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1

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

Treated as a Private Foundation

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

2012

Internal Revenue Service For calendar year 2012 or tax year beginning and ending Name of foundation A Employer identification number 20-1789061 FOX FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) B Telephone number 203-966-8682 289 OENOKE RIDGE ROAD City or town, state, and ZIP code C If exemption application is pending, check here 06840 NEW CANAAN, CT G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization E If private foundation status was terminated under section 507(b)(1)(A), check here J Accounting method I Fair market value of all assets at end of year Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for chantable purposes (cash basis only) expenses per books income income 40,392. N/A Contributions, gifts, grants, etc., received Check I if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents D Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) Other income 40,392 0. 12 Total. Add lines 1 through 11 0. 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 1 2,695 0. 2,695 b Accounting fees c Other professional fees Administrative 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy NOV 2 2013 21 Travel, conferences, and meetings Printing and publications STMT 2 3. 0. Operating 23 Other expenses 24 Total operating and administrative 2,698 2,695. expenses. Add lines 13 through 23 38,000 38,000.25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 0 40,698 40,695. Add lines 24 and 25 27 Subtract line 26 from line 12 -306 2 Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A

1501 05-12 LHA For Paperwork Reduction Act Notice, see Instructions

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		-
	(must agree with end-of-year figure reported on prior year's return)	1 1	307
2	Enter amount from Part I, line 27a	2	-306
3	Other increases not included in line 2 (itemize)	3	0
4	Add lines 1, 2, and 3	4	1
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part 11, column (b), line 30	6	1

	ribe the kind(s) of property sold (e garehouse, or common stock, 200 sh			`P-PL	acquired irchase onation	(c) Date ac (mo , day		(d) Date sold (mo , day, yr )
1a	_							
b NO	NE							
<u>C</u>	<del> </del>			<u> </u>		_		
e e				+				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gair (e) plus (	or (loss) f) minus (	
a								
b								
C								
d		ļ			<del></del>			
Complete only for assets shown	l ng gain in column (h) and owned by	the foundation	on 12/31/69			(I) Gains (Col	/b\ carp :	minue
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (I) col (J), if any			ol (k), but not Losses (fr	less than	10 (-0- r
a			<u> i.i i                       </u>					
<u>b</u>								
C								
d								
е				_				
2 Capital gain net income or (net ca	ipital loss) $\left\{ egin{array}{l}  ext{If gain, also ente} \  ext{If (loss), enter -C} \end{array}  ight.$	r in Part I, line )- in Part I, line	7 7	} 2				
3 Net short-term capital gain or (los		nd (6)						
If gain, also enter in Part I, line 8,	column (c)			) a				
Part V   Qualification U	nder Section 4940(e) for	r Reduced	Tax on Net	Invest	ment In	come		
f section 4940(d)(2) applies, leave the  Was the foundation liable for the section  f "Yes," the foundation does not qual  Enter the appropriate amount in a	tion 4942 tax on the distributable an	omplete this pa	rt					Yes X No
(a) Base period years	(b)			(c)				(d) ution ratio
<u>Calendar year (or tax year beginnii</u>			Net value of no	ncharitab		1 10		ded by col (c))
2011		0,240.	<del></del>	-	8,02 11,97			6.259656 5.093946
2010 2009		1,998.		1	23,06			2.535271
2008		6,406.			20,86			1.586603
2007		6,331.			09,90			1.173547
2 Total of line 1, column (d)					•	2	-	16.649023
3 Average distribution ratio for the state of the foundation has been in existent.		on line 2 by 5,	or by the number	of years		3		3.329805
4 Enter the net value of noncharitab	ole-use assets for 2012 from Part X,	line 5	-			4		230.
5 Multiply line 4 by line 3						5		766.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6		0.
7 Add lines 5 and 6						7		766.
8 Enter qualifying distributions from If line 8 is equal to or greater than See the Part VI instructions	n Part XII, line 4 I line 7, check the box in Part VI, line	e 1b, and comp	lete that part usin	ıg a 1% ta	x rate	8		40,695.

