Form **9.90-PF**

EXTENDED TO NOVEMBER 15, 2017 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 www irs gov/form990pf

For	alen	dar year 2016 or tax year beginning		, and e	nding		
Nar	ne of	foundation			<u> </u>	A Employer identification	number
		FAMILY FOUNDATION				20-1789061	
		nd street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number	
289 OENOKE RIDGE ROAD				<u> 203-966-86</u>	82		
		own, state or province, country, and ZIP or foreign p	oostal code			C if exemption application is pe	ending, check here
_ <u>N</u>	EW	CANAAN, CT 06840					
G C	heck	all that apply: Initial return	Initial return of a fo	ormer public (charity	D 1. Foreign organizations	s, check here
		Final return	Amended return			2. Foreign organizations me	eting the 85% test
		Address change	Name change			2. Foreign organizations me check here and attach co	mputation
H C	_	type of organization: X Section 501(c)(3) e				E If private foundation sta	
	_	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda			under section 507(b)(1)	(A), check here
I Fa	ır ma	arket value of all assets at end of year J Account	-	Accr	ual	F If the foundation is in a	. —
•		(1),	ther (specify)			under section 507(b)(1)	(B), check here
_	\$		ımn (d) must be on cash b	oasis)			(4)
Pa	ırt <u>i</u>	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books		ivestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes
	_	necessarily equal the amounts in column (a))			J.1110		(cash basis only)
	1	Contributions, gifts, grants, etc., received	55,745.			N/A	ļ
	2	Check Interest on savings and temporary	ļ				ļ
	3	cash investments	<u> </u>	-		·	
	4	Dividends and interest from securities					ļ
		Gross rents					
	_	Net rental income or (loss)					
ē	ba	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all					
en.	_ D	assets on line 6a			0.		
Revenue	7	Capital gain net income (from Part IV, line 2)			<u> </u>		
_	0	Net short-term capital gain					<u> </u>
	9 10a	Income modifications Gross sales less returns					
		and allowances Less Cost of goods sold					
		Gross profit or (loss)					
	11	Other income					
	12	Total, Add lines 1 through 11	55,745.		0.		
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
S	16a	Legal fees					
enses	b	Accounting fees STMT 1	2,695.		1,347.		1,348.
		Other professional fees					
 Administrative Exp	17	Interest		「	PEC	EIVED	
ativ	18	Taxes		T		1 7 2017	
ist	19	Depreciation and depletion			<mark>≋\ JUL</mark>		
<u>E</u>	20-	-Occupancy			8 JUL	- M	
	21	Travel, conferences, and meetings				105	
and	22	Printing and publications		1	OG	DEN. UT	
	23	Other expenses		<u> </u>			
Operating	24	Total operating and administrative			=		
per		expenses. Add lines 13 through 23	2,695.		<u>1,347.</u>		1,348.
0	25	Contributions, gifts, grants paid	53,500.				53,500.
	26	Total expenses and disbursements.					54 545
		Add lines 24 and 25	56,195.		<u>1,347.</u>	<u> </u>	54,848.
	27	Subtract line 26 from line 12:	150				
		Excess of revenue over expenses and disbursements	-450.				
		Net investment income (if negative, enter -0-)			0.	37/3	
	C	Adjusted net income (if negative, enter -0-)	1	I		N/A	1

