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Return of Private Foundation

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

Treated as a Private Foundation

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

OMB No 1545-0052

, 2009, and ending For calendar year 2009, or tax year beginning G Check all that apply: Initial return of a former public charity Final return Initial return Address change Amended return Name change Name of foundation A Employer identification number Use the IRS FOX FAMILY FOUNDATION 20-1789061 label. Otherwise, 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) print or type. (203) 966-8682 289 OENOKE RIDGE ROAD See Specific If exemption application is City or town, state, and ZIP code Instructions. pending, check here 1 Foreign organizations, check here NEW CANAAN, CT 06840 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 . of year (from Part II, col (c), line Other (specify) If the foundation is in a 60-month termination *16)* ▶ \$ 19,780. (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here . (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (c) Adjusted net (b) Net investment for charitable total of amounts in columns (b), (c), and (d) expenses per may not necessarily equal the amounts in ıncome income purposes books column (a) (see page 11 of the instructions) (cash basis only) 13,667 Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to 2 Check ▶ attach Sch B. 235 235 ATCH 3 Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) . 8 Net short-term capital gain . . Income modifications • Gross sales less returns and allowances 10 a b Less Cost of goods sold . c Gross profit or (loss) (attach schedule) Other income (attach schedule) 13,902 235 Total, Add lines 1 through 11 0 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages . . . 3 2010 Administrative Expenses 15 Pension plans, employee benefits 16a Legal fees (exact) seried Screenie)O b Ac c Other professional fees (attach scriedly) 17 : NOV 1 8 2010. 18 ttach schedule) (see page 14 of 19 Depreciation (attach schedu 20 Travel, conferences, and meetings. 21 22 Printing and publications 83 Operating Other expenses (attach schedule) ATCH 2. 23 24 Total operating and administrative expenses. 83 Add lines 13 through 23 312,000. 312,000 25 Contributions, gifts, grants paid 312,000. 312,083 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 -298,181 a Excess of revenue over expenses and disbursements 235. b Net investment income (if negative, enter -0-) -0c Adjusted net income (if negative, enter -0-).

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. 9E1410 2 000 18102G A10U 11/8/2010 8:37:54 AM V 09-8.5

Form 990-PF (2009) PAGE-

Part I	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End or	End of year		
		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1	Cash - non-interest-bear	ing					
2		cash investments	320,232.	19,780.	19,780		
3	Accounts receivable						
	Less allowance for dou	btful accounts ▶			_		
4							
1	Less: allowance for dou	btful accounts ▶					
5							
6		fficers, directors, trustees, and other			····		
		ach schedule) (see page 16 of the instructions)					
7		receivable (attach schedule)					
		btful accounts					
" 8							
Assets 0 0 a	Proposed expenses and d	e					
SSI		eferred charges					
7		e government obligations (attach schedule)					
		stock (attach schedule)					
11 6	Investments - corporate Investments - land, building	_ ` `					
1							
1	(attach schedule)	ation					
12	investments - mortgage	ioans					
13	Investments - other (atta	ach schedule)					
14		>					
	Less accumulated deprecia (attach schedule)	ation					
15	Other assets (describe	>)					
16		pleted by all filers - see the					
	instructions Also, see p	age 1, item I)	320,232.	19,780.	19,780		
17	Accounts payable and a	ccrued expenses		,			
18							
ပ္က 19							
Liabilities 20 21 20 21		ors, trustees, and other disqualified persons					
를 21		ites payable (attach schedule)					
تا ₂₂		• ►)					
	Other habilities (describe	· /					
23	Total liabilities (add line	es 17 through 22)					
+=-		low SFAS 117, check here ▶					
		24 through 26 and lines 30 and 31.					
s .	•	•					
Net Assets or Fund Balances 0 6 8 2 2 9 5 7 7 8 9 9 5 7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9							
<u>ह</u> 25							
<u>m</u> 26							
2		not follow SFAS 117,					
<u>ت</u> ا		plete lines 27 through 31. ▶ X					
5 27	Capital stock, trust prin	cipal, or current funds					
28	Paid-in or capital surplus, o	r land, bldg , and equipment fund					
S 29	Retained earnings, accum-	ulated income, endowment, or other funds	320,232.	19,780.			
30	Total net assets or fund	d balances (see page 17 of the					
<u>8</u>	instructions)		320,232.	19,780.			
31	Total liabilities and ne	assets/fund balances (see page 17					
		<u></u>	320,232.	19,780.			
Part I	Analysis of Cha	anges in Net Assets or Fund I	Balances				
		alances at beginning of year - Part II,		t agree with			
		d on prior year's return)			320,232		
	er amount from Part I,				-298,181		
		ad in the O (demise) .			<u> </u>		
			-		22,051		
# A00	rocco not malifal ta	line 2 (itemize) ▶ ATTACH	 МЕМТ 3		2,271		
o Tec	reases not included in	mile 2 (itemize) ATTACH	Inc E) Port II solum - (-)	5 S	19,780		
<u>0 1012</u>	ii net assets or fund ba	alances at end of year (line 4 minus l	ine 3) - Fart II, column (D), line 30 6	Form 990-PF (2009)		

