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(HTA)

Form **990-PF**

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2010

Fo	or o	cale	endar year 2010, or	tax year begi	nning	12/31/2010	, ar	nd ending	12	/31/2010	
G	С	hec	ck all that apply	X Initial	return	Initial return of a	fon	mer public chai	îty	Final re	eturn
				X Amen	ded return	Address cha	nge	☐ Na	me c	hange	
N	am	e of f	foundation						A	mployer identification n	umber
TH	ΗE	EL:	SA & PETER SODEI	RBERG CHAP	RITABLE FOUN	IDATION, INC				27-4360	163
N	lum	ber a	and street (or P O box num	nber if mail is not o	delivered to street ac	idress)		Room/suite	ВΤ	elephone number (see pa	ge 10 of the instructions)
Р	0	во	X 1501, NJ2-130-03	-31						609-274-	6968
	ity (or to	wn, state, and ZIP code						C If	exemption application is p	
PE	ΞN	NIN	GTON			NJ		08534-1501	1	Foreign organizations, ch	
Н	īc	hec	ck type of organization	n X Section	on 501(c)(3) exe	mpt private found	latio	n	1	Foreign organizations me	
] {	Sect	tion 4947(a)(1) none:	xem <mark>pt c</mark> harita	ble trust 🔲 🤇	Other taxable priv			١	check here and attach co	
S	F	aır ı	market value of all as	ssets at end	J Accounting	method X	ash	Accrual		рпvate foundation status v nder section 507(b)(1)(A), (
20	0	f ye	ar (from Part II, col)	(c).	Other (sr	pecify)			_	the foundation is in a 60-m	
4-	lii	ne 1	16) ▶ \$	2,003,940	(Part I, column (d) must be on cash	bası	s)	u	nder section 507(b)(1)(B),	check here
 ₽	art	1	Analysis of Reven	ue and Expe	nses (The total of	(a) Revenue and					(d) Disbursements
2			amounts in columns (b), (expenses per		(b) Net investm income	ent	(c) Adjusted net income	for chantable purposes
MY.			the amounts in column (a) (see page 11 of	the instructions))	books			_		(cash basis only)
		1	Contributions, gifts, grant	s, etc , received (a	attach schedule)	2,006,	208	4 .		· *	· · · · · · · · · · · · · · · · · · ·
FUSTIMARK DATE		2	Check ▶ X If the found	lation is not requir	ed to attach Sch B		\Box	(* . * . * . * . * . * . * . * . * *	m 1 .* .* /
ð	İ	3	Interest on savings an	nd temporary ca	sh investments		0		0		
Š		4	Dividends and interest	t from securities	5		_0		0		AND THE PARTY
₹	ł	5 a	Gross rents				_		0		, , , , , , , , , , , , , , , , , , ,
<u> </u>	,	b	Net rental income or (loss)	0	** · · · · · · · · · · · · · · · · · ·	*	*** : <u>'</u> \		A Maria	- (,)
SOT ANAMAR	2	6 a	Net gain or (loss) from	n sale of assets			의	<u> </u>	_ ^ ^		<u>*</u>
Ş	?		Gross sales price for all a		0		34	· · · · · · · · · · · · · · · · · · ·	1 2	11 (-) 1 30	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
ď		7	Capital gain net incom	,	, line 2)	* (2, 2,	²	-,	0		** \$ 45. * **
	Ì	8	Net short-term capital	gain				· 28		0	
	١.	9	Income modifications		۱ .	<u> </u>	_				5 7 7 3 5 = 1 \$ Y
	ין	_	Gross sales less returns a		0	· · · · · · · · · · · · · · · · · · ·	-	· · · · · · · · · · · · · · · · · · ·		*	
			Less Cost of goods s		0		_	*			
	١,	С 1	Gross profit or (loss) ())		0		0	0	
	1	12	Other income (attach: Total. Add lines 1 three	•		0.000					
_	+-					2,006,			0	0	<u> </u>
Fxnenses	3]	3	Compensation of offic		rustees, etc		-의				
S L		4	Other employee salar	_	,						
Š	֡֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֡֡֡֓֓֡֡֡֡֡֡֡֡֡֡֡֡֡	5	Pension plans, employ	E CEIVE	D				0	0	
		IO a	Legarilees (attach sen Accounting fees (attac	sh schodule)	70		尚		- 0		
\$?					<u> </u>	히			0	
	1	17	Other professional fee	AN 1 7 20	112 G		┪				<u>`</u>
ţ	1	8	Taxes (attach schedule) (s	see page 14 of the	Instructions		0		0	0	0
<u> </u>	1	9	Depreciation (attaches	chedule) and d	èpletion		ō			ō	
臣	2	20	Occupancy	JOUEIN,	<u> </u>		\neg				
ď	2	21	Travel, conferences, a	and meetings							
2	2	22	Printing and publication	ons							
Onerating and Administrative	2	23	Other expenses (attac	ch schedule)			0		0	0	0
į	2	24	Total operating and	admınistrative	expenses.		T		-		
2	1		Add lines 13 through 2	23			0		0	0	0
9	4 2	25	Contributions, gifts, gr	ants paid			_0		. , .	- *	0
	<u>' 2</u>	26	Total expenses and disb	ursements Add I	nes 24 and 25		0		0	0	0
	2	27	Subtract line 26 from I	line 12							
		a	Excess of revenue over	expenses and dis	bursements	2,006,	208			.,	<u> </u>
		þ	Net investment inco	me (if negative,	enter -0-)	·	\perp		0		
_	\perp	С	Adjusted net income	(if negative, er	nter -0-)					0	
Fo	r P	ape	rwork Reduction Act	Notice, see pa	ge 30 of the inst	ructions.					Form 990-PF (2010)

