Department of the Treasury

EXTENDED TO NOVEMBER 16, 2020

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.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0047

	For	a!e	ndar year 2019 or tax year beginning		, and ending					
Nain' of foundation FOX FAMILY FOUNDATION, INC							A Employer identification number			
							56-1756144	_		
•	Nur	nber a	and street (or P O box number if mail is not delivere	d to street	address)	Room/suite	B Telephone number			
	_2	<u>45</u>	1 CROASDAILE FARM P	ARKW	AY	101	919-383-55	75		
			town, state or province, country, and ZIP or	foreign (postal code		C If exemption application is po	anding, check here		
	_ <u>D</u>	UR	HAM, NC 27705							
	G (hecl	k all that apply: Initial return		Initial return of a f	ormer public charity	D 1. Foreign organizations	s, check here		
			Final return		Amended return		2 Foreign organizations me	eting the 85% test		
			Address chang		Name change		Foreign organizations me check here and attach co	mputation		
	H_C	_			xempt private foundation	ΩU	E If private foundation sta			
			ection 4947(a)(1) nonexempt charitable tru		Other taxable private found		under section 507(b)(1)	(A), check here		
					ing method; X Cash	Accrual	F If the foundation is in a			
			Part II, col. (c), line 16) 11,903,227. (Pa	- L colu	other (specify)		under section 507(b)(1)	(B), check here		
	₽a			rt i, coiu			-	/d) a		
	11.0	1 (1)	(The total of amounts in columns (b), (c), and (d) necessarily equal the amounts in column (a)	nay not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes		
,		_	Contributions, gifts, grants, etc., received		5.7 1.1000 Par poorto		N/A".	(cash basis only)		
1		2	Check If the foundation is not required to attack	n Sch. R			A STAN A	in thes		
X,		3	Interest on savings and temporary cash investments	0			CONTROL OF STATE OF S	m4		
)	ì	4	Dividends and interest from securities		246,543.	246,543.	*	STATEMENT 1		
			Gross rents			-42,828.		STATEMENT 2		
		Ь	Net rental income or (loss) -42,8	28 ^{£ (}	و الزجيد	2 7	State Property	, , ,		
		6a	Net gain or (loss) from sale of assets not on line 10		579,799.	**	1766 300			
	en	b	Gross sales price for all O D 1 O O		n' 6 2020 0	0 2	The work of the second	, 0		
	evenu	7	Capital gain net income (from Part IV, line 2)	1001	14: 14 0	579,799.	NOTE: THE			
	쀡	8	Net short-term capital gain '-		***************************************			1 1 1 1 2 1		
		9	Income modifications	ر ب	CIV, UI	La Arta		Maria man		
		10a	Gross sales less returns and allowances				" A SECOND . T.	Harrie I N		
		b	Less Cost of goods sold		103 13	A STATE OF THE STA	22.2.2.2.30	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
		C	Gross profit or (loss)			2 4 2 2 5 6 7 7				
	ľ	11	Other income		36,019.	65,805.		STATEMENT 3		
		12	Total. Add lines 1 through 11		819,533.	849,319.		50 175		
		13	Compensation of officers, directors, trustees, etc		55,750.	0.		50,175.		
	ł	14	Other employee salaries and wages		<u> </u>					
	ر,	15	Pension plans, employee benefits							
	2		Legal fees Accounting fees STM	3 A	8,981.	4,490.		4,491.		
	Exper		Accounting fees STM: Other professional fees STM:		28,813.	28,544.		269.		
	ũ		Interest STA.		3,177.	3,177.		0.		
	.21	18	Taxes STM	י 6	10,056.	6,218.		3,838.		
	탏	19	Depreciation and depletion	. •	20,000	<u> </u>		- A		
	디	20	Occupancy					<u></u>		
	뒭	21	Travel, conferences, and meetings							
	_	22	Printing and publications							
	(O)	23	Other expenses STM	. 7	30,405.	22,885.		7,520.		
	_ <u>_</u>		Total operating and administrative							
	Opera		expenses. Add lines 13 through 23		137,182.	65,314.		66,293.		
	Ö	25	Contributions, gifts, grants paid		555,564.	I H. L. MEYON	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	555,564.		
			Total expenses and disbursements.							
			Add lines 24 and 25		692,746.	65,314.		621,857.		
	T	27	Subtract line 26 from line 12:					The Property		
		8	Excess of revenue over expenses and disburseme	its	126,787.		DE SEE SE			
		b	Net investment income (if negative, enter -0-		Market . el	784,005.	THE TEST THE	医型型型		
_		C	Adjusted net income (if negative, enter -0-)		Part and	MAN WALLEN	N/A	18 1/20		

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (20.19)



1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29		; •				
	(must agree with end-of-year figure reported on prior year's return)	•		*	1	Γ.	<u>8,415,516.</u>
2	Enter amount from Part I, line 27a		٠.	•	2		126,787.
3	Other increases not included in line 2 (itemize)			·	3		0.
4	Add lines 1, 2, and 3	v 4	-		4		8,542,303.
5	Decreases not included in line 2 (itemize)			_ •	5		0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29				6		8,542,303.