	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
a					
<u>b</u>			<u> </u>		
c					
<u>d</u>			ļ		
<u>e</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	
a b			 		
c					
d					
9					
complete only for assets st	nowing gain in column (h) and ow	ned by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(i) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (ı) over col. (j), if any	col.	(k), but not less t Losses (from co	
5					
1					
)					
Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
Net short-term canital dain	or (loss) as defined in sections 12		- +	··	
	line 8, column (c) (see pages 13				
•					
		,			
art V Qualification Un or optional use by domestic	nder Section 4940(e) for Red private foundations subject to the	uced Tax on Net Investment Invest		me)	
Part V Qualification Unfor optional use by domestic section 4940(d)(2) applies,	c private foundations subject to the leave this part blank the section 4942 tax on the distril	uced Tax on Net Investment Investment Investor section 4940(a) tax on net investor outable amount of any year in the boundary of the boundary section.	ment inco	_	Yes X N
Part V Qualification Unfor optional use by domestic section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does in	the section 4940(e) for Red to private foundations subject to the leave this part blank the section 4942 tax on the distribution qualify under section 4940(e)	uced Tax on Net Investment In the section 4940(a) tax on net invest outable amount of any year in the b to Do not complete this part	ment inco	d? [Yes X N
For optional use by domestic section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does	c private foundations subject to the leave this part blank the section 4942 tax on the distributed qualify under section 4940(e) bunt in each column for each year	outable amount of any year in the boundary see page 18 of the instructions by	ment inco	d? [Yes X N
art V Qualification Unfor optional use by domestic section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does a Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in)	c private foundations subject to the leave this part blank the section 4942 tax on the distributor qualify under section 4940(e) bunt in each column for each year (b) Adjusted qualifying distributions	coutable amount of any year in the boundary see page 18 of the instructions boundary seems of the instructions of the instructions boundary seems of the instructions because of the instructions of the instructions because of the instructions of the instructions of the instructions of the instructions because of the instructions of the instructi	ment inco	d? (d) Distribution of (col (b) divided by	atro y col (c))
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rart V Qualification Unor optional use by domestic section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does in Enter the appropriate amount (a) Base period years calendar year (or tax year beginning in) 2008 2007 2006	c private foundations subject to the leave this part blank the section 4942 tax on the distribution qualify under section 4940(e) bunt in each column for each year (b) Adjusted qualifying distributions 826, 406. 246, 331. 38, 275.	outable amount of any year in the boundary see page 18 of the instructions boundary of nonchantable-use assets (c) Net value of nonchantable-use assets 520,865. 209,903. 384,727.	ment inco	d? (d) Distribution n (col (b) divided by	atio y col (c)) 1.586603 1.173547 0.099486
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Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

• By state legislation that effectively amends the governing instrument so that no mandatory directions that