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Fo	rm 99	00-PF (2016) FOX FAMILY FOUNDATION		20-	1789061 Page 2
	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
뜨	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
•	1	Cash - non-interest-bearing	451.	1.	1.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less; allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	1 "	Receivables due from officers, directors, trustees, and other			
	"	disqualified persons	{		
	,	_			
	l '	Other notes and loans receivable			
	١.	Less: allowance for doubtful accounts	 		
ets	_	Inventories for sale or use	 		
Assets		Prepaid expenses and deferred charges	 		
•	1	Investments - U.S. and state government obligations	 		
	1	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land buildings, and equipment basis			
	1	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
	Į .	Less accumulated depreciation	<u> </u>		
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
	L	instructions. Also, see page 1, item I)	451.	1.	1.
	17	Accounts payable and accrued expenses			!
	18	Grants payable			
LD.	19	Deferred revenue			1
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			1
2	21	Mortgages and other notes payable			
==		Other liabilities (describe >			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted	}		
Š	25	Temporarily restricted			
ala	26	Permanently restricted			
or Fund Balances	-~	Foundations that do not follow SFAS 117, check here	 		
Ē	}	and complete lines 27 through 31.	1		
5	27	Capital stock, trust principal, or current funds	0.	0.	}
ş	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
SS	29	Retained earnings, accumulated income, endowment, or other funds	451.	1.	
Net Assets		Total net assets or fund balances	451.		
Ž	30_	Total list assets of fully palatices			
	21	Total liabilities and net assets/fund balances	451.	1.	ļ
Ξ					· · · · · · · · · · · · · · · · · · ·
LP	art	Analysis of Changes in Net Assets or Fund Ba	nances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	t agree with end-of-year figure reported on prior year's return)		1	451.
2	Enter	amount from Part I, line 27a		2	-450.
3	Othe	r increases not included in line 2 (itemize)			0.
4	Add I	ines 1, 2, and 3		4	1.
5	Decr	eases not included in line 2 (itemize)		5	0.
6_	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	1.
					Form 990-PF (2016)

	FAMILY FOUNDAT		Incomo		2	0-1789	9061	Page 3
	ibe the kind(s) of property sold (e		income	(b) How acquired	(a) Data	acquired	(d) Dat	
	rehouse; or common stock, 200 s			(b) How acquired P - Purchase D - Donation		lay, yr.)	(mo., da	
1a								
b NOI	NE							
<u>c</u>				<u> </u>		 		
e e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale	<u> </u>		ain or (loss) s (f) minus (
a								
b								
<u>c</u>		-						
<u>d</u>								
Complete only for assets showing	g gain in column (h) and owned b	v the foundation	on 12/31/69		(I) Gains (C	Col. (h) gaın ı	minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E	col. (j), if any	CC	il. (k), but ı	not less than (from col. (h	-0-) or	
a								
<u>b</u>								
<u>c</u>								
<u>d</u>								
<u>e</u>		. 8.111		\ 				
2 Capital gain net income or (net cap	oital loss) { If gain, also en If (loss), enter	iter in Part I, line -0- in Part I, line	/ e 7	} 2				
3 Net short-term capital gain or (loss	•		•					
If gain, also enter in Part I, line 8,		ana (o).		}				
If (loss), enter -0- in Part I, line 8 Part V. Qualification Ur	day Continu 4040/a\fa	w Dadwaad	Yawaa Nati] 3				
					OITIE			_ _
(For optional use by domestic private	toundations subject to the section	n 4940(a) tax on	net investment inc	come.)				
If section 4940(d)(2) applies, leave th	ıs part blank.							
Was the foundation liable for the secti	on 4942 tax on the distributable a	amount of any ye	ear in the base peri	od?			Yes	X No
If "Yes," the foundation does not qualit								
1 Enter the appropriate amount in ea	ach column for each year; see the	instructions bef	ore making any en				(4)	
(a) Base period years	(b) Adjusted qualifying o	distributions	Net value of no	(c) ncharitable-use assets	.	Distribi	(d) ution ratio	(5))
Calendar year (or tax year beginnin 2015	<i>9</i> ···/	45,003.	Net Value of He	409		col. (b) dıvı)	110.03	
2014		12,698.).			00000
2013		48,600.		41		1,1	L85.36	
2012		40,695.		230		1	L76.93	
2011		50,240.		8,026	5.		6.2	59656
2 Total of line 1, column (d)					2	1,4	178.59	92078
3 Average distribution ratio for the 5 the foundation has been in existence	•	ar on line 2 by 5,	or by the number	of years			295 7 -1	1 2 1 1 - E
the_foundation.nas.been.in existen	ce it-less-than 5-years				- 3-		493	10410
4 Enter the net value of noncharitable	e-use assets for 2016 from Part >	C, line 5			4			441.
5 Multiply line 4 by line 3					5	ļ	130	,412.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)				6			0.
7 Add lines 5 and 6					7		130	,412.
8 Enter qualifying distributions from					8	!	54	,848.
If line 8 is equal to or greater than	line 7, check the box in Part VI, I	ne 1b, and comp	lete that part using	g a 1% tax rate.				
See the Part VI instructions.						Ε.	orm 990-	PF (2016)
UEUUE I 11-20-10						17.5	J. 111 I	- 12010