Da	4 11	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End o	of year
Pa		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Valu	ie .	(c) Fair Market Value
	1	Cash—non-interest-bearing			0	
	2	Savings and temporary cash investments			0	
	3	Accounts receivable ▶ 0				
		Less allowance for doubtful accounts	0		0	0
	4					
	•	Less allowance for doubtful accounts	. 0		o	. 0
	5	Grants receivable	-			
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see page 15 of the				
		instructions)	O		0	0
	7	Other notes and loans receivable (attach schedule)	Land Carlot	g with a Bergerard		
S		Less allowance for doubtful accounts			0	0
Assets	8	Inventories for sale or use		-	0	
155	9	Prepaid expenses and deferred charges			0	
٩		Investments—U.S. and state government obligations (attach schedule)	0		0	0
		nivestments—corporate stock (attach schedule)	0	169	,707	2,003,940
		·	0		0	2,000,010
		: Investments—corporate bonds (attach schedule)	<u> </u>			
	11	Investments—land, buildings, and equipment basis	· 0		0	, o
	40	Less accumulated depreciation (diluon schedule)	-			
	12	Investments—mortgage loans	0			0
	13	Investments—other (attach schedule)	**			1 %, 14, 2, 2, 1
	14	Land, buildings, and equipment basis	1 **		_	ى بىيە قسەدىمىگھگەسسى 0
		Less accumulated depreciation (attach schedule)	0		0 0	0
	15	Other assets (describe				<u>_</u>
ļ	16	Total assets (to be completed by all filers—see the	۱ ,	100	707	2 002 040
		instructions Also, see page 1, item I)	0	108	707	
	17	Accounts payable and accrued expenses				
S.	18	Grants payable				1 - 1800 h
ţį	19	Deferred revenue				
Liabilities	20	Loans from officers, directors trustees, and other disqualified persons	0	<u> </u>	0	
<u>a</u>	21	Mortgages and other notes payable (attach schedule)	0		0	
_	22	Other liabilities (describe)	0		- 0	
	23	Total liabilities (add lines 17 through 22)	0	ļ	0	
		Foundations that follow SFAS 117, check here				
es		and complete lines 24 through 26 and lines 30 and 31.				
ဥ	24	Unrestricted				
Balances	25	Temporarily restricted		<u></u>		
ä	26	Permanently restricted				
g		Foundations that do not follow SFAS 117, check here		ł		
Net Assets or Fund		and complete lines 27 through 31.				Light Committee of the
5	27	Capital stock, trust principal, or current funds		169	<u>9,707</u>	
Š	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
Se	29	Retained earnings, accumulated income, endowment, or other funds				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
As	30	Total net assets or fund balances (see page 17 of the				r
Ħ	l	instructions)	0	169	3,707	, , ,
Ž	31	Total liabilities and net assets/fund balances (see page 17		ŀ		"
	<u> </u>	of the instructions)]0	169	707,	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	<u> </u>			
1	Total	net assets or fund balances at beginning of year-Part II, column (a), line	e 30 (must agree with			
	end-o	of-year figure reported on prior year's return)			1_	0
2	Enter	amount from Part I, line 27a			2	2,006,208
3	Other	r increases not included in line 2 (itemize)			_3	0
4		ines 1, 2, and 3			4	2,006,208
5		eases not included in line 2 (itemize) ► EXCESS OF FMV OVER CO	ST OF ASSETS CO	NTRIBUTED	5_	1,836,501
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, o			6	169,707