Forn	990-PF(2012) FOX FAMILY FOUNDATION	20-	-1789	061		Page 4
	et VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see i	nstru		
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1		T			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)		1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1	l _			0.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments		Ī			
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a		1			
	Exempt foreign organizations - tax withheld at source 6b	$\neg$	1			
	Tax paid with application for extension of time to file (Form 8868) 6c	7				
	Backup withholding erroneously withheld 6d	7				
	Total credits and payments Add lines 6a through 6d	7 7				0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	· g	ļ			0.
	La companya di Caralana di Car	10			_	
	Enter the amount of line 10 to be Credited to 2013 estimated tax	<b>—</b>	<del>                                     </del>			
	rt VII-A Statements Regarding Activities		•			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)	2		1b		X
	If the answer is "Yes" to 10 or 1b, attach a detailed description of the activities and copies of any materials publis					
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			10		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_				
	managers ▶ \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	1/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year? STMT 3			5	X	
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the st	ate law				
	remain in the governing instrument?			6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	Х	
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	CT					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous claiming status as a private operating status as	alendar				
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV			9_		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			_10_		X
			For	n <b>990</b>	-PF	(2012)

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	ee instructions.)
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	0.
	Average of monthly cash balances	1b	233.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	233.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	233.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	230.
6	Minimum Investment return. Enter 5% of line 5	6	12.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part )	nd certain	
1	Minimum investment return from Part X, line 6	1	12.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI)	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	12.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	12.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	12.
	art XII Qualifying Distributions (see instructions)	········	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		40 605
a	, , , , , , , , , , , , , , , , , , , ,	1a	40,695.
b		1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
_	Suitability test (prior IRS approval required)	3a	
b		3b	40 605
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	40,695.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
_	income Enter 1% of Part I, line 27b	5	40.605
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	40,695.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies for t	he section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				
line 7				12.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years	:			
	:	0.		
3 Excess distributions carryover, if any, to 2012				
a From 2007 235,988.				
b From 2008 800,601.				
c From 2009 305,849.	1			
d From 2010 60,401.	-		-	
e From 2011 49,839.				
f Total of lines 3a through e	1,452,678.			
4 Qualifying distributions for 2012 from				
Part XII, line 4 ►\$ 40,695.				
a Applied to 2011, but not more than line 2a			0.	
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 2012 distributable amount				12.
e Remaining amount distributed out of corpus	40,683.			<del></del>
5 Excess distributions carryover applied to 2012	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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,493,361.			
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 has been issued, or on which the section 4942(a) tax has been previously assessed	· -	0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions	-	0.		
e Undistributed income for 2011 Subtract line				
4a from line 2a Taxable amount - see instr	1		0.	
f Undistributed income for 2012 Subtract				
lines 4d and 5 from line 1. This amount must	#			
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	235,988.			
9 Excess distributions carryover to 2013.				,
Subtract lines 7 and 8 from line 6a	1,257,373.			
10 Analysis of line 9				
a Excess from 2008 800,601.				
b Excess from 2009 305,849.				
c Excess from 2010 60,401.				
d Excess from 2011 49,839.				
e Excess from 2012 40,683.				
				Form 990-PF (2012)

223601 12-05-12

Form 990-PF (2012)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

c Any submission deadlines

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or **Amount** any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year CURE SEARCH NONE PUBLIC GENERAL FUNDING 4600 EAST-WEST HIGHWAY BETHESDA, MD 20814 300. MIDDLEBURY COLLEGE NONE PUBLIC GENERAL FUNDING 356 COLLEGE STREET MIDDLEBURY, VT 05753 500. NEW CANAAN BASKETBALL ASSOCIATION NONE PUBLIC GENERAL FUNDING 11 FARM ROAD NEW CANAAN, CT 06840 2,000. AVON OLD FARMS SCHOOL NONE PUBLIC GENERAL FUNDING 500 OLD FARMS ROAD AVON, CT 06001 35,000. UGANDA VILLAGE PROJECT NONE PUBLIC GENERAL FUNDINGS 2632 42ND AVE WEST SEATTLE, WA 98199 200. ▶ 3a Total 38,000. b Approved for future payment NONE Total