Form 990-PF (2019) FOX Partily Capital Gains a	FAMILY FOUN	DATION, INC		CPP	ATTACH		6-1756 TATEME		Page 3
(a) List and describe	the kind(s) of property sol rehouse; or common stock	d (for example, real esta		(b) Ho	w acquired	(c) Date	acquired lay, yr.)	(d) Date (mo., da	
	renouse, or common stoc	k, 200 SIIS. MILG CO.)	 _	D-	Donation	(1110., (Jay, yi.)	(1110-, ua	
<u>1a</u>		· · · · · · · · · · · · · · · · · · ·		 					
		-				<u> </u>			
d									
<u>e</u>									
(e) Gross sales price	(f) Depreciation allowable)		st or other basis expense of sale			(h) ((e) plu	iain or (loss) s (f) minus (g))	
<u>a</u>									
<u>b</u>									
<u>c</u>			<u></u>	_					
2 710 201	· 	<u></u>	2 120 40	- -				F70	700
e 2,710,281.	a asia ta columa (b) and a		2,130,483			\ Counc ((Pol (h) says s		799.
Complete only for assets showing	(j) Adjusted basis		cess of col. (i)		CO.) Gains (0 . (k), but	Col. (h) gain m not less than -	.0-) or	
(i) FMV as of 12/31/69	as of 12/31/69		col. (j), if any	_		Losses	(from col. (h)) ,	
<u>a</u> b			****	+	-				
C				\dashv					
<u>d</u>				_		·-			
e			" =	\neg				579,	799.
	C If gain	also enter in Part I, line	7	7		-		•	
2 Capital gain net income or (net ca	pital loss) { If (loss)), enter -0- ın Part İ, lıne		<i>)</i> -	2			579,	799.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,		222(5) and (6):		}					
If (loss), enter -0- in Part I, line 8 [Partival Qualification United States of the st	aday Cootion 4040	(a) for Radinard	Toy on Not I	7	3		<u> N/A</u>		
					inent ince				
(For optional use by domestic private	foundations subject to the	section 4940(a) tax on	net investment inc	come.)					
If section 4940(d)(2) applies, leave th	is part blank.								
Mag the foundation hable for the cost	ion 4040 tou on the distrib	utable amount of any ve	or in the bose name	040			Г	¬ v	X No
Was the foundation liable for the sect If "Yes," the foundation doesn't qualify		• •	•	our			L	168 [ZE NO
1 Enter the appropriate amount in e				tries.					
(a) Base period years		(b)	<u> </u>	(c)			5(9	d) tion ratio	
Base period years Calendar year (or tax year beginnin	ng (n) Adjusted qual	lifying distributions	Net value of nor	ncharita	ble-use assets		(col. (b) divid	tion ratio ed by col. ((c))
2018		582,928.		11,6	78,394	•		.04	9915
2017		535,492.			342,239				7212
2016		462,473.			73,769				4155
2015		428,211.			03,868				9271
2014		413,698.		10,7	<u>780,858</u>	<u>. </u>		.03	8373
2 Total of line 1, column (d)						2_		.21	8926
3 Average distribution ratio for the 5	-year base period - divide	the total on line 2 by 5.0), or by the number	r of yea	rs				
the foundation has been in existen	ce if less than 5 years					3		.04	3785
4 Enter the net value of noncharitable	e-use assets for 2019 fron	n Part X, line 5				4	11	<u>,293,</u>	<u>178.</u>
5 Multiply line 4 by line 3						5		494,	472.
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)					_6_		7,	840.
7 Add lines 5 and 6	,					7		502.	312.
	Dort VII. June 4					8			857.
8 Enter qualifying distributions from		المناه المالية	loto that nact	. 0 40/ 4	nu rate		_	\ <u>u</u>	<u> </u>
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Pa	irt vi, iine ib, and comp	iele uial part using	ja 1% t	ax rate.				
923521 12-17-19							For	m 990-F	PF (2019)