(a) List and describe the l	kind(s) of property sold (e.g., real es e, or common stock, 200 shs MLC C	tate,	(b) How acquired P—Purchase D—Donation	(c) Date ac		(d) Date sold (mo , day, yr)
1a	- · · · · · · · · · · · · · · · · · · ·					
b						
<u>c</u>						
d						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		(h) Gain (e) plus (f)	minus (g)
a 0	0		0			0
<u>b</u> 0	0		0	. —		0
c 0	0		<u>0</u>			0
d 0 e 0	0		0			0
Complete only for assets showing		d by the foundati	<u>~</u>		(O-I	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ss of col (i)	col ((h) gain minus ess than -0-) or im col (h))
a 0	0		0			0
b 0	0		0			0
c 0	0		0			0
d 0	0		0			0
e 0	0		0			0
2 Capital gain net income or (r		also enter in Pa enter -0- in Pa		2		0
3 Net short-term capital gain o						
If gain, also enter in Part I, Iii	ne 8, column (c) (see pages	13 and 17 of t	he }	 		
instructions) If (loss), enter-	0- in Part I, line 8		jj	3		0
Part V Qualification Under	er Section 4940(e) for Re	educed Tax o	n Net Investme	ent Incom	е	
If section 4940(d)(2) applies, lea Was the foundation liable for the If "Yes," the foundation does not	section 4942 tax on the dis			the base pe	eriod? [Yes No
1 Enter the appropriate amou	unt in each column for each	year, see page	18 of the instruct	ions before	making	any entries
(a) Base penod years Calendar year (or tax year beginning in	(b) Adjusted qualifying distribution	ons Net value	(c) of nonchantable-use a	ssets		(d) bution ratio vided by col (c))
2009					1001 107 di	0 000000
2008						0 000000
2007						0 000000
2006						0 000000
2005						0 000000
2 Total of line 1, column (d)				2_	 	0 000000
3 Average distribution ratio for the number of years the four				3	<u> </u>	0 000000
4 Enter the net value of nonch	arıtable-use assets for 2010	from Part X, III	ne 5	4		0
5 Multiply line 4 by line 3				5		0
6 Enter 1% of net investment i	ncome (1% of Part I, line 27	'b)		6		0
7 Add lines 5 and 6				7		
8 Enter qualifying distributions				8		0
If line 8 is equal to or greater the Part VI instructions on part		n Part VI, line 1	lb, and complete	that part us	ing a 1%	tax rate See

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? *If "No," attach explanation*

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing

If "Yes," complete Part XIV

their names and addresses

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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)?

