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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Department of the Treasu Internal Revenue Service 03/01 , 2010, and ending 02/28, 2011 For calendar year 2010, or tax year beginning G Check all that apply Initial return Initial return of a former public charity Final return X Address change Amended return Name change Name of foundation A Employer identification number THE BOISI FAMILY FOUNDATION 13-3165815 Room/suite Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see page 10 of the instructions) C/O BCRS ASSOCIATES, LLC (212) 440-0800 77 WATER STREET, 9TH FLOOR if exemption application is pending, check here City or town, state, and ZIP code 1. Foreign organizations, check here NEW YORK, NY 10005 2 Foreign organizations meeting the 85% test check here and attach H Check type of organization | X | Section 501(c)(3) exempt private foundation computation . . . Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated J Accounting method | X Cash Fair market value of all assets at end under section 507(b)(1)(A) check here . > Other (specify) of year (from Part II, col. (c), line If the foundation is in a 60-month termination 1,229,328. (Part I, column (d) must be on cash basis) 16) ▶ \$ under section 507(b)(1)(B), check here . > Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per ıncome income may not necessarily equal the amounts in purposes books column (a) (see page 11 of the instructions) (cash basis only) 1,053,000. Contributions, gifts, grants, etc, received (attach schedule)

If the foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments 1,120 1,120. 0. ATCH 1 Dividends and interest from securities b Net rental income or (loss) _ -302,5766 a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a NONE Capital gain net income (from Part IV, line 2). ÇΫ Ő Net short-term capital gain . . Ó Income modifications . 10 a Gross sales less returns and allowances · · · AGAL b Less Cost of goods sold . c Gross profit or (loss) (attach schedule) 46,187 187. 0. ATCH Other income (attach schedule) 797,731 1,307 Ō. Total. Add lines 1 through 11 . 13 Compensation of officers, directors, trustees, etc 50,000 Ō. 0. 50,000. 14 Other employee salaries and wages Expenses 3,411 n 0. 3,411. 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) ATCH 3 11,500. 5,750. Ō. 5,750. Other professional fees (attach schedule) . . . Administrative 177/4 Interest.......... 16,000 0 0 Ō. Taxes (attach schedule) (see page 14 of the instructions) 181 Depreciation (attach schedule) and depletion. Travel, conferences, and meetings Printing and publications Other expenses (attach schedule) ATCH 5 446. 45. 0. 401 Total operating and administrative expenses. 81,357 5,795 0 59,562. Add lines 13 through 23 25 1,457,062 1,457,062. Contributions, gifts, grants paid 1,538,419 5,795. Ō. 1,516,624. Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12. -740,688 a Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) 0. c Adjusted net income (if negative, enter -0-). .

For Paperwork Reduction Act Notice, see page 30 of the instructions. 0E1410 1 000 7/12/2011 11:33:24 AM V 10-6.4

ATCH 4 JSA

COPY

Cash - non-interest-bearing	В	art II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
2 Saverigs and temporary cash investments	<u></u>			amounts only (See instructions)			
Less allowance for doubtful accounts ► Less allowance for doubtful accounts ► Priceges receivable Less allowance for doubtful accounts ► S Graits receivable 6 Receivables due from officers, directors, trustees, and other disputation of the description of the description of the networks of the ne		1	Cash - non-interest-beam	ing			·
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4 Piedage recovable		3	Accounts receivable				
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b investments - corporate bonds (attach schedule). 1 c investments - depreciation	ă			,			
b investments - corporate bonds (attach schedule). 1 c investments - depreciation	\S9	1					
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Investments - Lond, buildings, Loss accommisted deprecation			•				
Less accommutated depreceation (articula based control and based			Investments - land, buildings	5,			
11 Investments - mortgage loans			Less accumulated depreca	ation			
Land, buildings, and		4.2	(attach schedule)	loans			
Land, buildings, and	i	12	Investments - mongage	ach schedule) ATCH 7	614,576.	51,631,	1.066.607
Less accumulated depreciation Less accumulated depreciati	i	14	Land, buildings, and	.			
15 Total assets (to be completed by all filers - see the instructions Also, see page 1, item 1)			equipment basis Less accumulated deprecia	ation			
16 Total assets (to be completed by all filers - see the instructions Also, see page 1, item i)		15	(attach schedule)				
Instructions Also, see page 1, item 1) 688, 246 202, 799 1,229, 328	i						
17 Accounts payable and accrued expenses 609 609 609 19 19 Deferred revenue 20 Loans from officers, directors, frustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ▶		l	•	• •	688.246.	202.799	1,229,328
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Total liabilities (add lines 17 through 22) 609 .	2:						
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31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	5	24					
31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	를	25	•				
31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	ø	26					
31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	Ĕ		Foundations that do	not follow SFAS 117,			
31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	T.				697 637	202 100	
31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	8	27	•	, , , , , , , ,	007,037.	202,190.	
31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	set	28					
31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	Asi	29	<u>-</u> ·				
31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	Ħ	30			607 637	202 100	
of the instructions)	Z				007,037.	202,190.	
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► ATTACHMENT 8 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 O 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6				` ' '	600 246	202 700	
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Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 202,190						4	202,190.
							0.
	<u>6</u>	Total	net assets or fund ba	alances at end of year (line 4 minus l	line 5) - Part II, column (b),	, line 30 6	

Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
• •	d describe the kind(s) of property sold (rick warehouse, or common stock, 200	- ·	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a SEE PART IV SCHE	DULE				
b					
С			<u></u>		
d					
e		·		<u> </u>	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
<u>a</u>					
<u>b</u>			ļ		
c					
_d			ļ		
<u>e</u>					
Complete only for assets	showing gain in column (h) and owne	d by the foundation on 12/31/69		Gains (Col. (h) g	
(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	col	(k), but not less to Losses (from co	
<u>a</u>			<u> </u>		
b					
<u>c</u>					
d					
_e		<u> </u>	 		
2 Capital gain net income or	(net canital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2	.	302,576.
· -	or (loss) as defined in sections 12 line 8, column (c) (see pages 13				
	ine 8		3		NONE
		duced Tax on Net Investment I	ncome		700.00
	the section 4942 tax on the distrib	outable amount of any year in the b	ase peno	J ?	Yes X No
	not qualify under section 4940(e)				
	ount in each column for each year	, see page 18 of the instructions be	fore mak		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution re (col (b) divided by	∞(c))
2009	815,018.	1,103,372.	ļ		0.738661
2008	1,108,483.	2,960,221.			0.374460
2007	1,062,543.	4,172,170.			0.254674
2006	765,848.	3,802,518.			0.201405
2005	2,050,472.	4,484,008.			0.457286
2 Total of line 1, column (d)		• • • • • • • • • • • • • • • • • • • •	2	·····	2.026486
-	for the 5-year base period - divide fation has been in existence if less		3		0.405297
4 Enter the net value of non	charitable-use assets for 2010 fro	m Part X, line 5	4	1,	065,227.
5 Multiply line 4 by line 3			5		431,733.
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		0.
7 Add lines 5 and 6			7	· · · · · · · · · · · · · · · · · · ·	431,733.
8 Enter qualifying distribution If line 8 is equal to or gree Part VI instructions on page	eater than line 7, check the box i	n Part VI, line 1b, and complete t	8 hat part		516,624. crate See the

Form	990-PF (2010) 13-3165815			Page 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	struction	ons)
1a	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 ruling letter if necessary - see instructions)	,		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0.
6	Credits/Payments			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6, 582.			
b	Exempt foreign organizations-tax withheld at source 6b 0.		•	
C	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
ď	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d		6,5	582.
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		6,5	82.
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 6,582. Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1 a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1 b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		`	
	published or distributed by the foundation in connection with the activities	1		
C	Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	·	\ \	
	(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	i '		
	on foundation managers > \$	'		ļ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	1		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X	ļ
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	X	
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	r,	, ,	٠.
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	ļ [,]		}
	conflict with the state law remain in the governing instrument?	_6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) > NY,	! 		
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	8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		x

3 b

b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

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

Х

Pai	rt VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		_
5 a	During the year did the foundation pay or incur any amou	int to				
	(1) Carry on propaganda, or otherwise attempt to influer		1 4945(e))?	Yes X No	· 1′ [
	(2) Influence the outcome of any specific public election	(see section 4955), (or to carry on,		1 1	1
	directly or indirectly, any voter registration drive?			Yes X No	,	
	(3) Provide a grant to an individual for travel, study, or other				,)
	(4) Provide a grant to an organization other than a chart	• •				İ
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?	•		Yes X No	,	
	(5) Provide for any purpose other than religious, charital					
	purposes, or for the prevention of cruelty to children of	•		Yes X No	.	i
.	If any answer is "Yes" to 5a(1)-(5), did any of the trans			· —		
U	Regulations section 53 4945 or in a current notice regard		· · · · · · · · · · · · · · · · · · ·		5ь	N/A
	Organizations relying on a current notice regarding disast	•		· —	· · ** 	
_					} }	1
С	If the answer is "Yes" to question 5a(4), does the foundation to the second of the second three	•	4 I I I	· Tvos Talo		1
	because it maintained expenditure responsibility for the gi		: ://:	. Tres The	'	1
	If "Yes," attach the statement required by Regulations sec					ł
6 a	Did the foundation, during the year, receive any funds, o	•		Yes X No	1 1	- }
_	on a personal benefit contract?				1 1	V
þ	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contrac	^{;†?}	6b	X
	If "Yes" to 6b, file Form 8870					
	At any time during the tax year, was the foundation a pa		•			
	If "Yes," did the foundation receive any proceeds or have					N/A
Pai	Information About Officers, Directors and Contractors	, Trustees, Foun	dation managers,	Highly Paid Empid	oyees,	
1	List all officers, directors, trustees, foundation m			page 22 of the instru	uctions).	
		(b) Title and element	/ 100			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (if not paid, enter	(d) Contributions to	(e) Expense	
	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense a other allow	
		hours per week	-0-)	employee benefit plans and deferred compensation		
ΑŢ	(a) Name and address TACHMENT 9	hours per week	(c) Compensation (If not paid, enter 0-)	employee benefit plans		
ΑŢ		hours per week	-0-)	employee benefit plans and deferred compensation		
ΑŤ		hours per week	-0-)	employee benefit plans and deferred compensation		
AT		hours per week	-0-)	employee benefit plans and deferred compensation		
AT		hours per week	-0-)	employee benefit plans and deferred compensation		
AT		hours per week	-0-)	employee benefit plans and deferred compensation		
	TACHMENT 9	hours per week devoted to position	0.	employee benefit plans and deferred compensation	other allow	
		hours per week devoted to position	0.	employee benefit plans and deferred compensation	other allow	
2	TACHMENT 9 Compensation of five highest-paid employees (other mone, enter "NONE."	hours per week devoted to position her than those inc (b) Title, and average	0.	e page 23 of the inst (d) Contributions to employee benefit	ructions).	0 account,
2	TACHMENT 9 Compensation of five highest-paid employees (ot	hours per week devoted to position	0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	other allow	0 account,
2	TACHMENT 9 Compensation of five highest-paid employees (other mone, enter "NONE."	her than those inc	0.	e page 23 of the inst (d) Contributions to employee benefit	ructions).	0 account,
2 (a	TACHMENT 9 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc	0. luded on line 1 - se	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 account,
2 (a	TACHMENT 9 Compensation of five highest-paid employees (other mone, enter "NONE."	her than those inc	0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred compensation	ructions).	account, ances
2 (a	TACHMENT 9 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc	0. luded on line 1 - se	e page 23 of the inst (d) Contributions to employee benefit plans and deferred compensation	ructions).	account, ances
2 (a	TACHMENT 9 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc	0. luded on line 1 - se	e page 23 of the inst (d) Contributions to employee benefit plans and deferred compensation	ructions).	account, ances
2 (a	TACHMENT 9 Compensation of five highest-paid employees (ot if none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc	0. luded on line 1 - se	e page 23 of the inst (d) Contributions to employee benefit plans and deferred compensation	ructions).	account, ances
2 (a	TACHMENT 9 Compensation of five highest-paid employees (other in the standard of the standard	her than those inc	0. luded on line 1 - se	e page 23 of the inst (d) Contributions to employee benefit plans and deferred compensation	ructions).	account, ances
2 (a	TACHMENT 9 Compensation of five highest-paid employees (other in the standard of the standard	her than those inc	0. luded on line 1 - se	e page 23 of the inst (d) Contributions to employee benefit plans and deferred compensation	ructions).	account, ances
2 (a	TACHMENT 9 Compensation of five highest-paid employees (other in the standard of the standard	her than those inc	0. luded on line 1 - se	e page 23 of the inst (d) Contributions to employee benefit plans and deferred compensation	ructions).	account, ances
2 (a	TACHMENT 9 Compensation of five highest-paid employees (other in the standard of the standard	her than those inc	0. luded on line 1 - se	e page 23 of the inst (d) Contributions to employee benefit plans and deferred compensation	ructions).	account, ances
(a	TACHMENT 9 Compensation of five highest-paid employees (other in the standard of the standard	her than those inc	0. luded on line 1 - se	e page 23 of the inst (d) Contributions to employee benefit plans and deferred compensation	ructions).	account, ances