56-1756144 PAGE 1 OF

Capital Gains and Lo	sses for Yax on Investment Income				
(a) List and 2-story bi	d describe the kind(s) of property solo rick warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
	SORS PRIVATE EQUI		P		12/31/19
	SORS PRIVATE EQUI		P		$\frac{12/31/19}{12}$
	SORS SECONDARY FU		P	 	12/31/19
	SORS SECONDARY FU		P	<u> </u>	$\frac{12/31/19}{12}$
	SORS SECONDARY FU		P	·	12/31/19
	SORS SECONDARY FU		P		12/31/19
g PLEXUS FUND II			P	<u> </u>	12/31/19
h TRUST COMPANY	OF THE SOUTH - SE	E ATTACHED	P		12/31/19
		BE ATTACHED	P		12/31/19
		BE ATTACHED	P		12/31/19
k CAPITAL GAINS					, 32, 23
_ <u></u>		···			
					
n		·			
_0			1		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a -144.					-144.
b 7,590.					7,590.
c -672.			 		-672.
d 447.					447.
e 44,825.			·		44,825.
13,530.				** ===	13,530.
g -182.					-182.
h 207,685.		242,721.		* *****	-35,036.
42,038.		25,183.	·	* ==	16,855.
2,319,178.		1,862,578.			456,600.
k 75,986.		2,002,3.01			75,986.
1373001			<u> </u>	*	
m					
n	··				
0			·		
	g gain in column (h) and owned by th	he foundation on 12/31/69	(I) Los	ses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess o	of col. (h) gain over not less than "-0-")	col. (k),
a				-	-144.
<u>b</u>			-	-	7,590.
C					-672.
d					447.
e e			<u> </u>		44,825.
f					13,530.
g					-182.
<u> </u>					-35,036.
<u></u>			-		16,855.
i					456,600.
k					75,986.
<u> </u>					
m			·		
n					
0				<u> </u>	
	pital loss) { If gain, also enter If (loss), enter *-0-	in Part I, line 7_ 3	,]	1	579,799.
2 Capital gain net income or (net cap 2 Net short term contol gain or (los	pital loss) { If (loss), enter *-0- s) as defined in sections 1222(5) and	\ 1	-	.	<u> </u>
If gain, also enter in Part I, line 8,	column (c).	}	1	N/A	