8b

9

10

the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

if the foundation had excess business holdings in 2010)

3b | N/A

4a

4b

Forr	n 990-PF (2010) THE ELSA & PETER SODER	DREDG CHADITADI	E EQUINDATION	INC	27 424	60163 Page 6
_	rt VII-B Statements Regarding Activiti				27-436	00103 Fage 0
	During the year did the foundation pay or incur any		11 47 20 May De I	equired (continued)		150 基础 350
-	(1) Carry on propaganda, or otherwise attempt t		(section 4945(e))?	Yes	X No	Was Jan
	(2) Influence the outcome of any specific public	~			٠٠١ (٠٠	
	on, directly or indirectly, any voter registration	· ·	000), 07 10 0011 9	Yes	X No	
	(3) Provide a great to an industrial for travel at	idir ar athar aimilar airi		Yes		
	(3) Provide a grant to an individual for travel, stu	•	•	Tes	X No	3
	(4) Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 49			Yes	X No	
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention of		•	Yes	X No	* * * * * * * * * * * * * * * * * * * *
b	If any answer is "Yes" to 5a(1)-(5), did any of the t	transactions fail to qual	lify under the exception	ons described in		*
	Regulations section 53 4945 or in a current notice	regarding disaster ass	stance (see page 22	of the instructions)?		5b N/A
	Organizations relying on a current notice regarding	disaster assistance cl	heck here	>	$\cdot \square$	3.10.33.265
C	If the answer is "Yes" to question 5a(4), does the for	oundation claim exemp	otion from the			
	tax because it maintained expenditure responsibilit	ty for the grant?	N/A	Yes	No	
	If "Yes," attach the statement required by Regulation	ons section 53 4945–5	(d)			
6a	Did the foundation, during the year, receive any fur premiums on a personal benefit contract?	nds, directly or indirect	ly, to pay	Yes	X No	
b	b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870					6b X
7a	At any time during the tax year, was the foundation	a party to a prohibited	tax shelter transacti	on? Yes	X No	
	If "Yes," did the foundation receive any proceeds of					7b X
Р	art VIII Information About Officers,	Directors, Truste	es, Foundation	Managers, Highly	Paid Em	ployees,
	and Contractors		·			
1	List all officers, directors, trustees, founda	ation managers and	their compensat	ion (see page 22 of t	he instru	ctions).
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensati	S i	Expense account, other allowances
PE	TER H SODERBERG	PRESIDENT, TREA				
255	WHISKEY ROW BOCA GRANDE FL 3392'	1 00	. 0		0	0
	SA A SODERBERG	VICE PRESIDENT,				
255	WHISKEY ROW BOCA GRANDE FL 3392'	1 00	0		0	0
		00	0		0	0
		00	0			
	Compensation of five highest-paid employ		<u> </u>	<u> </u>	f the inct	0
	If none, enter "NONE."	yees (other than the	ose included on il			
(a	Name and address of each employee paid more than \$50,	(b) Title, and avera ,000 hours per week devoted to position	(c) Compensati	on (d) Contributions to employee benefit plans and deferre compensation	t (e)	Expense account, other allowances
NO	NE.					
						

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

▶

Form 990-PF (2010) THE ELSA & PETER SODERBERG CHARITABLE FOUNDATION, INC	27-4360163 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part	d Employees,
and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, ent	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	0
	
	0
	0
	0
Total number of others receiving over \$50,000 for professional services ▶	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
	}
All other program-related investments See page 24 of the instructions	
3 NONE	
	0
Total. Add lines 1 through 3	0

Form 990-PF (2010)

Pai	Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundati	ons,
	see page 24 of the instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	-	
a	Average monthly fair market value of securities	1a	2,003,940
b	Average of monthly cash balances	1b	0
C	Fair market value of all other assets (see page 25 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	2,003,940
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	- · ·
3	Subtract line 2 from line 1d	3	2,003,940
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	30,059
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,973,881
6	Minimum investment return. Enter 5% of line 5	6	207
Par	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private	operating	
	foundations and certain foreign organizations check here 🕒 🔲 and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	207
2a	Tax on investment income for 2010 from Part VI, line 5	<u> </u>	
b	Income tax for 2010 (This does not include the tax from Part VI)	<u>0</u>	
С	Add lines 2a and 2b	_2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	207
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	207
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	207
Dar	Qualifying Distributions (see page 25 of the instructions)		
		T3 T	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	0
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	_ *	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo qualifies for the section 4940(e) reduction of tax in those years	undation	

