

## 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



## Form **990-PF**

## **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.

2009

OMB No 1545-0052

Check all that apply						• • • • • • • • • • • • • • • • • • • •	
Use the IRS Name of foundation aumber of the Irs of	For	or calendar year 2009, or tax year beginning , and ending					
Use the IRS   Name of foundation   A Employer Identification number   O4-3189191	G	Check	all that apply: Initial return	Initial return of a former public charity		Final return	
The control of the co			Amended return	Address chan	ge 💹	Name change	
The control of the co			Name of foundation			A Employer identification	number
Otherwise, BOVERT - TRACKMAN FAMILY FOUNDATION, INC. print			KS				
print is not yet. Or WILDER & SHEA ONE HOLLIS STREET  (781) 235-3400  7810 WILDER & SHEA ONE HOLLIS STREET  (781) 235-3400  7810 WILDER & SHEA ONE HOLLIS STREET  (781) 235-3400  7810 WILDER & SHEA ONE HOLLIS STREET  (781) 235-3400  7810 WILDER & SHEA ONE HOLLIS STREET  (781) 235-3400  7810 WILDER & SHEA ONE HOLLIS STREET  (781) 235-3400  7810 WILDER & SHEA ONE HOLLIS STREET  (781) 235-3400  7810 WILDER & SHEA ONE HOLLIS STREET  (781) 235-3400  7810 WILDER & SHEA ONE HOLLIS STREET  (781) 235-3400  7810 WILDER & SHEA ONE HOLLIS STREET  (781) 235-3400  7810 WILDER & SHEA ONE HOLLIS STREET  (781) 235-3400  7810 WILDER & SHEA ONE HOLLIS STREET  (781) 235-3400  7810 WILDER & SHEA ONE HOLLIS STREET  (781) 235-3400  7810 WILDER & SHEA ONE HOLLIS STREET  (781) 235-3400  7810 WILDER & SHEA ONE HOLLIS STREET  (781) 235-3400  7810 WILDER & SHEA ONE HOLLIS STREET  (781) 235-3400  7810 WILDER & SHEA ONE HOLLIS STREET  (781) 235-3400  7810 WILDER & SHEA OLLIS STREET  (781) 245-2400  7810 WILDER & SHEA OLLIS STREET  (881) WILDER & SHEA OLLIS STREET  (881) WILDER & SHEA OLLIS STREET  (981) WILDER &				V FOIRDATION	TNC	04-3180101	
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Instruction RELIESTRY MA 0 2482  It Check type of organizations ( X Section 50°10(3) exempl private foundation  I Fair market value of all assets at end of year of the freeze of the fr			SE C / O WILDER & DITER ONE	HOLLIS STRE	ET	· · · · · · · · · · · · · · · · · · ·	
MELLESTLEY M		•	Lity of town, state, and ZIP code				
Section 4947(a)(1) nonexempt charable trust			WELLESLEY, MA 02482			D 1. Foreign organizations	s, check here
Section 4947(a)(1) nonexempt charable trust	H C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation		2. Foreign organizations me check here and attach co	eting the 85% test, imputation
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True   Part     Continue   16	L Fa			ng method: X Cash	Accrual		
S			·   —	_			
Part   Analysis of Revenue and Expenses   (a) Revenue and expenses   (b) Net investment   (c) Adjusted net	-				basis.)		
The fotal of amounts in columns &				ï I			4.00
1 Contributions, giffs, grants, etc., received 2 check ▶	F	35 L 1	(The total of amounts in columns (b), (c), and (d) may not				for charitable purposes
2 Chook				· · ·		IIICOIIIC	(cash basis only)
Second process and the set from securities   17,839.   17,839.   STATEMENT 1		1		996,292.			
Page		2					
Sa Gross rents		3	Interest on savings and temporary cash investments	58.	58.		STATEMENT 1
D Net rental mome or (loss)   S Net rental mome or (loss)   S Net gain or (loss) from sale of assets not not line 10   S Net short-term capital gain   T Net gain not increase selections for all gain or the data of sales were from Part IV. Inter 2)   S Net short-term capital gain   S		4	Dividends and interest from securities	17,839.	17,839.		STATEMENT 2
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Same   Antique   Company		b	Net rental income or (loss)				
Description of the first of t		Ι.	· /	84 175			
Net snort-retrr capital gain   9   Income modifications   10 and allowances		"	Gross sales price for all	04/1/3.		OCCUEN	70-10-1
Net snort-retrr capital gain   9   Income modifications   10 and allowances	e J	ا ا			01 175	- VECEN	
Net snort-retrr capital gain   9   Income modifications   10 and allowances	é	'	• •		04,1/3.	1 7 6	
10	_	8	Net short-term capital gain		•	8  .HH 1 0	1a a . a . 1 A 1
b Less Cost of goods sold c Gross profit or (loss)  11 Other income  12 Total, Add lines 1 through 11  13 Compensation of officers, directors, trustees, etc  14 Other employee Salaries and wages  15 Pension plans, employee benefits  16 Legal fees  17 Interest  18 Taxes  19 Experication and depletion  20 Occupancy  21 Travel, conferences, and meetings  22 Printing and publications  23 Other expenses  24 Total operating and administrative expenses and disbursements. Add lines 24 and 25  25 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)		9				O OOF TO	Pa 17 1
c Gross profit or (loss)  11 Other income  12 Total. Add lines 1 through 11  13 Compensation of officers, directors, trustees, etc  14 Other employee salaries and wages  15 Pension plans, employee benefits  16 Legal fees  27 Cother professional fees  28 TMT 3  29 Total income  19 Depreciation and depletion  20 Occupancy  21 Travel, conferences, and meetings  22 Printing and publications  23 Other expenses  24 Total operating and administrative  25 expenses Add lines 13 through 23  26 Total expenses and disbursements.  27 Add lines 24 and 25  28 Excess of revenue over expenses and disbursements  28 Excess of revenue over expenses and disbursements  29 Notice the professional fees  10 Occupancy  20 Occupancy  21 Travel, conferences, and meetings  22 Printing and publications  23 Other expenses  24 Total operating and administrative  25 expenses Add lines 13 through 23  26 Total expenses and disbursements.  27 Add lines 24 and 25  28 Add lines 24 and 25  29 Adjusted net income (if negative, enter -0-)  20 Cocupancy  20 Occupancy  21 Travel, conferences, and meetings  22 Printing and publications  23 Other expenses  24 Total operating and administrative  25 Excess of revenue over expenses and disbursements  26 Not investment income (if negative, enter -0-)  27 Subtract line 26 from line 12:  28 Excess of revenue over expenses and disbursements  30 Note of investment income (if negative, enter -0-)  31 Occupancy  32 Occupancy  33 Occupancy  34 Occupancy  35 Occupancy  36 Occupancy  37 Occupancy  38 Occupancy  39 Occupancy  40 Occupancy  41 Travel, conferences, and meetings  41 Total operating and administrative  42 Occupancy  43 Occupancy  44 Occupancy  45 Occupancy  46 Total operating and administrative  47 Occupancy  48 Occupancy  49 Occupancy  40 Occupancy  40 Occupancy  41 Travel, conferences, and meetings  42 Occupancy  43 Occupancy  44 Occupancy  45 Occupancy  46 Total operating and administrative  47 Occupancy  48 Occupancy  49 Occupancy  40 Occupancy  40 Occupancy  41 Travel, conferences, and meetings  41 Oc		10a					le le
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b Accounting fees	=3	l .	, ,				
b Accounting fees	≌ ຊ ∋ ຊ	1	, , , ,				
c Other professional fees  Interest Int	_	1		0.254	A 177		A 177
17   Interest   18   Taxes   STMT   4   4   4   4   4   0   0   0     19   Depreciation and depletion                     20   Occupancy                 21   Travel, conferences, and meetings           22   Printing and publications           23   Other expenses   STMT   5             24   Total operating and administrative             25   expenses   Add lines   13 through   23                   25   Contributions, gifts, grants paid               26   Total expenses and disbursements.               26   Adjusted net income (if negative, enter -0-)                   27   Subtract line   26 from line   12:         28   Excess of revenue over expenses and disbursements                   29   C                           20   C                             21   Excess of revenue over expenses and disbursements	ခ္ခုမ္မ	D	<del>-</del>	8,354.	4,1//.	0.	_4,1//.
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27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  0.		26	Total expenses and disbursements.				
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c Adjusted net income (if negative, enter -0-)			·	***************************************	97.881.		
	9235	01		Act Notice see the instruct	tions		Form <b>990-PF</b> (2009)

BOVERI-TRACKMAN FAMILY FOUNDATION,

INC.

