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Form **990-PF**Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is atwww.rs.gov/form990pf.

2013

Fo	r cale	ndar year 2013 or tax year beginning		, and ending	3		
						A Employer identification	number
	FOX	FAMILY FOUNDATION	20-1789061				
N	umber a	and street (or P O box number if mail is not delivered to street	B Telephone number				
Number and street (or P O box number if mail is not delivered to street address) Room/suite 289 OENOKE RIDGE ROAD						203-966-86	82
		own, state or province, country, and ZIP or foreign p ${ t CANAAN}$, ${ t CT}$, ${ t 06840}$	ostal code			C If exemption application is p	ending, check here
_		all that apply Initial return	Initial return of a fo	rmer public charit	v	D 1. Foreign organizations	check here
		Final return	Amended return		•	_	
		Address change	- Name change			Foreign organizations me check here and attach co	eting the 85% test, mputation
Н	Check	type of organization X Section 501(c)(3) ex	cempt private foundation] E= f private foundation sta	tus was terminated
	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition		under section 507(b)(1)	
1	Fair ma	arket value of all assets at end of year J Accounti	ng method X Cash	Accrual		F If the foundation is in a	60-month termination
		· · · · · · · · · · · · · · · · · · ·	ther (specify)			under section 507(b)(1)	(B), check here
	▶\$	A Comment of the Comm	mn (d) must be on cash b	pasis.)			
F	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investri income	nent	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	48,601.			N/A	
	2	Check If the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents					
	\$	Net rental income or (loss)					
9	€ 6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all					
Š	(⇒ b	assets on line 6a					
á	7	Capital gain net income (from Part IV, line 2)	2/611		0.		
	T,	Net short-term capital gain					
	မာရ	Income modifications Gross sales less returns		······			
	(10a						
	ھاء	Gross profit or (loss)	f f	F) (**-			
	4 <u>4</u> 1,	Other income	h	THECE	TVF		
	\$\frac{1}{12}	Total. Add lines 1 through 11	48,601	0	"0.	<u> </u>	
	13	Compensation of officers, directors, trustees, etc	0 0	SEP 2 9	2 1917	181	0.
	14	Other employee salaries and wages	14	[- 4014	0-6	
	15	Pension plans, employee benefits		OCDE			
90	16a	Legal fees		PADEIM	L U		
ā	b	Accounting fees STMT 1	2,695.		0.		2,695.
ŭ	[Other professional fees					
<u> </u>	17	Interest					
į	18	Taxes					
i	19	Depreciation and depletion					
퉏	20	Occupancy					
7	21	Travel, conferences, and meetings				· · · · · · · · · · · · · · · · · · ·	
6	22	Printing and publications Other expenses STMT 2	1.		0.		0.
į	24	Total operating and administrative	<u> </u>	· · · · · · · · · · · · · · · · · · ·			<u> </u>
Onerating and Administrative Exnens.	[["	expenses Add lines 13 through 23	2,696.		0.		2,695
Č	25	Contributions, gifts, grants paid	45,905.				2,695. 45,905.
		Total expenses and disbursements.					
		Add lines 24 and 25	48,601.		0.		48,600.
	27	Subtract line 26 from line 12	•				,
	a	Excess of revenue over expenses and disbursements	0.				
		Net investment income (if negative, enter -0-)			0.		
	C	Adjusted net income (if negative, enter -0-)				N/A	

323501 10-10-13 LHA For Paperwork Reduction Act Notice, see instructions.

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1	Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30	T	
	(must agree with end-of-year figure reported on prior year's return)	1_	 1
2	Enter amount from Part I, line 27a	2	0
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

