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

OMB No 1545-0052

2014

Department of the Treasury Internal Revenue Service

► 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 at www.irs.gov/form990pf.

26 Total expenses and disbursements	Internal Re	nt of the Treasury evenue Service	► Information about Fo	rm 990-PF and its separate i	nstructions is at www	v.irs.gov/form990pf.	Open to Public Inspection
The Fox Family Charitable Foundation Inc    Its MaPLE AVENUE   NEW CITY, NY 10956   G Check all that apply	For cale	endar year 2014, o	r tax year beginning	11/01 , 2014	, and ending 10		
Section 5947(a)(1) nonexemple characteristic properties and affect computation   Section 5947(a)(1) nonexemple characteristic properties and affect computation   Section 5947(a)(1) nonexemple characteristic properties (see and affect computation   Section 5947(a)(1) nonexemple characteristic properties (see and affect computation   Section 5947(a)(1) nonexemple characteristic properties (see and affect computation   Section 5947(a)(1) nonexemple characteristic properties (see and affect computation   Section 5947(a)(1) nonexemple characteristic properties (see and affect computation   Section 5947(a)(1) nonexemple characteristic properties (see and affect computation   Section 5947(a)(1) nonexemple characteristic properties (see and affect computation   Section 5947(a)(1) nonexemple characteristic properties (see and affect computation   Section 5947(a)(1) nonexemple characteristic properties (see and affect computation   Section 5947(a)(1) nonexemple characteristic properties   Sectio	The F	Fox Family C	Charitable Founda	ation Inc		13-4197378	3
G Check all that apply							
Final return   Amended return   Amende						C If exemption applicat	tion is pending, check here 🕨 🗌
Address change	<b>G</b> Che	ck all that apply		<del>-</del>	ner public charity	D 1 Foreign organizations	s, check here
H. Check type of organization   X   Section BUI (c) (3) exempt private foundation   E   Section BUI (c) (3) exempt private foundation   E   Far maket value of all assets at end of year (name Part II, column (c), mis 16   C)   C   Column (c), mis 16   C   C   C   C   C   C   C   C   C			Address change	Name change			
Fair matest value of all assets at end of year   J Accounting method   Cash   Accrual   Column (c), lime is 0   Other (speed)   Cash   Cash   Dasis   Fair   Cash	H Che						
Part		market value of all asse	ets at end of year J Ac	counting method X C	ash Accrual		
Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)  1	▶ \$	1,92	20,937. (Part i	,	n cash basis )		
1   Cortroloses, gift, graft, et, recent of plants sensible	Part I	Expenses (Ti columns (b), (c, sarily equal the	he total of amounts in ), and (d) may not neces- amounts in column (a)				for charitable purposes
3 servet to savrys and temporary cash investments 4 but detects and interest from securities 5 a Gross - entits 5 by the foreign a foreign securities 5 by the foreign securit			<u> </u>				/ M. A
### A publicate and misrate from securities  ### A publicate from from publicate from from 10  ### A publicate from from publicate from from 10  ### A publicate from from publicate from from 10  ### A publicate from from publicate from from 10  ### A publicate from from publicate from from 10  ### A publicate from from publicate from from 10  ### A publicate from from publicate from from 10  ### A publicate from from publicate from from 10  ### A publicate from from publicate from from 10  ### A publicate from from publicate from from 10  ### A publicate from from publicate from from 10  ### A publicate from from publicate from from 10  ### A publicate from from publicate from from 10  ### A publicate from from publicate from from 10  ### A publicate from from		2 Ck ► X if the	e foundn is <b>not</b> required to attach Sch B				
Sa Gross rents be Next peright income or flows) with asked is susts not on line 10		3 interest on savings ar	nd temporary cash investments				
b Net (repla) income of (cas) a the gan of (cas) from sell of assets not on lime 10 -11,195.  Capital gain met income (from Part IV, line 2) be short-were capital gain income modifications.  Capital gain met income (from Part IV, line 2) be short-were capital gain income modifications.  Capital gain met income (from Part IV, line 2) be short-were capital gain income modifications.  Capital gain met income (from Part IV, line 2) be short-were capital gain income modifications.  Capital gain met income (from Part IV, line 2) be short-were capital gain income modifications.  Capital gain met income (from Part IV, line 2) be short-were capital gain income modifications.  Capital gain met income (from Part IV, line 2) be short-were capital gain income modifications.  Capital gain met income (from Part IV, line 2) be short-were meditical lone.  Capital gain met income (from Part IV, line 2) be short-were meditical lone.  Capital gain met income (from Part IV, line 2) be short-were meditical lone.  Capital gain met income (from Part IV, line 2) be short-were meditical lone.  Capital gain met income (from Part IV, line 2) be short-were meditical lone.  Capital gain met income (from Part IV, line 2) be short-were meditical lone.  Capital gain met income (from Part IV, line 2) be short-were meditical lone.  Capital gain met income (from Part IV, line 2) be short-were meditical lone.  Capital gain met income (from Part IV, line 2) be short-were meditical lone.  Capital gain met income (from Part IV, line 2) be short-were meditical lone.  Capital gain met income (from Part IV, line 2) be short-were meditical lone.  Capital gain met income (from Part IV, line 2) be short-were meditical lone.  Capital gain met income (from Part IV, line 2) be short-were meditical lone.  Capital gain met income (from Part IV, line 2) be short-were meditical lone.  Capital gain met income (from Part IV, line 2) be short-were meditical lone.  Capital gain met income (from Part IV, line 2) be short-were meditical lone.  Capital gain met income (		-	st from securities	112,489.	112,48	89. 112,48	89.
Comparation of officers, directors, fursions and supplies statements   100		<b>b</b> Net rental income	e				*
Aug   See	P.	<b>a</b> Net gain or (loss) from		-11,195.	ź	<i>*</i> >	
Buss Cost of goods sold		assets on line 6a	40,000.		**		· · · · · · · · · · · · · · · · · · ·
Buss Cost of goods sold	/ ES				3 550	SIV · )	* ;
Buss Cost of goods sold	Üî	Income modifica	tions.	***************************************	F		,
bless Cost of goods sold   C   Goss prible or (inss) (ateath schedule)	5	i returns and	•	4 2 4 4	aug å	S 2015 P	,
C Gress profile or (livss) (attach schedule)  1 Other mnome (attach schedule)  1 Total. Add lines 1 through 11 1	38	<b>b</b> Less Cost of			100	2	r ,
15   Pension plans, employee benefits   16a Legal fees (attach schedule)   b Accounting fees (attach schedule)   b Accounting fees (attach sch)   17   Interest   18   Taxes (attach schedule)   schedule() see instrs)   19   Depreciation (attach sch)   17   Interest   18   Taxes (attach schedule() see instrs)   19   Depreciation (attach sch)   20   Occupancy   21   Travel, conferences, and meetings   22   Printing and publications   23   Other expenses (attach schedule)   See Statement   2   24   Total operating and administrative expenses Add lines 13 through 23   25   Contributions, gifts, grants paid   Stmt   3   110, 964   110		<b> </b>	(attach schedule)		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
15   Pension plans, employee benefits   16a Legal fees (attach schedule)   b Accounting fees (attach schedule)   b Accounting fees (attach sch)   17   Interest   18   Taxes (attach schedule)   schedule() see instrs)   19   Depreciation (attach sch)   17   Interest   18   Taxes (attach schedule() see instrs)   19   Depreciation (attach sch)   20   Occupancy   21   Travel, conferences, and meetings   22   Printing and publications   23   Other expenses (attach schedule)   See Statement   2   24   Total operating and administrative expenses Add lines 13 through 23   25   Contributions, gifts, grants paid   Stmt   3   110, 964   110	\ <u>`</u> .j	11 Other income (at	ttach schedule)		-	, , , , , , , , ,	* ***
15   Pension plans, employee benefits   16a Legal fees (attach schedule)   b Accounting fees (attach schedule)   b Accounting fees (attach sch)   17   Interest   18   Taxes (attach schedule)   schedule() see instrs)   19   Depreciation (attach sch)   17   Interest   18   Taxes (attach schedule() see instrs)   19   Depreciation (attach sch)   20   Occupancy   21   Travel, conferences, and meetings   22   Printing and publications   23   Other expenses (attach schedule)   See Statement   2   24   Total operating and administrative expenses Add lines 13 through 23   25   Contributions, gifts, grants paid   Stmt   3   110, 964   110		72 Total. Add line	es 1 through 11	101,294.	112.4	89. 112.4	
15   Pension plans, employee benefits   16a Legal fees (attach schedule)   b Accounting fees (attach schedule)   b Accounting fees (attach sch)   17   Interest   18   Taxes (attach schedule)   schedule() see instrs)   19   Depreciation (attach sch)   17   Interest   18   Taxes (attach schedule() see instrs)   19   Depreciation (attach sch)   20   Occupancy   21   Travel, conferences, and meetings   22   Printing and publications   23   Other expenses (attach schedule)   See Statement   2   24   Total operating and administrative expenses Add lines 13 through 23   25   Contributions, gifts, grants paid   Stmt   3   110, 964   110	13	13 Compensation of	f officers, directors, trustees, etc				
16 a Legal fees (attach schedule)   b Accounting fees (attach sch)   See St 1   S,500.     1	<b>1</b>	11	•		<u> </u>		
b Accounting fees (attach sch) See St 1 c Other prof fees (attach sch) linterest 17 Interest 18 Taxes (attach schedule)(see instrs) 19 Depreciation (attach sch) 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 30 Other expenses (attach schedule) 23 See Statement 2 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 36 Total expenses and disbursements Add lines 24 and 25 310,964 326 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter 0) C Adjusted net income (if negative, enter 0) C Adjusted net income (if negative, enter 0) C Adjusted net income (if negative, enter 0)  17 Interest 5,500. 5,5	$\sim$						
C Other prof fees (attach sch)  17 Interest 18 Taxes (attach schedule)Xee instrs) 19 Depreciation (attach sch) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule)  See Statement 2  445.  24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, gifts, grafts paid Stmt 3  26 Total expenses and disbursements Add lines 24 and 25  110, 964.  27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0) C Adjusted net income (if negative, enter -0) C Adjusted net income (if negative, enter -0) 112, 489.	S C			5,500.			
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0) c Adjusted net income (if negative, enter 0)  110, 964.  110, 964.  110, 964.  110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.	N	l	(attach sch)				
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26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0) c Adjusted net income (if negative, enter 0)  110, 964.  110, 964.  110, 964.  110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.  1110, 964.		23 Other expenses		445.			
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27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0) c Adjusted net income (if negative, enter 0)  112,489.						0.	
and disbursements -15, 615.  b Net investment income (if negative, enter -0) 112, 489.  c Adjusted net income (if negative, enter 0) 112, 489.		1				-	3
b Net investment income (if negative, enter -0 )  C Adjusted net income (if negative, enter 0 )  112,489.		_	•	-15,615.			,
		b Net investment	income (if negative, enter -0)		112,4		
					1		

