# EXTENDED TO NOVEMBER 15, 2016 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 at <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>

For	caler	dar year 2015 or tax year beg	inning		, and ending	0		
Na	me o	foundation					A Employer identification	number
F	OX	FAMILY FOUNDA	TION				20-1789061	
		nd street (or PO box number if mail		address)	Roo	m/suite	B Telephone number	
		OENOKE RIDGE		<del></del>			203-966-86	82
		own, state or province, country		ostal code			C If exemption application is pe	anding, check here
			6840	<del></del>	<del></del>			
G (	ineck	· · · · · <del></del>	ial return	<del></del> 1	ormer public charit	ty	D 1. Foreign organizations	, check here
		=======================================	al return	Amended return			Foreign organizations me check here and attach co-	eting the 85% test,
<u> </u>	hack		dress change	Name change kempt private foundation			1	
"	_	ction 4947(a)(1) nonexempt ch		Other taxable private found	ation		E If private foundation state under section 507(b)(1)	
L E		arket value of all assets at end c			Accrual		` ` ` `	•
		Part II, col (c), line 16)		ther (specify)	/100/001		F   If the foundation is in a (   under section 507(b)(1)	
	\$			mn (d) must be on cash l	pasis)		(2)(1)	(5), 6.1.00.1.1.0.0
Pa	ırt l	Analysis of Revenue and Ex (The total of amounts in columns (k	penses	(a) Revenue and	(b) Net investr	ment	(c) Adjusted net	(d) Disbursements
		necessarily equal the amounts in c	column (a) )	expenses per books	income		income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, et	c., received	46,800.			N/A	
2016	2	Interest on savings and temporary	t required to attach Sch. B	ļ <del></del>				
7	3	cash investments					<del></del>	
CN.	4	Dividends and interest from se	ecurities	<del></del>	<del></del>			
<b>⇔</b>		Gross rents		} <del></del>				<del> </del>
E E	l	Net rental income or (loss)	<del></del>	<del> </del>	<del></del>			<u> </u>
를 기	l og	Net gain or (loss) from sale of assets Gross sales price for all	s not on line 10	<del> </del>	<del></del>			
EVENUE U	7	assets on line 6a  Capital gain net income (from Part IV	V. line 2)		<del></del>	0.		
불#	8	Net short-term capital gain	- <b>,</b> - <b>- ,</b>	<del></del>				
SCANNED Reven	9	Income modifications						
S	10a	Gross sales less returns and allowances						
Ø	Ь	Less Cost of goods sold						
	C	Gross profit or (loss)						<u> </u>
	11	Other income						
	12	Total. Add lines 1 through 11		46,800.		0.		
	13	Compensation of officers, directors,		0.		0.		0.
	14	Other employee salaries and w	-					<del> </del>
v		Pension plans, employee bene Legal fees	ents	<del></del>				
enses	iva	Accounting fees	STMT 1	2,696.		0.		1,348.
Expe		Other professional fees						= = = = = = = = = = = = = = = = = = = =
ē E	17	Interest					~	
Administrative	18	Taxes		77	RECEIVE	<b>:</b> D		
ist	19	Depreciation and depletion					<u> </u>	
₹	20	Occupancy				)16	91	
	21	Travel, conferences, and meet	ings	8	MOA \$ 2 E		85	<del> </del>
and	22	Printing and publications		100		1 0 1		   <del></del>
	23	Other expenses		l	OODEN.			<del></del>
Operating	24	Total operating and administr		2,696.		0.		1 240
ő	25	expenses. Add lines 13 through Contributions, gifts, grants part		43,655.		<u> </u>		1,348. 43,655.
		Total expenses and disburser		13,033.				33,033.
	20	Add lines 24 and 25	mvilla.	46,351.		0.		45,003.
	27	Subtract line 26 from line 12:			<del></del>			
	a	Excess of revenue over expenses an	nd disbursements	449.				·
·	b	Net investment income (if nega	stive, enter -0-)			0.		
5205		Adjusted net income (if negative					N/A	<del></del>
52350	'!_	LHA For Panerwork Reduct	tion Act Notice coe i	netructions				Form <b>990-PF</b> (2015)

