

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

OMB No 1545 0052

2009

Department of the Treasury Internal Revenue Service

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

For cal	endar year 20	109, or ta	ax year beginni	ng	7/01	, 2009	, and ending	6	/30	, 2010	
G Ch	eck all that ap	ply [Initial return	Init	ial Retur	n of a former p	ublic charity			Fina	al return
		Ī	Amended ret	urn		Address	change [Nan	ne c	hange	
Use t	he			_					Α	Employer identification num	nber
IRS la	bel. The I		oll Family		ndatio	n			İ	54-1994813	
Otherv			r Road #30)2					В	Telephone number (see the	instructions)
prin or typ	ne. POCOM	ac, M	D 20854						l	301-299-4174	
See Spe	ecific								С	If exemption application is	pending, check here
Instruct	ions.								D	1 Foreign organizations, chec	k here
H C	heck type of o	organiza	tion: X Sec	ction 50	1(c)(3) e	xempt private	foundation		Ī	2 Foreign organizations meet	
[Section 494	17(a)(1)_	nonexempt cha	ritable t	trust 🗌	Other taxable	private founda	tion	_	here and attach computation	
I F	air market value o	f all asset	s at end of year	J Acc	counting	method X C	ash Acc	rual	E	If private foundation status under section 507(b)(1)(A)	
(1	from Part II, colun	ın (c), line	16)		Other (spe	ecify)			F	If the foundation is in a 60	
▶ \$		3,964,		(Part I	, column	(d) must be o	n cash basıs.)		<u> </u>	under section 507(b)(1)(B)	, check here
Part I			venue and		(a) R	evenue and	(b) Net inve	estme	nt	(c) Adjusted net	(d) Disbursements
	Expense	S (The	total of amount	s in	expens	ses per books	incom			income	for charitable
	sarılv equa	al the an	and (d) may not nounts in colum	neces- in (a)							purposes (cash basis only)
	(see the ir	structioi	ns))								(casir basis orny)
	1	— · · · · ·	grants, etc, received			779,583.	.				
	2 Ck - [undn is not req to a				ļ				
		t on savi vestmen	ings and tempo	rary		2,003.		2,00	13	2,003.	
			est from securities			108.		10		108.	
	5a Gross r	ents									
	b Net rental or (loss)	ıncome					Statemen	t 1			
R	6a Net gain/(sale of assets not or	n line 1Q							
E V	b Gross sale assets on		^{all} 1,000	<u>,000.</u>			<u> </u>				
E V			ome (from Part IV, lir	ne 2)							
N U			capital gain								
Ĕ		modific		VED							
	10 a Gross sale returns ar allowance	id s	RECE	V E D							
	b Less Cos goods sol	tof			Š						
			(att sqtbOV 0 8	2010							
	11 Other II	ncome (attach schedule					•			
		i									
	12 Total.	Add lines	s 1 t的@问法	N, \cup		781,694.		2,11	1.	2,111.	
	1		cers, directors, trust	ees, etc	<u> </u>	0.					
	1	, ,	aries and wages								
	li de la companya de	•	employee bene			14 170					7
A			chedule) See			14,173.		9 01	7		
M			tach sch) See	SL 3	<u> </u>	9,017.		9,01	. <i>/</i> .		
Ň	c Other pro	•	acii scii)		}						- ·
P Ś E T		ı h schedule)(se	Soo 9	Stm 4	-	80,924.	Ω	0,92	7/		
O PERAT		iation (a		JCIII 4		00, 324.	0	0, 52			
ÎÎ		d deplet					<u> </u>				
N V	20 Occupa										
			nces, and meet	ings							
A E N X D P			blications (attach schedi	دمار	-						
E	23 Other e		ee Stateme			3,279.		3,27	19.	,	
2	24 Total o		and administr								
∍ E S	expens	es. Add	Imes 13 throug	h 23		107,393.	9:	3,22	20.		
			grants paid Par			150,000.					150,000.
ŝ	26 Total e	xpenses	and disburser	nents.		257,393.	0	3,22	ο Λ	0.	150,000.
		es 24 an	from line 12:		 	231,333.	9.	J, ZZ	.υ.	υ.	130,000.
	a Excess	of reve	nue over expen	ises	<u> </u>		1				
	and dis	bursem	ents			524,301.					
	ľ		me (if negative, ente						0.		
	I C Adjusted	net income	e (if negative, enter-	-0-)	1		I			2,111.	i i

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)

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

5 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30

6 3, 964, 936.