8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

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

. By language in the governing instrument, or

instructions) ► CT,

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
•	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13		13	Х	
	Website address N/A			
14	The books are in care of ▶ RODMAN FOX Telephone no ▶ 203-966	-86	32	
	Located at ▶289 OENOKE RIDGE ROAD NEW CANAAN, CT ZIP+4 ▶ 06840			
15	The books are in care of ▶ RODMAN FOX Located at ▶289 OENOKE RIDGE ROAD NEW CANAAN, CT Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the year			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	т-	- -	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	ŀ		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government corrido, in terminating trialing of the correction of the			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	4.		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1 b	_	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1 c		Х
•	were not corrected before the first day of the tax year beginning in 2009?	1		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and	1		
a	6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	İ		
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2b		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business	1		
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2009.)	3b		<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	.		v
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X

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	nt to				
•	(1) Carry on propaganda, or otherwise attempt to influer		4945(e))?	Yes X No	,	
	(2) Influence the outcome of any specific public election	(see section 4955), o	or to carry on,			f
	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 chari			· <u> </u>		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (-		Yes X No	,	1
	(5) Provide for any purpose other than religious, charital				1 1	1
	purposes, or for the prevention of cruelty to children o			Yes X No	,	
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans			- —		
	Regulations section 53 4945 or in a current notice regard				5b	
	Organizations relying on a current notice regarding disast	J	, , ,	·		
c	If the answer is "Yes" to question 5a(4), does the foundation			· · · · · · · · · · · · · · · · · · ·		
-	because it maintained expenditure responsibility for the gi			Yes No	, [[
	If "Yes," attach the statement required by Regulations sect					
62	Did the foundation, during the year, receive any funds, d		nav premiume			
va	on a personal benefit contract?	•		Yes X No	,	
b	Did the foundation, during the year, pay premiums, direct			. — —	6ь	X
Ī	If "Yes" to 6b, file Form 8870	ary or mancony, on a	personal benefit contrat			
7 a	At any time during the tax year, was the foundation a pai	rty to a prohibited tax	shelter transaction?	Yes X No	,	
	If yes, did the foundation receive any proceeds or have a	•	•		 -	
	1 VIII Information About Officers, Directors					
	and Contractors					
1	List all officers, directors, trustees, foundation m	(b) Title, and average		(d) Contributions to	(e) Expense	e account
	(a) Name and address	hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans	other allo	
		hours per week devoted to position		employee benefit plans and deferred compensation		
ĀT	TACHMENT 5	hours per week devoted to position		employee benefit plans		
ĀT	TACHMENT 5	hours per week devoted to position	-0-)	employee benefit plans and deferred compensation		owances
ĀT		hours per week devoted to position	-0-)	employee benefit plans and deferred compensation		owances
ĀT	TACHMENT 5	hours per week devoted to position	-0-)	employee benefit plans and deferred compensation		owances
AT	TACHMENT 5	hours per week devoted to position	-0-)	employee benefit plans and deferred compensation		owances
AT	TACHMENT 5	hours per week devoted to position	-0-)	employee benefit plans and deferred compensation		owances
AT	TACHMENT 5	hours per week devoted to position	-0-)	employee benefit plans and deferred compensation		owances
	TACHMENT 5	devoted to position	0.	employee benefit plans and deferred compensation 0.	other allo	owances
2	TACHMENT 5 Compensation of five highest-paid employees (ot	devoted to position	0.	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit	tructions).	0 e account,
2	TACHMENT 5 Compensation of five highest-paid employees (other mone, enter "NONE."	ner than those inc	0 .	employee benefit plans and deferred compensation 0.	other allo	0 e account,
2	TACHMENT 5 Compensation of five highest-paid employees (other in the second state of the second state of the second seco	ner than those inc	0 .	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0 e account,
2	TACHMENT 5 Compensation of five highest-paid employees (other mone, enter "NONE."	ner than those inc	0 .	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0 e account,
2	TACHMENT 5 Compensation of five highest-paid employees (other in the second state of the second state of the second seco	ner than those inc	0 .	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0 e account,
2	TACHMENT 5 Compensation of five highest-paid employees (other in the second state of the second state of the second seco	ner than those inc	0 .	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0 e account,
2	TACHMENT 5 Compensation of five highest-paid employees (other in the second state of the second state of the second seco	ner than those inc	0 .	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0 e account,
2	TACHMENT 5 Compensation of five highest-paid employees (other in the second state of the second state of the second seco	ner than those inc	0 .	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0 e account,
2	TACHMENT 5 Compensation of five highest-paid employees (other in the second state of the second state of the second seco	ner than those inc	0 .	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0 e account,
2	TACHMENT 5 Compensation of five highest-paid employees (other in the second state of the second state of the second seco	ner than those inc	0 .	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0 e account,
2	TACHMENT 5 Compensation of five highest-paid employees (other in the second state of the second state of the second seco	ner than those inc	0 .	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0 e account,
2	TACHMENT 5 Compensation of five highest-paid employees (other in the second state of the second state of the second seco	ner than those inc	0 .	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0 e account,