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			[ P - Purchase [		(c) Date acquired (mo., day, yr.)		(d) Date sold (mo., day, yr.)		
<del> </del>					<del>  "</del>	- Don	ation	(		(, 20), 5
b NO	ONE				├-					<del></del>
c					<del>                                     </del>		+			
<u> </u>										
е				<del></del>						
(e) Gross sales price	(e) Gross sales price  (f) Depreciation allowed (or allowable)  (g) Cost or other basis plus expense of sale					Gain or (loss s (f) minus				
8	<del>                                     </del>		<u> </u>							<del></del> -
b			<del> </del>		_					
<u>c</u>	<del> </del>		<del> </del>							
<u>d</u>	+		<del></del>							<del></del>
Camplete aphy for exacts about		anlumn (h) and assessed his	the foundation	10/01/60						
Complete only for assets show	7				-				Col. (h) gain not less tha	
(i) F.M.V. as of 12/31/69	(	j) Adjusted basis as of 12/31/69		cess of col. (i)					(from col. (	
<del></del>	┼──			Col. ()/, ii aliy	-					
<u>a</u>	+		<del> </del>		-					
<u>b</u>	┼		<del> </del>		$\dashv$					
<u>c</u>	+		<del> </del>		$\dashv$					
<u>d</u>	<del> </del>		<del> </del>		-					
<u>e</u>	٠		<u> </u>		╮┤					
2 Capital gain net income or (net e	ranital Incel	If gain, also ente			- 1	2				
				\$ <i>1</i>	7					
Net short-term capital gain or (le			nd (6):		٦١		1			
If gain, also enter in Part I, line I If (loss), enter -0- in Part I, line		5).			-		11			
Part V Qualification	Jnder S	ection 4940(e) for	Reduced	Tax on Net	Inve	stm	ent Inco	ome		
For optional use by domestic priva										
For optional use by domestic priva	ne loundand	יווס סמטופטנינט נוופ ספטנוטווי	ווט אמו (מ)טרפר	HET HIVESTIFIETT HE	come	•)				
If section 4940(d)(2) applies, leave	this part bla	ank.								
Was the foundation liable for the se	otion 4040	tay on the distributable am	ount of any vo	ar in the book ner	. 42					Yes X No
f "Yes," the foundation does not qu				•	lour					TES (ZE) NO
1 Enter the appropriate amount in					ntries					
	1 00011	<del></del>	100,000,0110,001	oro making any or				<del></del>		(d)
(a) Base period years Calendar year (or tax year begint	lar par	(b) Adjusted qualifying dis	tributions	Net value of no	(c) nchar	ıtable-	use assets		Distrit	(d) oution ratio nded by col. (c))
2014	11119 111/		2,698.				0		(001. (b) 010	.00000
2013			8,600.	<del></del>			41	<del>' </del> -	1	185.36585
2012			0,695.	<del></del>			230	<del>' </del>		176.93478
2012			0,240.				8,026			6.25965
2010			1,000.				1,975			5.09394
2010		<del>`</del>	<u> </u>			<u>+</u> -	<u> </u>	<del>' </del>	l	3.03334
2 Total of line 1, column (d)								2	1	373.65423
	s E waar baa	a paried duada the total	an luna 1 hu E	or hutho number	of vo				<del></del> /	J/J.0J425.
3 Average distribution ratio for the the foundation has been in exist	•	•	on mie z by 5,	or by the number	OI yea	ars		١.		274.73084
the roundation has been in exist	ence n iess	man o years						3_	<del> </del>	2/4./3004
4. Enter the not value of nonehoust	.h	ata far 2015 from Dart V	lma E					1.	)	409
4 Enter the net value of noncharita	ible-use ass	ets for 2015 from Part X,	ille 5					4_		403
. M. B. J. L. Ab. J O								1 _		110 265
Multiply line 4 by line 3								5	<del> </del>	112,365
- F.A. 40/ . f. A		2-11-1						1.		0
3 Enter 1% of net investment inco	me (1% of I	Part I, line 2/b)						<u> </u> 6_		0
• • • • • • • • • • • • • • • • • • •										110 265
7 Add lines 5 and 6								7		112,365
s man a ser a	8	1 4								45 000
B Enter qualifying distributions fro	•							8	L	45,003
If line 8 is equal to or greater that See the Part VI instructions.	an line 7, ch	eck the box in Part VI, line	1b, and comp	lete that part using	g a 19	% tax ra	ate. 			