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

Enter gross amounts unless otherwise indicated	Unrelated	business income		ded by section 512, 513, or 514	(e)	
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue	code		code	Airiount	- Idilotton income	
a		<del>-</del>	<del> </del>		<del></del>	
b			-		<del> </del>	
<u> </u>		<del></del>				
d	- <del>  -</del>	<del></del>	-			
e		<u>-</u>	-			
Food and contracts from accomment againsts						
g Fees and contracts from government agencies 2 Membership dues and assessments	<del></del>		+	-		
•						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income			<b>—</b>			
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
O Gross profit or (loss) from sales of inventory						
11 Other revenue						
a						
b						
c						
d						
6					•	
2 Subtotal Add columns (b), (d), and (e)		0		0.	0 .	
3 Total. Add line 12, columns (b), (d), and (e)				13	0 .	
(See worksheet in line 13 instructions to verify calculations.)	<u> </u>					

#### Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

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

223621 12-05-12

Form 990-P	F (2012) FOX F	AMILY FOUNDATION	ON	20	0-1789061	Pa	ge 13
Part XV	Information Re Exempt Organ		and Transactions a	nd Relationships With	Noncharitable	•	
1 Did the	e organization directly or indi	rectly engage in any of the followi	ing with any other organizatio	n described in section 501(c) of		Yes	No
		)(3) organizations) or in section 5		• •		-	
		ation to a noncharitable exempt o	- · · · · · · · · · · · · · · · · · · ·				ĺ
(1) C	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,			1a(1)		Х
	ther assets				1a(2)		X
• •	transactions				10(2)		
	ales of assets to a noncharita	ble evernt organization			1b(1)	1	Х
		ncharitable exempt organization					X
• •					1b(2)		X
	ental of facilities, equipment,	or other assets			1b(3)		X
	eimbursement arrangements				1b(4)		
	oans or loan guarantees				1b(5)		X
		mbership or fundraising solicitati			1b(6)		X
		iling lists, other assets, or paid er			10		X
	-		• •	vays show the fair market value of t	-	ets,	
				e in any transaction or sharing arra	ngement, show in		
		other assets, or services received		-T			
(a) Line no	(b) Amount involved	(c) Name of noncharitab	le exempt organization	(d) Description of transfers, trans	actions, and sharing an	angeme	nts
		N/A					
				1			
	·	ly affiliated with, or related to, one than section 501(c)(3)) or in sec	• •	ations described	Yes	X	No
b If Yes	," complete the following sch						
	(a) Name of org	anization	(b) Type of organization	(c) Description	of relationship		
	N/A						
			ļ				
	<del></del>			····			
1 00				statements, and to the best of my knowle ation of which preparer has any knowleds	May the IRS of	iscuss t	his
Sign   N		La contract of the contract of	ar taxpayer, is based on an inform	D.	return with the shown below		
Here		1 Line	X11 1410	X FIG LA	X Yes		No
	Signature of officer or trustee		Date	Title			
	Print/Type preparer's na	me Preparer's s	signature	July 1	If PTIN		
_		1 Dah	, 17 V. I	self- employed			
Paid		KARON	my + fellow	11/4/2013	P00734		
Prepare		Z MHM, LLC		Firm's EIN ▶	34-18732	82	
Use On							
	ı	2 SOUTH 9TH STF	•	000			
	MI	NNEAPOLIS, MN 5	55402	Phone no	612-339-	7 <u>81</u>	1
	<del></del>				Form <b>990</b>	-PF (	2012)

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No 1545-0047

2012

Employer identification number

▶ \$

FOX FAMILY FOUNDATION 20-1789061 Organization type (check one): Filers of: Section: 501(c)( ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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** X 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 33 1/3% 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, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or