Part VIII Information About Officers, Directors, Trustees, Foundation Mar and Contractors (continued)	nagers, Highly Paid Employ	/ees,
3 Five highest-paid independent contractors for professional services (see page 23	of the instructions). If none.	enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
NONE		
	}	
· · · · · · · · · · · · · · · · · · ·		
·		
		
otal number of others receiving over \$50,000 for professional services	<u></u>	▶ NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info	rmation such as the number	
of organizations and other beneficianes served, conferences convened, research papers produced, etc	maton sources the number	Expenses
1 N/A		
`		
2		
3		
		
4		
Part IX-B Summary of Program-Related Investments (see page 23 of the ins		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 are	nd 2	Amount
1 NONE		
2		· · · · · · · · · · · · · · · · · · ·
All other program-related investments See page 24 of the instructions		
3 NONE		
*		
		
Total. Add lines 1 through 3		

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundations	i,
1.	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
•	purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	124,937.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	124,937.
е			
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Outlined has Office Par 44	3	124,937.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
		4	1,874.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	123,063.
6	Minimum investment return. Enter 5% of line 5	6	6,153.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ☐ and do not complete this privations.	ate operating part.)	
1	Minimum investment return from Part X, line 6	1	6,153.
2 a	Tax on investment income for 2009 from Part VI, line 5 2a 2.		
b	Income tax for 2009 (This does not include the tax from Part VI.) 2b]	
С	Add lines 2a and 2b	2c	2.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,151.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	6,151.
6	Add lines 3 and 4 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	6,151.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1 4 0	312,000.
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	10	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		0.
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		0.
а	Suitability test (prior IRS approval required)	3a	0.
þ	Cash distribution test (attach the required schedule)	3b	312,000.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	312,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	2
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	2.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	311,998.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating v qualifies for the section 4940(e) reduction of tax in those years.	vhether the foun	dation

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Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				6,151.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	07 06 05				
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b	5rom 2005 803.761.				
С	From 2006 25, 115.				
d	From 2007 235, 988.				
е	From 2008 800, 601.				
f	Total of lines 3a through e	1,865,465.	•		
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$ 312,000.				
а	Applied to 2008, but not more than line 2a				
þ	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)			. <u>-</u>	
С	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				- 151
	Applied to 2009 distributable amount	205 040		 	6,151.
0	Remaining amount distributed out of corpus	305,849.			
5	Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same		<u></u>	<u>-</u> .	
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:	2 171 214			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,171,314.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
·	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				
е	amount - see page 27 of the instructions				
	4a from line 2a Taxable amount - see page		•		
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2010				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the instructions)	0.			
9	Excess distributions carryover to 2010.				
-	Subtract lines 7 and 8 from line 6a	2,171,314.			
10	Analysis of line 9				
	Excess from 2005 803, 761.				
	Excess from 2006 25, 115.				
С	Excess from 2007 235, 988.		ĺ		
d	Excess from 2008 800, 601.				
	Excess from 2009 305,849.				