	2101 - 10101 - 10101	20-178	1001	<u> </u>	Page 4
Part VI Excise Tax Based on Investment Income (Section 4	940(a), 4940(b), 4940(e), o	r 4948 - see	instru	ctions	s)
1a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔙 a	and enter "N/A" on line 1.				
Date of ruling or determination letter: (attach copy of letter i					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	e ▶ and enter 1%	1			0.
of Part I, line 27b		1 1			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations ente	, , , ,				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	y. 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 on	,	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	1 1			
a 2016 estimated tax payments and 2015 overpayment credited to 2016	68				
b Exempt foreign organizations - tax withheld at source	6b	<u> </u>			
c Tax paid with application for extension of time to file (Form 8868)	6c				
d Backup withholding erroneously withheld	6d				
' Total credits and payments. Add lines 6a through 6d		7			_0_
Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	s attached	8			
Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			0
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpa	· ·	10			
Enter the amount of line 10 to be: Credited to 2017 estimated tax	Refunded	<u>▶ [11]</u>			
art VII-A Statements Regarding Activities			т -	Var	- N -
a During the tax year, did the foundation attempt to influence any national, state, or local	legislation or did it participate or inter	vene in	<u> </u>	Yes	_
any political campaign?			<u>1a</u>	\vdash \dashv	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political properties that the properties of the proper	urposes (see instructions for the defin	iition)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities					
if the answer is Tes to Ta OTTO, attach a detailed description of the activities	es and copies of any materials pul	blished or	- 1	\	ł
distributed by the foundation in connection with the activities	es and copies of any materials pul	blished or			 <u></u> -
distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year?	, ,	blished or	<u>1c</u>		x
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distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during (1) On the foundation. \$\(\) \\ \(\)	g the year: agers. > \$ penditure tax imposed on foundation the IRS? sing instrument, articles of incorporation anges ayear? sear? STMT 2 and either: statory directions that conflict with the	O. on, or N/A	3 4a 4b 5	x	x
distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during (1) On the foundation. \$	g the year: agers. > \$ penditure tax imposed on foundation the IRS? sing instrument, articles of incorporation anges ayear? sear? STMT 2 and either: statory directions that conflict with the	O. on, or N/A	3 4a 4b 5	x	x
distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during (1) On the foundation. \$\int 0. (2) On foundation mana enter the reimbursement (if any) paid by the foundation during the year for political expenditures. Has the foundation engaged in any activities that have not previously been reported to the if "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its govern bylaws, or other similar instruments? If "Yes," attach a conformed copy of the character in the foundation have unrelated business gross income of \$1,000 or more during the b if "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the y if "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied. By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mand remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," a Enter the states to which the foundation reports or with which it is registered (see instruCT).	g the year: agers. > \$ penditure tax imposed on foundation the IRS? Ing instrument, articles of incorporation anges year? The area STMT 2 and either: Indications that conflict with the complete Part II, col (c), and Particles agers. > \$ anges ang	O. on, or N/A	3 4a 4b 5	x	x
distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during (1) On the foundation. \$\int 0. (2) On foundation manage is enter the reimbursement (if any) paid by the foundation during the year for political expenditures. Has the foundation engaged in any activities that have not previously been reported to the if "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its govern bylaws, or other similar instruments? If "Yes," attach a conformed copy of the character is a Did the foundation have unrelated business gross income of \$1,000 or more during the If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the y If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfies. By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mand remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," "A Enter the states to which the foundation reports or with which it is registered (see instruCT If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the CT.	g the year: agers. > \$ penditure tax imposed on foundation the IRS? Ing instrument, articles of incorporation anges year? The area STMT 2 and either: Indications that conflict with the complete Part II, col (c), and Particles agers. > \$ anges ang	O. on, or N/A	3 4a 4b 5	X	x
c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during (1) On the foundation. \$\begin{array}{cccccccccccccccccccccccccccccccccccc	g the year: agers. \$	O. N/A state law	3 4a 4b 5	x	X
c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during (1) On the foundation. S	g the year: agers. \$	O. N/A state law	3 4a 4b 5	X	XXX
c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during (1) On the foundation. \$\begin{array}{c} \text{\$O\$} \cdot \text{(2)} \text{ On foundation managers.} \$\text{\$\tex	g the year: agers. \$ benditure tax imposed on foundation the IRS? Ing instrument, articles of incorporate anges a year? The ear?	O. N/A state law	3 4a 4b 5	X	X

