from partners	hins S comora	tions, and other	r estates or trusts		3	
4 Short-term capital loss carryover. Enter the						
Carryover Worksheet					4	(
5 Net short-term gain or (loss). Combine line column (3) on the back	_			•	5	4,067.
Part II Long-Term Capital Gains and Losse	s - Assets Held	More Than Or	ne Year		<u> </u>	1,007.
(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 (see page 4 of instructions	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a						1 540
LONG-TERM CAPITAL GAIN DIVIDEN	ψS		ATCH 10			1,549.
	<u> </u>		<u></u>			
<b>b</b> Enter the long-term gain or (loss), if any, fr	om Schedule D-	1, line 6b			6b	-62,815.
7 Long-term capital gain or (loss) from Form	is 2439, 4684,	6252, 6781, aı	nd 8824		7	
8 Net long-term gain or (loss) from partnersh	nips, S corporat	ions, and other	estates or trusts		8	
9 Capital gain distributions					9	
<ul><li>10 Gain from Form 4797, Part I</li></ul>		from line 144	of the 2008 Capital La		10	
Carryover Worksheet		•	•		11	(
12 Net long-term gain or (loss). Combine line:	s 6a through 11	in column (t).	Enter here and on lin	ne 14a,		· · · · · · · · · · · · · · · · · · ·
column (3) on the back	<del> <u></u></del>		<u> </u>	<u></u>	12	-61,266

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

Par		Summary of Parts I and II		(1) Benefic	aries'	(2) Estate's	T	Page 2
1 41		Caution: Read the instructions before completing this	part.	(see page		or trust's	•	(3) Total
13	Net sh	ort-term gain or (loss)	13					4,067.
		ng-term gain or (loss):						·
а	Total fo	or year	14a					-61,266.
		aptured section 1250 gain (see line 18 of the wrksht.)	14b					
С	28% ra	ate gain	14c					
15	Total n	net gain or (loss). Combine lines 13 and 14a	15					-57,199
		15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fo do not complete Part IV If line 15, column (3), is a net loss, complete F						
Par	t IV	Capital Loss Limitation						
		nere and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F						
a Note <i>Carry</i> o	The los If the lo	ss on line 15, column (3) or b \$3,000 oss on line 15, column (3), is more than \$3,000, or if Form 1041, pag rksheet on page 7 of the instructions to figure your capital loss carryove	1, lir er.	ne 22 (or Form	990-T, Iii	ne 34), is a loss,	compi	3,000 lete the <b>Capital Loss</b>
Pari		Tax Computation Using Maximum Capital Gains Rate						
there Caut Eit Bo Form	is an e ion: Ski ther line oth Forn 1990-T	filers. Complete this part only if both lines 14a and 15 in coluentry on Form 1041, line 2b(2), and Form 1041, line 22, is moint this part and complete the worksheet on page 8 of the instruction of the col. (2) or line 14c, col. (2) is more than zero, or in 1041, line 2b(1), and Form 4952, line 4g are more than zero trusts. Complete this part only if both lines 14a and 15 are	re tha ections re gair	n zero. <i>if:</i> ns, or qualifie	d divide	ends are inclu	ded in	income in Part I
		0-T, and Form 990-T, line 34, is more than zero. Skip this pa 4b, col. (2) or line 14c, col. (2) is more than zero.	art and	l complete th	e works	sheet on page	8 of 1	the instructions if
17	Enter to	axable income from Form 1041, line 22 (or Form 990-T, line 3	34) .	. 17		,		-
18	Enter th	he smaller of line 14a or 15 in column (2)		2 4				
	but not	less than zero		); Y vi		1 '		
19	Enter ti	he estate's or trust's qualified dividends				;		
	from F	orm 1041, line 2b(2) (or enter the qualified		. **		Ì		
		ds included in income in Part I of Form 990-T) 19				*>		
20	Add Im	nes 18 and 19		1				
		state or trust is filing Form 4952, enter the		»- ¾ ¾			r 8/	
		t from line 4g; otherwise, enter -0 ▶ 21						
22		ct line 21 from line 20. If zero or less, enter -0		22		\$		
23	Subtrac	ct line 22 from line 17 If zero or less, enter -0		23		,		
24		he <b>smaller</b> of the amount on line 17 or \$2,300		24				
25		amount on line 23 equal to or more than the amount on line 24						
		es. Skip lines 25 and 26; go to line 27 and check the "No" box						
	U N	o. Enter the amount from line 23			_			
26	Subtra	ct line 25 from line 24		26				
27		e amounts on lines 22 and 26 the same?						
	Y	(es. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or li	ne 22	27				
28	Enter th	he amount from line 26 (If line 26 is blank, enter -0-)		28	<u> </u>			
29	Subtra	ct line 28 from line 27		29				
30		y line 29 by 15% (.15)				30	]	
31		the tax on the amount on line 23. Use the 2009 Tax Rat					_	<del></del>
		e Schedule Ginstructions in the instructions for Form 1041).						
	,					· · · · ·   — • ·		
32	Add line	es 30 and 31				32	.	
33		the tax on the amount on line 17. Use the 2009 Tax Rat	e Sch	edule for Est	ates an	· · · · · <del> </del>	1	