Form 990-PF (2009)

Form **990-PF** (2009)

Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5

5 Multiply line 4 by line 3

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

4	1,358,939.
5	89,102.
6	979.
7	90,081.
8	36,177.

Form **990-PF** (2009)

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_		04 - 31			Page 4
		<del>740 - Se</del>	e mstrt	ICTIO	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			1 0	
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%	1		1,9	58.
	of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)				^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		1,9	<u>0.</u>
-	Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	3		1,9	
4	The state of the s	4		1,9	<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		1,9	<u> </u>
6	Credits/Payments: 2009 estimated tax payments and 2008 overpayment credited to 2009  6a  361.				
	2009 estimated tax payments and 2008 overpayment credited to 2009  Exempt foreign organizations - tax withheld at source  6a 361.				
		i			
	Tax paid with application for extension of time to file (Form 8868)  Backup withholding erroneously withheld  66  66  66  66				
	Total credits and payments. Add lines 6a through 6d	,		4,0	۸۸
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		<del>4</del> ,0	3.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			<u> </u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		2,0	30
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	11		<u> </u>	0.
	art VII-A Statements Regarding Activities				<u> </u>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene i			Yes	No
	any political campaign?	"	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	l or			
	distributed by the foundation in connection with the activities.	0.	:		
c	Did the foundation file Form 1120-POL for this year?		1c		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		-10		
_	(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 •				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ▶ \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		х
	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 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		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	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				
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 conflict with the state	aw			
	remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	_X	
	If "Yes," complete Part II, col. (c), and Part XV				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		_		
	MA		_   '		
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 SEE STATEME		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 calen	dar			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		<u>X</u>
<u> 10</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X

4b

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Part VII-B   Statements Regarding Activities for Which		Oguired (****	<u>04-31891</u>	91 Page <b>6</b>
	FOITH 4/20 May be r	nequired (contin	uea)	<del>-                                    </del>
•5a. During the year did the foundation pay or incur any amount to:	40.45(-)\0		<b>□</b>	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		es X No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire		. <b>.</b>	
any voter registration drive?	-0		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purpose		Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section		(TE)	
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or t			
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur		ın Regulations	/-	}
section 53.4945 or in a current notice regarding disaster assistance (see instr	•		N/A	5b
Organizations relying on a current notice regarding disaster assistance check				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				
expenditure responsibility for the grant?		I/A L Ye	es L No	
If "Yes," attach the statement required by Regulations section 53.494	• •			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	F1	[ Tee ]	
a personal benefit contract?		L Ye	es X No	.
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax		Ye	es X No	
b If yes, did the foundation receive any proceeds or have any net income attribution.  Don't VIII Information About Officers, Directors, Trus		nogom Highli		7b
Part VIII Paid Employees, and Contractors	tees, roundation ivia	magers, migni	y	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
PHILIP TRACKMAN	PRES, DIR	0.11.01.07	- Components	
LOO CROSS HILL ROAD	,			
NEWTON, MA 02459	0.00	0.	0.	0.
KATHLEEN FOWLER	TREASURER, DI	R. ASST C		
ONE HOLLIS ST, STE 301	1			
VELLESEY, MA 02482	0.00	0.	0.	0.
LESLIE B SHEA	CLERK, DIR			
ONE HOLLIS ST, STE 410	]			
VELLESEY, MA 02482	0.00	0.	0.	0.
STEPHEN TRACKMAN	DIRECTOR	,		
217 SIERRA COUNTRY CIRCLE				
GARDNERVILLE, NV 89460	0.00	0.	0.	0.
Compensation of five highest-paid employees (other than those in		enter "NONE."	7-100	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	(6)	compensation	allowances
NONE				
<u> </u>				
	-			
		<del> </del>		
1	_			
				-
	-			
	<del>                                     </del>	-		
	+			
Catal number of other ampleyage paid over \$50,000		<u> </u>		0
Total number of other employees paid over \$50,000				

Form 990-PF (2009) BOVERI-TRACKMAN FAMILY FOUNDATION, INC.	04-318	9191	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)			
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			_
(a) Name and address of each person paid more than \$50,000 (b) Type of s	ervice	(c) Compe	nsation
NONE			
		<b></b>	
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>	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 beneficiaries served, conferences convened, research papers produced, etc.		Expenses	
1 N/A			
			0.
2			
3			
	<del></del>		
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount	
1 <u>N/A</u>			
			_
			<u>0.</u>
2			
All other program-related investments. See instructions.			
3 <u>N/A</u>			
			0.
Total. Add lines 1 through 3	<b>•</b>		0.

Form **990-PF** (2009)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; 1 a Average monthly fair market value of securities 360,045. 1a b Average of monthly cash balances 1b 642,409. 377,180. c Fair market value of all other assets 1c 379,634. 1d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 1,379,634. 3 Subtract line 2 from line 1d 3 20,695. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 1,358,939. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 6 67.947. Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain Part XI foreign organizations check here and do not complete this part.) 67,947. Minimum investment return from Part X, line 6 1 1,958. Tax on investment income for 2009 from Part VI, line 5 b Income tax for 2009. (This does not include the tax from Part VI.) 2b ,958. c Add lines 2a and 2b 2c 65,989. Distributable amount before adjustments. Subtract line 2c from line 1 3 3 Recoveries of amounts treated as qualifying distributions 4 65,989. 5 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 65,989 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1 a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 36,177. 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 3 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3Ь 36,177 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	( <b>d)</b> 2009
1 Distributable amount for 2009 from Part XI,			· · · · · · · · · · · · · · · · · · ·	
line 7				65,989.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		_		
		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 13,372.				
b From 2005 9,813.				
c From 2006 10,670. d From 2007 2,663.				
d From 2007 e From 2008 2,271.				
f Total of lines 3a through e	38,789.			
4 Qualifying distributions for 2009 from	30,703.			
Part XII, line 4: ►\$ 36,177.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior			<u> </u>	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				36,177.
e Remaining amount distributed out of corpus	0.			,-
Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	29,812.			29,812.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	8,977.			
b Prior years' undistributed income. Subtract	0,511.			
line 4b from line 2b		0.		
c Enter the amount of prior years'		<u>~.</u>		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		•		
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				· <del></del>
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.	0 077			
Subtract lines 7 and 8 from line 6a	8,977.			
10 Analysis of line 9: a Excess from 2005				
b Excess from 2006 4, 043.				
c Excess from 2007 2,663.				
d Excess from 2008 2, 271.				
e Excess from 2009				
\$ 2,0000 ii biii 2000			1	