orm 990-PF (2016) FOX FAMILY FOUNDATION			20-17890	61 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired _{(contin}	ued)	
5a During the year did the foundation pay or incur any amount to:	-			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indire	ectly,		
any voter registration drive?			es X No	- 1 1 1
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)	ii aasanbaa iii aaatioii		es X No	'
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or adventional numbers or f		5 21 10	
	, or educational purposes, or r		es X No	
the prevention of cruelty to children or animals?	4. 0		ES A NO	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		in Regulations	-	
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				
expenditure responsibility for the grant?	N	1/A 🗀 Y	es No	
If "Yes," attach the statement required by Regulations section 53 4945	i-5(d)			
${\bf 6a}$ Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		Ī	
a personal benefit contract?			es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a g	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	itable to the transaction?			7b
Part VIII Information About Officers, Directors, Trusto		nagers. Highly	-12	<u> </u>
Paid Employees, and Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
ODMAN FOX	PRESIDENT	Citter 0 /	Companisation	unovianos
89 OENOKE RIDGE ROAD				
EW CANAAN, CT 06840	1.00	0.	0.	0.
ARBY FOX	TREAS/SEC	 		
04 WAHACKME ROAD	TREAD, DEC			
EW CANAAN, CT 06840	1.00	0.	0.	0.
EW CHINAN, CI 00040	1.00	· · ·	- 0.	<u> </u>
	1			
			L	
Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contabutons to	4.3.5
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	hours per week devoted to position	(0)	compensation	allowances
NONE				
				
]		
otal number of other employees paid over \$50,000	<u> </u>			0
Otal Hamber of Other employees paid over 400,000				990-PF (2016)
			FOLIII	CCC-1 (2016)

Form 990-PF (2016) FOX FAMILY FOUNDATION		L789061 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, 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		
	-	
		
	-	
		D
Fotal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produc NOT APPLICABLE.	ed, etc.	
NOT AFFIICABLE.		
		0.
·		
		
3		
		
·		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
N/A		
All other program-related investments. See instructions.		
All other programmelated investments. See instructions.		
·		
Total, Add lines 1 through 3		