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Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 - :	see instru	ction	s)	
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.	1 1			1	
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				الــــا	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 and enter 1%	11			0.	
	of Part I, line 27b	1 1				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				الــــــ	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.	
3	Add lines 1 and 2	3			0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			0.	
6	Credits/Payments:	1 1			}	
	2015 estimated tax payments and 2014 overpayment credited to 2015	4 [			į	
	Exempt foreign organizations - tax withheld at source	4 (			1	
	Tax paid with application for extension of time to file (Form 8868)	-				
	Backup withholding erroneously withheld					
_	Total credits and payments. Add lines 6a through 6d	7			0.	
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached	8			0.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			<del>- • ·</del>	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
$\overline{}$	Enter the amount of line 10 to be: Credited to 2016 estimated tax ► Refunded ► Int VII-A Statements Regarding Activities	11				
_	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	3 ID		Yes	Ño	
14	any political campaign?	. 111	1a	+	X	
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	7/3	16	<del>                                     </del>	X	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or						
	distributed by the foundation in connection with the activities	a or		}	)	
c	Did the foundation file Form 1120-POL for this year?		10		X	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.		1	}		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_	1		}	
	managers. ► \$ 0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	L	<u>X</u>	
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3_		<u>X</u>	
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		48_		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? STMT 2		5_	Х	<del></del> ,	
	If "Yes," attach the statement required by General Instruction T		1		!	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		- 1		1	
	By language in the governing instrument, or	. 1			-	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the statement of the coverning instrument?	e iaw	- <u>-</u> -	X		
_	remain in the governing instrument?		6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XI	/	7	^	-	
0~	Enter the states to which the foundation reports or with which it is registered (see instructions)		1		1	
oa	CT		<del></del>			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		<del></del>			
U	of each state as required by General Instruction G? If "No," attach explanation		8b	X		
9						
3	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV					
10	to the control of the				X	
			10 Form <b>99</b>	0-PF		

Pa	art VII-A   Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
•••	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		х
10	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	<b></b> -		
12	If "Yes," attach statement (see instructions)	12		Х
40	·	13	x	<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Λ	L
	Website address ► N/A	· C 0	602	
14	The books are in care of ► RODMAN FOX  Telephone no. ► 203-96	0 - 0	002	
	Located at ► 289 OENOKE RIDGE ROAD, NEW CANAAN, CT ZIP+4 ►06	0840		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<i>,</i> . ▶	•
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,	_	Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	<u> </u>		
P	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1	ļ
	a disqualified person?	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A	45		
		1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	<u> </u>		
	before the first day of the tax year beginning in 2015?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):	1		
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2015?	1	i	
	If "Yes," list the years			
b	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.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1 1		
	<b>•</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	[		
	during the year?	1		
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after	1 1		
	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	1		
	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,	( )	ļļ	
	Form 4720, to determine if the foundation had excess business holdings in 2015)  N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		x
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X
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Part VIII Information About Officers, Directors, Trustees, Foundation Mar Paid Employees, and Contractors (continued)	nagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services  [Part   X-A   Summary of Direct Charitable Activities		<u>▶</u>   0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ation such as the	Expenses
1 NOT APPLICABLE.		
		0.
2		
3		
4		
Part X B' Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 1 N/A	2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
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F	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а		1a	0.
b	Average of monthly cash balances	1b	415.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	415.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	415.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	409.
6	Minimum investment return. Enter 5% of line 5	6	20.
F	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
	foreign organizations check here   and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1 1	20.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)	] ]	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	20.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	20.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	20.
_	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<u> </u>	4E 002
8		1 <u>a</u>	45,003.
b		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
. b	,	3b	45,003.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	45,003.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	0.
	Income. Enter 1% of Part I, line 27b	5	45,003.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	lualifies for the	Section

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Part XIII Undis	tributed Income (see	instructions)				
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015	
1 Distributable amount line 7	for 2015 from Part XI,					20.
2 Undistributed income, if a a Enter amount for 201	**				•	
<b>b</b> Total for prior years:			0.			
3 Excess distributions of						
a From 2010	60,401.				ľ	
<b>b</b> From 2011 <b>c</b> From 2012	49,839.					

e From 2014			}
f Total of lines 3a through e	212,219.		
4 Qualifying distributions for 2015 from			
Part XII, line 4: ► \$ 45,003.	'		
a Applied to 2014, but not more than line 2a			0.
<b>b</b> Applied to undistributed income of prior			
years (Election required - see instructions)	·	0.	
c Treated as distributions out of corpus			
(Election required - see instructions)	0.		
d Applied to 2015 distributable amount			
e Remaining amount distributed out of corpus	44,983.		