Dart	11	Balance Sheets	column should be for end-of-year amounts only	Beginning or year	Ellu C	n year
rait	81		(See instructions )	(a) Book Value	<b>(b)</b> Book Value	(c) Fair Market Value
	1	1 Cash — non-interest-bearing				
	2	Savings and tempor	rary cash investments	146,252.	69,774.	
	3	Accounts receivable	·			# 1
		Less allowance for	doubtful accounts			
	4	Pledges receivable	<b></b>		· · · · · · · · · · · · · · · · · · ·	
		Less allowance for	doubtful accounts ►			
	5	Grants receivable				
	6	disqualified persons (atta	cers, directors, trustees, and other ich schedule) (see instructions)			
	7	Other notes and loans rec				
S		Less allowance for				
S	8	Inventories for sale				
A S S E T	9	Prepaid expenses a			<u> </u>	
S		obligations (attach s	•	47,050.		
			stock (attach schedule) Statement 4	1,254,518.	1,372,257.	1,376,095.
	•	c Investments — corporate	bonds (attach schedule) Statement 5	567,480.	554,254.	544,842.
	11	Investments – land equipment basis	, buildings, and	_ ` · · ·		
		Less. accumulated depred (attach schedule)	<b></b>			
	12					
	13	Investments - othe	•		<del></del>	
	14	Land, buildings, and			/	
		Less. accumulated depre- (attach schedule).	<b>-</b>			
	15 16	Other assets (descr <b>Total assets</b> (to be see the instructions	completed by all filers — Also, see page 1, item I)	2,015,300.	1,996,285.	1,920,937.
Ļ	17	Accounts payable a	nd accrued expenses			
Å	18					
В	19					
Ĺ	20		ctors, trustees, & other disqualified persons.			
ł	21	• •	es payable (attach schedule)			
1	22	Other liabilities (des	scribe	)	·····	
E S	23	Total liabilities (add	d lines 17 through 22)	0.	0.	
		Foundations that for	ollow SFAS 117, check here 24 through 26 and lines 30 and 31.			
N F	24	Unrestricted				
E U T N	25	Temporarily restrict	ed			
D	26	Permanently restrict	eted _			
A B A L A		Foundations that d and complete lines	o not follow SFAS 117, check here 27 through 31.	<u>X</u>		
E L T A	27	Capital stock, trust	principal, or current funds	1,948,802.	1,929,787.	
SÑ	28	Paid-in or capital surplu	s, or land, bldg, and equipment fund	66,498.	66,498.	
OE	29	Retained earnings, accur	nulated income, endowment, or other funds			
ŘŠ	30		fund balances (see instructions)	2,015,300.	1,996,285.	
	31	(see instructions)	net assets/fund balances	2,015,300.	1,996,285.	
Par			nges in Net Assets or Fund Balan		<del></del>	<u> </u>
1	Tota end	al net assets or fund t -of-year figure reporte	palances at beginning of year - Part II, co ed on prior year's return)	olumn (a), line 30 (must a	gree with	2,015,300.
2	Ente	er amount from Part I	i, line 27a		2	-15,615.
3	Othe	r increases not included in	line 2 (itemize)		3	
4						
5		eases not included in line 2			5	3,400.
6	Tota	al net assets or fund l	balances at end of year (line 4 minus line	5) - Part II, column (b),	line 30 <b>6</b>	1,996,285.