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1 a	If the foundation has i	_			= 1	
·	foundation, and the ruling				- 1 1 -	
b	Check box to indicate wh		a private operating found		4942()(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	Justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(ь) 2008	(c) 2007	(d) 2006	
b	85% of line 2a					
С	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					
е	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					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter				·—·	
	(1) Total support other than gross investment income (interest, dividends, rents,					
	payments on secunties loans (section 512(a)(5)), or royalties)		<u> </u>			
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942					
	(3) Largest amount of sup- port from an exempt organization					
	(4) Gross investment income					<u></u>
Pa	at any time d	luring the year - se	e page 28 of the in	only if the found structions.)	ation had \$5,000	or more in assets
1	Information Regarding					
а	List any managers of the before the close of any	tax year (but only if t	have contributed mor hey have contributed	e than 2% of the tota more than \$5,000). (S	ee section 507(d)(2).)	ed by the foundation
	RODMAN FOX					
b	List any managers of ownership of a partner	the foundation who ship or other entity) c	own 10% or more of which the foundation	t the stock of a corport in has a 10% or greater	oration (or an equally interest	large portion of the
	N/A					
2	Information Regarding	Contribution, Gran	t, Gift, Loan, Scholars	nip, etc., Programs:		
	Check here ► X if the unsolicited requests for organizations under other contents.	or funds. If the four	ndation makes gifts, 🤉	grants, etc. (see page	table organizations a 28 of the instruction	and does not accept ons) to individuals or
a	The name, address, ar	nd telephone number	of the person to who	n applications should b	e addressed	
b	The form in which appl	ications should be su	bmitted and informati	on and materials they	should include.	
С	Any submission deadling	nes:			·	
	Any restrictions or lir	mitations on awa-da	euch as by accas	anhical areas charite	hle fields kinds of	institutions or other
u	factors:	manons on awards	, such as by geogra	apriivai aicas, Ciidilla	ible licius, kilius Ul	manunona, or onler

3 Grants and Contributions Paid During	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation		A
Name and address (home or business)	any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year		_	-	
	or substantial contributor		•	
				312,000.
b Approved for future payment	<u> </u>	<u></u>	▶ 3a	312,000.
& Approved for future payment				
Total		,		

er gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
ı <u></u> _					
·					
<u></u>					
<u> </u>					
Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash investments			14	235.	
Dividends and interest from securities					
Net rental income or (loss) from real estate		"-			
Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal property			-		
Other investment income	1				
Sain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events		·			
Gross profit or (loss) from sales of inventory					
Other revenue. a					
·					
·				····	
				225	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities	to verify calci	ulations)			
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 TXVI-B Relationship of Activities TRENO. Explain below how each activities the accomplishment of the fo	to verify calcusto the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	23 atributed important
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities le No. Explain below how each activities the accomplishment of the fo	to verify calcusto the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	23 atributed important
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Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 TXVI-B Relationship of Activities TRENO. Explain below how each activities the accomplishment of the fo	to verify calcusto the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	2:
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 TXVI-B Relationship of Activities TRENO. Explain below how each activities the accomplishment of the fo	to verify calcusto the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	2:
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Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 TXVI-B Relationship of Activities TRENO. Explain below how each activities the accomplishment of the fo	to verify calcusto the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	2:
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 TXVI-B Relationship of Activities TRENO. Explain below how each activities the accomplishment of the fo	to verify calcusto the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	2:
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Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 TXVI-B Relationship of Activities TRENO. Explain below how each activities the accomplishment of the fo	to verify calcusto the Ac	ulations) complishment of E	xempt Purp ed in column other than b	oses (e) of Part XVI-A con	2 atributed important
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions on page 28 TXVI-B Relationship of Activities e No. Explain below how each activities the accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	2 atributed important
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 TXVI-B Relationship of Activities TRENO. Explain below how each activities the accomplishment of the fo	to verify calcusto the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	2 atributed important
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Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 TXVI-B Relationship of Activities TRENO. Explain below how each activities the accomplishment of the fo	to verify calcusto the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	2. atributed important
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Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 TXVI-B Relationship of Activities TRENO. Explain below how each activities the accomplishment of the fo	to verify calcusto the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	2:
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 TXVI-B Relationship of Activities TRENO. Explain below how each activities the accomplishment of the fo	to verify calcusto the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	2:
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 TXVI-B Relationship of Activities TRENO. Explain below how each activities the accomplishment of the fo	to verify calcusto the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	2.3 atributed important
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 TXVI-B Relationship of Activities TRENO. Explain below how each activities the accomplishment of the fo	to verify calcusto the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	2:

Pa	rt XVII	Information F Exempt Orga		ransfers	To and	Transa	ctions	and R	elation	ships	With 1	Vonc	harit	able
1 a	ın se	ne organization directly ction 501(c) of the Co zations? ters from the reporting for	ode (other than	section 50	1(c)(3) orga	anızatıons)							Yes	No
		ash										1a(1)		X
	(2) O	ther assets										1a(2)		X
b		transactions										45.44		х
		ales of assets to a nonch urchases of assets from										1b(1)		X
		ental of facilities, equipme												X
		eimbursement arrangeme										1b(4)		Х
		ans or loan guarantees										1b(5)		Х
		erformance of services o										1b(6)		X
		ig of facilities, equipmen											L	X
d		answer to any of t												
		of the goods, other												
	value	in any transaction or	snaring arran	gement, sno	w in colun	nn (a) tn	e value	e or the	goods,	otner a	issets, or	service	es rec	eiveu
(a)	Line no	(b) Amount involved	(c) Name of	noncharitable e	exempt organiz	ation	(d) De	scription o	f transfers,	transaction	ons, and sha	пng arra	ngeme	nts
<u> </u>		N/A					N/A							
							_							
_														
	-	-												
					-						_			
											-			
										_				
				· · · · · · · · · · · · · · · · ·						<u>.</u>	-			
									_					
														
_	_													
	ls the	foundation directly or	indirectly affilia	ated with or	related to	one or m	nore tax	-exempt (rnanizati	ions des	cribed in		_	
2 a		n 501(c) of the Code (oth										MY.	es 🗔	No N
b		s," complete the following						,						
		(a) Name of organization	1	(b) Type of orga	nızatıon		_	(c) l	Description	on of relation	ship		
				<u> </u>										
								. 						
	Under	penalties of periury, I decla	are that I have ex	amined this re	tum, including	accompa	nying sch	edules and	statemen	ts, and t	o the best of	of my k	nowled	lge and
	belief,	it is true, confect and com	lete Declaration	of preparer (ot	her than taxp	ayer or fidu	ciary) is l	based on a	II informat	tion of wi	nich prepare	er has a	ny kno	wiedge
			\sim 1	\mathcal{D}	_		<u>_ n</u>	Giler	_	<u> </u>	<u>vg \</u>	<u>} </u>		
re	Sı	grature of officer or tractee					Date	1	T	tle				
Sign Here	Paid Preparer's Use Only	Preparer's	- Lu1/	1-c1	°A	Date /	P/10	Chec self-e	k if employed	▶□	Preparer's number (S page 30 of	ee Sign the inst	ature or	s)
S	Pak epai e O	Firm's name (or yours if	CBIZ	V		1 /	1.5		F	IN ▶ 3	34-1873		,	
	£ 5	self-employed), address,		9TH ST,		_								
		and ZIP code		APOLIS,	MN		5.	5402	Р	hone no.	612-3	39-7	811	

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 FOX FAMILY FOUNDATION 20-1789061 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 501(c)(3) exempt private foundation Form 990-PF 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 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). Schedule B (Form 990, 990-EZ, or 990-PF) (2009) For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

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

	anization

FOX FAMILY FOUNDATION

Employer identification number 20-1789061

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	RODMAN FOX 289 OENOKE RIDGE ROAD NEW CANAAN, CT 06840	\$\$	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.)

ATTACHMENT

- INTEREST ON TEMPORARY CASH INVESTMENTS PART I FORM 990PF,

NET INVESTMENT INCOME	235.	235.
REVENUE AND EXPENSES PER BOOKS	235.	235.
		TOTAL
DESCRIPTION	JP MORGAN	

ATTACHMENT 1

DESCRIPTION

US TREASURY

ATTACHMENT 2

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND EXPENSES

PER BOOKS

TOTALS

83.