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

(a) List and des	cribe the ki	nd(s) of property sold (e g or common stock, 200 shs	, real estate,	Income	P	low acquired - Purchase	(c) Dat	e acquired day, yr)	(d) Date sold (mo , day, yr)
			- WIEG GO /	-	ט	- Donation	(110)		(,, ,
b NC	ONE				+	<u>_</u>			
C .	7112	-			 -				
d	···-					 	+		
e									
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		t or other basis xpense of sale				Gain or (loss us (f) minus	
a									
b									<u> </u>
С									
<u>d</u>	ļ						-		
<u>e</u>									
Complete only for assets show	1					,		(Col. (ħ) gain t not less thai	
(i) F.M V as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any				s (from col (
<u>a</u>									
<u>b</u>	 								
<u>C</u>	 			<u> </u>		•			.
d	-								
<u>e</u>	<u> </u>				- 				
2 Capital gain net income or (net c	apital loss)	If gain, also enter $\left\{ \begin{array}{ll} & \text{If (loss), enter -0-} \end{array} \right.$	in Part I, line in Part I, line	7 7	}	2			
3 Net short-term capital gain or (lo	ss) as defi	ned in sections 1222(5) an	d (6)		\				
If gain, also enter in Part I, line 8		c)							
Part V Qualification I			Daduaad	Tou on Not	<u> </u>	3			·
							icome		
(For optional use by domestic priva	te toungati	ons subject to the section 4	1940(a) tax on	net investment in	icome)			
If section 4940(d)(2) applies, leave	this part bl	ank							
Was the foundation liable for the se	otion 4042	tay on the distributable am	ount of any vo	or in the bace nor	nod?				Yes X No
If "Yes," the foundation does not qui				•	iou '				Tes _A NU
1 Enter the appropriate amount in					ntries				
(a)	1	(b)		, .	(c)		1		(d)
Base periód years Calendar year (or tax year beginn	ina in)	Adjusted qualifying dist	ributions	Net value of no		table-use asse	ets	Distrib (col (b) div	oùtión ratio ided by col. (c))
2012	g,	4	0,695.			23	0.		176.934783
2011			0,240.			8,02			6.259656
2010			1,000.			11,97			5.093946
2009			1,998.			123,06			2.535271
2008		82	6,406.			520,86			1.586603
	•								
2 Total of line 1, column (d)							2	1	192.410259
3 Average distribution ratio for the	5-year bas	se period - divide the total o	on line 2 by 5,	or by the number	of yea	ırs			
the foundation has been in exist	ence if less	than 5 years					3		38.482052
4 Enter the net value of noncharita	ble-use as	sets for 2013 from Part X, I	ine 5				4		41.
5 Multiply line 4 by line 3							5		1,578.
									_
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)					6		0.
									1 570
7 Add lines 5 and 6							7		1,578.
8 Enter qualifying distributions fro	m Part XII,	line 4					8		48,600
If line 8 is equal to or greater tha			1b. and comp	lete that part using	o a 1%	6 tax rate			
See the Part VI instructions					· ·				

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Par	t VI Excise Tax Based on Investment Income (Section 494)	0(a), 4940(b), 4940(e),	or 494	8 - see	instru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and er	nter "N/A" on line	:1]					
	Date of ruling or determination letter (attach copy of letter if nec				ŀ			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► X and ente	r 1%	<u> </u>	<u> </u>			0.
	of Part I, line 27b `			İ				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	of Part I, line 1	2, col (b) ノ		ŀ			_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Ot	thers enter -0-)		2	2			<u>0.</u>
3	Add lines 1 and 2			_3	<u> </u>			0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only O	thers enter -0-)						0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			_ 5	j			0.
	Credits/Payments	1 1						
	2013 estimated tax payments and 2012 overpayment credited to 2013	6a			ŧ			
	Exempt foreign organizations - tax withheld at source	6b		_				
	Tax paid with application for extension of time to file (Form 8868)	6c						
	Backup withholding erroneously withheld	_6d		_	.			^
	Total credits and payments Add lines 6a through 6d			<u> -</u>				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attained.	cnea						0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed							<u> </u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		l Batumaan					
	Enter the amount of line 10 to be Credited to 2014 estimated tax ► ¹ VII-A Statements Regarding Activities		Refunded	1	1			
	During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation or did it no	articinate or inter	VADA ID			Yes	No
	any political campaign?	iation of all it pa	inticipate of inter	vene m		1a	103	X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses (see instriict	ions for the defir	ution\2		1b		X
	If the answer is "Yes" to $1a^{or}$ $1b$, attach a detailed description of the activities and	· ·			r	10		
	distributed by the foundation in connection with the activities.	a copies er an	materials per	morred e	•			
	Did the foundation file Form 1120-POL for this year?					10	ĺ	Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	vear						
	(1) On the foundation \blacktriangleright \$ 0 • (2) On foundation managers			0.				
	Enter the reimbursement (if any) paid by the foundation during the year for political expendit							
	managers ▶ \$ 0.							
	Has the foundation engaged in any activities that have not previously been reported to the IF	RS?				2	1	Χ
	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 ii	nstrument, artıcl	es of incorporati	on, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		•			3	<u> </u>	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year	r?				4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?				N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•				5		X
	If "Yes," attach the statement required by General Instruction T.							
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied en	ther						
	By language in the governing instrument, or							
	 By state legislation that effectively amends the governing instrument so that no mandatory 	y directions that	conflict with the	state law	'			•
	remain in the governing instrument?					6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	nplete Part II, c	ol. (c), and Pai	t XV		7	Х	
0 -								•
вa	Enter the states to which the foundation reports or with which it is registered (see instruction	ns)						
	CT	Hornov Concert	or documents)					1
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Af	nomey General (or designate)			0.	Х	F
	of each state as required by <i>General Instruction G? If "No," attach explanation</i> Is the foundation claiming status as a private operating foundation within the meaning of sei	ction 4042(i)/2)	or 4049/i\/E\ fo:	nalanda	-	8b		
	is the foundation claiming status as a private operating foundation within the meaning of set year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? <i>If "Yes," c</i> .	,	1.7.7	Calellua	1	9		X
	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedu					10		X
10	Side any personia decenie substantiai contributora during the tax year il Yes, attach a schedu	ne usung trieir name	and addresses		Fr	rm 990	-PF	
						500	'	,