Par	t IV   Capital Gains and L	osses for Tax on Investmen	it Income			
	(a) List and describe 2-story brick warehous	the kınd(s) of property sold (e g , r e, or common stock, 200 shares ML	eal estate, .C Company)	(b) How acquir P — Purchase D — Donation	(month, day, year)	(d) Date sold (month, day, year)
1 a	\$35.000 Intl Bk Re	con & Dev.		P	2/10/13	8/24/15
b	\$11,000 US West Com			P	3/12/01	10/15/15
С	William Partners			P	7/16/13	2/05/15
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or (e) plus (f) n	(loss) ninus (g)
a	35,000.		4	7,050.	<del></del>	-12,050.
b	11,086.		1	0,231.		855.
c	2.			2.		0.
d						<del></del>
е						
		ing gain in column (h) and owned b			(I) Gains (Col	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		gain minus column (I than -0-) or Losses (f	
а						-12,050.
b						855.
С						0.
d						
е						
2	Capital gain net income or (ne	t capital loss) If gain, also	enter in Part I, line 7 er -0- in Part I, line 7		2	-11,195.
3	Net short-term capital gain or (	(loss) as defined in sections 1222(5)	) and (6).			
_	ın Part I, line 8.	e 8, column (c) (see instructions) If			3	0.
Par		Section 4940(e) for Reduce				
(For o	optional use by domestic private for	oundations subject to the section 4940	(a) tax on net investment inc	ome)	N/A	
If so	ction 4940(d)(2) applies, leave t	his part blank				
11 300	(1) 4540(d)(2) applies, leave t	ms part blank				
Was	the foundation liable for the sec	ction 4942 tax on the distributable a	mount of any year in the b	ase period?	Yes	∐ No
If 'Ye		lify under section 4940(e) Do not c				
1	Enter the appropriate amount in	each column for each year, see the ins	structions before making any	entries		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	( <b>c)</b> Net value of noncharitable-use as	sets (c	<b>(d)</b> Distribution olumn (b) divided	
	2013					
	2012					
	2011					
	2010			_		_
	2009					
2	Total of line 1, column (d)			;	2	
3	Average distribution ratio for the number of years the foundation	ne 5-year base period — divide the t n has been in existence if less than	total on line 2 by 5, or by t 5 years		3	
4	Enter the net value of nonchar	itable-use assets for 2014 from Par	t X, line 5		4	
5	Multiply line 4 by line 3				5	
6	Enter 1% of net investment inc	come (1% of Part I, line 27b)			5	
7	Add lines 5 and 6				7	
8	Enter qualifying distributions fr	rom Part XII, line 4			В	
	If line 8 is equal to or greater that Part VI instructions	in line 7, check the box in Part VI, line	1b, and complete that part	using a 1% ta	x rate See the	