Schedule D (Form 1041) 2009

33

(see the Schedule Ginstructions in the instructions for Form 1041)........

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

### **SCHEDULE D-1** (Form 1041)

Continuation Sheet for Schedule D
(Form 1041)

▶ See instructions for Schedule D (Form 1041).

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

2009

Department of the Treasury Internal Revenue Service Name of estate or trust

SADAH DOSS SOTED FOUNDATION

**Employer Identification number** 31-1793690

SARAH ROSS SOTER FOUNDAT		to Hold One Ver		31-1793690	· · · · · · · · · · · · · · · · · · ·
(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
	(ino , day, yr )				
THROUGH JPMORGAN			28,500.	24,433.	4,06
				=	
					***
		<u>-</u>	<u> </u>		
	-				
<del></del>					
<u> </u>					
	-				
	<del></del>	<u> </u>	<u> </u>	1	

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b . . . . .

4,067.

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

Part II Long-Term Capital Gains a	(b) Date		(d) Sales price	(e) Cost or other basis	(A Cala or (loss)
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales pnce (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)
THROUGH JPMORGAN			120,015.	182,830.	-62,815.
· ·					
		-			
					<u> </u>
				-	
	1				
	<u> </u>				
6b Total. Combine the amounts in colu	mn (f). Enter here a	and on Schedule D	, lıne 6b <u></u>	<u></u>	-62,815

FEDERAL	CAPITAL	GAIN	DIVI	DENDS

LONG-TERM CAPITAL GAIN DIVIDENDS

15% RATE CAPITAL GAIN DIVIDENDS

JPMORGAN

1,549.

TOTAL 15% RATE CAPITAL GAIN DIVIDENDS

TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS

1,549.

1,549.

STATEMENT

STATEMENT 11

SARAH ROSS SOTER FOUNDATION CUSTODY Schedule D Detail of Long-term Capital Gains and Losses

	Date	Date	Gross Sales	Cost or Other	Long-term
Description	Acquired	PloS	Price	Basis	Gain/Loss
J					
154 KAIB CAFIIAL GAINS (LOSSES)					
5133.47 ARTIO INTERNATIONAL					
EQUITY	02/21/2008	02/06/2009	50,000.00	80,625.25	-30,625.25
FD BRC					
SMALL-CA		90,	5,000.00		,125.
HARBOR INTERNATION	/21/	90	50,000.00	948.9	-1
155.119 IVY ASSET STRATEGY FUND	02/21/2008	90	900,	279.	•
	02/22/2008		7,000.00	- •1	38.00
1.018 MERGER FUND	122	06,	15.00	14.92	-1
146.843 PERMANENT PORTFOLIO		90/	5,000.00	•	126.28
			2000	100 000 001	-62 815 00
TOTAL 15% KATE CAPTIAL GAINS (LOSSES)			00.010.021	•	240170
			1	000	r .
Totals			120,015.00	182,830.00	DO.CT8,20-

JSA 9F0870 2.000

### Form **8868**

(Rev April 2009)

Department of the Treasury

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

File a separate application for each return.