Part X	Minimum Investment Return (All domestic foundat	tions must complete this part. Fo	reign foundations, see ir	nstructions)
1 Fair mark	et value of assets not used (or held for use) directly in carrying out ci	haritable, etc., purposes:		
a Average	monthly fair market value of securities		1a	0.
b Average of	of monthly cash balances		1b	448.
c Fair mark	et value of all other assets		1c	
d Total (ad	ld lines 1a, b, and c)		1d	448.
	n claimed for blockage or other factors reported on lines 1a and		3.34	
1c (attaci	h detailed explanation)	1e	0.[연기	
2 Acquisitio	on indebtedness applicable to line 1 assets		2	0.
3 Subtract	line 2 from line 1d		3	448.
4 Cash dee	med held for charitable activities. Enter 1 1/2% of line 3 (for greater a	mount, see instructions)	4	7.
	e of noncharitable-use assets. Subtract line 4 from line 3. Enter here	•	5	441.
6 Minimum	n investment return. Enter 5% of line 5	,	6	22.
Part*XI	Distributable Amount (see instructions) (Section 4942)	j)(3) and (j)(5) private operating fou	ndations and certain	
	foreign organizations check here 🕨 🔲 and do not complete th			
1 Minimum	n investment return from Part X, line 6		11	22.
2a Tax on in	vestment income for 2016 from Part VI, line 5	2a	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
b Income ta	ax for 2016. (This does not include the tax from Part VI.)	2b		
c Add lines	2a and 2b		2c	0.
3 Distributa	able amount before adjustments. Subtract line 2c from line 1		3	22.
4 Recoverie	es of amounts treated as qualifying distributions		4	0.
5 Add lines	3 and 4		5	22.
6 Deduction	n from distributable amount (see instructions)		6	0.
7 Distribute	able amount as adjusted. Subtract line 6 from line 5. Enter here and d	on Part XIII, line 1	7	22.
	Qualifying Distributions (see instructions)		1981	
	paid (including administrative expenses) to accomplish charitable, etc	c., purposes:	· 32.	F4 040
	s, contributions, gifts, etc total from Part I, column (d), line 26		1a	54,848. 0.
	-related investments - total from Part IX-B		1b	0.
	paid to acquire assets used (or held for use) directly in carrying out c	haritable, etc., purposes	2	
	set aside for specific charitable projects that satisfy the:		3.72	
	y test (prior IRS approval required)		3a	
	ribution test (attach the required schedule)		<u>3b</u>	
	g distributions. Add lines 1a through 3b. Enter here and on Part V, Iir		4	54,848.
	ons that qualify under section 4940(e) for the reduced rate of tax on ne	et investment	1 1	_
	Enter 1% of Part I, line 27b		5	0.
	qualifying distributions. Subtract line 5 from line 4		6	54,848.
	e amount on line 6 will be used in Part V, column (b), in subsequent y 40(e) reduction of tax in those years.	rears when calculating whether the fo	oundation qualifies for the s	ection

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7				22.
2 Undistributed income, if any, as of the end of 2016				1
a Enter amount for 2015 only			0.	
b Total for prior years:		_		
		0.		<u> </u>
3 Excess distributions carryover, if any, to 2016:				+
a From 2011 49,839.				f
b From 2012 40,683.		ì		,
c From 2013 48,598.				
d From 2014 12,698.		ļ		
e From 2015 44,983.	196,801.			1
f Total of lines 3a through e	190,801.			
4 Qualifying distributions for 2016 from				i
Part XII, line 4: ► \$ 54,848.			-	ì
a Applied to 2015, but not more than line 2a			U .	
b Applied to undistributed income of prior		0.		:
years (Election required - see instructions)				1
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2016 distributable amount				
e Remaining amount distributed out of corpus	54,826.			22.
5 Excess distributions carryover applied to 2016	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:				1
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	251,627.			
b Prior years' undistributed income. Subtract		_		,
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		; ; ; !
d Subtract line 6c from line 6b. Taxable				1
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
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)	0.			
8 Excess distributions carryover from 2011	40.000			1
not applied on line 5 or line 7	49,839.			
9 Excess distributions carryover to 2017.	001 700			ì
Subtract lines 7 and 8 from line 6a	201,788.			
0 Analysis of line 9:				1
a Excess from 2012 40,683.	1			
b Excess from 2013 48,598.				;
c Excess from 2014 12,698.				1
d Excess from 2015 44,983. e Excess from 2016 54,826.			ĺ	1
e Excess from 2016 54,826.			_,	