Form 990-PF (2009) BOVERI -	TRACKMAN FA	MILY FOUNDA	TION, INC.	04-31	89191 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo	•	-	▶ ∟		
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or 49	342(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	Prior 3 years	(4) 2000	(-) T-4-1
income from Part I or the minimum	(a) 2009	(0) 2006	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed				<u> </u>	
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed				<u> </u>	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				<u> </u>	
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c	···				
3 Complete 3a, b, or c for the alternative test relied upon:	;				
a "Assets" alternative test - enter:					
(1) Value of all assets	7-1-1-7				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter		,-			
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					<del></del>
Part XV Supplementary Info	rmation (Comple	te this part only i	f the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see the i	nstructions.)		maa qo,ooo or mid	no in dood to
1 Information Regarding Foundation					
a List any managers of the foundation wh		than 2% of the total contr	hutions received by the	foundation before the clos	o of any tay
year (but only if they have contributed n	nore than \$5,000). (See se	ection 507(d)(2).)	ibutions received by tile	ioditidation before the clos	e or any lax
PHILIP TRACKMAN					
b List any managers of the foundation wh	o own 10% or more of the	e stock of a corporation (	or an equally large portion	on of the ownership of a pa	ertnership or
other entity) of which the foundation has	s a 10% or greater interes	it.	or arrequally large portic	on or the ownership of a pa	itulership of
NONE					
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. Pre	narame:		· <u> </u>
Check here ► X if the foundation o				int accept uncolinited requi	acte for funde. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations ur	nder other conditions, co	omolete items 2a. b. c. and	d.
a The name, address, and telephone num					
2 ···· namo, adaroso, and tolophone nam	yor or the person to whom	ii applications should be t	addiessed.		
<b>b</b> The form in which applications should b	e submitted and informat	ion and materials they sh	ould include;		
c Any submission deadlines:	<del></del>			- · <u>- · · · · · · · · · · · · · · · · ·</u>	
d Any restrictions or limitations on average	a quah ao bu sacarrat	Larges shortable fells 1	lando of restautes	sthan factorin	
d Any restrictions or limitations on awards	, such as by geographica	i areas, charnable fields, l	KINGS OF MISURULIONS, OF O	outer factors:	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment	· -	<del></del>
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		<u>-</u>
a Paid during the year				
SEE STATEMENT 9 Total			<b>▶</b> 3a	32,000.
b Approved for future payment			Ja Ja	32,000.
t representation rations payment				
NONE				
Total	<u> </u>		<b>▶</b> 3b	0
923611 02-02-10	·		<b>50</b>	0 . orm <b>990-PF</b> (2009)

#### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ed by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a		<u> </u>			
b					_
<u> </u>	<del></del>				
d	<del> </del>				
e					
g Fees and contracts from government agencies					
g Fees and contracts from government agencies  2 Membership dues and assessments			+		
3 Interest on savings and temporary cash		= .	<del></del>		
investments			14	58.	
4 Dividends and interest from securities			14	17,839.	
5 Net rental income or (loss) from real estate:				17,033.	
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property		V			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7 Other investment income					•
8 Gain or (loss) from sales of assets other than inventory			18	72,752.	11,423.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					·· = 1.0-
a					
b					
C		<u></u>			
d					····
e					
2 Subtotal. Add columns (b), (d), and (e)	<u>l</u>		).	90,649.	11,423.
3 Total. Add line 12, columns (b), (d), and (e)				13	102,072.
(See worksheet in line 13 instructions to verify calculations.)					

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	PUBLIC CHARITIES
-	

Form 990-PF (2009) BOVERI-TRACKMAN FAMILY FOUNDATION, INC. 04-3189191 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) (2) Other assets 1a(2) b Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ] Yes If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct.

Form **990-PF** (2009)

Preparer's identifying number

<u>212-576-1400</u>

Check if self-employed

EIN ▶

Phone no.

e of officer or truste

440

enarer's ∕sıanature

Firm's name (or yours

rf self-employed),

ő

Date

PARK AVE SOUTH,

## Schedule B

(For,m 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

2009

**Employer identification number** 

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

ВО	OVERI-TRACKMAN FAMILY FOUNDATION, INC.	04-3189191				
Organization type (check of	one):					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation						
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e See instructions				
General Rule						
X For an organization contributor Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molete Parts I and II.	ney or property) from any one				
Special Rules						
509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulable)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the gill) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III						
contributions for u If this box is check purpose. Do not co	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year					
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

## BOVERI-TRACKMAN FAMILY FOUNDATION, INC.

04-3189191

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ESTATE OF IRENE B. TRACKMAN  C/O WILDER & SHEA - 1 HOLLIS ST  WELLESLEY, MA 02482	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	IRENE BOVERI TRACKMAN UNITRUST  C/O WILDER & SHEA - 1 HOLLIS ST  WELLESLEY, MA 02482	\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		**************************************	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

	FAMILY FOUNDATION	N, INC. 04-318	<u> 89191                                  </u>	<u>PAGE 1 OF 13</u>
	sses for Tax on Investment Income		(b) Haw socue	rod
	d describe the kind(s) of property solo rick warehouse; or common stock, 20		(b) How acquii P - Purchasi D - Donatior	(mo dou us)
1a 10 CALL UBS AG	,		P	01/05/0901/09/09
b 30 CALL LOUISI	ANA PACIFIC	<del> </del>	P	09/23/0801/17/09
c 3 CALL DIAMOND	S TRUST		P	01/02/0901/17/09
d 7 CALL DIAMOND	S TRUST		P	01/02/0901/17/09
e 10 CALL ISHRS			P	12/30/0801/17/09
f 100 DIREXION S		RGE CAP BULL	P	01/30/0902/12/09
g 200 DIREXION S		RGE CAP BULL	P	01/30/0902/12/09
h 10 CALL UBS AG			P	01/09/0902/21/09
10 CALL COCA C	OLA CO		P	01/27/0902/21/09
4 CALL TRANSOC	EAN INC		P	01/27/0902/21/09
k 5 CALL FREEPOR	T MCMORAN		P	12/30/0802/21/09
5 CALL DIAMOND	S TRUST		P	02/03/0902/21/09
m 20 CALL ISHRS	MSCI JPN IDX		P	01/26/0902/21/09
n 5 CALL UNITED	STATES OIL		P	01/30/0902/21/09
0 5 CALL DIREXIO	N LGCAP BULL		P	01/30/0902/21/09
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (loss)
	(or allowable)	plus expense of sale	(6	e) plus (f) minus (g)
a 284.		636.		<352.>
b 1,019.				1,019.
<u>c</u> 28.				28.
d 65.	<b>.</b>			65.
e 84.			<del></del>	84.
f 2,822.		2,887.		<u> </u>
g 5,644.		5,774.		< <u>130.</u> >
h 512.				512.
1 752.			·	752.
208.				208.
k 162.				162.
1,111.				1,111.
m 376.	-			376.
$\frac{n}{0}$ 562.	<del> </del> -			<u>562.</u>
	l ng gain in column (h) and owned by t	the foundation on 12/21/60	40.1	1,037.
(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	Gains (exces	Losses (from col. (h)) ss of col. (h) gaın over col. (k), ıt not less than "-0-")
a				<352.>
b				1,019.
C		****		28.
d				65.
e				84.
f				<65.>
g				<130.>
h				512.
ı				752.
				208.
k				162.
1				1,111.
m				376.
n				562.
0				1,037.
	r If gain, also enter	in Part I. line 7		
2 Capital gain net income or (net ca	apıtal loss) {   If gaın, also enter   If (loss), enter *-0	-" in Part I, line 7	2	
	ss) as defined in sections 1222(5) an	d (6):		
If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8		PΙ		
in (1033), enter -0- in Fait I, line	J		3	