(a) List and descri	be the kind(s) of property sold (e.g., ruse; or common stock, 200 shares ML	eal estate,	b) How acquired P — Purchase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A		, ,,	D — Donation	 	-
b				1	
				-	
d				 	
e				 	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	(loss) linus (g)
a				<u> </u>	
b					
_ с					
d					
е	<u> </u>				
Complete only for assets sho	wing gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Col	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (over column (j), if any		gain minus column (nan -0-) or Losses (fi	k), but not less rom column (h))
a					
b					
С			<u> </u>		-
d	<u> </u>				
e					w
2 Capital gain net income or (n3 Net short-term capital gain or	et capital loss). If gain, also If (loss), en (loss) as defined in sections 1222(5)	enter in Part I, line 7 ter -0- in Part I, line 7 and (6):	2		
• -	• • • • • • • • • • • • • • • • • • • •	¬			
in Part I, line 8	ne 8, column (c) (see the instructions)	i (loss), enter -u-	3		
	er Section 4940(e) for Reduce	d Tax on Net Investme	nt Income	•	
If 'Yes,' the foundation does not qu	ection 4942 tax on the distributable an alify under section 4940(e). Do not co	mplete this part.		Yes	X No
	t in each column for each year; see th		any entries		
(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use asse	ets (co	(d) Distributior Iumn (b) divided	
2008	52,353.	3,389	,830.		0.015444
2007	150.		,231.		0.003470
2006	150.	 	,647.	• .	0.003602
2005		40	,051.		
2004			,426.		
				1	
2 Total of line 1, column (d)			2		0.022516
3 Average distribution ratio for	the 5-year base period – divide the to on has been in existence if less than t	otal on line 2 by 5, or by the 5 years	3		0.004503
-	iritable-use assets for 2009 from Part		4		3,416,571.
5 Multiply line 4 by line 3			5		15,385.
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)		6		_
7 Add lines 5 and 6			7		15,385.
8 Enter qualifying distributions			8		150,000.
If line 8 is equal to or greater Part VI instructions	than line 7, check the box in Part VI,	line 1b, and complete that pa	art using a 19	% tax rate. See t	he

	1990-PF (2009) The Ingersoll Family Foundation 54-1994813		P	'age 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instruc	tions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter: (attach copy of letter if necessary - see instr.)			
ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V,			<u> </u>
	check here ► X and enter 1% of Part I, line 27b			
•	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			1
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
	foundations only. Others enter -0-).			<u>0.</u>
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-			<u>0.</u>
	Credits/Payments			1
	a 2009 estimated tax pmts and 2008 overpayment credited to 2009			- 1
	Exempt foreign organizations – tax withheld at source . 6b			1
	: Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld . 6d 6d]
_	Total credits and payments Add lines 6a through 6d			<u>0.</u>
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			0.
10	1			
	Enter the amount of line 10 to be: Credited to 2010 estimated tax			
	t VII-A Statements Regarding Activities		V	l Na
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	12	Yes	No X
	participate or intervene in any political campaign?	1 a		<u> </u>
ŀ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1ь		x
		10		<u> </u>
	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			
	Did the foundation file Form 1120-POL for this year?	1 c		X
•	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation (2) On foundation managers (3) On the foundation (4) On the foundation (5) On the foundation (6) On the foundation (7) On the foundation (8) On the foundation (9) On the foundation			
	(1) On the foundation \$ 0. (2) On foundation managers \$ 0. Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	1		
	foundation managers \blacktriangleright \$ 0.			
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 incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		X
48	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4b	N	/A
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	l i		
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	<u> </u>	12	ļ
_	with the state law remain in the governing instrument?	6	X	
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х	
8	Enter the states to which the foundation reports or with which it is registered (see the instructions) N/A			

t	o 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 <i>General Instruction G? If 'No,' attach explanation</i>	8b	Х	[
۵				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		X
	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names			
	and addresses	10		X
BAA	Fo	rm 99	0-PF	(2009)

the tax year beginning in 2009?