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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For 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 total 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

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

religious, charitable, etc., contributions of \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

### FOX FAMILY FOUNDATION

20-1789061

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

### FOX FAMILY FOUNDATION

20-1789061

(a) No. from Part I	Noncash Property (see instructions). Use duplicate copies of P  (b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

•							
MILY FOUNDATION  Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.	idual contributions to section 501(c)(7), le following line entry For organizations of contributions of \$1,000 or less for the	20-1789061  (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter  Veal (First this information once)  \$ \$					
Use duplicate copies of Part III if additional	al space is needed.	your (criss sits anothers)					
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift						
Transferee's name, address, ar		Relationship of transferor to transferee					
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
(e) Transfer of gift							
Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
(e) Transfer of gift							
Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					
· · · · · · · · · · · · · · · · · · ·							
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
(e) Transfer of gift							
Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					
	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additions (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift  (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift	Exetusuelly religious, charitable, etc., individual contributions to section 501(c)(7) year. Compilete columns (a) through (e) and the following line entry For organization the lotal of exclusively religious, charitable, etc., contributions of \$1,000 or less for the Use duplicate copies of Part III if additional space is needed.  (b) Purpose of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (c) Use of gift  (c) Use of gift  (d) Transfer of gift  (e) Transferee's name, address, and ZIP + 4					

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 1		
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
ACCOUNTING	2,695.	0.		2,695.	
TO FORM 990-PF, PG 1, LN 16B	2,695.	0.		2,695.	
FORM 990-PF	OTHER E	XPENSES	STATEMENT 2		
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
BANK FEES	3.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	3.	0.		0.	
		LIQUIDATION, RT VII-A, LINE	· <del>-</del>	ratement 3	

#### **EXPLANATION**

FOX FAMILY FOUNDATION INCURRED A SUBSTANTIAL CONTRACTION OF ITS NET ASSETS DURING THE 2012 YEAR. FOX HAD NET ASSETS WORTH \$307 ON JANUARY 1, 2012. FOX DONATED \$38,000 TO VARIOUS CHARITABLE ORGANIZATIONS WHICH AMOUNT TO 25% OF MORE OF THE FAIR MARKET VALUE OF ITS NET ASSETS. THE CHARITABLE DONATIONS ARE LISTED IN PART XV.

#### Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						
• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).		
Do not co	implete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tir	ne to file (i	6 months for a corp	oration
	o file Form 990-T), or an additional (not automatic) 3-mo					
of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for	Transfers .	Associated With Ce	ertain
Personal	Benefit Contracts, which must be sent to the IRS in pag	er format	(see instructions). For more details	on the elec	ctronic filing of this	form,
	irs.gov/efile and click on e-file for Charities & Nonprofits		·			
Part 1	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies nee	eded).		
A corpora	tion required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		
Part I only	1				•	· []
	orporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exter	ision of time	
to file inco	ome tax returns			1	<del></del>	
Type or	Name of exempt organization or other filer, see instru	Employer identification number (EIN) or				
print		20 1700061				
File by the	FOX FAMILY FOUNDATION	20-1789061				
due date for filing your return See	Number, street, and room or suite no If a P O. box, s 289 OENOKE RIDGE ROAD	Social security number (SSN)				
instructions	City, town or post office, state, and ZIP code. For a following CANAAN, CT 06840	oreign add	lress, see instructions.			··
	NEW CHINAN, CI 00040					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Application		Return	Application			Return
Is For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
	0 (individual)	03	Form 4720			09
	<u> </u>	04	Form 5227	<del></del>		
Form 990-PF Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069			10
Form 990-T (trust other than above)		06	Form 8870			12
1 01111 000	RODMAN FOX	1 00	10.1110070			1. <u>'-</u>
• The bo	oks are in the care of > 289 OENOKE RID	GE RO	AD - NEW CANAAN, C	т 068	40	
	one No ▶ 203-966-8682		FAX No. ▶			
-	rganization does not have an office or place of business	s in the Ur	nited States, check this box			. 🗀
	s for a Group Return, enter the organization's four digit			If this is fo	r the whole group,	check this
box ▶ [		٦	ich a list with the names and EINs o		<del>-</del>	
1 I red	quest an automatic 3-month (6 months for a corporation					
			tion return for the organization name		The extension	
ıs fo	or the organization's return for					
▶[	X calendar year 2012 or					
▶[	tax year beginning	, an	id ending			
2 If th	e tax year entered in line 1 is for less than 12 months, o	heck reas	on L Initial return L	Final retur	n	
	☐ Change in accounting period					
3a If th	is application is for Form 990 BL, 990-PF, 990 T, 4720,	or 6069 e	oter the tentative tax less any		<del></del>	<del></del> -
	refundable credits. See instructions	01 00005, 6	mer the terrative tax, less arry	За	\$	0.
					7	
estimated tax payments made. Include any prior year overpayment allowed as a credit.						0.
	ance due Subtract line 3b from line 3a Include your pa				-	
by using EFTPS (Electronic Federal Tax Payment System) See instructions				3c	\$	0.
	If you are going to make an electronic fund withdrawal			orm 8879	EO for payment ins	tructions
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form <b>8868</b> (F	ev 1 2013)