Pa	rt VIII	Information About Officers, Directors, Trustees, Foundation Manand Contractors (continued)	agers, Highly Paid Employ	rees,
3	Five h	ighest-paid independent contractors for professional services (see page	23 of the instructions). If no	ne, enter "NONE."
		(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NO	NE			
	-			0
	-			
Tota	al numbe	er of others receiving over \$50,000 for professional services		NONE
Pa	rt IX-A	Summary of Direct Charitable Activities		
		dation's four largest direct charitable activities during the tax year. Include relevant statistical and other beneficianes served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1	PLEAS	E NOTE THAT THE FOUNDATION IS NOT INVOLVED IN AN	Y	
	DIREC	T CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS	TO	
•	SUPPO	RT, BY CONTRIBUTIONS, OTHER ORGANIZATIONS EXEMPT	UNDER	0 .
2	INTE	NAL REVENUE CODE SECTION 501(C)(3).		
3				
•				
4				
Pa	rt IX <u>-B</u>	Summary of Program-Related Investments (see page 24 of the in	nstructions)	
		two largest program-related investments made by the foundation during the tax year on lines 1 an	d 2	Amount
1	N/A			
	/-			
2	N/A			
	- -			^
	other pro-	gram-related investments. See page 24 of the instructions		0.
	N/A	rain-related integration. See page 24 of the manuscripts		
J				

0.

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions)	gn foundatioi	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	1	
а	Average monthly fair market value of securities	а	29,526.
b	Average of monthly cash balances	1 b	104,993.
C	Average of monthly cash balances Fair market value of all other assets (see page 25 of the instructions)	1c	946,930.
d	Total (add lines 1a, b, and c)	1d	1,081,449.
e	Total (add lines 1a, b, and c) 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	0.
_		3	1,081,449.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	16,222.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,065,227.
6	Minimum investment return. Enter 5% of line 5	6	53,261.
Pa	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ ☐ and do not complete this private in the private		
1	Minimum investment return from Part X, line 6	1	53,261.
2 a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI) 2b	1	
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	53,261.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	53,261.
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	53,261.
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
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	1,516,624.
b	Program-related investments - total from Part IX-B	1 b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3 b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,516,624.
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	1,516,624.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years	culating whet	her the foundation

Forn	n 990-PF (2010)		13-33	165815	Page 9
Pa	irt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7	* , ,			53,261.
2	Undistributed income, if any, as of the end of 2010		4		,
а	Enter amount for 2009 only	The same of the sa		NONE	•
b	Total for pnor years 20,20,20			, , ,	·
3	Excess distributions carryover, if any, to 2010			, ',	
а	From 2005 1,829,700.				
b	From 2006 581, 514.				
С	From 2007 853, 968. From 2008 960, 530.				
d					
е	From 2009 760, 281.				
f	Total of lines 3a through e	4,985,993.			
4	Qualifying distributions for 2010 from Part XII,				
	line 4. ► \$ 1,516,624.				
а	Applied to 2009, but not more than line 2a	, ,,,,,			
					