18 Exempt operating boundations described in section 4940(0)(2), check here ▶ □ and enter **WX* on line 1. Obtain of ruling or determination letter: Obtain of ruling of ruling or determination of ruling of ruling letter or determination of ruling letter of ruling or determination of ruling letter or determination or determination of ruling letter or determination o		n 990-PF (2019) FOX FAMILY FOUNDATION, INC. 56-175 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see		tion	Page 4	
Date of ruling or determination letter: (attach copy of letter if recessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here (at Part 1, Ine 27b All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, cot. (b) 2 Tax under section \$11 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add there 1 and 2 5 Xibibite A (income) lax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on Investment lenoms. Subtract fine 4 from the 3. If zero or less, enter -0- 5 Tax based on Investment lenoms. Subtract fine 4 from the 3. If zero or less, enter -0- 5 Tax based on Investment lenoms. Subtract fine 5 from 1889 at 5, 976. 6 Sempt foreign organizations - tax withheld at source 8 D O O O O O O O O O O O O O O O O O O	18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	-			
b Domestic doundations that meet the section 4940(e) requirements in Part V, check here						
of Part I, line 27b A litch the forestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) 7 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 8 Jobitible A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 9 Tax based on investment income. Subtract line 4 from line 3, it zero or less, enter -0-) 10 Tax based on investment income. Subtract line 4 from line 3, it zero or less, enter -0-) 11 Tax based on investment and 2018 overpayment credited to 2019 12 Exempt foreign organizations: Tax withheld at source 13 Exempt foreign organizations: Tax withheld at source 14 Exempt foreign organizations: Tax withheld at source 15 Exempt foreign organizations: Tax withheld at source 16 Dough withhelding erroneously withheld 17 Total credits and payments. Add lines 6a through 6d 18 Enter any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached 10 Overpayment. If line 7 is more than the total of lines 5 and 6, enter in the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 6, enter the amount overpaid 10 Overpayment. If line 7 is more than 800 during the influence any national, state, or local legislation or dust it participate or intervene in any political campaign? 10 During the kayer, do the brundation attempt to influence any national, state, or local legislation or dust it participate or intervene in any political campaign? 10 During the kayer, do the brundation attempt to influence any national, state, or local legislation or dust it participate or intervene in any political campaign? 10 During the kayer, do the brundation if expenditures (exclored 485) imposed during the year? 11 He answer is "Yes" to tar or b, attach a detailed description of the activities. 12 During the kayer, do the foundation in connection with the activities. 13 A A to the requirements of section 506(e) (relatin	b			7,8	40.	
2 Tax vunifer section 5.11 (comments section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3.1 if zero or less, enter -0- 5 Credits/Paymon organizations - tax withheld at source 6 B			_		7	
3	C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)				
Subtitle A (nocme) tax (domestic section 497(a)(1) trusts and taxable foundations only, others, enter -0-) 1 Tax based on Investment income. Subtract line 4 from line 3. If zero or less, enter -0- 1 Certific Payments: 2 D19 estimated tax payments and 2018 overpayment circlified to 2019 1 Exempt foreign organizations - tax withheld at source 1 Tax pay with application for extension of time to file (Form 8868) 1 Exempt foreign organizations - tax withheld at Source 1 Total credits and payments. Add lines 6a through 8d 2 Extension for extension of time to the (Form 8868) 3 Extension for extension of time to the form the folial form to the folial form to the folial folial folial folial form 2220 is attached 3 Extension folial fo	2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				
Tax based on Investment income. Subtract line 4 from line 3, lf zero or less, enter -0- C. Credit/Payments: 2 2019 estimated bar payments and 2018 overpayment credited to 2019 \$\$\$ 2019 estimated bar payments and 2018 overpayment credited to 2019 \$\$\$\$\$\$\$\$\$\$\$\$ 1	3	Add lines 1 and 2		7,8	40.	
8 Control Replyments: a 2019 estimated tax payments and 2018 overpayment credited to 2019 b Exempt foreign organizations - tax withheld at source c Tax pad with application for extension of time to fite (Form 8868) b Control Replyments and payments and times to through 6d c Return any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached c Return any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached c Return any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached c Return any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached c Return any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached c Return any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached c Return any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached c Return any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached c Return any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached c Return any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached c Return any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached c Return any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached c Return any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached c Return any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached c Return any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached and in any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached and in any penalty for underpayment of the activities of incorporation of the definition of the activities of incorporation of the definition of the activities of the activities of the activities of the interpation of the activities of pe	4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				
a 2019 estimated tax payments and 2016 overpayment credited to 2019 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of tame to this (Form 8968) d Backup withholding erroneously withheld Total credits and payments. Add lines Sa through 6d Enter any penalty for underpayment of estimated tax. Check here \(\bigsize \) if Form 2220 is attached Trotal credits and payments. Add lines Sa through 6d Enter any penalty for underpayment of estimated tax. Check here \(\bigsize \) if Form 2220 is attached Trotal credits. If line 7 is more than the total of lines Sa and 8, is more than line 7, enter amount over the control of the control of the control of the control of the same than the total of lines Sa and 8, enter the amount overpaid Total credits. If line 7 is more than the total of lines Sa and 8, enter the amount overpaid Total credits. The control of the Control o	5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		7 <u>,8</u>	<u>40.</u>	
b Exempt foreign organizations - Lax withheld at source c 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 8	6					
Tax paid with application for extension of time to fite (Form 8868) d Backup withholding erroneously withheld d Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here X due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Gredited to 2020 estimated tax 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b During the foundation in connection with the activities. 1c During the foundation in connection with the activities. 1c During the foundation file Form 1120-PDL for this year? 1c X 2 X 1c X 4 Enter the amount (if any) or dix on political expenditures (section 4955) imposed during the year. 1c X 2 X 1c X 3 X 4 Enter the rembursement (if any) or dix on political expenditures (section 4955) imposed during the year. 1c X 3 X 4 But the foundation engaged in any activities that have not previously been reported to the IRS? 1f Yes, attach a detailed description of the activities. 1 As the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bybws, or other similar instruments? If Yes, attach a conflormed						
d Backup withholding ernoeusly withheld 7 Total credits and payments. Add time 6a through 6d 8 Chet any pearly for underpayment of estimated tax. Check here [X] if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpald 11 Center the amount of line 10 to be. Credited to 2200 estimated tax ▶ 10 0 5, 446. 11 Enter the amount of line 10 to be. Credited to 2200 estimated tax ▶ 5, 446 · Retunded ▶ 11 0 0 · Part VIIA Statements Regarding Activities 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition lift he answer is 'Yes' to 1 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. 1 Did the foundation file Form 1120-POL for this year? 2 Enter the remituresment (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . (3) On foundation managers. ▶ \$ 0 . (3) On foundation managers. ▶ \$ 0 . (4) On the foundation make any changes, not previously reported to the IRS? If 'Yes, a that a detailed description of the activities. 11 Has the foundation have unrelated business gross income of \$1,000 or more during the year? 12 If 'Yes, attach the statement required by <i>General Instruction 7</i> or by laws there a flighting in the governing instrument or ● 8) state legislation, dissolution, or substantial contraction during the year? 11 Yes, attach the statement required by <i>General Instruction 7</i> end of the power of the state		The state of the s				
7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☑ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5. and 8 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line? Is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of an in 10 to be. Credited to 2020 estimated tax ▶ 5, 446 · Refunded ▶ 11 0. Part VII-A ☑ 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Duri it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities. 1b Durit it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities. 1b Durit it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities. 1c Durit the foundation like Form 1120-PCL for this year? 1c Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. 1f "Yes," attach a detailed description of the activities. 1h as the foundation engaged in any activities that have not previously been reported to the IRS? 1f "Yes," attach a detailed description of the activities. 1h as the foundation engaged in any activities that a conformed copy of the changes 1h Yes, "No						
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b if "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 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 XV 88 Enter the states to which the foundation reports or with which it is registered. See instructions. NC b if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 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 2019 or the tax year beginning in 2019? See the 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		·	_	^		
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To Stately percent descent descent descent destrict destrict the Too, exactly descent						/\
	10	DIO 2019 PERSONS DECOME SUBSTANTIAL CONTRIDUTORS CURING THE TAX YEAR? If "Yes," attach a schedule listing their names and addresses		-PF		