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Total. Add lines 1 through 3

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Part X Minimum Investment Return (All domestic foundation	ons must complete this part. Fo	reign foundations, see ins	structions.)
1 Fair market value of assets not used (or held for use) directly in carrying out ch	aritable, etc., purposes		·
a Average monthly fair market value of securities	, ,, ,	1a 1	0.
b Average of monthly cash balances		1b	42.
c Fair market value of all other assets		1c	
d Total (add lines 1a, b, and c)		1d	42.
e 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	42.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater an	nount, see instructions)	4	1.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here a		5	41.
6 Minimum investment return. Enter 5% of line 5		6	2.
Part XI Distributable Amount (see instructions) (Section 4942()	(3) and (j)(5) private operating foun	dations and certain	
foreign organizations check here and do not complete this			
1 Minimum investment return from Part X, line 6		1	2.
2a Tax on investment income for 2013 from Part VI, line 5	2a		
b Income tax for 2013 (This does not include the tax from Part VI)	2b		
c Add lines 2a and 2b		2c	0.
3 Distributable amount before adjustments Subtract line 2c from line 1		3	2.
4 Recoveries of amounts treated as qualifying distributions		4	0.
5 Add lines 3 and 4		5	2.
6 Deduction from distributable amount (see instructions)		6	0.
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and or	Part XIII, line 1	7	2.
Part XII 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 26	• • •	1a	48,600.
b Program-related investments - total from Part IX-B		1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out of	naritable, etc. purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the			·····
a Suitability test (prior IRS approval required)		3a	
b Cash distribution test (attach the required schedule)		3b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line	e 8, and Part XIII, line 4	4	48,600.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on ne			
income Enter 1% of Part I, line 27b		5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4		6	48,600.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent ye	ears when calculating whether the fo		
4940(e) reduction of tax in those years			