OMB No 1545-1709

Internal Revenue S	Service		File a Sepai	ate application for e	acii iewiii.		_ <u>, _, _, _ L</u>				
•	filing for an Automatic 3-		-	_						X	
	iling for an <b>Additional (N</b> t <b>e Part II unless</b> you have								8868		
Part   Auto	matic 3-Month Exten	nsion	of Time. Only sul	bmit original (no	copies need	ded).					
A corporation	required to file Form 99	0-T ar	nd requesting an au	utomatic 6-month	extension - c	heck this b	ox and com	plete			
Part I only										▶ ∐	
	orations (including 112) ome tax returns	20-C fi	lers), partnerships,	REMICS, and tru	ists must us	e Form 7	004 to rec	quest a	an exte	nsion of	
one of the re electronically returns, or a c	ng (e-file). Generally, yo turns noted below (6 r if (1) you want the add omposite or consolidate	month ditiona ed Fro	s for a corporatio l (not automatic) 3 m 990-T Instead, y	n required to file i-month extension you must submit	Form 990- or (2) you the fully com	<ul><li>f). Howev</li><li>file Forms</li><li>pleted and</li></ul>	er, you ca 990-BL, 6 I signed pa	nnot f 069, c ige 2 (	ile Forr or 8870 Part II)	n 8868 ), group	
	e details on the electron		g of this form, visit	www.irs.gov/efile	and click on	e-file for C	<del> </del>				
Type or	Name of Exempt Organiz						Employer		cation n	umber	
print SARAH ROSS SOTER FOUNDATION						31-179	3690				
File by the	Number, street, and room or suite no. If a P O. box, see instructions.										
due date for filing your	198 VIA MARINA										
return See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions										
	PALM BEACH, FL 3										
Check type of return to be filed (file a separate application for each return)							4=00				
<del></del>	Form 990 Form 990-T (corporation)						Form 4720				
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)					Form 5227 Form 6069						
Form 990			Form 1041-A			F0I	m 8870				
<ul><li>If the organ</li><li>If this is for</li></ul>	No ► 561-832-815  nization does not have at a Group Return, enter the group, check this box.	an offici the org	-	jit Group Exemptio	on Number (G	EN)	od attach a	list w		<b>▶</b> □	
	Ns of all members the e			the group, oncor		aı	id attacii a	1131 W			
until 08/	st an automatic 3-m /15 20 rganization's return for calendar year 2009 tax year beginning	010	(6 months for , to file the exemp		urn for the o		-				
2 If this tax	year is for less than 12	2 mont	ns, check reason:	Initial return	Final	return	Change	in acc	ounting	period	
	oplication is for Form 9			720, or 6069, e	nter the tent	ative tax,	less any	T			
	dable credits. See instru							3a	\$	NONE	
	plication is for Form 99		•	-	lits and estim	ated tax p	ayments				
	clude any prior year over							3b	\$	NONE	
	Due. Subtract line 3b fr		-			=	-	15.			
	D coupon or, if require	ired, t	y using EFTPS (	Electronic Feder	аі Тах Раут	ent Syste	m). See				
instructio	<del></del>				<del></del>			3с		NONE	
	ı are going to make an e	electro	nic fund withdrawa	l with this Form 8	868, see For	m 8453-E	O and Form	1 8879-	-EO		
for payment in											
For Privacy A	ct and Paperwork Redu	uction	Act Notice, see Ins	structions.				Form 8	<b>868</b> (Re	v 4-2009)	