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				
d	Applied to 2010 distributable amount				53,261.
е	Remaining amount distributed out of corpus	1,463,363.			
5	Excess distributions carryover applied to 2010				
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a)) Enter the net total of each column as				
	indicated below:	· · · · ·	. 1		
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,449,356.			
b	Prior years' undistributed income Subtract	,			
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been	· : :		* , ` '	
	issued, or on which the section 4942(a) tax has			()	
	been previously assessed				
d	Subtract line 6c from line 6b Taxable				
_	amount - see page 27 of the instructions				
е	Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions			NONE	
f	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1. This amount must be		*		
_	distributed in 2011	-			NONE
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the	,	•		,
	instructions)	NONE			· · · · · · · · · · · · · · · · · · ·
8	Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)	1,829,700.			
9	Excess distributions carryover to 2011.				
	Subtract lines 7 and 8 from line 6a	4,619,656.			
10	Analysis of line 9				
a	Excess from 2006				
b	Excess from 2007 853, 968.				
C	Excess from 2008 960,530 .]	
d	Excess from 2009				
	Excess from 2010 1,463,363.				

rm 990-F		ating Foundations (s	see name 27 of the		t VII-A guest	ion 9\ N∩T	Page 10 APPLICAB
						1011 9) 1101	TILL DICKD
		eceived a ruling or de i is effective for 2010, en		•	ating		
		ether the foundation is a				4942(j)(3) or	4942(j)(5)
Onco	ווייי טובטונוויייי טו גטט אל	Tax year	private operating round	Prior 3 years		10 1=0/(0/ 0.	
	the lesser of the ad- net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007		(e) Total
•	e minimum investment	(4) 20 10	(6) 2000	(0) 2000	(0,250.		
retum year li	from Part X for each				1)	
-	of line 2a			Ų			
	ying distributions from Part						
XII, lin	e 4 for each year listed						
used d	nts included in line 2c not lirectly for active conduct mpt activities						
	ying distributions made						
exemp	y for active conduct of it activities. Subtract line im line 2c						
Comple	ete 3a, b, or c for the						
	ative test relied upon is" alternative test - enter						
	/alue of all assets					1	
(2) ∨ u	/alue of assets qualifying inder section						
	942(j)(3)(B)(i)						
enter :	2/3 of minimum invest-					i	
	return shown in Part X, for each year listed				1		
	ort" alternative test - enter						
	otal support other than				1		
-	ross investment income interest, dividends, rents,					1	
	ayments on securities				1		
ło	pans (section 512(a)(5)),						
(2) S	r royalties) Support from general						
	ublic and 5 or more xempt organizations as						
P	rovided in section 4942	1			1	İ	
	(3)(B)(iii)						
`´p	ort from an exempt					}	
	rganization Pross investment income						
art XV		ry Information (Co	mplete this part	only if the found:	ation had \$5	000 or me	ore in asset
		uring the year - see			ation nad v e	,,000 01 1110	ore in asset
Infor		Foundation Managers	<u></u>				
List	any managers of t	he foundation who ha	ve contributed more	than 2% of the tota	I contributions	received by t	he foundation
		tax year (but only if the					
	ATTACHME	NT 11					
List		the foundation who o	wn 10% or more of	the stock of a corpo	oration (or an	equally large	portion of the
	•	ship or other entity) of		•	•	- 4,9-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	NONE						
	<u> </u>	Contribution, Grant,		• •			-
Chec	ck here ▶ 🔀 ıf th	ne foundation only m	akes contributions	to preselected charit	table organizat	tions and doe	es not accept
unsc	olicited requests for	or funds. If the found ner conditions, complet	ation makes gifts, g	rants, etc (see page	28 of the in	structions) to	individuals of
The	name, address, an	nd telephone number o	f the person to whom	n applications should be	e addressed.		
The	form in which appli	cations should be sub	mitted and information	on and materials they	should include		
Any:	submission deadlin	nes'					
Any		mitations on awards,	such as by geogra	phical areas, charita	ble fields, kind	ds of instituti	ons, or othe

Form 990-PF (2010)			13-	-3165815	Page 12
Part XVI-A Analysis of Income-Produ	icing Activ	vities			
Enter gross amounts unless otherwise indicated	 _	ated business income	Excluded by	y section 512, 513, or 514	(e)
·	(a) Business code	(b)	(c) Exclusion code	(d)	(e) Related or exempt function income (See page 28 of the instructions)
1 Program service revenue			 		the mandetons)
a	 		 		
b					
d					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments				1 100	
4 Dividends and interest from securities	<u> </u>		14	1,120.	
5 Net rental income or (loss) from real estate	<u> </u>				
a Debt-financed property			 		
b Not debt-financed property					
6 Net rental income or (loss) from personal property			ļ		
7 Other investment income			18	-302,576.	
8 Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events			 	302,0101	
10 Gross profit or (loss) from sales of inventory.	<u> </u>		-		·
11 Other revenue: a					
b ORD. INCOME - K-1S	523000	46,000.	01	187.	
c					
d					
е					
12 Subtotal Add columns (b), (d), and (e)		46,000.		-301,269.	
13 Total. Add line 12, columns (b), (d), and (e)				13	-255,269.
(See worksheet in line 13 instructions on page 29					
Part XVI-B Relationship of Activities					
Line No. Explain below how each activity					
accomplishment of the foundati	on's exemp	or purposes (other than	by providing	g tunas for such purpose	s). (See page 29 of the
				· · · · · · · · · · · · · · · · · · ·	
					·
					
		N/A		· · · · · · · · · · · · · · · · · · ·	
		-			
				··	
	· · · · · ·			 	
					
					
	<u> </u>				
		<u> </u>			
		·			
		······································			Form 990-PF (2010)