CONTINUATION FOR 990-PF, PART IV 04-3189191 PAGE 2 OF 13

(a) List and describe the kind(s) of property sold,	a m. rool antata	(h) How acquired	II
2-story brick warehouse; or common stock, 200	o shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
1a 2 CALL SECT SPDR FINCL FND		P	01/23/0902/21/09
b 10 CALL COCA COLA CO		P	02/24/0903/17/09
c 10 CALL UBS AG		P	03/11/0903/20/90
d 5 CALL FREEPORT MCMORAN		P	02/25/0903/20/09
e 10 CALL BANK OF AMERICA		P	03/11/9003/20/09
f 1 CALL TRANSOCEAN INC		P	02/26/0903/21/09
g 3 CALL TRANSOCEAN INC	· · · · · · · · · · · · · · · · · · ·	P	02/26/0903/21/09
h 4 CALL SPDR FINCL FND		P	01/13/0903/21/09
10 CALL UBS AG		P	03/20/0903/27/09
50 DIREXION EXCH TRD FDLARGE CA		P	01/30/0904/02/09
	RGE CAP BULL	P	01/30/0904/02/09
	SE CAP BULL	P	02/10/0904/02/09
m 163 DIREXION SHS EXCH TRD FDLAF		P	02/10/0904/02/09
n 34 DIREXION SHS EXCH TRD FDLARG		P	02/12/09/04/02/09
o 66 DIREXION SHS EXCH TRD FDLARG			02/12/09/04/02/09
(e) Gross sales price (f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) blus (f) minus (g)
a 100.			100.
b 3,334.	46.		3,288.
c 134.	1,226.		<1,092.>
d 317.	2,213.		<1,896.>
e 564.	1,196.		<u>&lt;632.</u> >
f 115.			115.
g 349.			349.
h 216.	0.5.5		216.
1,352.	966.		386.
1,298. k 3,891.	1,443. 4,330.		<145.> <439.>
3,891. 1 960.	1,040.	<del></del>	<80.>
4 000	4,581.		<352.>
m 4,229. n 882.	899.		<17.>
0 1,712.	1,746.		<34.>
Complete only for assets showing gain in column (h) and owned by the		(I) Los	sses (from col. (h))
(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	Gains (excess	of col. (h) gain over col. (k), not less than "-0-")
a			100.
b		•	3,288.
С			<1,092.>
d			<u>&lt;1,896.</u> >
<u>e</u>			<u>&lt;632.</u> >
<u>f</u>			115.
g			349.
<u>h</u>			216.
1	_		386.
			<u>&lt;145.</u> >
<u>k</u>			<u>&lt;439.</u> >
			<80.>
<u>m</u>			<352.>
<u>n</u>			<17.>
O If pain, also enter i	n Part I line 7		<34.>
2 Capital gain net income or (net capital loss) { If gain, also enter in the local term could be seen as (loss), enter "-0-"	, I	-	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and If gain, also enter in Part I, line 8, column (c).  If (loss), enter "-0-" in Part I, line 8	3		

٦C

BOVERI-TRACKMAN FAMILY FOUNDATION, INC.

Part IV . Capital Gains and Losses for Tax on Investment Income

Toupital damo and Ed	SSCS for Tax on Intestinent income			
	d describe the kind(s) of property sol rick warehouse; or common stock, 2		r - rui chase	d (c) Date acquired (d) Date sold (mo., day, yr.)
<u></u>			D - Donation	
1a 200 DIREXION S			<u> </u>	02/12/0904/02/09
b 300 DIREXION S			P	02/18/0904/02/09
	HS EXCH TRD FDLA		P	03/03/0904/02/09
	HS EXCH TRD FDLA		P	03/09/0904/02/09
	SHS EXCH TRD FD	LARGE CAP BULL	P	04/03/0904/03/09
	AMERICA CORP		P	02/09/0904/17/09
	AMERICA CORP		P	03/11/0904/17/09
h 10 CALL COCA C			P	03/17/0904/17/09
15 CALL FREEPOR			P	03/20/0904/17/09
-	SPDR ENGY		P	03/31/0904/17/09
k 8 CALL SECTOR			P	03/31/0904/17/09
1 CALL DIAMOND			P	04/14/0904/17/09
m 2 CALL DIAMOND	TRUST		P	04/14/0904/17/09
n 10 CALL PHARM	HOLDRS TRUST		P	04/06/0904/17/09
o 1,000 DIREXION	SHS EXCH TRD FD	LARGE CAP BULL	P	04/06/0904/17/09
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		a) Gain or (loss)
(e) dross sales price	(or allowable)	plus expense of sale	(e)	plus (f) minus (g)
a 5,188.		5,290.		<102.>
b 7,783.		7,152.	•	631.
c 2,594.		1,668.		926.
d 2,594.		1,544.		1,050.
e 26,091.		25,609.		482.
f 7,223.		6,869.		354.
g 7,404.		4,939.		2,465.
h 322.		166.		156.
2,987.		3,978.		<991.>
211.		129.		82.
k 842.		517.	<u> </u>	325.
1 47.		58.		<11.>
m 95.		117.		<22.>
n 1,384.		1,356.		28.
0 28,224.		25,569.		2,655.
	ng gain in column (h) and owned by		(N) o	sses (from col. (h))
	(j) Adjusted basis	(k) Excess of col. (ı)	Gains (excess	of col. (h) gain over col. (k),
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	ĐUI I	not less than "-0-")
<u>a</u>				<u>&lt;102.</u> >
b				631.
С				926.
d				1,050.
e				482.
f				354.
9			<del></del>	2,465.
<u>h</u>				156.
1				<u> </u>
I				82.
k				325.
<u> </u>				<u> </u>
<u>m</u>				<u> </u>
<u>n</u>				28.
0				2,655.
	. If non-alco-onter	in Part Lline 7		
2 Capital gain net income or (net ca	apıtal loss) { If gaın, also enter If (loss), enter "-0	11 Part I, line 7 }		
If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) an , column (c).	d (6):		_
If (loss), enter "-0-" in Part I, line	<u>o</u>			

- di t t -   toupital dams and Et	Jaaca ioi Tax on investment income			
	d describe the kind(s) of property so crick warehouse; or common stock, 2		l i dionasc	(c) Date acquired (d) Date sold (mo., day, yr.)
1a 10 CALL UBS AG			D - Donation P	03/11/0904/18/09
b 3 CALL US STEE			P	01/28/0904/18/09
	STANLEY		P	03/31/0904/18/09
	CRO DEVICE	<del></del>	P	12/30/0804/18/09
e 25 CALL ADV MI			P	12/30/0804/18/09
<del> </del>	STATES OIL		P	03/04/0904/18/09
	STATES OIL		P	12/29/0804/18/09
h 7 CALL US STEE				
10 CALL UBS AG			P	<del>                                      </del>
10 CALL ALTRIA			P	04/15/0905/15/09
k 10 CALL COCA C			P	04/08/0905/15/09
17 CALL US STEE				04/20/0905/16/09
m 10 CALL MORGAN			P	04/29/0905/16/09
	EAN INC	<del> </del>	P	04/20/09/05/16/09
	PDR FINCL FND		P	04/06/0905/16/09
0 TO CALL SECT S		(a) Cost or other heave		03/23/09/05/16/09
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		h) Gain or (loss) plus (f) minus (g)
a 84.				84.
b 259.				259.
c 784.				784.
d 225.				225.
<u>e 376.</u>				376.
<u>f</u> 336.				336.
g 388.				388.
h 686.		98.		588.
534.		1,156.		<u> &lt;622.</u> >
464.		46.		418.
k 884.			i .	884.
1 233.				233.
m 534.				534.
n 1,456.	<u> </u>			1,456.
<u>o 234.</u>	L			234.
Complete only for assets show	ng gain in column (h) and owned by		(I) Lo	osses (from col. (h))
(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	but	s of col. (h) gain over col. (k), not less than "-0-")
a				84.
b				259.
С				784.
d			<del></del>	225.
e				376.
f				336.
g				388.
h				588.
<u> </u>				<u> </u>
<u> </u>				418.
k				884.
1			<del> </del>	233.
n				534.
<u> </u>				1,456.
0			<del></del>	234.
2 Capital gain net income or (net ca	apıtal loss) { If gaın, also enter If (loss), enter "-(	in Part I, line 7	2	
	ss) as defined in sections 1222(5) ar			
If gain, also enter in Part I, line 8,		ľ l.		