Part	XIII Undistributed Incom	ne (see page 26 of	the instructions)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2010 fr	om Part XI,	Corpus	Years pnor to 2009	2009	2010
	line 7					207
2	Undistributed income, if any, as	of the end of 2010				
а	Enter amount for 2009 only				<u> </u>	
b	• • • —	20, 20		0		3, ,
3	Excess distributions carryover,	1	*	-4 5		
а	From 2005	NONE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
b	From 2006	NONE				
С	From 2007	NONE	* '			
d	From 2008	NONE	٠, .		^ , ^ , , , , , , , , , , , , , , , , ,	
е	From 2009	NONE		,		
f	Total of lines 3a through e		0		<u> </u>	
4	Qualifying distributions for 2010	from Part				
	XII, line 4	0				
	Applied to 2009, but not more the				0	
b	Applied to undistributed income				<u> </u>	
	(Election required—see page 2			0	>	
С	Treated as distributions out of o	corpus (Election				*
	required—see page 26 of the in	nstructions)	0		3, 1	^ x
d	Applied to 2010 distributable an	nount		^*	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0
е	Remaining amount distributed of	out of corpus	0		N. 大	2.76
5	Excess distributions carryover a	applied to 2010	0)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0
	(If an amount appears in colum		4 W	*		
	same amount must be shown ii	n column (a))	`		f *	
6	Enter the net total of each co indicated below:	lumn as	-	`	* * *	
_		a Culatra et luna E				
	Corpus Add lines 3f, 4c, and 4			<u>'</u>	<u> </u>	
a	Prior years' undistributed incom	ne Subtract				
	line 4b from line 2b	1		<u> </u>	<u> </u>	
С	Enter the amount of prior years		1			
	income for which a notice of de					
	been issued, or on which the se					
	tax has been previously assess			 · · ·		;
α	Subtract line 6c from line 6b Ta				*	
	amount—see page 27 of the in		*	<u> </u>	<u> </u>	
е	Undistributed income for 2009		\	,		13.7
	4a from line 2a Taxable amou	nt—see page 27 of the	,	`		2
	Instructions	Cubtract	£	*		
ī	Undistributed income for 2010			~	3 %	
	lines 4d and 5 from line 1. This	amount must	\		**	207
7	be distributed in 2011 Amounts treated as distribution	on out of			<u> </u>	
'						1 6 4
	corpus to satisfy requirements			,	, `	
	section 170(b)(1)(F) or 4942(g)	(3) (See page 27 or			*	
۰	the instructions) Excess distributions carryover	from 2005			<u> </u>	
8						
	not applied on line 5 or line 7 (s	see page 21 of the				
9	instructions) Excess distributions carryov	rer to 2011		1	<u> </u>	
J	Subtract lines 7 and 8 from line					
40		s va		<u> </u>		
10	Analysis of line 9	1	o	1		
a			0			
D	Excess from 2007		ă	*		
C	Excess from 2008	<u> </u>	ă		•	
đ	Excess from 2009 Excess from 2010	<u>-</u>	칡			
	CAGESS HUILLZUIU					

Part XV Supplementary Information (continued)

THE ELSA & PETER SODERBERG CHARITABLE FOUNDATION, INC

3 Grants and Contributions Paid During th		for Future F	ayment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year NONE				
Total	,		► 3a	0
b Approved for future payment NONE				
Total	1	1	▶ 3b	0