L	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		X		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?					
	If "Yes," attach statement. See instructions					
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X			
	Website address ► N/A					
14	The books are in care of ► KATE SHIRAH Telephone no. ► 919-38	3-5	575			
	Located at ▶ 2451 CROASDAILE FARM PARKWAY, SUITE 101, DURHAM, ZIP+4 ▶27	705				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			\cdot		
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No		
	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			!		
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		
18	a During the year, did the foundation (either directly or indirectly):		i]		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?					
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)					
	a disqualified person?					
	(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?	ì				
	(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.)		j	· ·		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			لــــــ		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	16		<u> </u>		
	Organizations relying on a current notice regarding disaster assistance, check here			l		
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 2019?	1c		<u> </u>		
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)):					
8	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines					
	6d and 6e) for tax year(s) beginning before 2019?		ĺ	ĺ		
	If "Yes," list the years		,	.		
þ	Are there any years listed in 2a for which the foundation is not 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	<u>2b</u>				
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		l			
_	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		ŀ			
3a						
_	· ·		ł			
b	If "Yes," did it have excess business holdings in 2019 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 Form 4720, Schedule C. to determine if the foundation had excess business holdings in 2019.) N/A					
	3	3b		x		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		^		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			<u></u>		
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	m 990	-DF			
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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be R	equired (contin	ued)			
5a During the year, did the foundation pay or incur any amount to:					Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No		1	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire			ı	ł	l
any voter registration drive?						
(3) Provide a grant to an individual for travel, study, or other similar purposes	s?	Y	es 🗓 No 📗			l
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section					1
4945(d)(4)(A)? See instructions		Y	es 🗓 No 📗	[- 1	ĺ
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f				ŀ	
the prevention of cruelty to children or animals?		Y	es X No			ĺ
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	· · · · · · · · · · · · · · · · · · ·	ın Regulations		-	 ∤	
section 53.4945 or in a current notice regarding disaster assistance? See instr			N/A	_5b		
Organizations relying on a current notice regarding disaster assistance, check			▶□□	1	I	1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				l		1
expenditure responsibility for the grant?	r	I/A Y	28 No	- 1	1	ĺ
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						ĺ
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	—	च्चि		ŀ	ĺ
a personal benefit contract?		Ye	es X No	 -}	——j	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		}	6b		X
If "Yes" to 6b, file Form 8870.			 			ĺ
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y6	s X No N/A	-,		
b If "Yes," did the foundation receive any proceeds or have any net income attribute the foundation subject to the section (1000 to year any net to) of more than 1000 to year any net to) of more than 1000 to year any net to).		•	14/14	_7b	•	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	51,000,000 in remuneration of		es X No		ı	Į l
Part VIII Information About Officers, Directors, Trusto	ees Foundation Mar		S A NU	·`l_		
Paid Employees, and Contractors	ooo, i ouridador ma	agoro, mgm,				
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.					
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Εχρ	ense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deterred compensation	acc	llowan	other
SEE STATEMENT 9		55,750.	0.			0.
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	 			₩		
<u> </u>	4					
	4			1		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	entor "NONE "	L	<u> </u>		
2 Compensation of five highest-paid employees lottler than those inc	(b) Title, and average	HILEF NONE.	(d) Contributions to	16) Expe	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acc	ount,	other
NONE	devoted to position		compensation	a	llowan	ices
NONE	1					
				+		-
· · · · · · · · · · · · · · · · · · ·	1			1		
	 -			+		
	1			1		
	 	 		+		_
	†					
		-		 		
	1					
Total number of other employees paid over \$50,000	 					0
Total manual or other employees paid of the total over						<u>_</u>

FOX FAMILY FOUNDATION, INC.