Part	XVII	Information Exempt Orga		ransf	ers To ar	nd Transa	actic	ons a	ind R	elatio	onsh	ips V	/ith N	lonc	hari	table
1	Did the	organization directl		engage	in any of	the follows	ng w	ith an	y othe	r orga	anızatı	on des	cribed		Yes	No
	ın sect	ion 501(c) of the C	ode (other than	n sectio	n 501(c)(3)	organization	s) or	in se	ection 5	527, r	elating	g to po	litical		١.	
	organiza	ations?														Ì
a	Transfe	rs from the reporting f	oundation to a n	oncharit	able exempt or	rganization of	:							,		
-	(1) Cas	h												1a(1)		X
	(2) Oth	er assets												1a(2)		X
		ansactions														v
		es of assets to a noncl												1	i	X
		chases of assets from												1	i	X
		ital of facilities, equipm														X
		mbursement arrangeme													l .	X
		ns or loan guarantees formance of services o													I	X
		of facilities, equipmen														X
		answer to any of													fair	market
		of the goods, other		•	•	•				• •		•				
		n any transaction of	•	•	•											
(a) Lir		(b) Amount involved	T		table exempt org		$\overline{}$					sactions,				
		N/A					N	I/A								
							<u> </u>									
							1									
							┦—									
							 									
							┼							.		
		 												_		
	-+						+-						-	_		
				·			†									
							 							_		
						•										
2 a	ls the	foundation directly	or indirectly a	ffiliated	with, or re	elated to, o	ne c	or mor	re tax-	exempl	t orga	anızatıor	ıs			
	describe	ed in section 501(c) of	the Code (other t	han sec	tion 501(c)(3)) or in section	n 527	?					[Ye	s 🗀	No
		complete the following	g schedule.	,												
/-		(a) Name of organization	n	<u> </u>	(b) Type of	organization				(c) Desc	nption of	relations	hip		
N/A	4			ļ				-								
				-							-					
			-)					-								
	Unde	r penalties of parjury,	eclare that I have	examined	this return, in	cluding accom	panvir	na sched	dules and	d staten	nents.	and to th	e best o	f my k	nowled	de and
Sign	l ballat	, it is true, correct, and cor	mplete Declaration	of prepar	er (other than to	axpayer or fidu	ciary) i	s based	on all inf	formation	on of w	hich prep	arer has	any kn	owledg	ė
Here	1	02	PX857.	H)>	n	\$	١١	120	l i		TRUS	STEE				
		gnature of officer or trust	ACT B			Date	1.	1		Title	e					
-		Print/Type preparer's	name	Pre	eparer's signa	ture	•		Date				F	TIN		
Paid					-\ ((50			17/2	1 h		Check [ıf			
Prep		JOSEPH J. BUI		<u> </u>	<u>J. J.</u>	, _			1,1,			self-emp		_		12
•			RS ASSOCIA								Firm's	EIN ▶	13-4	0781	47	
use	Only	Firm's address ▶ 77		-		OOR						_				
		1	NEW Y	URK,	NY			100	05	1	Phone	eno 2	12-4	40-0	800	

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

Employer identification number THE BOISI FAMILY FOUNDATION 13-3165815 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year _____ ▶ \$__ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Name of organization THE BOISI FAMILY FOUNDATION

Employer Identification number 13-3165815

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	GEOFFREY T. BOISI & NORINE I. BOISI C/O BCRS ASSOC, LLC; 77 WATER ST-9TH FL NEW YORK, NY 10005	\$125,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2 _	GEOFFREY T. BOISI & NORINE I. BOISI C/O BCRS ASSOC, LLC; 77 WATER ST-9TH FL	\$200,000.	Person X Payroll Noncash (Complete Part II if there is
	NEW YORK, NY 10005		a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3_	GEOFFREY T. BOISI & NORINE I. BOISI C/O BCRS ASSOC, LLC; 77 WATER ST-9TH FL NEW YORK, NY 10005	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	
No.	, ·		Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution)
	Name, address, and ZIP + 4 GEOFFREY T. BOISI & NORINE I. BOISI C/O BCRS ASSOC, LLC; 77 WATER ST-9TH FL	Aggregate contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution) (d)
(a)	Name, address, and ZIP + 4 GEOFFREY T. BOISI & NORINE I. BOISI C/O BCRS ASSOC, LLC; 77 WATER ST-9TH FL NEW YORK, NY 10005 (b)	\$25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	Name, address, and ZIP + 4 GEOFFREY T. BOISI & NORINE I. BOISI C/O BCRS ASSOC, LLC; 77 WATER ST-9TH FL NEW YORK, NY 10005 (b) Name, address, and ZIP + 4 GEOFFREY T. BOISI & NORINE I. BOISI C/O BCRS ASSOC, LLC; 77 WATER ST-9TH FL	\$ 25,000. (c) Aggregate contributions	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Name of organization THE BOISI FAMILY FOUNDATION

Employer identification number 13-3165815

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	GEOFFREY T. BOISI & NORINE I. BOISI C/O BCRS ASSOC, LLC; 77 WATER ST-9TH FL NEW YORK, NY 10005	\$125,000.	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)
(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)

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

OMB No 1545-0092

201**0**

Name of estate or trust Employer identification number THE BOISI FAMILY FOUNDATION 13-3165815 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (e) Cost or other basis (d) Sales price the entire year Subtract (e) from (d) (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) (see instructions) 1 a **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1 b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (f) Gain or (loss) for (b) Date acquired (c) Date sold (e) Cost or other basis (d) Sales once the entire year (mo, day, yr) (mo, day, yr) (see instructions) Subtract (e) from (d) 6a -302,576.6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts Capital gain distributions 9 Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss 11 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, -302,576. For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2010

Schedule D (Form 1041) 2010 Page						
Par	t III Summary of Parts I and II Caution: Read the instructions before completing this part	(1) Beneficiaries' t. (see instr.)	(2) Estate's or trust's	(3) Total		
13	Net short-term gain or (loss)	3				
4.4	Not long torm gain or (long):					

	Caution. Nead the instructions before completing this p	Jait.	(366 11311)	01 (103(3	
13	Net short-term gain or (loss)	13			
	Net long-term gain or (loss):				
a	Total for year	14a			-302,576.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b			
C	28% rate gain	14c			
15	Total net gain or (loss). Combine lines 13 and 14a	15			-302,576.