Part XV	I-A Analysis of Income-Producing Acti	vities	<u> </u>		2.,,00	0,00
	ess amounts unless otherwise indicated		siness income	Excluded by sector	on 512, 513, or 514	(a)
	am service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exemple function income (See page 28 of the instructions)
a	am dervice revenue		0		0	
h			0	 	0	
c			0	 	0	
ď			0		0	· · · ·
e			0	 	0	
f			0		0	
g Fe	es and contracts from government agencies			 	<u>*</u>	
•	ership dues and assessments		 			
	st on savings and temporary cash investments				 	
	ends and interest from securities			14	0	
	intal income or (loss) from real estate	377 37	11.75 1 1 1 1 1		781 M 200	2 * 18 3 1 x.
	ebt-financed property					, , , , ,
	ot debt-financed property					
	ntal income or (loss) from personal property					·
	investment income					
	or (loss) from sales of assets other than inventory			18	0	
	come or (loss) from special events					r
	profit or (loss) from sales of inventory					
	revenue a		0		o	C
_			0		Ö	
			0		0	C
			0		0	C
е			0		0	C
12 Subto	tal Add columns (b), (d), and (e)		_ 0		0	C
13 Total.	Add line 12, columns (b), (d), and (e)	•			13	C
(See work	sheet in line 13 instructions on page 29 to verify calci	ulations)				
Part XV	I-B Relationship of Activities to the Ac					
Line No. ▼	Explain below how each activity for which incom the accomplishment of the foundation's exempt page 29 of the instructions)					
	Not Applicable		 .			**********
						
						
	<u> </u>					
						
	· ·					
						
	 	 -				
				· ·		
	 					
	 		· · · · · · · · · · · · · · · · · · ·	· ············	···-	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	ın sectio	organization directly on 501(c) of the Code	_		-	-	_			Yes	No
_	organiz		foundation to	a noncharitable	ovemnt organi	ration of					
а	(1) Cas	ers from the reporting	iounuation to	a HUHCHAHRADIE	exempt organiz	Zation of			1 40/41		٠ <u></u>
		er assets							1a(1) 1a(2)		X
h		ransactions							14(2)		 ^-
		es of assets to a non	charitable eve	mnt organization	,				1b(1)		y i
		chases of assets from							1b(2)		X
		ntal of facilities, equip		. •	i iization				1b(3)		$\frac{\hat{x}}{x}$
		mbursement arrange		. 400010					1b(4)		X
		ns or loan guarantee							1b(5)		X
		formance of services		ip or fundraising	solicitations				1b(6)		X
С		of facilities, equipme				ees			1c		X
	-	nswer to any of the al	-				n (b) should alv	vavs show the fa	air mark	cet	
	value of	f the goods, other as: any transaction or s	sets, or servic	es given by the r	eporting founda	ation If th	ne foundation red	ceived less than	fair ma	arket	Ė
(a)	Line no	(b) Amount involved	(c) Name	of nonchantable exem	npt organization	(d) De	scription of transfers,	transactions, and s	hanng arr	angen	ents
_		0	Not Applicab	le							
		0	 		 -						
		0	 								
		0				 -					
		0				+					
		0									
						 				_	
	 	0									
											
		0									
		0									
		0									
		0)								
		0									
		0		 			 _				
	describ	oundation directly or i ed in section 501(c) o " complete the followi	of the Code (o					tions	Yes 🔀	No	
		(a) Name of organization		(b) Typ	e of organization		(c)	Description of relation	nship		
			 -				ļ	 -		_	<u>.</u>
Sig He	gn ere	Vals	mplete Declaratio	xamined this return, in of preparer (other the	nan taxpayer or fidu	(ciary) is bas	sed on all information	of which preparer h			
		Signature of officer or truste Print/Type preparer's n		Preparer's signature		Date	Total	T T	PTIN		
Pa	id	rinio (ype preparers n		reparer s signature			Date	Check X If	F 13/N		
	eparer	Donald J Roman		para -			12/21/2011	self-employed	P0036	4310)
	-	Combana N. D.	icewaterhouse	Coopers, LLP				 	3-4008		
US -	e Only			REET, PITTSBU	RGH, PA 1521	9			-355-60		
								F	orm 990	-PF	(2010)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2010