56-1756144

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
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	▶ 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 as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
_ 	
3	
4	
Part IX-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 2.	Amount
1 <u>N/A</u>	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.
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ĮΡ.	artix Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	11,452,086. 13,069.
b	Average of monthly cash balances	1b	13,069.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	11 <u>,</u> 465,155.
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	11,465,155.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	171,977.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	11,293,178.
6	Minimum Investment return. Enter 5% of line 5	6	564,659.
ĮP.	art:XII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	564,659.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	7,840.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	556,819.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	556,819.
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	556,819.
œ	artiXIII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	621,857.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	······································
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	621,857.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	7,840.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	614,017.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	r the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2019 from Part XI, line 7 2 Undashbuse income, flam, as of the end of 2010 a Enter amount for 2018 only b Total for pron years: 2 Excess distributions carryover, if any, to 2019; a From 2016 d From 2016 d From 2016 d From 2017 e From 2018 f From 2018 d From 2018 d From 2018 d From 2018 d From 2017 e From 2018 c From 2018 d From 2017 e From 2018 d From 2018 d From 2017 e From 2018 d From 2017 e From 2018 d From 2017 e From 2018 d Call, as a strough e 0 · 4 Outsifying distributions for 2019 from Part XII, line 4 № \$ 621, 857 · a Applied to 2018, but not more than line 2a b Applied to undastributed momen of piror years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2019 distributible amount e Remaining amount distributed out of corpus f Excess destributions colorine (i) (i) the latina amount must be shown in colorine (ii) (ii) the latina amount must be shown in colorine (ii) (ii) the latina amount must be shown in colorine (ii) (ii) the latina amount to shown in colorine (ii) (ii) the latina amount to shown in colorine (ii) (ii) the latina amount to shown in colorine (ii) (ii) the latina amount to shown in colorine (ii) (ii) the latina amount to shown in colorine (ii) (ii) the latina amount to shown in colorine (ii) (ii) the latina amount to shown in colorine (ii) (ii) the latina must be shown in colorine (ii) (ii) the latina must be shown in colorine (ii) (ii) the latina must be shown in colorine (ii) (ii) the latina must be shown in colorine (ii) (ii) the latina must be shown in colorine (ii) (ii) the latina must be shown in colorine (ii) (ii) the latina must be shown in colorine (ii) (ii) the latina must be shown in colorine (ii) (ii) the latina must be shown in colorine (ii) (ii) the latina must be shown in colorine (ii) (ii) the latina must be shown in colorine (ii) (ii) the latina must be shown in colorine (ii) (ii) the latina must be shown in colorine (ii) (ii) the latina must be shown in color		(a) Corpus	(b) Years prior to 2018	(¢) 2018	(d) 2019
2 Undsabused become a fany, as at the end of 2019 a Enter amount for 2018 only b Total for prior years: 3 Excess distributions carryover, if any, to 2019; a From 2014 b From 2015 c From 2016 d From 2016 d From 2017 e From 2018 T Total of lines 3a through e 4 Qualifying distributions for 2019 from Part XII, line 4: Ps. 5 621, 857. a Applied to 2018, but not more than line 2a 4 Applied to 2018, but not more than line 2a 5 Applied to undistributed income of prior years (Election required - see instructions) e Treated as distributions out of corpus (Election required - see instructions) e Remaining amount distributed out of corpus c Enter the additional amount of stribution of the same amount instributed out of corpus 5 Excess distributions carryover, waggled to 2019 0. 5 Excess distributions carryover, waggled to 2019 0. 6 Enter the net total of each column as indicated below. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	1 Distributable amount for 2019 from Part XI,		<u></u>		
a Enter amount for 2018 only b Total for prior years: 2 Excess distributions carryover, if any, to 2019: a From 2014 b From 2015 c From 2016 d From 2016 f From 2016 I Total of lines 3s through e O. 4 Outlifying distributions for 2019 from Part XII, line 4: I S 6 21 , 857 . a Applied to 2018, but not more than line 2a Applied to undistributed income of prior years (Election required see instructions) e Traded as distributions out of corpus (Election required see instructions) d Applied to 2019 distributible amount a Remaining amount distributed out of corpus (Election required see instructions) d Excess destributions carryowe applied to 2019 (I an amount appears in encluring (line as amon amount must be shown in column (lin) Enter the nethal 14c, and 4s Subtract line 3 b Prior years' undistributed income. Subtract line 4b from line 2b C Corpus Add trans 314c, and 4s Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b G Line the sheen suit of on on which the section 4942(a) tax has been previously assessed 3 Subtract line 6c from line 6b. Taxable amount see instructions e Undistributed income for 2018. Subtract line 4 a from line 2a. Taxable amount see instri. 1 Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts' treated as distributions out of	line 7	<u> </u>			556,819.
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7 Amounts treated as distributions out of	** * * * * * * * * * * * * * * * * * * *				270 202
					213,434.
corpus to satisfy requirements imposed by					
section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 0 •		0			
	• • •		····		
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 0 •	·	0			
	•				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a 0 •		n			, ,
					4.0
a Excess from 2015	10 Analysis of line 9:				[
b Excess from 2016		İ			esc. The
c Excess from 2017			,	j	· ·
d Excess from 2018			,	Sea le	o
e Excess from 2019			ı	1 m 10 m 20 m	1