Parl	t VI . Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction	15)	_
1 a	Exempt operating foundations described in section 4940(d)(2), check here	A PA C	
	Date of ruling or determination letter (attach copy of letter if necessary – see instrs)		-
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	2,250	
	check here ► ☐ and enter 1% of Part I, line 27b	N	-,
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)		_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	0	
3	Add lines 1 and 2	2,250	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	0	•
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	2,250	-
6	Credits/Payments		
а	2014 estimated tax pmts and 2013 overpayment credited to 2014 6a 3,000.	Îran Şîra	;
b	Exempt foreign organizations – tax withheld at source	i, jege sta	,
С	: Tax paid with application for extension of time to file (Form 8868)		,
d	Backup withholding erroneously withheld		{
7	Total credits and payments Add lines 6a through 6d	3,000	
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attached.	6	_
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	0	-
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	744	-
11	Enter the amount of line 10 to be Credited to 2015 estimated tax 744. Refunded 11	0	-
Par	t VII-A Statements Regarding Activities		_
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	ູ້. Yes No	,
	participate or intervene in any political campaign?	1a X	_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1ь х	
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		
С	Did the foundation file Form 1120-POL for this year?	1c X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		Ξ.
	(1) On the foundation	- 12-13-14	***
е	foundation managers \$ 0.		٠
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X	
_	If 'Yes,' attach a detailed description of the activities	- 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<del></del>
_			. ,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3 X	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X	
b	f 'Yes,' has it filed a tax return on Form 990-T for this year?	4b N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X	_
	If 'Yes,' attach the statement required by General Instruction T		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	* * * * * * * * * * * * * * * * * * * *	<u>:</u>
	● 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 state law remain in the governing instrument?	6 X	٠,
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7 X	_
8.2	a Enter the states to which the foundation reports or with which it is registered (see instructions)	650 m 20 VI	. 1
	NY		ž ~4
t	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 <i>General Instruction G</i> ? 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 calendar year 2014 or the taxable year beginning in 2014 (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 orm 990-PF (2014)	_
RAA	·	マラレミアア イノレンム	

Are there any years listed in 2a for which the foundation is <b>not</b> 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)	to
all years listed, answer 'No' and attach statement – see instructions )	

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20 \_ , 20 \_ , 20 \_ , 20 \_ \_

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

b If 'Yes,' did it have excess business holdings in 2014 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 2014)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that cou	uld
jeopardize its charitable purpose that had not been removed from jeopardy before the first day of	
the tax year beginning in 2014?	

Form 990-PF (2014)

3 b

N /A

N/A

Х

X No

Form 990-PF (2014) The Fox Family Cha				1197378	Page <b>6</b>	
Part VII-B   Statements Regarding Activiti		4720 May Be Req	uired (continued	1)		
5 a During the year did the foundation pay or incu	•			_   ;	s	
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	Yes	X No		
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	lic election (see section ition drive?	4955), or to carry	Yes	X No		
(3) Provide a grant to an individual for travel,	study, or other similar p	ourposes?	Yes	X No	, , ,	
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instructions	nan a charitable, etc, or )	ganization described	Yes	X No		
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children o	, literary, or or animals?	Yes	l		
b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?						
Organizations relying on a current notice rega	rding disaster assistanc	e check here	•			
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure response	sibility for the grant?		N/A Yes	No	~	
If 'Yes,' attach the statement required by Regu	ulations section 53 4945	i-5(d)			*	
6 a Did the foundation, during the year, receive ar on a personal benefit contract?			Yes	X No		
<b>b</b> Did the foundation, during the year, pay premi	iums, directly or indirect	lly, on a personal bene	fit contract?	<u> </u>	6 b X	
7a At any time during the tax year, was the found	dation a party to a probi	bited tax shelter transa	action? Yes	X No	* \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
<b>b</b> If 'Yes,' did the foundation receive any procee				□   ···· ···	7 b	
Part VIII Information About Officers, D					ees,	
and Contractors						
1 List all officers, directors, trustees, foundation	n managers and their c	ompensation (see inst				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee bene- plans and deferr compensation	fit   othe	ense account, er allowances	
Jonathan M Fox	President	0.	C		0.	
11 Berkeley Road	0					
Westport, CT 06880-1609						
Dorothy A. Fox	CFO	0.	C	).	0.	
11_Berkeley_Road	0					
Westport, CT 06880	Comptens	0.		).	0.	
Suzanne Fox	Secretary   0	υ.	١	'•	0.	
239 Foreside Road	0					
Falmouth, ME 04105  Marjorie A. Fox	Treasurer	0.	<u></u>	).	0.	
500 West End Avnue	0	0.		•	0.	
New York, NY 10024						
2 Compensation of five highest-paid employees (or	ther than those included o		ns). If none, enter 'NC	NE.'		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee bener plans and deferr compensation	fit othe	ense account, er allowances	
None					<del></del>	
		P- 4*				
Total number of other employees paid over \$50,000	0	······································		•	0	