5	Excess distributions carryover applied to 2015	0.		0.
	(If an amount appears in column (d), the same amount must be shown in column (a) )			
6	Enter the net total of each column as indicated below:			
	a Corpus Add lines 3f, 4c, and 4e Subtract line 5	257,202.		
	b Prior years' undistributed income. Subtract			

line 4b from line 2b
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

**d** From 2013

assessed d Subtract line 6c from line 6b. Taxable

- amount see instructions e Undistributed income for 2014. Subtract line
- 4a from line 2a. Taxable amount see instr.
- f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016
- 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)
- 8 Excess distributions carryover from 2010 not applied on line 5 or line 7
- Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a

U Analysis of thie 9.	
a Excess from 2011	
<b>b</b> Excess from 2012	
c Excess from 2013	
d Excess from 2014	L

49	839.
40,	683.
48,	598.
12,	698.
A A	0.02

0.	
•	

		0.
0.		
60,401.		

196,801.

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e Excess from 2015

20.

	ILY FOUNDAT				89061 Page 10
Part XIV   Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	r 2015, enter the date of	the ruling	▶ [		
b Check box to indicate whether the found	lation is a private operatii	ng foundation described	ın section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					Ì
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					<del>                                     </del>
line 4 for each year listed					ļ
d Amounts included in line 2c not		<del>                                     </del>	<del> </del>	<del> </del>	† <del></del>
used directly for active conduct of					Ì
exempt activities			+		}
e Qualifying distributions made directly		<del>  </del>	<del> </del>	<del> </del>	<del>                                     </del>
for active conduct of exempt activities.					
Subtract line 2d from line 2c					1
3 Complete 3a, b, or c for the	ļ- <del></del>	<del> </del>	<del> </del>	+	<del> </del>
alternative test relied upon:					1
a "Assets" alternative test - enter:		1			j
(1) Value of all assets		<del>                                     </del>	<del> </del>	<del></del>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				<u> </u>	<u> </u>
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed		ļ			
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					<u> </u>
dividends, rents, payments on			ł		}
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public			<del> </del>		
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)			Ţ		t
(3) Largest amount of support from		<del></del>	<del> </del>	<del> </del>	
an exempt organization		1		Ì	
(4) Gross investment income					
Part XV   Supplementary Info	rmation (Comple	te this part only i	f the foundation	had \$5,000 or mo	re in assets
at any time during t					
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation wh	•	than 2% of the total cont	ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed n			,		
RODMAN FOX					
b List any managers of the foundation who	o own 10% or more of th	e stock of a corporation	or an equally large portion	on of the ownership of a pa	artnership or
other entity) of which the foundation has NONE	s a 10% or greater interes	st		. ,	,
2 Information Regarding Contributi	on, Grant, Gift, Loan	Scholarship, etc. Pr	ograms:		
Check here ► X if the foundation o				of accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations u	inder other conditions, co	implete items 2a, b, c, and	d.
a The name, address, and telephone numb					
a The hame, againess, and tolephone hame	o. or o man address of t	no porcon to whom appi	oadono anodia po audi ca		
<b>b</b> The form in which applications should b	e submitted and informat	tion and materials they sl	nould include:		
c Any submission deadlines;					
·			<del> </del>	<del></del>	
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields,	kinds of institutions, or o	other factors:	
E22C01 11 24 1E	<del></del>	<del></del>	<del> </del>		Form 000-DE (0045)

3 Grants and Contributions Paid During the Ye	<u> </u>	Payment	· · · · · - <del>-</del>	
Recipient	If recipient is an individual.	<u>Fayment</u>		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	Todiplotte		
- Tald daining the year				
BRUNSWICK ANNUAL FUND	NONE	PUBLIC	GENERAL FUNDING	
100 MAHER AVENUE GREENWICH, CT 06830				2 500
GREEN, CT 00030		,	1	3,500
MIDDLEBURY COLLEGE	NONE	PUBLIC	TEAM KOHN SCHOLARSHIP	
356 COLLEGE STREET			FUND	
MIDDLEBURY, VT 05753				50.
		1		
FOCUS FOUNDATION	NONE	PUBLIC	GENERAL FUNDING	
PO BOX 190				
DAVIDSONVILLE, MD 21035				1,405.
AMERICAN CANCER SOCIETY	NONE	PUBLIC	GENERAL FUNDING	
250 WILLIAMS ST NW		CODE	DEMENDE FORDING	
ATLANTA, GA 30303				200.
· · · · · · · · · · · · · · · · · · ·				-
ASPIRE - MASSACHUSETTS GENERAL	NONE	PUBLIC	GENERAL FUNDING	
HOSPITAL  1 MAGUIRE RD				
LEXINGTON, MA 02421				2,000.
	TINUATION SHEE	T(S)	▶ 3a	43,655.
b Approved for future payment				
,,				
NONE				
				<del></del>
		<del> </del>		<u></u>
		]		
	L	<u> </u>	1	
Total			<u>▶ 3b</u>	0. orm <b>990-PF</b> (2015)