83.

ATTACHMENT 3

FORM 9	90PF.	PART	III	- (OTHER	DECREASES	IN	NET	WORTH	OR	FUND	BALANCES
--------	-------	------	-----	-----	-------	-----------	----	-----	-------	----	------	----------

<u>DESCRIPTION</u> <u>AMOUNT</u>

PRIOR PERIOD ADJUSTMENT 2,271.

TOTAL 2,271.

ATTACHMENT 4

FORM 990PF, PART VII-A - LIQUIDATION, TERMINATION, ETC. STATEMENT

FOX FAMILY FOUNDATION INCURRED A SUBSTANTIAL CONTRACTION OF ITS NET ASSETS DURING THE 2009 YEAR. FOX HAS NET ASSETS WORTH \$320,232 AT JANUARY 1, 2009. FOX DONATED \$312,000 TO VARIOUS CHARITABLE ORGANIZATIONS WHICH AMOUNTED TO 25% OR MORE OF THE FAIR MARKET VALUE OF ITS NET ASSETS. THE CHARITABLE ORGANIZATIONS ARE LISTED IN PART XV.

ATTACHMENT 5	JTIONS EXPENSE ACCT OYEE AND OTHER PLANS ALLOWANCES	.0
	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	
	COMPENSATION	0
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT 1.00
FORM 990PE, PART VIII - LI	NAME AND ADDRESS	RODMAN FOX 289 OENOKE RIDGE ROAD NEW CANAAN, CT 06840

AND OTHER ALLOWANCES	.0	·	0.
TO EMPLOYEE BENEFIT PLANS	.0	·	0
COMPENSATION	.0	Ö	.0

GRAND TOTALS

1.00

DARBY FOX 304 WAHACKME ROAD NEW CANAAN, CT 06840

TREAS/SEC

20-1789061

ATTACHMENT 6

YEAR	
THE	
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PART	
990PF,	
R.W.	

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NAVY SEAL WARRIOR FUND	NONE	GENERAL FUNDING	52,000.
162 WEST 56TH STREET SUITE 405	PUBLIC		
NEW YORK, NY 10019			
NEW CANAAN COUNTRY SCHOOL	NONE	GENERAL FUNDING	250,000.
545 PONUS RIDGE	PUBLIC		
NEW CANAAN, CT 06840			
GREENWICH ACADEMY SENIOR FUND	NONE	GENERAL FUNDING	10,000.
200 NORTH MAPLE AVENUE	PUBLIC		

312,000. TOTAL CONTRIBUTIONS PAID

ATTACHMENT 6 PAGE 21

v 09-8 5

F.orm 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

I epartment of the Treasury

File a separate application for each return.

Internal Revenue S	ervice Frie a Separate application for each return.	
	ling for an Automatic 3-Month Extension, complete only Part I and check this box ling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page	
Do not complet	te Part II unless you have already been granted an automatic 3-month extension on a pre	viously filed Form 8868
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed)	
•	required to file Form 990-T and requesting an automatic 6-month extension - check this t	pox and complete
Part I only		
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7 ome tax returns	004 to request an extension of
one of the ref electronically i returns, or a co	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autourns noted below (6 months for a corporation required to file Form 990-T). However (1) you want the additional (not automatic) 3-month extension or (2) you file Forms omposite or consolidated From 990-T. Instead, you must submit the fully completed and edetails on the electronic filing of this form, visit www irs gov/efile and click on e-file for (1).	er, you cannot file Form 8868 990-BL, 6069, or 8870, group d signed page 2 (Part II) of Form
Type or	Name of Exempt Organization	Employer identification number
print	FOX FAMILY FOUNDATION	20-1789061
File by the	Number, street, and room or suite no. If a P.O. box, see instructions	
due date for filing your	289 OENOKE RIDGE ROAD	
return See	City, town or post office, state, and ZIP code For a foreign address, see instructions	
nstructions	NEW CANAAN, CT 06840	
	f return to be filed (file a separate application for each return)	4700
Form 990		rm 4720 rm 5227
Form 990		rm 6069
X Form 990		rm 8870
	are in the care of ► RODMAN_FOX No ► 203_966-8682	
 If this is for for the whole g 	arcation does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN) roup, check this box . Fig. 1 If it is for part of the group, check this box . Fig. 3 and 5 of all members the extension will cover	
until	at an automatic 3-month (6 months for a corporation required to file For $08/15$, 2010 , to file the exempt organization return for the organization ganization's return for:	
► X	calendar year 2009 or tax year beginning, and ending	·
2 If this tax		Change in accounting period
•	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any
	dable credits. See instructions.	3a \$
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p	
	clude any prior year overpayment allowed as a credit	
	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required	[29% *]
) coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Systens	
Instructio		3c \$ O and Form 8879 FO
-	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-E	C and rount 6073-EO
for payment ins	et and Panerwork Reduction Act Notice, see Instructions	Form 8868 (Rev. 4-2009)