Form 990-PF (2014) The Fox Family Charitable Foundation Inc  Part VIII. Information About Officers, Directors, Trustees, Foundation Mana and Contractors (continued)	13-4197378 Page 7 gers, Highly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If	one, enter 'NONE.'
(a) Name and address of each person paid more than \$50,000 (b) Ty	pe of service (c) Compensation
None	
	]
Total number of others receiving over \$50,000 for professional services.	• 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such organizations and other beneficiaries served, conferences convened, research papers produced, etc.	s the number of Expenses
1 N/A	
. 1/11	
2	
3	
<b></b>	
4	
Part IX-B: Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2 Amount
1	
<u>N/A</u>	
2	
<b>2</b>	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0.
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	see instructions.)		
1 a	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.  Average monthly fair market value of securities	1 a	1,921,104.
b	Average of monthly cash balances	1 b	126,926.
С	Fair market value of all other assets (see instructions)	1 c	
d	Total (add lines 1a, b, and c)	1 d	2,048,030.
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation) 1 e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,048,030.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	30,720.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,017,310.
6	Minimum investment return. Enter 5% of line 5	6	100,866.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here  ☐ and do not complete this part.)	iting fo	undations
1	Minimum investment return from Part X, line 6	1	100,866.
2 a	Tax on investment income for 2014 from Part VI, line 5 2,250.		
b	Income tax for 2014 (This does not include the tax from Part VI)		
c	Add lines 2a and 2b	2 c	2,250.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	98,616.
4	Recoveries of amounts treated as qualifying distributions	4	· · · · · · · · · · · · · · · · · · ·
5	Add lines 3 and 4	5	98,616.
6	Deduction from distributable amount (see instructions).	6	
	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	98,616.
Par	t XII Qualifying Distributions (see instructions)		
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1 a	110,964.
	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 a	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	110,964.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	110,964.
	<b>Note.</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for qualifies for the section 4940(e) reduction of tax in those years	undation	
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### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	<b>(c)</b> 2013	<b>(d)</b> 2014
1 Distributable amount for 2014 from Part XI, line 7	, , , , , , , , , , , , , , , , , , , ,		\$	98,616.
2 Undistributed income, if any, as of the end of 2014		,		1
a Enter amount for 2013 only	*	* .	0.	, , ,
<b>b</b> Total for prior years 20, 20, 20	٠. ٠	0.	·	\$ % · · · · · · · · · · · · · · · · · ·
3 Excess distributions carryover, if any, to 2014	,		, »	y .
a From 2009 5, 025.	ļ	v 🐧 > (, .2)	, , , , , , , , , , , , , , , , , , ,	,
<b>b</b> From 2010 28,570.	,	``	*	, *
<b>c</b> From 2011			w &	
<b>d</b> From 2012 52,701.		ş		, °
<b>e</b> From 2013		*		, i
f Total of lines 3a through e	86,296.	* ·	· · · · · · · · · · · · · · · · · · ·	* * .
4 Qualifying distributions for 2014 from Part			<i>"</i> ."	* 1.40
XII, line 4 ► \$ 110,964.	*	*, "		, », , , , , , , , , , , , , , , , , ,
a Applied to 2013, but not more than line 2a	*	X1 300 < 100	0.	* ` ,
<ul> <li>b Applied to undistributed income of prior years (Election required — see instructions)</li> </ul>		0.		
c Treated as distributions out of corpus				, ,
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount	***		2	98,616.
e Remaining amount distributed out of corpus	12,348.	* * * * *	*	. ***
5 Excess distributions carryover applied to 2014	0.	, K, & &	* *	0.
(If an amount appears in column (d), the same amount must be shown in column (a))	A. A. A	~	. , , 4	· '· }
,,,	* *			· * *
6 Enter the net total of each column as		,	, · · · · · · · · · · · · · · · · · · ·	
indicated below:		s. 3 s. , y		,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	98,644.			<u> </u>
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b	* *	0.		· ·
c Enter the amount of prior years' undistributed	×.		ķ v	* .
income for which a notice of deficiency has been issued, or on which the section 4942(a)	<i>★</i> *		, -	~
tax has been previously assessed	3	0.		
d Subtract line 6c from line 6b Taxable	3 7 7 7		· * * //	54° ^ } .
amount - see instructions		0.		
e Undistributed income for 2013 Subtract line 4a from				, ,
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2014 Subtract lines			, , , _ , _ , _ , _ , _ , _ , _	
4d and 5 from line 1. This amount must be	7	* *	* `%′	
distributed in 2015		3 v	, , ,	0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by	İ	~**		, i
section 170(b)(1)(F) or 4942(g)(3) (Election				٠,
may be required - see instructions)	0.		<u>)</u> , ,	<b>√</b> 8,
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions).	5,025.		, , ,	
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	93,619.	, .		
10 Analysis of line 9	12,120	,		
a Excess from 2010 28,570.			, , ,	
<b>b</b> Excess from 2011	1		, ,	· *
<b>c</b> Excess from 2012 52, 701.	1		, ,	, , , , , , , , , , , , , , , , , , ,
d Excess from 2013	1			
e Excess from 2014 12,348.				,

Port VIV ( Private Operating Foundation				13-419/3/	
Part XIV Private Operating Foundate  1 a If the foundation has received a ruling or determined.	ermination letter that				N/A
is effective for 2014, enter the date of the	ruling			_	1 4040()(5)
<b>b</b> Check box to indicate whether the foundate		erating foundation of		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year (a) 2014	<b>(b)</b> 2013	Prior 3 years (c) 2012	<b>(d)</b> 2011	(e) Total
investment return from Part X for each year listed	(a) 2014	(6) 2010	(6) 2012	(4) 2011	(0) 1012
<b>b</b> 85% of line 2a					
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>					
d Amounts included in line 2c not used directly for active conduct of exempt activities				_	
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
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)	1				
(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 Information assets at any time during the Information Regarding Foundation Mana a List any managers of the foundation who have close of any tax year (but only if they have None	ne year — see it gers: ve contributed more t	than 2% of the total of	contributions received	by the foundation be	
b List any managers of the foundation who own a partnership or other entity) of which the None	n 10% or more of the foundation has a	e stock of a corporati 10% or greater inte	on (or an equally larg rest	e portion of the owne	ership of
2 Information Regarding Contribution, Gra Check here  X if the foundation only make requests for funds If the foundation make complete items 2a, b, c, and d a The name, address, and telephone number of	akes contributions to es gifts, grants, etc	preselected charital (see instructions)	ble organizations and to individuals or orga	anizations under otl	olicited ner conditions,
a The hame, address, and telephone humber of	or c-mail address of	the person to whom	applications should be		
<b>b</b> The form in which applications should be	submitted and info	ormation and mater	ials they should incl	ude	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charit	able fields, kinds of	institutions, or othe	r factors
BAA	т	EEA0310L 06/17/14			Form <b>990-PF</b> (2014)