Employer identification number

THE ELSA & PETER SODER Organization type (check on	BERG CHARITABLE FOUNDATION, INC	27-4360163
Organization type (check on	e)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on
	501(c)(3) taxable private foundation	
·	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule an	d a Special Rule See
General Rule		
	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 e contributor. Complete Parts I and II	or more (in money or
Special Rules		
sections 509(a)(1) an	3) organization filing Form 990 or 990-EZ that met the 33 1/3% support to d 170(b)(1)(A)(vi), and received from any one contributor, during the yea % of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, lin	r, a contribution of the greater
the year, aggregate c	7), (8), or (10) organization filing Form 990 or 990-EZ that received from a ontributions of more than \$1,000 for use <i>exclusively</i> for religious, charita, or the prevention of cruelty to children or animals. Complete Parts I, II, a	able, scientific, literary, or
the year, contributions aggregate to more the year for an exclusively	7), (8), or (10) organization filing Form 990 or 990-EZ that received from a sign of s	ontributions did not ere received during the nless the General Rule
990-EZ, or 990-PF), but it mu	t is not covered by the General Rule and/or the Special Rules does not filest answer "No" on Part IV, line 2 of its Form 990, or check the box on line, to certify that it does not meet the filing requirements of Schedule B (Filing requirements).	e H of its Form 990-EZ,

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)	Page 1 of 1 of Par
Name of organization	Employer identification number
THE ELSA & PETER SODERBERG CHARITABLE FOUNDATION, INC	27-4360163

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	PETER & ELSA SODERBERG 255 WHISKEY ROW BOCA GRANDE FL 33921 Foreign State or Province Foreign Country	\$2,006,208	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II of there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) of __1 Name of organization Employer identification number THE ELSA & PETER SODERBERG CHARITABLE FOUNDATION, INC 27-4360163 Noncash Property (see instructions) Part II (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I 32,400 SHARES OF JOHNSON AND JOHNSON ___1___ \$ 2,006,208 12/31/2010 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I

Part VII-A, Line 8b (990-PF) - Copy of Form 990-PF to Attor	ney Gene	ral
Did the foundation furnish a copy of Form 990-PF to the State Attorney General?	Yes	XNo
If "No", please provide an explanation FL DOES NOT HAVE AN AG FILING REQUIREMENT		

.

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

) 	Compensation											
	Average Hours	1 1	-									
	Title	REASURER,	, SECRETAR		:							
	Foreign Country Title											
	Zip Code	FL 33921	33921									
	State	교	교			<u> </u>						
	Ş	BOCA GRANDE	BOCA GRANDE									
	Straet	255 WHISKEY ROW	255 WHISKEY ROW					i				
	Check "X"	200										
	Omely	PETER H SODERBERG	ELSA A SODERBERG									
		-	7	۳	4		2	9	_	00	6.	١

Part

3352

ELSA & PETER SODERBERG CHR FDN

YOUR TRUST MANAGEMENT ACCOUNT STATEMENT OF PRINCIPAL INVESTMENTS

November 27, 2010 - December 31, 2010

EQUITIES			Unit	Tota/	Estimated	Estimated		Unrealized	EstimatedCurrent	Jurrent
Description	Symbol Acquired	Quantity	Cost Basis	Cost Basis	Σ			ŝ	ual Income	Yield%
JOHNSON AND JOHNSON COM	JN 02/03/86	32,400	5.2378	169,706.66	61.8500	2,003,940.00	0.00 1,834	1,834,233.34	69,984 3.49	3.49
TOTAL				169,706.66		2,003,94	2,003,940.00 1,834,233.34	1,233.34	69,984	3,49
TOTAL PRINCIPAL INVESTMENTS	ESTMENTS			169,706.66		2,003,94	2,003,940.00 1,834,233.34	1,233.34	69,984	3.49
LONG PORTFOLIO			Adjusted/Total Cost Basis	Es Marke	Estimated Market Value	Unrealized Estimated Gain/(Loss) Accrued Interest	Estimated scrued Interest	Ann		Current Yield%
TOTAL PRINCIPAL/IN	TOTAL PRINCIPAL/INCOME INVESTMENTS		169,706.66	2,003,	2,003,940.00 1,8	1,834,233.34		39	69,984	3.49