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Part IV' Capital Gains and Lo	sses for Tax on Investment Income		
	d describe the kind(s) of property sole rick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (d) Date sold (mo., day, yr.)
1a 100 UNITED STA	TES OIL FUND		P 01/08/0906/19/09
b 100 UNITED STA			P 01/21/0906/19/09
c 200 UNITED STA			P 01/30/0906/19/09
d 200 UNITED STA			P 02/06/0906/19/09
e 200 UNITED STA			P 03/11/0906/19/09
1 200 UNITED STA 1 10 CALL YAMANA			P 03/23/0906/19/09 P 05/29/0906/20/09
h 40 CALL YAMANA			P 05/29/0906/20/09
	ITIME CORPF		P 05/26/0906/20/09
	ITIME CORPF		P 05/26/0906/20/09
	ITIME CORPF		P 05/26/0906/20/09
<del></del>	ITIME CORPF		P 05/26/0906/20/09
m 1 CALL GEN MAR	ITIME CORPF		P 05/26/0906/20/09
	ITIME CORPF		P 05/26/0906/20/09
0 10 CALL US NAT	URAL GAS FUN		P 06/05/0906/20/09
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 3,628.		3,291.	337.
b 3,628.		3,013.	615.
<u>c</u> 7,256.		5,915.	1,341.
d 7,256.		5,545.	1,711.
e 7,256.		5,441.	1,815.
f 7,256.		6,353.	903. 134.
			601.
h 601.	+		38.
38.			38.
k 38.			38.
1 38.			38.
m 38.			38.
n 192.			192.
0 334.	L		334.
Complete only for assets showing	ng gain in column (h) and owned by t		(I) Losses (from col. (h))
(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	Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
<u>a</u>			337.
<u>b</u>			615.
<u>C</u>			1,341.
<u>d</u>			1,711.
<u>e</u> f			1,815. 903.
g			134.
h			601.
··			38.
i			38.
k			38.
1			38.
m			38.
n			192.
0			334.
2 Capital gain net income or (net ca	apital loss) { If gain, also enter If (loss), enter "-0	ın Part I, line 7 -* in Part I, line 7	2
If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) an column (c).	, I	
If (loss), enter "-0-" in Part I, line I	3		3

PAGE 7 OF 13

Part IV Capital Gains and Lo	sses for Tax on Investment Income			
• . (a) List and 2-story bi	d describe the kind(s) of property solo rick warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
1a 10 CALL ALTRIA	GROUP		P	05/26/0906/26/09
b 12 CALL SECTOR			P	05/18/0907/18/09
	RITIME CORPF		P	06/22/0907/18/09
	URAL GAS FUN		P	06/22/0907/18/09
e 200 DU PONT E			P	06/16/0908/11/09
f 300 DU PONT E			P	07/02/0908/11/09
g 100 DIAMONDS T			P	09/05/0808/20/09
	ICAL HOLDRS DEPO	SITARY RECEIPT	P	04/06/0908/20/09
1,000 ALTRIA G			P	04/08/0908/21/09
5 CALL BOEING			P	07/13/0908/21/09
k 100 FREEPORT M	CMORAN COPPER		P	10/16/0808/21/09
	CMORAN COPPER		P	10/27/0808/21/09
	CMORAN COPPER		P	11/20/0808/21/09
n 100 FREEPORT M			P	12/05/08/08/21/09
0 1,000 LOUSIANA			P	11/24/0808/21/09
	(f) Depreciation allowed	(g) Cost or other basis		) Gain or (loss)
(e) Gross sales price	(or allowable)	plus expense of sale	(e) t	olus (f) minus (g)
a 94.		36.		58.
b 942.				942.
c 284.				284.
d 484.				484.
e 6,051.		5,173.		878.
f 9,077.		7,584.		1,493.
g 9,084.		11,226.		<u> </u>
h 49,544.		44,247.		5,297.
17,283.		16,429.		854.
<u> 262.</u>		458.		<u> &lt;196.</u> >
k 4,800.		3,181.		1,619.
<u>ı 4,800.</u>		2,622.	·····	2,178.
m 9,601.		3,715.		5,886.
n 4,800.		1,606.		3,194.
o 5,089.		1,813.		3,276.
Complete only for assets shown	ng gain in column (h) and owned by	the foundation on 12/31/69		sses (from col. (h))
(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		of col. (h) gain over col. (k), not less than "-0-")
a				58.
b				942.
C				284.
d				484.
e				878.
f				1,493.
g				<2,142.>
h				5,297.
1				854.
_ <del></del>	-			<196.>
		<del>                                     </del>		1,619.
<u>"</u>	1			2,178.
m			<del>.</del> .	5,886.
<u>m</u>	<del> </del>	<del>                                     </del>		3,194.
<u>n</u>	+			3,276.
0	1	J	-1	5,210.
2 Capital gain net income or (net ca	apıtal loss) { If gaın, also enter If (loss), enter If	r in Part I, line 7 )-" in Part I, line 7		
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) ar	nd (6):		
If gain, also enter in Part I, line 8	, column (c).	<b>}</b>		
If (loss), enter "-0-" in Part I, line	8			

, oupter deline and Lo	33C3 IOI TAX OII IIIVCSCIIICIIC IIICOIIIC				
	d describe the kind(s) of property sol rick warehouse; or common stock, 2		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 1,000 LOUSIANA	PACIFIC CORP		<del></del>	05/29/09	08/21/09
	ICAL HOLDRS DEPO	SITARY		04/06/09	
	DE MEX L ADR FSP		P		08/21/09
d 10 CALL US STE			P		08/22/09
e 5 CALL SECTOR			P		08/22/09
	RO DEVICES				08/22/09
	RO DEVICES				08/22/09
	RO DEVICES		P		08/22/09
	RO DEVICES		P	06/26/09	
, 11 CALL ADV MI			P		08/22/09
k 25 CALL ADV MI					08/22/09
10 CALL NATURA	L GAS FUN			08/03/09	
	GAS FUN			<del></del>	08/22/09
	TOR COMPANY			08/19/09	<del></del>
	TOR COMPANY			08/19/09	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h)	Gain or (loss) lus (f) minus (g)	
- F 000	(or anowable)		(0) p	103 (1) 11111103 (9)	000
a 5,089.		4,289.	-		800.
b 12,379.		11,062.			1,317.
c 17,624. d 384.		15,009.		<del></del>	2,615.
0.5		·		-	384. 87.
					9.
					9.
					<u>9.</u> 9.
j 99.					99.
					226.
k 226.					384.
44.0		<del></del>			412.
4.0		9.			3.
$ \begin{array}{ccc}  & & & 12. \\  & & & & 12. \end{array} $		9.			3.
	ng gain in column (h) and owned by		/I) I oo	oos (fram ool (b))	<u> </u>
(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	Gains (excess o	ses (from col. (h)) of col. (h) gain over ot less than "-0-")	col. (k),
а					800.
b					1,317.
C					2,615.
d					384.
e					87.
f					9.
9					9.
h		_			9.
1					9.
1					99.
k					226.
1					384.
m			·		412.
n					3.
0					3.
2 Capital gain net income or (net ca	apital loss) { If gain, also enter if (loss), enter if (loss), enter if (loss).	in Part I, line 7 -" in Part I, line 7	2	<u>.</u>	
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line 8	ss) as defined in sections 1222(5) an column (c).	, I			
in those it in the contract of	,	<i>)</i>	3		