Х

Form 990-PF (2009) The Ingersoll Fami			54-199	94813 Page 6
Part VIIIB Statements Regarding Activiti	es for Which Form	1 4720 May Be Requ	uired (continued)	
5a During the year did the foundation pay or incu	r any amount to			
(1) Carry on propaganda, or otherwise attempt	t to influence legislatio	n (section 4945(e))?	Yes X	No
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ition drive?	n 4955), or to carry	. Yes X	
(3) Provide a grant to an individual for travel,	•		. Yes X	No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instri	rganization described uctions)	. Yes X	No
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	. Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?.	the transactions fail to a current notice regard	qualify under the exceptions disaster assistance	tions	5b N/A
Organizations relying on a current notice rega	rding disaster assistand	ce check here	▶ 🗌	36 N/A
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Region 1.	sibility for the grant?		N/A Yes	No
6a Did the foundation, during the year, receive air on a personal benefit contract?	ny funds, directly or ind	lirectly, to pay premiums	S Yes X	No
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	iums, directly or indirec	ctly, on a personal bene		6b X
7a At any time during the tax year, was the found	dation a party to a proh	nbited tax shelter transa	ction? Yes X	
b If yes, did the foundation receive any proceed	s or have any net incor	me attributable to the tra	ansaction?	7b N/A
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	mployees,
and Contractors				
1 List all officers, directors, trustees, foundation				TT. = .
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
William B. Ingersoll	Trustee	0.	0.	0.
10220 River Road # 302 Potomac, MD 20854	5.00			
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1— see ir	nstructions). If none, e	nter 'NONE.'
(a) Name and address of each employee	(b) Title and average		(d) Contributions to	(e) Expense account,
paid more than \$50,000	hours per week devoted to position	(c) companion	employee benefit plans and deferred compensation	other allowances
None				
Total number of other employees paid over \$50,000	<u> </u>		•	0
BAA	TEEA0306L (07/06/09		Form 990-PF (2009)

54-1994813

Page 7

Form 990-PF (2009) The Ingersoll Family Foundation

Adjusted qualifying distributions. Subtract line 5 from line 4

PartX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities. 1 a b Average of monthly cash balances 1 b ,084,952. c Fair market value of all other assets (see instructions) 1 c 2,383,648. 1 d d Total (add lines 1a, b, and c) 3,468,600. e Reduction claimed for blockage or other factors reported on lines 1a and 1c 0 (attach detailed explanation) 1 e 2 Acquisition indebtedness applicable to line 1 assets 3 3,468,600. Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1-1/2% of line 3 52,029. (for greater amount, see instructions) 416,571. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 170,829. Minimum investment return. Enter 5% of line 5 Part M. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and do not complete this part.) and certain foreign organizations check here 170,829. 1 Minimum investment return from Part X, line 6 1 2a Tax on investment income for 2009 from Part VI, line 5 2a b Income tax for 2009 (This does not include the tax from Part VI) 2b 2 c c Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 170,829. 4 Recoveries of amounts treated as qualifying distributions Add lines 3 and 4 5 170,829. 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1. 170,829. Part XIII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26150,000. 1 a 1 b **b** Program-related investments — total from Part IX-B 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3а **b** Cash distribution test (attach the required schedule) 3Ь 150,000. 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 (see instructions) 5

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 4940(e) reduction of tax in those years.

BAA

Form 990-PF (2009)

150,000.