Form 990-PF (2015) FOX FAMILY FOU	NDATION		<u> </u>	20-	1789061 Page 1
Part XVI-A Analysis of Income-Produ	ıcing Activitie:	<b>S</b>			
Enter gross amounts unless otherwise indicated.		usiness income	Excluded by section 512, 513, or 514		(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue;	code	Amount	code	Amount	function income
a	-		<del>                                     </del>		
b	-				
C	-		+		
d	-		1		
e	-				
f	-		+		
g Fees and contracts from government agencies	<del>                                     </del>				<del> </del>
2 Membership dues and assessments	<del></del>		+		
3 Interest on savings and temporary cash	}			j	
Investments	<del> </del>		+-+		
4 Dividends and interest from securities	<b></b>		+		
5 Net rental income or (loss) from real estate:			+-+		
a Debt-financed property	<del> </del>		+		
<ul> <li>b Not debt-financed property</li> <li>6 Net rental income or (loss) from personal</li> </ul>	-		+-+		<del></del>
				į	
property 7 Other investment income	<del></del>		+-+-	·	
8 Gain or (loss) from sales of assets other	<del> </del>		+-+-		
than inventory			1 1		
9 Net income or (loss) from special events	<del></del>		+		
10 Gross profit or (loss) from sales of inventory	<del></del>		+-+-		
11 Other revenue:	<del>  -  </del>		+		
			1 1		
a	-				
С					
d	I I				
e					
12 Subtotal. Add columns (b), (d), and (e)		0	$\cdot$	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	0 .
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accom	plishment of Ex	cempt Pu	rposes	
Line No. Explain below how each activity for which inc			A contributed	importantly to the accom	plishment of
the foundation's exempt purposes (other than	n by providing funds	for such purposes).			
<del></del>					
					<del></del>
				<del></del>	
		<del> </del>			
					<del></del>

Form **990-PF** (2015)

Part XVII	Information Re Exempt Organ		To and Transactions ar	nd Relationships With Nonch	aritable		
1 Did the oi	<del></del>		Illowing with any other organizatio	an described in section 501/c) of	<del>-    </del>	Yes	No
			ion 527, relating to political organi		1 1		
		ation to a noncharitable exem		Editorio -			II I
(1) Cash			.p. o. gamzation 51,		1a(1)		X
(2) Othe					1a(2)		X
<b>b</b> Other tran							
(1) Sales	of assets to a noncharita	ble exempt organization			1b(1)		X
		ncharitable exempt organizat	ion		1b(2)		Х
(3) Rent	al of facilities, equipment,	or other assets			1b(3)		X
(4) Reim	bursement arrangements				1b(4)		X
(5) Loan	s or loan guarantees				1b(5)		X
(6) Perfo	ormance of services or me	embership or fundraising soli	citations		1b(6)		X
c Sharing o	f facilities, equipment, ma	uling lists, other assets, or pa	aid employees		1c		X
				ways show the fair market value of the good		ets,	
				e in any transaction or sharing arrangemen	t, show in		
		other assets, or services rece					
(8) Line no	(b) Amount involved	<del>  - `'</del>	ritable exempt organization	(d) Description of transfers, transactions, a	nd sharing arra	ingemen	ts
		N,	/ A	<del></del>			
		<del> </del>	<del></del>	+			
		<del> </del>		+			
		<del>                                     </del>	<del></del>	<del> </del>			
				<del> </del>			
		<del></del>		<del> </del>			
				† · · · · · · · · · · · · · · · · · · ·			
				<del></del>			
				<u> </u>			
		<del>                                     </del>		<del> </del>			
		<u></u>		<del></del>			
	•	- ·	o, one or more tax-exempt organiz	rations described			1
		r than section 501(c)(3)) or ir	n section 527?		Yes	X	] No
<b>b</b> _ If "Yes," co	omplete the following scho		(h) Tune of exposuration	4-) December of colots			
	(a) Name of org	Janization	(b) Type of organization	(c) Description of relation	nsnip		
	N/A						
	<del></del>		<del>-                                    </del>				
			<del></del>	<del>-</del>			
Under	penalties of pentry I declare t	hat I have examined this return, inc	cluding accompanying schedules and sta	itements, and to the best of my knowledge	May the IRS d		_
Sign and be	elief, it is true correct and com	te Declaration of preparer (other	er than taxpayer) is based on all informati	on of which preparer has any knowledge	return with the shown below (	preparet	r
Here	* /	U 200	_  xn  10   lb	PRESIDENT	X Yes		"No
Sigr	nature of officer or trustee		Date	Title			
	Print/Type preparer's na	ime Prepar	er's signature	Date Check If PT	N		
Daid		I XA	he # Xou. 1	11/0/24 self-employed			
Paid	ROBERT I.		V 37 Hours		00734		
Preparer Use Only	Firm's name ► CBI	Z MHM, LLC		Firm's EIN ► 34-	187328	32	
OSE OINY	Firm's address N 22	3 COLIMBI OMB O	TREET, SUITE 10	100			
		Z SOUTH 9TH S NNEAPOLIS, MN		1	339-78	Ω11	
		MARKE OUTS ' MIN	. JJTV4	Phone no. 612-	Form <b>990</b>		20151
					I OTHER STORE	(	~v 10)