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				2.
2 Undistributed income, if any, as of the end of 2013			:	
a Enter amount for 2012 only			0.	
b Total for prior years	:			
		0.		
3 Excess distributions carryover, if any, to 2013				
a From 2008 800,601.				
b From 2009 305,849.				
c From 2010 60,401.			-	
d From 2011 49,839.				
e From 2012 40,683.				
f Total of lines 3a through e	1,257,373.			
4 Qualifying distributions for 2013 from				
Part XII, line 4 ▶ \$ 48,600.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior	-	<u> </u>		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				2.
e Remaining amount distributed out of corpus	48,598.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,305,971.			
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 2012 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2013 Subtract				<u> </u>
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				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 2008				
not applied on line 5 or line 7	800,601.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	505,370.			
0 Analysis of line 9				
a Excess from 2009 305,849.				
b Excess from 2010 60, 401.				
c Excess from 2011 49,839.			-	
d Excess from 2012 40,683.				
e Excess from 2013 48,598.				
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Part XIV Private Operating For	undations (see ins		II-A guestion 9)	N/A	7-1769001 Page 10
1 a If the foundation has received a ruling or			ii A, question 9)	N/ A	
foundation, and the ruling is effective for					
b Check box to indicate whether the found		-	In section	4942(J)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	g roundation described	Prior 3 years		1 4942())(5)
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for	(-)		1,0,00	(4)-515	(5) (5)
each year listed					
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					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter					
(1) Value of all assets					
(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 Supplementary Infor	mation (Complet	te this part only	if the founda	tion had \$5,000	or more in assets
at any time during th	ie year-see instri	uctions.)		•	
1 Information Regarding Foundation	_				
a List any managers of the foundation who year (but only if they have contributed me			tributions received t	by the foundation before	the close of any tax
RODMAN FOX	710 than \$0,0007 (000 30	001/01/2/			
b List any managers of the foundation who	own 10% or more of the	stock of a corporation	(or an equally large	nortion of the ownershi	n of a partnership or
other entity) of which the foundation has			(o. a oqually largo	portion of the outloon	or a partitoromp of
ONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here 🕨 🗓 If the foundation on					
the foundation makes gifts, grants, etc. (s	ee instructions) to indivi	duals or organizations i	under other conditio	ns, complete items 2a, t	o, c, and d
a The name, address, and telephone numb	er or e-mail address of th	e person to whom app	ications should be a	addressed	
b The form in which applications should be		on and materials they s	hould include		-
b The form in which applications should be	Submitted and imprinate	on and materials mey s	nodia include		
c Any submission deadlines					 -
d Any restrictions or limitations on awards,	such as by geographical	areas, charitable fields	, kinds of institution:	s, or other factors	
23601 10.10.13					Form 900_DE (2012)

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year BRUNSWICK ANNUAL FUND NONE PUBLIC GENERAL FUNDING 100 MAHER AVENUE GREENWICH, CT 06830 3,500. LAWRENCEVILLE SCHOOL GENERAL FUNDING NONE PUBLIC 2500 MAIN ST LAWRENCEVILLE, NJ 08648 1,000. MIDDLEBURY COLLEGE NONE PUBLIC GENERAL FUNDING 356 COLLEGE STREET MIDDLEBURY, VT 05753 250. NONE CURE SEARCH FOR CHILDREN'S CANCER PUBLIC GENERAL FUNDING 4600 EAST-WEST HIGHWAY BETHESDA, MD 20814 1,000. AVON OLD FARMS SCHOOL INC NONE PUBLIC GENERAL FUNDINGS 500 OLD FARMS ROAD AVON, CT 06001 35,000. SEE CONTINUATION SHEET(S) **▶** 3a Total 45,905. b Approved for future payment NONE Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income		by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
-	-				
a b					
c	- - -	- -			- ·
d					
e	1 1				
			1		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
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					
8 Gain or (loss) from sales of assets other					
than inventory			_		
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a	-				
b	-				
<u> </u>	-				
d	-		<u> </u>		
e	-		•		<u> </u>
12 Subtotal Add columns (b), (d), and (e)	<u> </u>		• [0.	
13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)				13	0.
Part XVI-B Relationship of Activities	to the Accor	nplishment of E	empt I	Purposes	
Line No. Explain below how each activity for which inc			-A contribute	ed importantly to the accomp	olishment of
the foundation's exempt purposes (other than	n by providing fund	is for such purposes)			

Line No.	the foundation's exempt purposes (other than by providing funds for such purposes)							
_								
_								