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Form 8868 (Rev. 1-2013) Page 2										
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box										
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868										
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)										
Part II: Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).										
Enter filer's identifying number, see instructions										
Type or Name of exempt organization or other filer, see instru	Employer identification number (EIN) or									
print File by the FOX FAMILY FOUNDATION		20-1789061								
due date for filing your Number, street, and room or suite no. If a P O. box, se	Social security number (SSN)									
In See 289 OENOKE RIDGE ROAD										
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NEW CANAAN, CT 06840										
Enter the Return code for the return that this application is for (file a separate application for each return)										
Application	Return	Application								
Is For	Code	Is For			Code					
Form 990 or Form 990-EZ	01	the second of th								
Form 990-BL	02	Form 1041-A			08					
Form 4720 (individual)	03	Form 4720			09					
Form 990-PF		Form 5227			10					
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 990-T (trust other than above)	06	Form 8870			12					
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.										
RODMAN FOX										
• The books are in the care of > 289 OENOKE RIDGE ROAD - NEW CANAAN, CT 06840										
Telephone No. ► 203-966-8682 FAX No ►										
If the organization does not have an office or place of business in the United States, check this box										
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this										
box ▶ . If it is for part of the group, check this box ▶			f all membe	ers the extensi	on is for.					
4 I request an additional 3-month extension of time until NOVEMBER 15, 2013										
5 For calendar year 2012, or other tax year beginning, and ending										
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on· L Initial return L	Final re	etum						
Change in accounting period										
7 State in detail why you need the extension	ממחמה	MO CAMUED MUE THE	ODMAM:	TON MECI	ZCCADV					
ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY										
TO PREPARE A COMPLETE AND ACCURATE RETURN.										
0 KH	6060									
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	inter the tentative tax, less any		\$	0.					
nonrefundable credits. See instructions.	refundable avadite and astimated	8a	<del></del>	<u> </u>						
b If this application is for Form 990-PF, 990-T, 4720, or 6069,			-   -							
tax payments made. Include any prior year overpayment all	iowed as a	a credit and any amount paid	┝┷┩	•	0.					
previously with Form 8868.	8b	\$								
c Balance due. Subtract line 8b from line 8a. Include your pa	• • • • •			¢	0.					
EFTPS (Electronic Federal Tax Payment System) See instructions   8c   \$ Signature and Verification must be completed for Part II only.										
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief,										
it is true, correct, and complete, and that I am authorized to prepare this form.  Signature   Date 7-29-2013										
Olympian The Thirty of the Thi			9 (Pay 1.2013)							

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