Cupital dallis allu Eusses Iui Te	TV OIL HIACOTHICHT HICOHIC			
	the kind(s) of property sold buse; or common stock, 20		l i i di ciidoc	(d) Date sold (mo., day, yr.)
1a 1 CALL FORD MOTOR C			D - Donation P	<del></del>
	COMPANY		P	08/19/0908/27/09
	COMPANY		P	08/19/0908/27/09
<del></del>	COMPANY		P	08/19/0908/27/09
	COMPANY	<del></del>	P	08/19/0908/27/09
	COMPANY	<del>.</del>	P	08/19/0908/27/09 08/19/0908/27/09
	COMPANY	<u> </u>	P	08/19/0908/27/09
	COMPANY	·	P	08/19/0908/27/09
100 DIAMONDS TRUST	SERIES I		P	01/22/08/08/20/09
100 DIAMONDS TRUST	SERIES I	-	P	02/05/0808/20/09
k 100 DIAMONDS TRUST	SERIES I	-	P	06/11/0808/20/09
100 DIAMONDS TRUST	SERIES I		P	06/20/08/08/20/09
m 100 LOUISIANA PACIF			P	05/01/0708/21/09
n 100 LOUISIANA PACIF			P	05/01/07/08/21/09
o 200 LOUSIANA PACIFI	C CORP LPX		P	05/01/0708/21/09
(a) Gross sales price (f) D	epreciation allowed	(g) Cost or other basis	(h	) Gain or (loss)
(e) Gross sales price	(or allowable)	plus expense of sale	(e) r	olus (f) minus (g)
a 12.		9.		3.
12.		9.		3.
12.		9.		3.
d 12.		9.		3.
e 12.		9.		3.
f 12.		9.		3.
12.		9.		3.
12.		9.		3.
9,085.		11,936.		<2,851.>
9,085.		12,337.		<u> </u>
<u>9,085.</u>		12,145.		<u>&lt;3,060.</u> >
9,085.		11,914.		<u>&lt;2,829.</u> >
509.		1,946.		<1,437.>
1,018.		1,946. 3,891.		<1,437.>
Complete only for assets showing gain in c		3,091.		<2,873.>
(i) [ M )   == =( 10/21/02	) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess	sses (from col. (h)) of col. (h) gaın over col. (k), not less than "-0-")
a				3.
0				3.
C				3.
d				3.
е	<del></del>		~	3.
f				3.
9			<del>_</del>	3.
<u> </u>	_			3.
<u> </u>				<2,851.>
			·	<u>&lt;3,252.</u> >
				<u>&lt;3,060.</u> >
n				<2,829.>
1				<1,437.>
1				<1,437.>
<u> </u>				<2,873.>
Capital gain net income or (net capital loss)	{ If gain, also enter if (loss), enter *-0-	` \	2	
Net short-term capital gain or (loss) as defin If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8	ed in sections 1222(5) and ).	) (6): }	3	

I all	Capital Gaills and Lo	sses for Tax on Investment Income				
• .		describe the kind(s) of property solution in the kind(s) of property solution is the kind (s) of property solution is the		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold mo., day, yr.)
1a 4	00 LOUSIANA P.	ACTETC CORP		P	05/01/0708	
		PACIFIC CORP		P	05/01/0708	
		PACIFIC CORP		P	08/18/0808	
d 1			<del></del>	P	08/27/0909	
	·	L CORP		P	08/27/0909	
	CALL US STEE			P	08/27/0909	
	CALL MORGAN			P	09/08/0909	
	CALL DUPONT			P	08/19/0909	
		CMORAN COPPER		P	04/02/0909	
		CMORAN COPPER		P	04/02/0909	
		CMORAN COPPER	<del>-</del>	P	06/18/0909	
		CMORAN COPPER		P	06/18/0909	
		CMORAN COPPER		P	08/11/0909	
	0 CALL FORD M			P	08/27/0909	
	CALL MORGAN			P	09/18/0910	
0 0		(f) Depreciation allowed	(g) Cost or other basis		n) Gain or (loss)	7/10/03
	(e) Gross sales price	(or allowable)	plus expense of sale	(e)	plus (f) minus (g)	<u> </u>
a	2,036.		7,782.			<u>&lt;5,746.</u> >
b	6,107.	<del></del>	23,346.		<1	<u> 17,239.</u> >
<u>c</u>	5,089.		10,013.			< <u>4,924.</u> >
d	53.		48.			<u> 5.</u>
е	213.		191.			22.
f	267.		238.			29.
9	62.		678.			<u>&lt;616.</u> >
h	437.		288.			149.
1	7,136.		4,254.			2,882.
J	7,136.		4,254.			2,882.
k	7,136.		5,119.			2,017.
l	7,136.		5,119.			2,017.
m	7,136.		6,118.			1,018.
n	222.					222.
0	1,061.		1,513.			<452.>
Co	mplete only for assets showing	ig gain in column (h) and owned by	the foundation on 12/31/69		sses (from col. (h))	
(i	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		of col. (h) gain over co not less than "-0-")	l. (k),
a					•	<5,746.>
b						L7,239.>
С						<4,924.>
d						5.
е						22.
f				·		29.
g						<616.>
h						149.
1						2,882.
1				<del></del>	<del> </del>	2,882.
k						2,017.
<u>.                                    </u>						2,017.
m						1,018.
n						222.
0						< <u>452.</u> >
2 Cap	ital gain net income or (net ca	pital loss) { If gain, also enter	r in Part I, line 7 )-" in Part I, line 7	2		
If ga	short-term capital gain or (los ain, also enter in Part I, line 8, oss), enter "-0-" in Part I, line 8	s) as defined in sections 1222(5) an column (c).	, I			

BOVERI-TRACKMAN FAMILY FOUNDATION, INC.

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 1a 5 CALL DUPONT DE NEMOUR P 09/18/09|10/16/09 b 1,000 SECTOR SPDR ENGY SELECT SHARES OF BENEFICIA P 03/31/09|10/16/09 c 10 CALL US STEEL CORP P 09/18/0910/17/09 d 10 CALL YAMANA GOLD P 07/22/09|10/17/09 e 10 CALL FORD MOTOR COMPANY P 09/24/0910/17/09 CALL UNITED STATES OIL P 09/22/09|10/17/09 CALL UNITED STATES OIL P 09/22/09|10/17/09 h 10 CALL NATURAL GAS FUN P 09/24/0910/17/09 10 CALL US STEEL CORP P 10/19/0911/02/09 P CALL YAMANA GOLD 10/19/09|11/05/09 k 100 DIAMONDS TRUST SERIES P 12/19/08/11/19/09 1 100 BOEING CO P 06/23/0911/20/09 m 200 BOEING CO P 06/29/0911/20/09 n 100 BOEING CO P 07/10/0911/20/09 o 100 BOEING CO P 107/10/09111/20/09 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 512 63. 449. а 57.313. 43,239. 14,074. b 2,732. 2,732. C 134. 134. d 124. 124. е 27. 27. f 110. 110. g 642 642. h 434. 76. 358. 1 282. 102. 180. 10,116. k 8,605. ,511. 5,154. 4,288. 866. 10,309. 8,453. 1,856. m 5,154. 3,909. 1,245. n 5,154. 3,909. 1,245. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (1) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any 449. 14,074. b 2,732. C d 134. 124. е 27. f 110. g 642. h 358. 180. 1,511. k ١ 866. 1,856. m 1,245. п 1,245. 0 { If gain, also enter in Part I, line 7 If (loss), enter \*-0-\* in Part I, line 7 } Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 3

BOVERI-TRACKMAN FAMILY FOUNDATION,

Part IV | Capital Gains and Losses for Tax on Investment Income INC.

- di c , oupital dallis alla cos	soco tor rax on investment mount			
	describe the kind(s) of property soluck warehouse; or common stock, 20		i r - rui Gilaac	d (c) Date acquired (d) Date sold (mo., day, yr.)
1a 3 CALL YAMANA (	· · · · · · · · · · · · · · · · · · ·		D - Donation	
		<u> </u>	P P	11/05/0911/20/09
b 3 CALL YAMANA (			P	11/05/0911/20/09 11/05/0911/20/09
c 6 CALL YAMANA (		CIMARY DECETOR	P	
	ICAL HOLDRS DEPO	SITARY RECEIPT	P P	09/08/0911/20/09
e 100 UNITED STATE			P P	01/21/0711/20/07
			P P	02/23/09/11/20/09
g 200 UNITED STAT			P	04/21/09/11/20/09
h 16 UNITED STATI			P	07/08/09/11/20/09
100 INTED STATE			P	07/08/09/11/20/09
100 UNITED STAT		·	P	07/08/09/11/20/09
k 108 UNITED STAT	·		P	07/08/0911/20/09 10/16/0911/21/09
15 CALL MORGAN S	<del></del>		P	
	NEMOUR		P	11/05/09/11/21/09
	STATES OIL FUND		P	10/19/09/11/21/09
o 10 CALL TELEPHO			<u> </u>	10/05/09/11/21/09
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		h) Gain or (loss) plus (f) minus (g)
a 127.		343.	<u>.</u>	<u> </u>
b 127.		346.		<u> </u>
c 253.		693.		<u> </u>
d 35,052.		31,729.		3,323.
e 4,017.		3,029.		988.
f 8,035.		4,423.		3,612.
g 8,035.		5,653.		2,382.
h 643.		479.		164.
3,053.		2,276.		777.
4,017.		2,995.		1,022.
k 4,339.		3,235.		1,104.
761.				761.
m 204.				204.
n 345.				345.
0 434.			·	434.
Complete only for assets showin	g gain in column (h) and owned by t	the foundation on 12/31/69		esses (from col. (h))
(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		of col. (h) gain over col. (k), not less than "-0-")
a				<216.>
b				<219.>
С				<440.>
d				3,323.
е				988.
f				3,612.
g				2,382.
h				164.
I				777.
J			<del>-</del>	1,022.
k				1,104.
	·			761.
m				204.
n				345.
0				434.
<u></u>	14	na Part Lina 7		<del></del>
2 Capital gain net income or (net cap	pital loss) {   If gain, also enter   If (loss), enter   If (loss), enter   If (loss)	III Fart I, line / )-" in Part I, line 7	2	
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, i	s) as defined in sections 1222(5) an	, I		
If (loss) enter "-0-" in Part I, line 8			ا م	