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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations							
1 Did the	organization directly or indi	rectly engage in any of the followi	ing with any other organizatio	on described in section 501(c) of		Yes	No
		(3) organizations) or in section 5		• •			
a Transfe			į				
(1) Ca:	sh .		-		1a(1)	[X
(2) Oth		1a(2)		X			
b Other to	ransactions						
(1) Sa	les of assets to a noncharita	ible exempt organization			16(1)		X
(2) Pu	rchases of assets from a no	encharitable exempt organization			1b(2)		Х
(3) Re		1b(3)		X			
(4) Re.	imbursement arrangements				1b(4)		Х
(5) Lo	ans or loan guarantees				1b(5)		X
(6) Pe	rformance of services or me	embership or fundraising solicitati	ions		1b(6)		_X_
c Sharing	g of facilities, equipment, ma	ailing lists, other assets, or paid er	mployees		10		_X_
d If the ar	nswer to any of the above is	"Yes," complete the following sch	nedule Column (b) should alw	vays show the fair market value of the goods	, other asse	ts,	
				e in any transaction or sharing arrangement	, show in		
		other assets, or services received					
(a) Line no	(b) Amount involved	(c) Name of noncharitab	le exempt organization	(d) Description of transfers, transactions, ar	d shanng arra	ingemer	nts
		N/A					
				<u> </u>			
		 		-			
-							
-	· · - · - · · - · · · · · · · · ·		·····				
	· · · · · · · · · · · · · · · · · · ·						—
	=		•••				
	·		.				
	-						
			· · ·				
		tly affiliated with, or related to, one r than section 501(c)(3)) or in sec	• •	rations described	Yes	X	——] No
<u>b</u> If "Yes,"	complete the following scho		T				
	(a) Name of org	janization	(b) Type of organization	(c) Description of relation	iship	_	
	N/A						
							
			-				
Sign Here	I belief, it is too, corped and con	molete Declaration of preparer (other tha		Ron LL	May the IRS diseturn with the hown below (s	prepare	r
Sı	ignature of officer or trustee		Date	Title			
	Print/Type preparer's na	ame Preparer's s	gnature	Date / Check if PTIN	ł .		
Poid DODERT I WARRY Self-employed DOGE AND Self-employed							
Paid ROBERT I. KARON P0073							
Prepare Use Only		Z MHM, LLC	`	Firm's EIN ► 34-1	.8/328	32	
OSE OIL		2 SOUTH 9TH STR	Oppm Cirmo 1/	000			
		NNEAPOLIS, MN 5	•		20 70	11	
	<u> </u>	MMERFOLIS, MM 3	73402		$\frac{339-78}{5000}$		2010
					Form 990-	-FT (2	∠∪ I ጏ)

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation **Amount** status of Name and address (home or business) recipient GEORGETOWN UNIVERSITY NONE PUBLIC GENERAL FUNDINGS 3700 O ST NW WASHINGTON, DC 20057 5,155. Total from continuation sheets 5,155.

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Name of the organization

Employer identification number

	FOX FAMILY FOUNDATION	20-1789061							
Organization type (check one):									
Filers of:	Filers of: Section:								
Form 990 or 990-EZ	Form 990 or 990-EZ 501(c)() (enter number) organization								
4947(a)(1) nonexempt charitable trust not treated as a private foundation									
	527 political organization								
Form 990-PF	X 501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation								
Note. Only a section 501	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	al Rule. See instructions.							
General Rule									
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more mplete Parts I and II.	(in money or property) from any one							
Special Rules									
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of th 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
total contributio	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 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
contributions fo If this box is che purpose. Do no	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 religious, charitable, etc., contributions of \$5,000 or more during the year								
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Scheo on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•							

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) (2013)

Name of organization

Employer identification number

FOX FAMILY FOUNDATION

20-1789061

Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional 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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FOX FAMILY FOUNDATION

20-1789061

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(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
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u> </u>		
		\$	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of orga	nization	Employer identification number				
FOX FA	MILY FOUNDATION			20-1789061		
Part III	Exclusively religious, charitable, etc., individually ear. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	, contributions of \$1,000 or less fo	c)(7), (8), or (10) orgains completing Part II r the year (Enter this inform	anizations that total more than \$1,000 for the		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(0	l) Description of how gift is held		
		(e) Transfer of gi	ft			
- - -	Transferee's name, address, and	1 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		
		(e) Transfer of gi	ft			
	Transferee's name, address, and	1 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		
-						
_	Transferee's name, address, and	(e) Transfer of gi	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		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
-						