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

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of.

a The loss on line 15, column (3) or b \$3,000

16 (3,000)

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

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero

Caution: Skip this part and complete the worksheet on page 8 of the instructions if

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

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

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

Schedule D (Form 1041) 2010

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side Employer identification number 13-3165815 THE BOISI FAMILY FOUNDATION Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales price (see page 4 of the instructions) (e) Cost or other basis (see page 4 of the instructions) (b) Date (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold (f) Gain or (loss) acquired (mo, day, yr) Subtract (e) from (d) (mo , day, yr) 6a SEC 1231 G(L) THRU ALLIANCE RES PTRS LP 33. -33. LTCG(L) THRU TONTINE CAPITAL PTRS LP 20,290. -20,290. G(L) ON DISP OF TONTINE CAP PTRS LP 282,253. -282,253.

JSA 0F1222 1 000 Schedule D-1 (Form 1041) 2010

-302,576.

I FAMILY FOUNDATION
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description			or P	Date	Date sold	
Gross sale	Depreciation	Cost or	FMV	Adj. basis	Excess of	P	acquired Gain	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adı basis	Ц	or (loss)	
		SEC 1231 G()					-33.	
		LTCG(L) THR	U TONTINE C	CAPITAL PTRS	S LP		-20,290.	
		G(L) ON DISS 282,253.	P OF TONTIN	IE CAP PTRS	LP		-282,253.	
OTAL GAIN(L	oss)		• • • • • • • • • • • • • • • • • • • •				-302,576.	
							i	
								_

SUPPLEMENTARY STATEMENTS

PART: XV

LINE: 2

SUPPLEMENTAL INFORMATION

THE ORGANIZATION'S PRIMARY ACTIVITY IS TO SUPPORT, BY CONTRIBUTIONS, OTHER ORGANIZATIONS QUALIFYING FOR EXEMPTION UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE. THE TRUSTEES CHOOSE THESE ORGANIZATIONS BASED UPON THEIR KNOWLEDGE OF THE ORGANIZATIONS' ACTIVITIES NO CONTRIBUTIONS, GRANTS, GIFTS, LOANS OR SCHOLARSHIPS ARE MADE TO INDIVIDUALS THE ORGANIZATION DOES NOT PRESENTLY RECEIVE APPLICATIONS OR CONDUCT PROGRAMS FOR DONATIONS IN ITS ACTIVITIES

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

ADJUSTED NET INCOME		0
NET INVESTMENT INCOME	10. 1,015. 95.	1,120.
REVENUE AND EXPENSES PER BOOKS	1,015. 95.	1,120.
DESCRIPTION	DIVIDENDS FROM JP MORGAN TAX FREE MMF INTEREST THRU K-1S DIVIDENDS THRU K-1S	TOTAL

PAGE 18

FORM 990PF, PART I - OTHER INCOME

	- UBII
	K-1S K-1S
	THRU THRU
ION	INCOME
DESCRIPTION	ORDINARY ORDINARY

	ADJUSTED	NET	INCOME		
	NET	INVESTMENT	INCOME	187.	0.
REVENUE	AND	EXPENSES	PER BOOKS	187.	46,000.

46,187.

TOTALS

..

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	5,750.	5,750.
ADJUSTED NET INCOME	0.	0
NET INVESTMENT INCOME	5,750.	5,750.
REVENUE AND EXPENSES PER BOOKS	11,500.	11,500.
		TOTALS
DESCRIPTION	BCRS ASSOCIATES, LLC	

COPY

FORM 990PF, PART I - TAXES

CHARITABLE <u>PURPOSES</u>	0.	.0	•0
ADJUSTED NET INCOME	.0	0.	• 0
NET INVESTMENT INCOME	.0	0	0
REVENUE AND EXPENSES PER BOOKS	9,500.	6,500.	16,000.
DESCRIPTION	FEDERAL TAX PAID: BAL DUE W/	NYS CORP TAX PAID: BAL DUE W/ EXT FORM CT-13 FYE 2/28/10	TOTALS

PAGE 21

COPY

- OTHER EXPENSES FORM 990PF, PART I

CHARITABLE PURPOSES 250. 125.	401.
ADJUSTED NET INCOME 0.	0
NET INVESTMENT INCOME 0. 0.	45.
REVENUE AND EXPENSES PER BOOKS 250. 125. 26.	446.
DESCRIPTION NEW YORK STATE FILING FEE PUBLICATION NOTICE FEE BANK CHARGES PORTFOLIO DEDUCTIONS THRU K-1S	TOTALS

ATTACHMENT 5

ATTACHMENT

FORM 990PF, PART II - CORPORATE STOCK

ENDING BOOK VALUE BEGINNING BOOK VALUE DESCRIPTION

ENDING FMV

SEE LONG POSITION ATTACHED

TOTALS

12,851. 12,851.