Form 886	8 (Rev 4-2009)					Page 2
	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II a	nd check this box			
	Only complete Part II if you have already been granted an automatic 3-month ex					
	u are filing for an Automatic 3-Month Extension, complete only Part I (on page		•			
	Additional (Not Automatic) 3-Month Extension of Time. Only t		original (no cor	ies	need	ded).
	Name of Exempt Organization		Employer identifi			
Type of print	FOX FAMILY FOUNDATION		20-178906	51		
File by t	Number, street, and room or suite no. If a P.O. box, see instructions.	Fig. 1	For IRS use only			
extende	289 OENOKE RIDGE ROAD					
due dat		4	44.00 (100 - 100 -	7.5	Table	120 C 150
return S	ee NEW CANAAN CE OCOAO					
	type of return to be filed (File a separate application for each return):	L. <u></u> .				
	Form 990 X Form 990-PF		Form 1041-A	Γ	Fo	orm 6069
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form 4720		Fo	orm 8870
-	Form 990-EZ Form 990-T (trust other than above)		Form 5227	_		
	Do not complete Part II if you were not already granted an automatic 3-mo	nth exter		usly	filed	Form 8868.
	books are in the care of RODMAN FOX					
Tele	phone No. ▶ 203 966-8682 FAX No. ▶				_	
	e organization does not have an office or place of business in the United States, of	check this	box			▶□
	is is for a Group Return, enter the organization's four digit Group Exemption Numb					
	whole group, check this box					
	h the names and EINs of all members the extension is for	• •	•			
	request an additional 3-month extension of time until 11/15/2010					
	For calendar year 2009, or other tax year beginning	and en	ding	_		
6	f this tax year is for less than 12 months, check reason: Initial return	-, Final reti				inting period
7 :	State in detail why you need the extension ADDITIONAL TIME IS NEED	ED IN	ORDER TO GAT	HEF	₹	
j	HE INFORMATION NECESSARY TO PREPARE A COMPLETE AND A	CCURAT	E RETURN.			
-						
-						
8a	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	e tentativ	e tax, less any			
	nonrefundable credits. See instructions.		•	8a	\$	
ь	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab	le credits	and estimated	Ţ.,		
	ax payments made Include any prior year overpayment allowed as a credit			1. 18.4.		
	previously with Form 8868.			8b	\$	
	Balance Due. Subtract line 8b from line 8a. Include your payment with this form	, or, if re	quired, deposit	T		
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S			8c	\$	
-	Signature and Verificatio	n				
Under	penalties of perjury, I declare that I have examined this form, including accompanying schedules a		nts, and to the best of	of my	knowle	edge and belief,
it is true	correct, and complete, and that I am authorized to prepare this form					
					6	1
Signatu	re ▶ June M. Jud M. Title ▶ CPA	<u> </u>	Date	<u> </u>	<u>र। ए</u>	<u>e12010</u>
	CBIZ MHM, LLC			Form	886	3 (Rev 4-2009)
	222 S 9TH ST, #1000					
	MINNEAPOLIS, MN 55402					

JSA