Capital Gaills and Los	ses for Tax on investment income_			
• • (a) List and 2-story br	describe the kind(s) of property sold ick warehouse; or common stock, 20	i, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
1a 10 CALL NATURAL		<del></del>	P	10/19/0911/21/09
b 100 DIAMONDS TI			<u> </u>	09/23/0811/19/09
c 31 DIAMONDS TRI			P	10/08/0811/19/09
d 69 DIAMONDS TRI			P	10/08/0811/19/09
e 100 DIAMONDS TI			P	10/10/0811/19/09
f 100 DIAMONDS TI	RUST SERIES I		P	11/12/0811/19/09
g 200 UNITED STAT	TES STEEL CORP		P	10/16/0811/20/09
h 20 CALL ISHRS I	MSCI JPN IDX		P	10/22/0912/19/09
	MSCI JPN IDX		P	09/02/0912/19/09
	RITIME CORPF		P	10/19/0912/19/09
k US NATL OIL FUI				207 237 03 227 237 03
US NATL OIL FUI				
m US NATL GAS FUI			<u> </u>	
				<del>                                     </del>
n US NATL GAS FUI	ND LP - SEC 1256			
0				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		ı) Gaın or (loss) plus (f) mınus (g)
a 334.				334.
b 10,116.		10,895.		<779.>
c 3,136.		2,871.		265.
d 6,980.		6,391.		589.
e 10,116.		8,136.		1,980.
f 10,116.		8,425.		1,691.
0 025		8,169.		<134.>
		8,109.		
h 476.				476.
704.				704.
234.				234.
k				9,980.
1				6,654.
m_				<u> </u>
n				<2,084.>
<u>o</u>				
Complete only for assets showin	g gain in column (h) and owned by t	he foundation on 12/31/69	(I) Lo	sses (from col. (h))
() 5 kk//	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess	of col. (h) gain over col. (k),
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	but	not less than "-0-")
a				334.
b	1	•		<779.>
C				265.
d				589.
e				1,980.
<del>V</del>				1,691.
1		+		
9				
<u>h</u>				476.
1				704.
1			<del> </del>	234.
k				9,980.
1				6,654.
m				<3,127.>
n				<2,084.>
0				
2 Capital gain net income or (net ca	pital loss) {   If gain, also enter   If (loss), enter   If (loss)   If (loss)	ın Part I, line 7 - ın Part I, line 7	2	84,175.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line 8	s) as defined in sections 1222(5) and column (c).	d (6):	3	N/A
The state of the s	<del></del>		<u> </u>	11/11

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CA	SH II	NVESTMENTS	STAT	EMENT	1
SOURCE					A	MOUNT	
K-1 UNITED STATES NATURAL GAS K-1 UNITED STATES OIL FUND	FUND						11. 47.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A					58.
FORM 990-PF DIVIDEND	S AND INTER	EST FROM	SECUI	RITIES	STAT	EMENT	2
SOURCE	GROSS	AMOUNT		ITAL GAINS IVIDENDS		UMN (A MOUNT	)
CHARLES SCHWAB # 6186-4669	<del></del>	17,839.		0.		17,8	39.
TOTAL TO FM 990-PF, PART I, L	N 4	17,839.		0.		17,8	39.
FORM 990-PF	ACCOUNTI	NG FEES			STAT	EMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		(D) HARITAI PURPOSI	
ACCOUNTING	8,354.	4,	177.		0.	4,1	77.
TO FORM 990-PF, PG 1, LN 16B	8,354.	4,	177.		0.	4,1	77.
FORM 990-PF	ТАХ	ES			STAT	EMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC				(D) HARITAI PURPOSI	
FOREIGN TAXES	4.		4.		0.		0.
TO FORM 990-PF, PG 1, LN 18	4.		4.		0.		0.

TOTAL TO FORM 990-PF, PART II, LINE 10B

FORM 990-PF	OTHER E	XPENSES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
BROKERAGE FEES & CHARGES	10.	10	•	0. 0.
TO FORM 990-PF, PG 1, LN 23	10.	10	•	0. 0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6
DESCRIPTION		В	OOK VALUE	FAIR MARKET VALUE
2500 UBS AG NEW 4000 ADVANCED MICRO DEVICES 4000 LOUISIANA PACIFIC CORP 2500 MORGAN STANLEY 500 UNITED STATES STEEL CORP 500 FREEPORT MCMORAN COPPER 800 TRANSOCEAN INC NEW 1000 UMPQUA HOLDINGS CORP 1000 ALTRIA GROUP INC 700 BANK OF AMERICA 500 COCA COLA COMPANY 1000 DU PONT E I DE NEMOUR & 1000 FORD MOTOR COMPANY NEW 1500 GEN MARITIME CORP NEW F 500 GENERAL ELECTRIC COMPANY 200 JP MORGAN CHASE & CO 1000 MC DONALDS CORP 400 NOVARTIS A G SPON ADR F 100 SCHLUMBERGER LTD F	СО		153,854. 67,820. 0. 110,989. 17,224. 0. 49,052. 25,660. 17,859. 10,867. 23,759. 32,093. 7,819. 13,214. 7,573. 8,183. 54,879. 14,782. 6,127. 16,648.	38,775,38,720,38,720,39,74,000,27,560,33,410,19,630,10,542,28,500,33,670,10,000,10,485,7,565,8,334,62,440,21,772,6,509,16,580,

508,388.

651,660.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT 7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
TOOK TOWNERS WAST TOWN TOWNERS		75.000	60 100
7000 ISHARES MSCI JPN IDX FUND	COST	75,980.	68,180.
CALL OPTIONS 2500 DIAMONDS TRUST SERIES	COST COST	<1,576.> 218,230.	<9,30 <b>4.</b> 260,175.
1000 UNITED STATES OIL FUND	COST	36,013.	39,280.
UNITED STATES OIL FUND	COST	0.	0.
POWERSHS QOO TRUST SER 1	COST	21,566.	27,450.
SPDR TRUST UNIT SER 1	COST	20,882.	22,288.
SECTOR SPDR ENGY SELECT	COST	24,223.	28,505.
SECTOR SPDR FINCL SELECT	COST	14,574.	21,600.
UNITED STATES NATURAL GAS FUND	COST	39,871.	30,240.
TOTAL TO FORM 990-PF, PART II,	LINE 13	449,763.	488,414.
	=		
FORM 990-PF EXPLANATION CON-	CERNING PART VII-A,	LINE 8B	STATEMENT 8

**EXPLANATION** 

NOT REQUIRED

	S AND CONTRIBUTIONS D DURING THE YEAR	STAT	EMENT	9
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUN	ΙΤ
CAPE & ISLANDS CHAMBER MUSIC FESTIVAL PO BOX 1934 NORTH EASTHAM, MA 02651	N/A ARTS DONATIONS		32	20.
WALTHAM SYMPHONY ORCHESTRA 920 TRAPELO ROAD WALTHAM, MA 02452	N/A ARTS DONATIONS		32	0.
WCRB 450 BROAD STREET CHURCH, VA 22046	N/A ARTS DONATIONS		1,28	0.
WGBH 800 3RD AVENUE NEW YORK, NY 10022	N/A ARTS DONATIONS		1,28	0.
UNION OF CONCERNED SCIENTISTS TWO BRATTLE SQ. CAMBRIDGE, MA 02238	N/A EDUCATIONAL DONATION		3,20	0.
DEFENDERS OF WILDLIFE 1130 17TH STREET, NW WASHINGTON, DC 20036	N/A ENVIRONMENTAL DONATIONS		64	.0.
MASS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	N/A ENVIRONMENTAL DONATIONS		32	0.
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	N/A ENVIRONMENTAL DONATIONS		32	0.