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24,404.

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FORM 990PF, PART II - OTHER INVESTMENTS

ENDING	1,066,607.	1,066,607.
ENDING BOOK VALUE	51,631.	51,631.
BEGINNING BOOK VALUE	70,116. 544,460.	614,576.
DESCRIPTION	ALLIANCE RESOURCE PARTNERS LP TONTINE CAPITAL PARTNERS L.P. (FULLY DISP FYE 2/28/11)	TOTALS

ATTACHMENT 8

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

DESCRIPTION

AMOUNT

EXCESS OF FMV OVER FOUNDATION'S COST BASIS OF SECURITIES DISTRIBUTED TO QUALIFYING CHARITIES 255,241.

TOTAL

255,241.

13-3165815

ATTACHMENT 9

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

COMPENSATION	Ö	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE / PART-TIME	TRUSTEE / PART-TIME	GRAND TOTALS
NAME AND ADDRESS	GEOFFREY T. BOISI C/O BCRS ASSOCIATES, LLC 77 WATER STREET, 9TH FLOOR NEW YORK, NY 10005	NORINE I. BOISI C/O BCRS ASSOCIATES, LLC 77 WATER STREET, 9TH FLOOR NEW YORK, NY 10005	

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EXPENSE ACCT AND OTHER ALLOWANCES

CONTRIBUTIONS

TO EMPLOYEE

BENEFIT PLANS

COPY

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

ATTACHMENT 10	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	.0	0.
	COMPENSATION	50,000.	50,000.
	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR 15.00	TOTAL COMPENSATION
	NAME AND ADDRESS	ROBIN A. MELVIN 1432 N. ASTOR STREET CHICAGO, IL 60610	

COPY

ATTACHMENT 10

ATTACHMENT 11

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

GEOFFREY T. BOISI & NORINE I. BOISI; C/O BCRS ASSOCIATES, LLC 77 WATER STREET, 9TH FLOOR, NEW YORK, NY 10005

THE BOISI FAMILY FOUNDATION CHARITABLE CONTRIBUTIONS [CASH] FYE 2/28/2011

EIN: 13-3165815

DATE	CHECK#	CONTRIBUTION / CITY, STATE	 AMOUNT
3/12/2010	1345	NATIONAL LEADERSHIP ROUNDTABLE ON CHURCH MANAGEMENT WASHINGTON, DC	\$ 100,000.00
3/19/2010	1346	ST. BRIGID/OUR LADY OF HOPE REGIONAL SCHOOL WESTBURY, NY	1,000.00
3/22/2010	1347	SPENCE CHAPIN NEW YORK, NY	4,000.00
4/13/2010	1348	OLIVER SCHOLARS PROGRAM NEW YORK, NY	2,500.00
4/16/2010	1349	MENTOR/NATIONAL MENTORING PARTNERSHIP NEW YORK, NY	150,000.00
4/22/2010	1351	BOSTON COLLEGE BOSTON, MA	25,000.00
4/23/2010	1350	INNER-CITY SCHOLARSHIP FUND NEW YORK, NY	10,000.00
4/29/2010	1352	FADICA WASHINGTON, DC	7,500.00
5/27/2010	1361	ORDER OF MALTA, AMERICAN ASSOCIATION, USA NEW YORK, NY	1,500.00
6/2/2010	1360	JOHN F. KENNEDY LIBRARY FOUNDATION BOSTON, MA	5,000.00
6/3/2010	WIRE	NATIONAL LEADERSHIP ROUNDTABLE ON CHURCH MANAGEMENT WASHINGTON, DC	100,000.00
6/8/2010	1359	LIFT COMMUNITIES WASHINGTON, DC	5,000.00
6/10/2010	1358	CHAMINADE DEVELOPMENT FUND MINEOLA, NY	5,000.00
8/2/2010	1369	EMILY KRZYZEWSKI CENTER DURHAM, NC	250.00
8/11/2010	WIRE	NATIONAL LEADERSHIP ROUNDTABLE ON CHURCH MANAGEMENT WASHINGTON, DC	50,000.00
10/13/2010	1374	COMMUNITIES IN SCHOOLS ARLINGTON, VA	10,000.00
11/3/2010	1377	MENTOR/NATIONAL MENTORING PARTNERSHIP NEW YORK, NY	50,000.00
11/18/2010	1380	MUSIC CITY BOWL NASHVILLE, TN	15,000.00
12/16/2010	WIRE	ST. THOMAS MORE/YALE UNIVERSITY NEW HAVEN, CT	500,000.00
12/28/2010	WIRE	LIBRARY OF CONGRESS WASHINGTON, DC	25,000.00
1/7/2011	1384	CENTER FOR ADVANCING HEALTH WASHINGTON, DC	10,000.00

THE BOISI FAMILY FOUNDATION CHARITABLE CONTRIBUTIONS [CASH] FYE 2/28/2011

EIN: 13-3165815

t	DATE	CHECK #	CONTRIBUTION / CITY, STATE	AMOUNT
2/	9/2011	1390	GEORGETOWN UNIVERSITY	3,750.00
			WASHINGTON, DC	
2/	10/2011	1389	BOSTON COLLEGE	25,000.00
			BOSTON, MA	
2/2	23/2011	1391	NEW ENGLAND PROVINCE OF JESUITS	25,000.00
			WATERTOWN, MA	
			THRU ALLIANCE RESOURCE PARTNERS, L.P.	351.00
			SUB-TOTAL I	\$ 1,130,851.00