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3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount			
Name and address (home or business)	substantial contributor	recipient					
a Paid during the year	SUBSTANTIAL CONTRIBUTOR						
Total			► 3a	-			
b Approved for future payment  Total			► 3b				

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

nter gross amounts unless otherwise indicated	Unrelate	d business income	Excluded	by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (See instructions)
a	_				
b					
С					
d					
e		·			
f					
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					112,489.
5 Net rental income or (loss) from real estate		%^^% <u>.</u>			
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income				<u> </u>	
8 Gain or (loss) from sales of assets other than inventory					-11,195.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue	^. v	\$ \text{\tint{\text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex		数は強化しての一般	END BY
a			<u> </u>		
b					
c					
d					
e					
Subtotal Add columns (b), (d), and (e)			W 57 34		101,294.
13 Total. Add line 12, columns (b), (d), and (e)				13	101,294.
See worksheet in line 13 instructions to verify calculat	ions )				

#### 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) (See instructions)
N/A	

# Form 990-PF (2014) The Fox Family Charitable Foundation Inc 13-4197378 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	<u>'</u>						
describ relating a Transfe (1) Ca: (2) Oth b Other t (1) Sa (2) Pu (3) Re (4) Re (5) Loa (6) Pe c Sharing	ped in section 501(c) to political organicers from the report share assets transactions: les of assets to a rechases of assets that of facilities, equipment arranged formance of serving of facilities, equipment arranged facilities, equipment and the facilities, equipment and the facilities, equipment arranged facilities, equipment and the facilities, equipment and the facilities and the facilities are settled.	c) of the Code (or izations?  Ing foundation to the incomment, or other incomments it is comment, mailing list is above is 'Yes,' services given by	able exempt organization	anizations) ization of  oyees  le Column undation re	n <b>(b)</b> should alw	ays show the	1 a (1) X 1 a (2) X 1 b (1) X 1 b (2) X 1 b (3) X 1 b (4) X 1 b (5) X 1 b (6) X 1 c X
(a) Line no	(b) Amount involved	· , · · · · · · · · · · · · · · · · · ·	of noncharitable exempt organization	<del></del>			ions, and sharing arrangements
describ	oed in section 501(	c) of the Code (o	d with, or related to, one or more ther than section 501(c)(3)) or	tax-exempl in section	t organizations 527?		Yes XNo
	,' complete the foll						
(	a) Name of organiz	zation	(b) Type of organization	on	(c)	Description	n of relationship
N/A							
Under	penalties of perjury, I de ct, and complete Declara	eclare that have skam	nined this eturn, including accompanying than taxpayer) is based on all information	schedules an	d statements, and to parer has any know	the best of my	
7 /	Print Preparer's	name	Preparer's signature	Tit	Date	Check	May the IRS discuss this return with the preparer shown below (see instructions)?    X Yes
Paid /	Bill Schlo	ssberg	Bill Schlossbe		18/5/16	self-emplo	1100100010
Preparer	Firm's name	Ahrensteir	n & Schlossberg CPA	's P.C.		Firm's EIN	13-4139571
Use Only	Firm's address	118 Maple	Ave				
		New City,				Phone no	845-708-5227
BAA							Form <b>990-PF</b> (2014)

2014	Fede	eral Stater	nents		Page 1
Client FFF7378	The Fox Fami	ily Charitable	Foundation Inc		13-4197378
8/05/16			<del></del>		02.09PM
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees					
	— <u>\$</u> Total <u>\$</u>	(a) Expenses per Books 5,500. 5,500.	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes  \$ 0.
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses					
Filing fees Membership fees	 \$ Total <u>\$</u>	(a) Expenses per Books 250. 195. 445.	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes  \$ 0.
Statement 3 Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grant					
Cash Grants and Allocation	ons				
Class of Activity: Donee's Name: Donee's Address:		A Better Ch	ance		
Relationship of Donee: Organizational Status of Amount Given:	Donee:	,		,	\$ 100.
Class of Activity: Donee's Name: Donee's Address:		ADL			ļ
Relationship of Donee: Organizational Status of Amount Given:	Donee:	,			2,000.
Class of Activity: Donee's Name: Donee's Address:		Americares			
Relationship of Donee: Organizational Status of Amount Given:	Donee:	,			2,000.
Class of Activity: Donee's Name: Donee's Address:		Army War Co	ollege		
Relationship of Donee:		,			

2014	Federal Statements	Page 2
Client FFF7378	The Fox Family Charitable Foundation Inc	13-4197378
8/05/16		02 09PM
Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grant	ts.	
Organizational Status of Amount Given:	Donee:	\$ 250.
Class of Activity: Donee's Name: Donee's Address:	Bridgeport Hospital	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	500.
Class of Activity: Donee's Name: Donee's Address:	BH Foundation	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	10,000.
Class of Activity: Donee's Name: Donee's Address:	CT Food Bank	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	3,000.
Class of Activity: Donee's Name: Donee's Address:	CT Humane Society	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	100.
Class of Activity: Donee's Name: Donee's Address:	CT Fund for Environment	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	250.
Class of Activity: Donee's Name: Donee's Address:	Dana Farber	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	500.
Class of Activity: Donee's Name: Donee's Address:	Doctors Without Borders	
Relationship of Donee: Organizational Status of	Donee:	