Form 990-PF (2019) FOX FAI	MILY FOUNDAT	ION, INC.		<u>56-17</u>	56144 Page 10
PartiXIV Private Operating I			-A, question 9)	N/A	·
1 a If the foundation has reserved a ruling					
foundation, and the ruling is effective f	*	•	▶ ∟	<u> </u>	
b Check box to indicate whether the four		g foundation described in		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for			[[
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c			<u> </u>		
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					·
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section	}			}	\
512(a)(5)), or royalties)					
(2) Support from general public		-			
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part∤XV Supplementary Info	rmation (Complet	e this part only if	the foundation I	nad \$5,000 or more	in assets
at any time during t	he year-see instru	ictions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			butions received by the f	foundation before the close	of any tax
year (but only if they have contributed r	more than \$5,000). (See se	ction 507(d)(2).)			
NONE					
 List any managers of the foundation who other entity) of which the foundation had 			or an equally large portio	n of the ownership of a par	tnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan, S	Scholarship, etc., Pro	grams:		<u> </u>
				ot accept unsolicited reque	sts for funds. If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone num					
SEE STATEMENT 10					
b The form in which applications should t	pe submitted and information	on and materials they sho	ould include:		
c Any submission deadlines:	<u> </u>		- <u></u>		
e miy submission deadilles.					
d Any restrictions or limitations on award	s, such as by geographical	areas, charitable fields, k	unds of institutions, or o	ther factors:	

Part XV. Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient 8 Paid during the year CHARITABLE CONTRIBUTIONS MADE THROUGH PUBLIC VARIOUS INVESTMENT PORTFOLIOS 64. **VARIOUS** SEE ATTACHED LIST OF GRANTEES -PUBLIC VARIOUS ATTACHMENT #2 VARIOUS 555,500. ▶ 3a 555,564. Total b Approved for future payment SEE ATTACHED LIST OF GRANTEES -PUBLIC VARIOUS ATTACHMENT #3 640,000. VARIOUS 640,000. Total

|Part\XVI-A| Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated b	ousiness income		led by section 512, 513, or 514	(e)
•	Business Amount sion		(c) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a				=.	
b			\vdash		
<u> </u>			┢		
<u> </u>			-		
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			14	246,543.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property	531120	-42,858.	16	30.	
b Not debt-financed property	ļ		$\vdash \vdash$		
6 Net rental income or (loss) from personal					
property	—		15	75.	·····
7 Other investment income			13	/5•	
8 Gain or (loss) from sales of assets other than inventory			18	579,799.	
9 Net income or (loss) from special events			-	3,3,,,33,	
10 Gross profit or (loss) from sales of inventory					· · · · · · · · · · · · · · · · · · ·
11 Other revenue:					
a SEE STATEMENT 11		-29,786.		65,730.	
b					
c					·
d				<u></u>	·
e					
12 Subtotal. Add columns (b), (d), and (e)		-72,644.		892,177.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	819,533.
(See worksheet in line 13 instructions to verify calculations.)		*		 	
Relationship of Activities to	o the Accom	plishment of Exe	mpt	Purposes	
Line No. Explain below how each activity for which inco	me is reported in c	olumn (e) of Part XVI-A	contribi	ited importantly to the accom	olishment of
the foundation's exempt purposes (other than			CONTRIBLE	ated importantly to the decom	photonico.
	<u>,, </u>	· · · · · · · · · · · · · · · · · · ·			
		-			
					···
					
	 			·	<u>.</u>
					
					
	 				
-					· - · -
	-		-		
		- *			
923621 12-17-19					Form 990-PF (2019)