6

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				170,829.
2 Undistributed income, if any, as of the end of 2009.				170,023.
a Enter amount for 2008 only			116,155.	
b Total for prior years: 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004.				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part				
XII, line 4 ► \$150,000.		_		
a Applied to 2008, but not more than line 2a	·····		116,155.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2009 distributable amount				33,845.
e Remaining amount distributed out of corpus	0.			33,013.
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the				
same amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed		0.		<u></u>
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
		0.1		
e Undistributed income for 2008. Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2009 Subtract lines]		
4d and 5 from line 1. This amount must be distributed in 2010				136,984.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

orm 990-PF (2009) The Ingersoll Far			\(\(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\	54-199481.			
Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A							
1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling							
b Check box to indicate whether the foundat	ion is a private ope	erating foundation of	described in section	4942(j)(3) or	4942(j)(5)		
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	-			
investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total		
b 85% of line 2a							
c Qualifying distributions from Part XII, line 4 for each year listed							
d Amounts included in line 2c not used directly for active conduct of exempt activities .					-		
 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(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					·		
Part XV	(Complete this	part only if the	organization ha	d \$5.000 or mo	re in		
assets at any time during th							
Information Regarding Foundation Managera List any managers of the foundation who have close of any tax year (but only if they have None		ore than 2% of the than \$5,000) (See	total contributions resection 507(d)(2))	eceived by the foun	dation before the		
b List any managers of the foundation who co	own 10% or more o	f the stock of a cor	rporation (or an equa	ally large portion of	the ownership of		
a partnership or other entity) of which the None	foundation has a 1	0% or greater inter	est		·		
Check here Y If the foundation only n	Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions.						
a The name, address, and telephone number	r of the person to	whom applications	should be addressed	1			
b The form in which applications should be s	submitted and infor	mation and materia	als they should inclu	de			
c Any submission deadlines							
d Any restrictions or limitations on awards, s	such as by geograp	hical areas, charita	ible fields, kinds of i	nstitutions, or other	factors:		

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	t	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
Name and address (home or business) a Paid during the year Brigham Young University 15 E. South Temple 2nd Floor East Salt Lake City, UT 84150	substantial contributor None		Endowment	150,000.
Total			▶ 3a	150,000.
b Approved for future payment	<u> </u>		- Sa	130,000.
Total			<u> </u>	L

Part XVI-A Analysis of Income-Producing Activities

Enter gross	s amounts unless otherwise indicated.		ed business income		d by section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income
_	ram service revenue:			code_		(see the instructions)
ь ——						
				 		
d						
				<u> </u>		
f				<u> </u>		
_	and contracts from government agencies bership dues and assessments .			 		
	st on savings and temporary cash investments			 		2,003.
	ends and interest from securities			1		108.
5 Net r	ental income or (loss) from real estate [.]					
	financed property			ļ		
	lebt-financed property					
	ntal income or (loss) from personal property r investment income			-		
	r (loss) from sales of assets other than inventory			 		
	ncome or (loss) from special events.			+		
	s profit or (loss) from sales of inventory					
11 Other	r revenue			<u> </u>	-	
				ļ		
				 		
		 		 		
e		1				
12 Subto	otal. Add columns (b), (d), and (e)					2,111.
13 Total	. Add line 12, columns (b), (d), and (e)				13	2,111.
13 Total	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca	alculations)			13	2,111.
13 Total (See works			ishment of Exemp	t Purp		2,111.
13 Total (See works	sheet in the instructions for line 13 to verify ca	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	
13 Total (See works Part XVI- Line No.	B Relationship of Activities to the	Accompl			oses	

Form 990-PF (2009) The Ingersoll Family Foundation 54-1994813 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