# 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

Name of the organization

Employer identification number

#### FOX FAMILY FOUNDATION

20-1789061

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

X 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet 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) (2015) Name of organization

Employer identification number

# FOX FAMILY FOUNDATION

20-1789061

(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	s46,800.	Person X 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 contributio
		\$	Person Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
<del></del>		 	Person Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
		\$	Person Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
			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 Par	t 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
		=	
		\$	
(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
		\ \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	

	3 (Form 990, 990-EZ, or 990-PF) (2015)	<del></del>	Page 4
Name of org	anization		Employer identification number
FOX FA	MILY FOUNDATION		20-1789061
Part III	Exclusively religious, charitable, etc., contemporary the year from any one contributor. Complete completing Part III, enter the total of exclusively religious.	columns (a) through (e) and the follow	section 501(c)(7), (8), or (10) that total more than \$1,000 for
<del> </del>	Use duplicate copies of Part III if addition	al space is needed	(and the first t
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
<u> </u>  -		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(L)	(c) cos of gill	
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd 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
		(a) Transfer of sife	
	Transferee's name, address, a	(e) Transfer of gift	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	<del></del>
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
23454 10-26-	15	<del></del>	Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Part XV Supplementary Informatio				<del>,</del>
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		<del>                                     </del>
		}		
BRUNSWICK SCHOOL	NONE	PUBLIC	GENERAL FUNDING	
.00 MAHER AVENUE		}		35.00
GREENWICH, CT 06830	+	<del> </del>	<del> </del>	35,00
	\			
URESEARCH FOR CHILDREN'S CANCER	NONE	PUBLIC	GENERAL FUNDING	}
SETHESDA, MD 20814		Ì		50
2001	<del> </del>	<del> </del>	<del> </del>	
HALLENGED ATHLETES INC	NONE	PUBLIC	GENERAL FUNDING	
0591 WAPLES ST	NONE	FOREIC	SEMERAL FUNDING	1
SAN DIEGO, CA 92121				1,00
			1	
	-			
	<u> </u>			}
<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del></del>	<del>- </del> -	<del> </del>	<del> </del>	<del> </del>
	}		ţ	
<del> </del>			<u> </u>	
	}			
		1	1	
				<del> </del>
		}	}	
			1	
				ļ
			}	
		1		
		1		
Total from continuation sheets		<del></del>	<u> </u>	36,50

FORM 990-PF	ACCOUNTING FEES STA			TATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	2,696.	0.		1,348.
TO FORM 990-PF, PG 1, LN 16B	2,696.	0.		1,348.

	<del></del>		
FORM 990-PF	STATEMENT	CONCERNING LIQUIDATION,	STATEMENT 2
	TERMINATION,	ETC PART VII-A, LINE 5	

### EXPLANATION

SEE SUPPLEMENTARY INFORMATION IN PART XV, WHICH LISTS RECIPIENTS, ADDRESSES AND AMOUNTS OF CONTRIBUTIONS PAID TO RECIPIENT.