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	ILY FOUNDAT				789061 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	<u> N/A</u>	
1 a If the foundation has received a ruling of	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	or 2016, enter the date of t	the ruling	▶ ∟		
b Check box to indicate whether the foun	d <u>ation is a private operatii</u>	ng foundation described		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		4
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	Į.				
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				Ĭ	
e Qualifying distributions made directly				 	
for active conduct of exempt activities.					
Subtract line 2d from line 2c					1
3 Complete 3a, b, or c for the			 		
alternative test relied upon:					
a "Assets" alternative test - enter:	1	}	1	}	}
(1) Value of all assets			 	 	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:			 		
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on		\			
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			 		
an exempt organization		ļ		Į.	
, ,		-	 	 	
Part XV Supplementary Info	rmation (Complet	te this part only i	f the foundation	had \$5 000 or mo	re in assets
at any time during t			i dio iodiladion	παα φο,σσο σι πισ	10 III 455515
1 Information Regarding Foundation	on 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 r	nore than \$5,000). (See s	ection 507(d)(2).)			
RODMAN FOX		_ _ -			
b List any managers of the foundation wh			or an equally large porte	on of the ownership of a pa	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	it.			
NONE					
_2 _Information_Regarding_Contribut		• • • •	•		
Check here X if the foundation of	only makes contributions t	o preselected charitable	organizations and does i	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations u	nder other conditions, c	omplete items 2a, b, c, and	i d
a The name, address, and telephone num	ber or e-mail address of th	he person to whom appli	cations should be addres	ssed:	
b The form in which applications should t	ne submitted and informat	on and materials they st	ould include.	 	
• The form in which approaches should be					
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographica	l areas, charitable fields	kinds of institutions or	other factors	
	,	,			
			·		

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
BRUNSWICK SCHOOL	NONE	PUBLIC	ANNUAL FUND CURRENT	
100 MAHER AVENUE			PARENT	
GREENWICH, CT 06830		 	<u> </u>	3,500.
BRUNSWICK SCHOOL	NONE	PUBLIC	UNRESTRICTED CAPITAL	
100 MAHER AVENUE GREENWICH, CT 06830		1	FUND	35,000.
	 	 	 	
LEUKEMIA & LYMPHOMA SOCIETY	NONE	PUBLIC	GENERAL FUNDING	
5700 BRECKSVILLE RD	NONE	CODDIC	BENERAL FONDING	
INDEPENDENCE,, OH 44131		<u> </u>		10,000.
MASSACHUSETTS FALLEN HEROES MEMORIAL	NONE	PUBLIC	GENERAL FUNDING	
FUND, INC				
100 HALLET ST		!		
DORCHESTER, MA 02124	 	<u> </u>	 	5,000.
Total			▶ 3a	53,500.
b Approved for future payment				
BRUNSWICK SCHOOL	NONE	PUBLIC	UNRESTRICTED CAPITAL	
100 MAHER AVENUE GREENWICH, CT 06830			FUND	105 000
SKEENWICH, CT 00030	†	 	 	105,000.
		ļ		
		1		
	1	j		
		<u> </u>	<u> </u>	_
Total			<u>▶ 3b</u>	105,000.

Part XVI-A	Analysis	of Income-Producing	Activities

1 Program service revenue: a b c d	(a) Business	(b)	(C) Exclu-	d by section 512, 513, or 514	(e) Related or exempt
a b c	code	Amount	sion	Amount	function income
b					
			1	· · · · · · · · · · · · · · · · · · ·	
0			+-+		
			}}		
e	-		┼- ├-		
g Fees and contracts from government agencies	-		++		
2 Membership dues and assessments			 		
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:			-		
a Debt-financed property	—	-	├ ─├		
b Not debt-financed property	 		1		
6 Net rental income or (loss) from personal					
7 Other investment income	 - - - - - - - - 		 		
8 Gain or (loss) from sales of assets other	 -		 		
than inventory					
9 Net income or (loss) from special events		 	t - t		
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b	-		┡╌┡		
c			\vdash		
d	-		├ ─-		
6 (h) (d) and (a)	-	0.		0.	0.
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		ــــــــــــــــــــــــــــــــــــــ	13	
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accomr	lishment of Eve	emnt P	Urnoses	
Line No. Explain below how each activity for which inc			contribut	ed importantly to the accom	plishment of
the foundation's exempt purposes (other than	T by providing funds i	or such purposes).			
1					