THE BOISI FAMILY FOUNDATION CHARITABLE CONTRIBUTIONS [NON-CASH] FYE 2/28/2011

EIN: 13-3165815

DATE	DONEE / DESCRIPTION OF GIFT	CITY, STATE	FMV
9/21/2010	MENTOR/NATIONAL MENTORING PARTNERSHIP 1,682 SHS. ALLIANCE RESOURCE PARTNERS LP	NEW YORK, NY	100,466 00 *
9/21/2010	NATIONAL LEADERSHIP ROUNDTABLE ON CHURCH MANAGEMEN 3,363 SHS ALLIANCE RESOURCE PARTNERS LP	IT WASHINGTON, DC	200,872 00 *
12/16/2010	FADICA 12,788 SHS BROADWIND ENERGY INC.	WASHINGTON, DC	24,873 00 *
		SUB-TOTAL II	\$ 326,211 00
		SUB-TOTAL I	1,130,851 00
		SUB-TOTAL II	326,211 00
	7	TOTAL CONTRIBUTIONS PAID **	\$ 1,457,062.00

^{*} THE FAIR MARKET VALUE OF THE STOCKS LISTED ABOVE HAS BEEN DETERMINED BY AVERAGING THE STOCK'S HIGH AND LOW FROM THE NEW YORK COMPOSITE PRICE QUOTATIONS AT THE DATES STATED ABOVE

^{**} ALL CONTRIBUTIONS WERE MADE TO THE GENERAL PURPOSE
FUND OF PUBLIC CHARITABLE ORGANIZATIONS THAT WERE
CLASSIFIED UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE
CODE

THE BOISI FAMILY FOUNDATION For the Period 2/1/11 to 2/28/11

0.00%	\$0.00	11,553.10	12,851.00	\$24,404.10		3,208.000	Total US Mid Cap/Smail Cap
		15715.90	6249.00	22,264.90	11 90	1,871.000	EXIDE TECHNOLOGIES 302051-20-6 XIDE
		<4162.80>	Ç305.∞	2,139.20	1 60	1,337 000	BROADWIND ENERGY INC 11161T-10-8 BWEN
							US Mid Cap/Small Cap
Yield	Estimated Annual Income Accrued Dividends	A Unrealized Gain/Loss	Tax Cost Adjusted Original	Market Value	Price	Quantity	

Form **8868**(Rev January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

	filing for an Automatic 3-Month Extension, of filing for an Additional (Not Automatic) 3-Mo					▶ 🏻
	mplete Part II unless you have already been g					8868.
a corporation 8868 to reconstructions	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition quest an extension of time to file any of the formsfers Associated With Certain Persona b). For more details on the electronic filing of the forms of the electronic filing of the file	al (not aut forms listed I Benefit (nis form, vi	omatic) 3-month extension of time. You had in Part I or Part II with the except Contracts, which must be sent to sit www.irs.gov/efile and click on e-f	You can el tion of For the IRS ir	ectronica m 8870, n paper	ally file Form Information format (see
A corporati Part I only	Automatic 3-Month Extension of Time ion required to file Form 990-T and reques	sting an a	utomatic 6-month extension—check			. ▶ 🗆
	ne tax returns.	ips, reliine	os, and trusts must use roim 7004 t	o request i	all exteri	sion or une
Type or	Name of exempt organization					ion number
print	BOISI FAMILY FOUNDATION			3-31658	<u> 15</u>	
File by the due date for	·					
filing your	City, town or post office, state, and ZIP code For					
return See instructions	NEW YORK, NY 10005	a loreign au	idless, see instructions			
	114E W 70KK, 147 10005					
Enter the Return code for the return that this application is for (file a separate application for each return)						
Application	Application Return Application Return					
(± · · · · · · · · · · · · · · · · · ·						Code
Form 990 01 Form 990-T (corporation)					07	
Form 990-	7	Form 1041-A			08	
Form 990-EZ 03 Form 4720					09	
Form 990-PF 04 Form 5227 10						10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069		,	11
Form 990-	T (trust other than above)	06	Form 8870			12
	s are in the care of ► BCRS ASSOCIATES e No. ► 212-440-0811		AX No.▶N/ <i>A</i>			
	nization does not have an office or place of bu				-	▶□
	r a Group Return, enter the organization's four				. If th	_
	e group, check this box ▶ □ . If i			. •	and at	
	e names and EINs of all members the extension		g. c.p., cc			
1 I req until for the	uest an automatic 3-month (6 months for a con OCTOBER 17 , 20 11 , to file the exen ne organization's return for:	poration re			The exte	ension is
	calendar year 20 or					
►IX	tax year beginning MARCH 1	, 20	10 , and ending FEBRUA	RY 28	, 20	<u>11</u> .
	e tax year entered in line 1 is for less than 12 m hange in accounting period	nonths, che	eck reason: 🔲 Initial return 🔃 Fir	nal return		
	s application is for Form 990-BL, 990-PF, 990 refundable credits. See instructions.	-T, 4720, c	or 6069, enter the tentative tax, less	any 3a	e	500.00
b If th	is application is for Form 990-PF, 990-T, 4 nated tax payments made. Include any prior ye			and		500.00
	nce due. Subtract line 3b from line 3a. Include yo			PS 3b	4	6,582.00
(Elec	ctronic Federal Tax Payment System). See instruc	tions		3с	\$	0.00
	you are going to make an electronic fund w	ithdrawal v	with this Form 8868, see Form 845			
payment ins					<u> </u>	
For Paperwo	ork Reduction Act Notice, see Instructions.		•	F	orm 8868	(Rev 1-2011)