											Yes	No
	desci	he organization in ribed in section ! ing to political or	501(c) o	of the Code (o	ngage in any ther than secti	of the following voice 501(c)(3) org	vith any o anizations	ther organization or in section	on 527,			
			_		a noncharitab	le exempt organ	ization of					
	(1)					. 3				1a(1)		X
	(2)	Other assets								1 a (2)		X
	b Other	r transactions:										
	(1) S	Sales of assets to	o a none	charitable exe	empt organizat	ion				1 b (1)		Х
	(2) F	Purchases of ass	ets from	n a noncharita	able exempt or	ganization .				1 b (2)		Х
	(3) F	Rental of facilitie	s, equip	ment, or other	r assets			•		1 b (3)		Х
	(4) F	Reimbursement a	arranger	ments						1 b (4)		X
	(5) L	oans or loan gu	arantees	s						1 b (5)		Х
	(6) F	Performance of s	services	or membersh	ip or fundraisi	ng solicitations				1 b (6)	·	X
						ts, or paid emplo	yees.			1 c		Х
		-		_							•	
	the a	oods, other asse	ets. or s	ervices given	by the reporting	ng founďation. If	the found	ation received	ways show the fair n less than fair marke , or services receive	t value in	ue of	
(;	a) Line no.	1	_			empt organization			nsfers, transactions, and		ngemen	is
	/A			,,,		· ·		·	·		<u> </u>	
			**									
						,						
						• •						
								·			•	
	desci	e foundation dire	501(c) o	of the Code (o	ated with, or ri ther than secti	elated to, one or on 501(c)(3)) or	more tax in section	-exempt organi 527?	zations	Yes	: X	No
_	2 ,0	(a) Name of ord			(b) Tv	pe of organization	on .	10	c) Description of rela	ationshin		
N	/A		J		<u> </u>	po or organization			2, 2 3 3 3 1 p (10 17 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
_	·							ļ				
					••••							
_												
		, ,										
	Under pen	alties of perjucy, I dec	lare that	have examined th	is return, including	accompanying schedu	iles and state	ments, and to the b	est of my knowledge and b	elief, it is tru	e, correc	t, and
S	complete	pedagation of prepar	er (otber th	nan taxpayer or fid	luciary) is based on	all information of whi	ch preparer h	as any knowledge	- Trus	,		
I G N	Sign	ature of officer or trus	stee	7-01			Date	1 7	Title			
2 HEKE	Paid	Preparer's signature		Phas 2			Date	1/1/10	Check if (See	arer's Identify Signature in	the inst	
E	Pre- parer's	Firm's name (or	ROBER	- 1				1-1-	EIN >		111	
	Use	yours if self- employed),		MAMDALA	Y CT				1			
	Only	address, and ZIP code	ASHBU		0147-2836	5			Phone no ► (70	3) 724	-042	:0
B	AA	123 0000		- , · -				<u> </u>	1	Form 99		
												/

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization		Employer identification number					
The Ingersoll Family Foundation 54-1994813							
Organization type (check 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 pr	vate foundation					
	501(c)(3) taxable private foundation						
Check if your organization is covered by the Ge	eneral Rule or a Special Rule						
Note: Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a	Special Rule See instructions					
One and But-							
General Rule –	, or 990-PF that received, during the year, \$5,000 or more	(in manay as assaust) from any and					
contributor (Complete Parts I and II)	., or 990-Pr that received, during the year, \$5,000 or more	(in money or property) from any one					
, ,							
Special Rules –							
	000 000 57 11 1 11 22 1/20						
	orm 990 or 990-EZ, that met the 33-1/3% support test of the one contributor, during the year, a contribution of the greater of						
amount on (i) Form 990, Part VIII, line 1h o	r (II) Form 990-EZ, line 1. Complete Parts I and II	(.), 40,000 0: (2), 270 0: 110					
For a section 501(c)(7), (8), or (10) organize	ation filing Form 990 or 990-EZ, that received from any on	e contributor, during the year,					
aggregate contributions of more than \$1,00 prevention of cruelty to children or animals	0 for use exclusively for religious, charitable, scientific, lite	rary, or educational purposes, or the					
	, , ,						
contributions for use exclusively for religiou	ation filing Form 990 or 990-EZ, that received from any on s, charitable, etc, purposes, but these contributions did no	t aggregate to more than \$1,000 If					
this box is checked, enter here the total cor	ntributions that were received during the year for an <i>exclus</i>	rively religious, charitable, etc.					
	unless the General Rule applies to this organization becau	se it received nonexclusively					
religious, charitable, etc, contributions of \$5	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 S	chedule B (Form 990, 990-EZ, or					
990-PF, to certify that it does not meet the film	e 2 of their Form 990, or check the box on line H of its For g requirements of Schedule B (Form 990, 990-EZ, or 990-F	ता ५५०-६८, or on line ∠ of its Form °F)					
BAA For Privacy Act and Paperwork Reduction		ile B (Form 990, 990-EZ, or 990-PF) (2009)					
for Form 990, 990EZ, or 990-PF.	on Act House, see the manuctions School	ile 5 (1 off) 550, 550-E2, 01 550-F1 (2005)					

Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
Name of org	anization	Employer	identification number
	gersoll Family Foundation	54-19	994813
Pärte	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Potomac, MD 20854	\$779,583.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(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) Number	(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) Number	(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) Number	(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) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person

BAA

Payroll Noncash

(Complete Part II if there is a noncash contribution)

Page

of 1

of Part II

Name of organization

The Ingersoll Family Foundation

Employer identification number 54-1994813

F	<u>વતા 🛮 🔃</u>	Noncash	Property	(see	instructions.)
---	----------------	---------	-----------------	------	----------------

(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A		
	\$\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
	Description of noncash property given Description of noncash property given Description of noncash property given (b) Description of noncash property given Description of noncash property given	Description of noncash property given Description of noncash property given FMV (or estimate) (see instructions)

BAA

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

Employer identification number

The Ingersoll Family Foundation

54-1994813

Part III	<i>Exclusively</i> religious, charitable, e organizations aggregating more th	tc, individual contributionan \$1,000 for the year.(Co	ns to section omplete cols (a)	n 501(c)(7), (8), or (10) through (e) and the follow	ng line entry.)
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	total of exclusively religious, ch (Enter this information once –	naritable, etc, see instructions	s.) • \$	N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how git	,
	N/A				
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relatio	onship of transferor to tran	sferee
(a)	(b)	(c)		(d)	
No. from Part I	Purpose of gift	Use of gift		Description of how git	t is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how git	ít is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		it is held
					
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relatio	onship of transferor to tran	sferee
					-

2009	Federal Statements	Page 1
Client INGER	The Ingersoll Family Foundation	54-1994813
11/01/10		03:50PM
Statement 1 Form 990-PF, Part I, Line 6a Net Gain (Loss) from Noninven Assets Not Included in Part IV	tory Sales Per Books	
Description: Date Acquired: How Acquired: Date Sold: To Whom Sold: Gross Sales Price: Cost or Other Basis: Basis Method: Depreciation:	Part interest in Bull Run Hunt Club JV 9/23/2008 Donated 12/31/2009 Metro Mobile Home Management 1,000,000. 1,000,000. FMV 0. Gain (Loss)	0.
	Total \$	0.
Statement 2 Form 990-PF, Part I, Line 16a Legal Fees		
	(a) (b) Net (c) Expenses Investment Adjusted Per Books Income Net Income \$ 14,173. \$ 0. \$ 0. \$ 0. \$ 0.	(d) Charitable Purposes 0.
Statement 3 Form 990-PF, Part I, Line 16b Accounting Fees		
	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 9,017. \$ 9,017. Total \$ 9,017. \$ 9,017.	(d) Charitable Purposes 0.
Statement 4 Form 990-PF, Part I, Line 18 Taxes		
Federal excise taxes Real Estate taxes	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 342. \$ 342. 80,582. \$ 80,582. Total \$ 80,924. \$ 80,924. \$ 0. \$	(d) Charitable Purposes 0.

.

2009	Federal Statements	Page 2
Client INGER	The Ingersoll Family Foundation	54-1994813
11/01/10		03.50PM
Statement 5 Form 990-PF, Part I, Line 23 Other Expenses		
	(a) (b) Net (c) Expenses Investment Adjust per Books Income Net Income	ed Charitable
Bank fees – annual serv Insurance	ice fee \$ 150. \$ 150. 3,129. $3,129.$ $$ 3,279.$ $$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $$	0. \$ 0.
Statement 6 Form 990-PF, Part II, Line 10b Investments - Corporate Stoo	ks	
Corporate Stocks	Valuation Book Method Value	Fair Market Value
3074 shares of Host Hot		
Statement 7 Form 990-PF, Part II, Line 11 Investments - Land, Building	s, and Equipment	
Q. b	Accum. Book	Fair Market
<u>Category</u> Land	Basis Deprec. Value \$ 670,000. \$ 670,00 Total \$ 670,000. \$ 670,00	Value 0. \$ 670,000. 0. \$ 670,000.
Statement 8 Form 990-PF, Part III, Line 3 Other Increases		
Unrealized gain in the	value of securities . Tota	\$ 15,648. \$ 15,648.

. •