Form 990-PF		AMILY FOU				20-178			ige 13
Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations									
1 Did the	organization directly or indi	rectly engage in any	of the followin	g with any other organiza	tion descri	bed in section 501(c) of		Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?						•			
a Transfe	ers from the reporting founda	ation to a noncharita	able exempt org	janization of:					
(1) Ca	sh						1a(1)		Х
(2) Oti	her assets						1a(2)		Х
b Other to	ransactions;						ļ	ļ	
(1) Sales of assets to a noncharitable exempt organization						1b(1)	\perp	X	
(2) Pu	rchases of assets from a not	ncharitable exempt (organization				1b(2)		Х
(3) Re	ntal of facilities, equipment,	or other assets					1b(3)	\perp	X
(4) Re	imbursement arrangements						1b(4)		X
(5) Lo	ans or loan guarantees						1b(5)	-	X
	rformance of services or me	· ·					1b(6)	1	X
_	g of facilities, equipment, ma	•		•			1c		X
						w the fair market value of the goods		sets,	
				d less than fair market va	lue in any	transaction or sharing arrangement,	show in		
$\overline{}$	(d) the value of the goods,			avament arganization		No.			
(a) Line no	(b) Amount involved	(c) Name o		exempt organization	(0	Description of transfers, transactions, an	d sharing Ari	angemen	.ts
			<u> N/A</u>						
+									
\longrightarrow									
+				<u> </u>					
					_				_
									
					\dashv				
-									
					\neg	<u> </u>			
ın sectio	oundation directly or indirect on 501(c) of the Code (other complete the following sche	than section 501(c	•		nizations d	escribed	Yes	X] No
	(a) Name of org			(b) Type of organization		(c) Description of relation	nship		
	N/A								
						·		_	
					ــــــــــــــــــــــــــــــــــــــ				
Sign and Here				taxpayer) is based on all inform	P P	RESIDENT	May the IRS eturn with the shown below	e prepare (see inst	er
	Print/Type preparer's na		Preparer's sign	Date gnature	Title Date	Check If PTI	v		
Paid	ROBERT I. I		1200	set Klum	6/20	self- employed	00734	317	
Prepare Use Only	r Firm's name ► CBI		iC		<u></u> -	Firm's EIN ► 34-			
Firm's address ► 222 SOUTH 9TH STREET, SUITE 1000									
MINNEAPOLIS, MN 55402 Phone no. 612-339-781				811					

Phone no. 612-339-7811 Form **990-PF** (2016)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990 .

OMB No 1545-0047

2016

Employer identification number Name of the organization 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 X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** 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 contributions. **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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2016)

	B (Form 990, 990-EZ, or 990-PF) (2016)		Page
Name of o	rganization		Employer identification number
FOX F	AMILY FOUNDATION		20-1789061
Part I	Contributors (See instructions) Use duplicate copies of Part I	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1	RODMAN FOX		Person X Payroll
	289 OENOKE RIDGE ROAD	\$\$	15. Noncash (Complete Part II for
	NEW CANAAN, CT 06840		noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Payroll

(Complete Part II for noncash contributions.)

Employer identification number

FOX FAMILY FOUNDATION

20-1789061

	Noncash Property (See instructions) Use duplicate copies of Par	rt II if additional space is needed.	1705001
(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
		 \$	

623454 10-18-16

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING	2,695.	1,347.		1,348.	
TO FORM 990-PF, PG 1, LN 16B	2,695.	1,347.		1,348.	

FORM 990-PF	STATEMENT CONCERNING LIQUIDATION	ON, 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.