Form 886	68 (Rev. 1-2014)				_	Page 2	
	are filing for an Additional (Not Automatic) 3-Month Ex	tension.	complete only Part II and check this	box		X	
-	nly complete Part II if you have already been granted an a				8868.	• —	
	are filing for an Automatic 3-Month Extension, complete						
Part II				al (no co	pies n	eeded).	
	Additional (Not Nationally Children		<u></u>	` -	•	er, see instructions	
Time or	Name of example examination or other files and matri	otione	Enter mer 3			cation number (EIN) or	
Type or	Name of exempt organization or other filer, see instru	CHOHS.		Lithoye	Identine	ation number (Env) or	
print File by the FOX FAMILY FOUNDATION						1789061	
					_	umber (SSN)	
filing your return See	filing your OCO OF NOTE PAR AND				- Curity III		
instructions	City, town or post office, state, and ZIP code. For a for NEW CANAAN, CT 06840	oreign add	Iress, see instructions.				
	MEN CANAAN, CI 00040						
F	. Date was a selected that the set the state of the second section is for the		to analyzation for each return)			0 4	
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)				
		D-4	[AliAi			Botum	
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
	O or Form 990-EZ	01	5 10114				
Form 99		02	Form 1041-A			08	
	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99		04	Form 5227			10	
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	0-T (trust other than above)	06	Form 8870			12	
STOP! D	o not complete Part II if you were not already granted	an autor	<u>natic 3-month extension on a prev</u>	iously file	d Form	8868.	
	RODMAN FOX			- 000	4.0		
	ooks are in the care of 289 OENOKE RIDO	SE RO		1. 068	40		
•	hone No. ► 203-966-8682		Fax No. ▶				
	organization does not have an office or place of business					• —	
If this	is for a Group Return, enter the organization's four digit	1	· · · · · · · · · · · · · · · · · · ·				
box 🕨	. If it is for part of the group, check this box 🕨 📖		ach a list with the names and EINs of	all memb	ers the e	extension is for.	
		NOVEM	BER 15, 2014				
	r calendar year 2013 , or other tax year beginning $_$, and endin	· · · ·		·	
6 If t	he tax year entered in line 5 is for less than 12 months, c	heck reas	on: L Initial return L	Final r لـــ	eturn		
L	Change in accounting period						
7 St	ate in detail why you need the extension						
	DDITIONAL TIME IS NEEDED IN (ORMAT	ION .	NECESSARY	
<u>T</u>	O PREPARE A COMPLETE AND ACCU	URATE	RETURN.				
8a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less any				
no	nrefundable credits. See instructions.			8a	\$	0.	
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	y refundable credits and estimated				
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid							
рі	reviously with Form 8868.			8b	\$	0.	
c Ba	lance due. Subtract line 8b from line 8a. Include your pa	ayment wi	th this form, if required, by using				
EF	EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ 0.						
			st be completed for Part II	nly.			
Under per	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that [am authorized to prepare this fo	ling accomp			f my knov	wledge and belief,	
	0		-	Date	_ 7	8-12-5014	
Signature	May we are the transfer of the ball of the	LPI	<u> </u>	Dale			

Form **8868** (Rev. 1-2014)