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2014	Federal Statements	Page 3
Client FFF7378	The Fox Family Charitable Foundation Inc	13-4197378
8/05/16		02:09PM
Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grant	s	·
Amount Given:	\$	3,000.
Class of Activity: Donee's Name: Donee's Address:	Dystonia	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	500.
Class of Activity: Donee's Name: Donee's Address:	Disabled American Vets	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	200.
Class of Activity: Donee's Name: Donee's Address:	Earthplace	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	250.
Class of Activity: Donee's Name: Donee's Address:	Education For All	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	Fidelco Guide Dog	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	500.
Class of Activity: Donee's Name: Donee's Address:	Fairfield University	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	250.
Class of Activity: Donee's Name: Donee's Address:	FCC Foundation	
Relationship of Donee: Organizational Status of	Donee:	

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2014	Federal Statements	Page 4
Client FFF7378	The Fox Family Charitable Foundation Inc	13-4197378
8/05/16		02:09PM
Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Gran	ts	
Amount Given:		\$ 750.
Class of Activity: Donee's Name: Donee's Address:	Friends of Casco Bay	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	500.
Class of Activity: Donee's Name: Donee's Address:	Habitat for Humanity	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	Hole in the Wall	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	4,000.
Class of Activity: Donee's Name: Donee's Address:	Homes with Hope	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	250.
Class of Activity: Donee's Name: Donee's Address:	Family Equality Council	:
Relationship of Donee: Organizational Status of Amount Given:	Donee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	Macular Foundation	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	2,000.
Class of Activity: Donee's Name: Donee's Address:	MADD	
Relationship of Donee: Organizational Status of	Donee:	

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Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Gran	ts	
Amount Given:	\$	300.
Class of Activity: Donee's Name: Donee's Address:	Maine Coalition	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	1,500.
Class of Activity: Donee's Name: Donee's Address:	Maine Island Trail	:
Relationship of Donee: Organizational Status of Amount Given:	Donee:	500.
Class of Activity: Donee's Name: Donee's Address:	Maine Women's Policy	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	Maine Med Cancer Research	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	Mercy Learning	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	2,000.
Class of Activity: Donee's Name: Donee's Address:	Michael J Fox Foundation	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	2,500.
Class of Activity: Donee's Name: Donee's Address:	Metropolitan Museum of Art	
Relationship of Donee: Organizational Status of	Donee:	

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Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants	3	
Amount Given:		\$ 200.
Class of Activity: Donee's Name: Donee's Address:	Maine Historical Society	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	250.
Class of Activity: Donee's Name: Donee's Address:	Muscular Dystrophy	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	NARAL	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	Naval War College	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	250.
Class of Activity: Donee's Name: Donee's Address:	Norwalk Hospital	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	15,000.
Class of Activity: Donee's Name: Donee's Address:	Opportunity Alliance	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	5,000.
Class of Activity: Donee's Name: Donee's Address:	PAWS	
Relationship of Donee: Organizational Status of	Donee:	

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Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grant	s	
Amount Given:		\$ 100.
Class of Activity: Donee's Name: Donee's Address:	Planned Parenthood	:
Relationship of Donee: Organizational Status of Amount Given:	Donee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	Portland ME Museum	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	140.
Class of Activity: Donee's Name: Donee's Address:	Preble Street	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	5,000.
Class of Activity: Donee's Name: Donee's Address:	Project Return	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	550.
Class of Activity: Donee's Name: Donee's Address:	Ronald McDonald House	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	500.
Class of Activity: Donee's Name: Donee's Address:	Save the Children	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	Shepherds	
Relationship of Donee: Organizational Status of	Donee:	

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Amount Given:	\$	250.
Class of Activity: Donee's Name: Donee's Address:	Sightsavers	
Relationship of Donee: Organizational Status of D Amount Given:	onee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	Simon Wisenthal Center	
Relationship of Donee: Organizational Status of D Amount Given:	onee:	300.
Class of Activity: Donee's Name: Donee's Address:	Southern Poverty Center	
Relationship of Donee: Organizational Status of D Amount Given:	onee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	Space Gallery	
Relationship of Donee: Organizational Status of D Amount Given:	onee:	500.
Class of Activity: Donee's Name: Donee's Address:	Thirteen	
Relationship of Donee: Organizational Status of D Amount Given:	onee:	500.
Class of Activity: Donee's Name: Donee's Address:	United Way	
Relationship of Donee: Organizational Status of D Amount Given:	onee:	700.
Class of Activity: Donee's Name: Donee's Address:	Wateraid	
Relationship of Donee: Organizational Status of D	onee:	

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Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants		
Amount Given:		\$ 3,000.
Class of Activity: Donee's Name: Donee's Address:	WYNC	
Relationship of Donee: Organizational Status of D Amount Given:	onee:	190.
Class of Activity: Donee's Name: Donee's Address:	Westport Library	
Relationship of Donee: Organizational Status of D Amount Given:	onee:	450.
Class of Activity: Donee's Name: Donee's Address:	Tufts	
Relationship of Donee: Organizational Status of D Amount Given:	onee:	5,000.
Class of Activity: Donee's Name: Donee's Address:	Westport EMS	
Relationship of Donee: Organizational Status of D Amount Given:	onee:	3,000.
Class of Activity: Donee's Name: Donee's Address:	Westport Playhouse	
Relationship of Donee: Organizational Status of D Amount Given:	, Oonee:	250.
Class of Activity: Donee's Name: Donee's Address:	Westport Historical Society	
Relationship of Donee: Organizational Status of D Amount Given:	, Donee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	Westport Arts Center	
Relationship of Donee: Organizational Status of D	, Donee:	