YOUR TRUST MANAGEMENT ACCOUNT TRANSACTIONS

SECURITIE	SECURITIES YOU TRANSFERRED IN/OUT			Income	Principal	
Date	Description	Transaction Type	Quantity	Cash	Cash	Year To Date
12/31	JOHNSON AND JOHNSON COM	Journal Entry	32,400	•	2,003,940.00	1
	JOURNAL ENTRY					
	P144INITIAL FUNDING					
	TR FROM 7EG10750					
	N/O PETER H SODERBERG TT					
	NET TOTAL				2,003,940.00	2,003,940.00

Form 8868	(Rev 1-2011)						Page 2
• If you	are filing for an Additional (Not Automatic)	3-Month 8	Extension, complete only Part II	and check this	s box		► X
Note. O	nly complete Part II if you have already been	granted an	automatic 3-month extension on a	previously file	ed Fo	rm 8868	
• If you	are filing for an Automatic 3-Month Extens	ion, comp	lete only Part I (on page 1)				
Part II	Additional (Not Automatic) 3-Month	Extensio	on of Time. Only file the original	(no copies r	neede	ed)	
Type or	Name of exempt organization			Employer ide			mber
print	THE ELSA & PETER SODERBERG CHA	ARITABLE	FOUNDATION, INC	27-4360163			
File by the	Number, street, and room or suite no. If a P C						
extended due date for	P O BOX 1501, NJ2-130-03-31						
filing your	City, town or post office, state, and ZIP code	For a foreig	n address, see instructions	· · ·			
return See instructions	PENNINGTON			NJ		08	<u>3534-1501</u>
Enter the	Return code for the return that this application	on is for (file	e a separate application for each re	eturn)			04
Applica	tion	Return	Application				Return
Is For		Code	Is For				Code
Form 99	90	01	* .	. j ,	(V) 1 V	1, -1,	The same
Form 99	90-BL	02	Form 1041-A				08
Form 99	00-EZ	03	Form 4720				09
Form 99	90-PF	04	Form 5227				10
Form 99	90-T (sec 401(a) or 408(a) trust)	05	Form 6069				11
Form 99	90-T (trust other than above)	06	Form 8870				12
STOP! D	o not complete Part II if you were not already gr	anted an au	tomatic 3-month extension on a pre	viously filed F	orm 8	868.	
• The b	ooks are in the care of MLTC, A DIVISIO	ON OF BAN	NK OF AMERICA, N A				
Telep	hone No ► 609-274-6968		FAX No ▶				_
• If the	organization does not have an office or place	of busines	ss in the United States, check this b	ox			▶ 📙
• If this	is for a Group Return, enter the organization	's four digit	Group Exemption Number (GEN)			If th	IS IS
for the w	hole group, check this box	If it is for p	part of the group, check this box		▶	and	attach a
	he names and EINs of all members the exter	sion is for					
	equest an additional 3-month extension of time						
5 Fo	or calendar year, or other tax year be	eginning	12/31/2010 , and	dending	12/	/31/201	0
	the tax year entered in line 5 is for less than 1			Final	return		
ے آ	Change in accounting period						
7 St	ate in detail why you need the extension ADE	DITIONAL 1	TIME IS NEEDED IN ORDER TO F	ILE A COMP	LETE	RETUR	RN
8a If	this application is for Form 990-BL, 990-PF, 9	90-T, 4720), or 6069, enter the tentative tax, le	ess any			
nc	nrefundable credits. See instructions				8a	\$	
b If	this application is for Form 990-PF, 990-T, 47	20, or 6069	enter any refundable credits and				
es	timated tax payments made. Include any prio	r year over	payment allowed as a credit and a	ny			
ar	nount paid previously with Form 8868				86	\$	
c Ba	alance due. Subtract line 8b from line 8a Inc	lude your p	ayment with this form, if required, t	by using			
EF	TPS (Electronic Federal Tax Payment Syste	m) See ins	structions		8c	\$	0
		Signature	and Verification				
	alties of perjury, I declare that I have examined this form, in	-	npanying schedules and statements, and to t	he best of my kno	wiedge	and belie	f,
it is true, co	prrect, and complete, and that I am authorized to prepare the	his form					

Title ▶

Signature >

Date ►