Form **8868**

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury File a separate application for each return.								
Information about Form 8868 and its instructions is at www.irs gov/form8868								
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box								
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).								
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.								
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension								
	*	ns listed in Part I or Part II with the ex						
		which must be sent to the IRS in pap		(see instructions). For more details	on the elect	ronic filing of this f	orm,	
	visit www irs gov/efile and click on e-file for Chanties & Nonprofits							
Part		c 3-Month Extension of Time						
_ •	•	Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete	_		
Partic				7004	·			
	er corporations (includ ncome tax retums	ding 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques			•	
						's identifying nun		
Type o	r Name of exempt	t organization or other filer, see instru	ctions.		Employer identification number (EIN) or			
print	EON EYMI	IV EOINDAMION			20 1790061			
File by th		LY FOUNDATION	·		ļ	20-1789061		
due date	289 OENO	and room or suite no. If a P.O. box, so KE RIDGE ROAD	ee instruc	tions.	Social sec	unty number (SSN)	
return Se Instruction		st office, state, and ZIP code. For a fo AN , $\ CT \ 06840$	oreign add	lress, see instructions.				
Enter t	ne Return code for th	e return that this application is for (file	e a separa	te application for each return)			0 4	
Applic	ation		Return	Application			Return	
ls For			Code	Is For			Code	
Form 9	90 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 9	90-BL		02	Form 1041-A			08	
Form 4	720 (indıvıdual)		03	Form 4720 (other than individual)			09	
Form 9	90-PF		04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 4	08(a) trust)	05	Form 6069				
Form 9	90-T (trust other than		06	Form 8870			12	
		RODMAN FOX				_		
• The	books are in the care	of ► 289 OENOKE RIDO	GE RO	AD - NEW CANAAN, C	T 0684	.0		
Tele	phone No. \triangleright 203	-966-8682		Fax No.				
• If th	e organization does n	ot have an office or place of business	s in the Ur	nited States, check this box		, , , •		
• If th		m, enter the organization's four digit (1 .	· · · · · · · · · · · · · · · · · · ·		the whole group, c		
<u>box</u> ▶		of the group, check this box				rs the extension is	for.	
1 i	request an automatic AUGUST 15	3-month (6 months for a corporation 2014 to file the exempt	-	to file Form 990-T) extension of time tion return for the organization name		he extension		
- is	for the organization'		- gu					
	X calendar year							
	tax year begin		. an	d ending				
				<u> </u>		•		
2 1	the tax year entered	in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final return			
	Change in accor	unting period						
3a I		r Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any				
nonrefundable credits, See instructions.					3a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b					3ь	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,			$\neg \neg \vdash$					
		ronic Federal Tax Payment System).			3с	\$	0.	
Cautio	n. If you are going to	make an electronic funds withdrawal			3453-EO and	Form 8879-EO fo	r payment	
instruc	tions.							
LHA	HA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2014)							

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 1			
DESCRIPTION	(A) EXPENSES PER BOOKS	(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	S	TATEMENT 2		
FORM 990-PF DESCRIPTION	(A) EXPENSES	XPENSES (B) NET INVEST- MENT INCOME	(C) ADJUSTED	IATEMENT 2 (D) CHARITABLE PURPOSES		
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE		

Form 8868 (Rev. 1-2014)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box	• •	▶ X
Note. Only complete Part II if you have already been granted an a				8868.	
• If you are filing for an Automatic 3-Month Extension, comple					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original	inal (no	o copies nec	eded).
		_		ng number, see	
Type or Name of exempt organization or other filer, see instru	ctions.				number (EIN) or
print					` ,
File by the FOX FAMILY FOUNDATION		20-1789	9061		
due date for Number, street, and room or suite no. If a P.O. box, see instructions.			Social se	curity number (SSN)
filing your return See 289 OENOKE RIDGE ROAD			·		
City, town or post office, state, and ZIP code. For a fo	reign add	lress, see instructions.			
NEW CANAAN, CT 06840					
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 4
	•	,			<u> </u>
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (Individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	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 auton	natic 3-month extension on a previ	ously file	d Form 8868.	
RODMAN FOX					
 The books are in the care of ➤ 289 OENOKE RIDO 	SE ROZ	AD - NEW CANAAN, CI	068	40	
Telephone No. ► 203-966-8682		Fax No. ►			
If the organization does not have an office or place of business	ın the Ur	nited States, check this box			▶ □
• If this is for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) If	this is fo	r the whole grou	ıp, check this
box ▶ . If it is for part of the group, check this box ▶		ch a list with the names and EINs of	all memb	ers the extension	on is for.
· · · · · · · · · · · · · · · · · · ·	10AEWI	BER 15, 2014			
5 For calendar year 2013 , or other tax year beginning		, and ending	l		·
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return					
Change in accounting period					
7 State in detail why you need the extension					
	RDER		DRMAT	ION NECE	SSARY
TO PREPARE A COMPLETE AND ACCU	JRATE	RETURN.			
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any	8a		
nonrefundable credits. See instructions.				\$	<u> </u>
b If this application is for Forms 990-PF, 990-T, 4720, or 6069					
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					•
previously with Form 8868.				\$	0.
Balance due. Subtract line 8b from line 8a. Include your pa	-	h this form, if required, by using			0.
EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$					
•		st be completed for Part II o	•	_	
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this fo	ng accomp rm	anying schedules and statements, and to	the best o	f my knowledge a	nd belief,
Signature ► Title ►			Date		
				Form 886	8 (Rev. 1-2014)

Form **8868** (ReV 1-2014)