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Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grant	ts	
Amount Given:	\$	250.
Class of Activity: Donee's Name: Donee's Address:	Westport Weston Family	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	World Affairs Forum	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	2,575.
Class of Activity: Donee's Name: Donee's Address:	World Affairs Council	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	Visiting Nurse & Hospital	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	2,000.
Class of Activity: Donee's Name: Donee's Address:	Intercoastal CT	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	500.
Class of Activity: Donee's Name: Donee's Address:	Childrens Hospital	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	Naval Institute	
Relationship of Donee: Organizational Status of	Donee:	

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Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grant	ts	
Amount Given:	\$	100.
Class of Activity: Donee's Name: Donee's Address:	Give Direct	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	500.
Class of Activity: Donee's Name: Donee's Address:	Oxfam	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	500.
Class of Activity: Donee's Name: Donee's Address:	The Match Foundation	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	Alzheimers Assoc	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	Immigran Legal Aid	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	3,000.
Class of Activity: Donee's Name: Donee's Address:	Boys & Girls club	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	Natioanl MS Society	
Relationship of Donee: Organizational Status of	Donee:	

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Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grant	S	
Amount Given:		\$ 1,000.
Class of Activity: Donee's Name: Donee's Address:	US Naval Institute	:
Relationship of Donee: Organizational Status of Amount Given:	Donee:	59.
Class of Activity: Donee's Name: Donee's Address:	Discovery To Cure	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	250.
Class of Activity: Donee's Name: Donee's Address:	WPY Rock on Justin	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	100.
Class of Activity: Donee's Name: Donee's Address:	LLS Westchester-Hudson	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	Maritime Aquarium	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	1,000.
Class of Activity: Donee's Name: Donee's Address:	Gifts International	
Relationship of Donee: Organizational Status of Amount Given:	Donee:	100.
Class of Activity: Donee's Name: Donee's Address:	FCWA	:
Relationship of Donee: Organizational Status of	Donee:	

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Statement 3 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants	s		
Amount Given:		\$	250.
Class of Activity: Donee's Name: Donee's Address:	Westport Senior Center		
Relationship of Donee: Organizational Status of Amount Given:	Donee:		200.
Class of Activity: Donee's Name: Donee's Address:	Susan Fund		
Relationship of Donee: Organizational Status of Amount Given:	Donee:		750.
		Total \$	110,964.

#### Statement 4 Form 990-PF, Part II, Line 10b Investments - Corporate Stocks

Corporate Stocks	Valuation <u>Method</u>	Book Value	Fair Market Value
2600 CITIGROUP	Cost	\$ 119,861.	\$ 13,824.
550 CON EDISON	Cost	24,722.	36,162.
	Cost	24,038.	83,979.
450 DANAHER CORP 300 UPS CL. B	Cost	22,183.	30,906.
2450 BARCLAYS BK SER 3	Cost	60,932.	63,553.
	Cost	85,430.	110,840.
4000 CORTS TR BELLSOUTH	Cost	31,639.	50,715.
425 ANHEUSER BUSCG		30,031.	29,974.
350 BORG WARNER	Cost		
800 CENTURYLINK	Cost	31,510.	22,568.
550 ILL TOOL WORKS	Cost	29,367.	50,567.
400 NUSTAR ENERGY	Cost	22,761.	20,260.
800 PLAINS ALL AMERICAN PIPELINE	Cost	21,827.	25,376.
4000 POWERSHARES	Cost	55,306.	59,240.
550 RIO TINTO PLC	Cost	30,882.	20,081.
800 SEADRILL LTF	Cost	30,586.	5,176.
300 SIEMENS	Cost	29,754.	30,171.
275 UNION PACIFIC	Cost	30,281.	49,142.
600 VODAFONE	Cost	31,017.	19,782.
1000 HOSPITALITY PPTYS	Cost	25,446.	26,350.
1000 PS BUSINESS	Cost	25,437.	26,160.
1000 PUBLIC STORAGE	Cost	25,586.	25,750.
1000 QWEST CORP	Cost	26,143.	26,200.
600 ML PFD CAP TR III	Cost	14,619.	
300 SMUCKER JM	Cost	32,363.	35,217.
375 STANLEY BLACK & DECKER	Cost	31,256.	39,743.
400 TUPPERWARE BRANDS	Cost	32,091.	23,548.
600 WILLIAMS PARTNERS	Cost	31,803.	17,576.
2475 CITIGROP-7.125%	Cost	63,738.	68,236.

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Statement 4 (continued) Form 990-PF, Part II, Line 10b Investments - Corporate Stocks

Corporate Stocks	Valuation	Book	Fair Market
	<u>Method</u>	Value	Value
2500 MORGAN STANLEY-7.125% 2000 PNC FINL-6.125% 2000 US BANCORP-6% 2000 ZIONS BANCORP-6.3% 289 VERIZON 2000 BANK OFAMERICA-6.5% 2000 CAPITAL ONE-6.25%	Cost Cost Cost Cost Cost Cost Cost Total	\$ 64,432 57,226 56,806 55,445 13,905 51,907 51,927 \$ 1,372,257	55,700. 53,600. 52,300. 13,548. 52,640. 51,860.

Statement 5 Form 990-PF, Part II, Line 10c Investments - Corporate Bonds

Statement 6 Form 990-PF, Part III, Line 5 Other Decreases

Federal excise tax

Total \$ 3,400.