BOVERI-TRACKMAN FAMILY FOUNDATI	ON, INC.	04-3189191
NATURE CONSERVANCY NATIONAL 4245 NORTH FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203	N/A ENVIRONMENTAL DONATIONS	320.
POUNDS HOUNDS P.O. BOX 212 BOSTON, MA 01740	N/A ENVIRONMENTAL DONATIONS	640.
AMERICAN RED CROSS 2025 E STREET, NW WASHINGTON, DC 20006	N/A HUMANITARIAN DONATIONS	640.
DOCTORS WITHOUT BORDERS 333 7TH AVENUE, 2ND FLOOR NEW YORK, NY 10001	N/A HUMANITARIAN DONATIONS	3,200.
HEIFER INTERNATIONAL 1 WORLD AVENUE, LITTLE ROCK, AR 72202		1,600.
MARCH OF DIMES 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	N/A HUMANITARIAN DONATIONS	640.
US FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	N/A HUMANITARIAN DONATIONS	640.
WELLESLEY FRIENDLY AID ASSOCIATION 219 WASHINGTON STREET WELLESLEY, MA 02481	N/A HUMANITARIAN DONATIONS	640.
AMERICAN CANCER SOCIETY 350 PLANTATION ST WORCESTER, MA 01604	N/A MEDICAL DONATIONS	960.
AMERICAN DIABETES ASSOCIATION 330 CONGRESS STREET BOSTON, MA 02210	•	960.

BOVERI-TRACKMAN FAMILY FOUNDATI	ON, INC.	04-3189191
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231		960.
SALVATION ARMY 51 MAIN STREET HUDSON, MA 01749	·	1,600.
CORNELL LAB OF ORNITHOLOGY 159 SAPSUCKER WOODS RD. ITHACA, NY 14850		320.
DISABLED AMERICAN VETERANS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	N/A SOCIAL DONATION	640.
	N/A SOCIAL DONATION	640.
GREATER BOSTON FOOD BANK 70 S BAY AVE BOSTON, MA 02118		1,600.
HABITAT FOR HUMANITY 121 HABITAT STREET AMERICUS, GA 31709		960.
HOSPICE OF THE GOOD SHEPHERD 1420 PROVIDENCE HIGHWAY, SUITE 277 NORWOOD, MA 02062	N/A SOCIAL DONATION	1,600.
PINE STREET INN 444 HARRISON AVENUE BOSTON, MA 02118	N/A SOCIAL DONATION	640.
PLANNED PARENTHOOD FEDERATION MA 1055 COMMONWEALTH AVENUE BOSTON, MA 02215	N/A SOCIAL DONATION	640.

BOVERI-TRACKMAN FAMILY FOUNDATION	ON, INC.	04-3189191
PLANNED PARENTHOOD FEDERATION NATIONAL 434 WEST 33RD STREET NEW YORK, NY 10001	N/A SOCIAL DONATION	1,280.
PROJECT BREAD 145 BORDER STREET EAST BOSTON, MA 02128	N/A SOCIAL DONATION	1,600.
ROSIE'S PLACE 889 HARRISON AVE BOSTON, MA 02118	N/A SOCIAL DONATION	960.
WELLESLEY COMMUNITY CENTER 219 WASHINGTON STREET WELLESLEY, MA 02481	N/A SOCIAL DONATION	640.
TOTAL TO FORM 990-PF, PART XV, LII	NE 3A	32,000.

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

• If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		<b>▶</b> X
-	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)	, <u> </u>
•	complete Part II unless you have already been granted an automatic 3-month extension on a previously f	•	
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corpo	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nolete	
Part I o			•
	r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a acome tax returns	n exten	nsion of time
noted to (not aut you mu	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron comatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or construction or suppose the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files and click on e-file for Charities & Nonprofits	ically if	f (1) you want the additional ated Form 990-T. Instead,
Type of	Name of Exempt Organization	Emp	loyer identification number
print	BOVERI-TRACKMAN FAMILY FOUNDATION, INC.	0	4-3189191
file by the due date: filing your return Se	or Number, street, and room or suite no. If a P.O. box, see instructions  C/O WILDER & SHEA ONE HOLLIS STREET		
instruction			
Check	type of return to be filed (file a separate application for each return):		
F	orm 990         Form 990-T (corporation)         Form 4           orm 990-BL         Form 990-T (sec. 401(a) or 408(a) trust)         Form 5           orm 990-EZ         Form 990-T (trust other than above)         Form 6           orm 990-PF         Form 1041-A         Form 8	227 069	
Tele If the	WILDER AND SHEA books are in the care of ► 1 HOLLIS STREET - WELLESLEY, MA 02181 phone No ► 617-235-3400 FAX No. ► e organization does not have an office or place of business in the United States, check this box s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the		
box 🕨	If it is for part of the group, check this box	memb	pers the extension will cover
L.	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unangle and the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unangle and automatic 3-months for the exempt organization return for the organization named and for the organization's return for:    X   calendar year   2009   or		The extension
2 if	this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any conrefundable credits. See instructions	3a	\$ 4,000.
n	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
_	this application is for Form 550-FF or 550-F, effect any relatedable credits and estimated		1. 264
b If	ax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 361.
b If	• • • • • • • • • • • • • • • • • • • •	3b 3c	\$ 361. \$ 3,639.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868**(Rev..April 2009)
Department of the Treasury
Internal Revenue Service

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

File a separate application for each return

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	. <b>X</b>
	t complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	
Part		
	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	nplete
Part I	•	
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an Income tax returns	extension of time
noted not au ou m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronication at the electronication of (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cours submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files gov/efile and click on e-file for Charities & Nonprofits	cally if (1) you want the additional nsolidated Form 990-T. Instead,
Type o		Employer identification number
oi iiit	BOVERI-TRACKMAN FAMILY FOUNDATION, INC.	04-3189191
File by ti due date filing you	Number, street, and room or suite no If a P.O. box, see instructions.	04 2102121
eturn S	ee C/O WILDER & SIEA ONE HODDIS SIREEI	<del></del>
	WELLESLEY, MA 02482	
Check	t type of return to be filed (file a separate application for each return).	
	Form 990 Form 990-T (corporation) Form 47	720
$\overline{}$	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	
	Form 990-EZ Form 990-T (trust other than above) Form 60	069
X	Form 990-PF	370
		,
Teld If the	WILDER AND SHEA  be books are in the care of ▶ 1 HOLLIS STREET - WELLESLEY, MA 02181  be books are in the care of ▶ 1 HOLLIS STREET - WELLESLEY, MA 02181  be phone No. ▶ 617-235-3400  FAX No ▶  the organization does not have an office or place of business in the United States, check this box  this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the light is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all	
Tele If the lifth coox	e books are in the care of   1 HOLLIS STREET - WELLESLEY, MA 02181  ephone No.   617-235-3400  FAX No   ee organization does not have an office or place of business in the United States, check this box is so for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the interpret of the group, check this box   and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010  If the organization's return for the organization named a state or organization's return for.  X calendar year 2009 or	members the extension will cover.
Tele If the lifth poox	books are in the care of   1 HOLLIS STREET - WELLESLEY, MA 02181  ephone No.   617-235-3400  FAX No   ne organization does not have an office or place of business in the United States, check this box has is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the lift is for part of the group, check this box and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untary and EINs of all story the organization return for the organization named a story the organization's return for.	members the extension will cover.
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