(Rart)	Information Regarding Transfers to an Exempt Organizations	nd Transactions and Relationships With	Noncharitable
1 Did	the organization directly or indirectly engage in any of the following	with any other organization described in section 501(c)	Yes No

(other to a Transfe (1) Ca (2) Other to (1) Sa (2) Pu (3) Re (4) Re (5) Lo (6) Pe c Sharing	e organization directly or indirectly organizations: Iles of assets to a noncharital orchases of assets from a normal of facilities, equipment, with the above in the above is indirectly or facilities, equipment, mainswer to any of the above is	izations) or in section to a noncharital ble exempt organizat incharitable exempt or other assets in the state of the section	n 527, relating iole exempt org ion rganization ing solicitatio ts, or paid em	g to political organizations? ganization of: ns ns ployees			1a(2) 1b(1) 1b(2) 1b(3) 1b(4) 1b(5) 1b(6) 1c	X X X X X X X X
	ices given by the reporting for (d) the value of the goods, (ed less than fair market valu	ie in any transaction	or sharing arrangen	nent, show in	
(a) Line no	(b) Amount involved			exempt organization	(d) Description	n of transfers, transaction	ns, and sharing arrangements	
,,	127	(3)	N/A	<u>F</u> V	1			
		-						
				——————————————————————————————————————				
		···				·		
				 				
					 			—
						· 	 	
	-							
				·	 	*		
	·							
				* **				_
2a Is the fo	oundation directly or indirect	ly affiliated with, or i	elated to, one	or more tax-exempt organi	zations described		 -	
ın secti	on 501(c) (other than section	n 501(c)(3)) or in sei	ction 527?				Yes X	No
b If "Yes,"	complete the following sche	edule.			····			
	(a) Name of org	anization		(b) Type of organization		(c) Description of re	lationship	
	N/A						·	
		· 				<u> </u>		
	 -							
		_			 			—
111-	der penalties of perjury, I declare ti	hat I have examined this	return including	accompanying schedules and at	atements, and to the be	st of my knowledge		
Sign Here	belief, it is true, correct, and com				EXECU. DIRECT	as any knowledge LIVE	May the IRS discuss thi return with the preparer shown below? See instr	r
S	ignature of officer or trustee	V		Date *	Title	Chook C .4 1	DTIM	
	Print/Type preparer's na	me	Preparer's si	ignature	Date	Check if	PTIN	
Doid			D = 5 = 5 = 5	3 MHT 1150	00/10/20	self- employed	D00040542	
Paid Prepare	REBECCA WEI				09/18/20	Francis File N. E.	P00848543 6-0747981	—
Prepare Use Onl	111110110110	ON HUGHES	GOODM	WIN TITE		FIRM'S EIN P 3	0-01#130T	
OSO OIII	•	ת פוז זם 11	TDCP P	OAD, SUITE 5	0.0	 -	··- <u>·</u>	
		LBIGH, NC		טאט, אודט איני		Phone no. (9	19) 876- <u>454</u>	6
	1 KA.	PRIGHT NC	2,007			Tringing no. (2)	Form 990-PF (2	

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVES' MENT INCO	
CAPITAL GAIN DIVIDENDS - TRUST COMPANY OF THE SOUTH	75,986.	75,986.	0.		0.
DIVIDENDS - TRUST COMPANY OF THE	73,300.	73,300.	•		•
SOUTH	238,475.	0.	238,475.	238,47	5.
PLEXUS IV PORTFOLIO ADVISORS PRIVATE EQUITY	189.	0.	189.	18	
FUND IV PORTFOLIO ADVISORS	672.	0.	672.	67	2.
SECONDARY FUND II PORTFOLIO ADVISORS	4,555.	0.	4,555.	4,55	5.
SECONDARY FUND III . SQN ALTERNATIVE INVESTMENT FUND	1,630.	0.	1,630.	1,63	0.
IV, LP	1,022.	0.	1,022.	1,02	2.
TO PART I, LINE 4	322,529.	75,986.	246,543.	246,54	3.
FORM 990-PF		RENTAL INCOM	8		STATEMENT 2
KIND AND LOCATION O	F PROPERTY			ACTIVITY NUMBER	GROSS RENTAL INCOME
					-62.
PORTFOLIO ADVISORS DORTFOLIO ADVISORS	1 2				
SON ALTERNATIVE INV	3	-5. -42,858.			
PLEXUS FUND IV-B LP	4	111.			
PORTFOLIO ADVISORS	SECONDARY FU	ND III		5	-14.
				-	-42,828.

FORM 990-PF	OTHER I	NCOME		STATEMENT 3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PORTFOLIO ADVISORS PRIVATE EC	QUITY	4.		
FUND IV PORTFOLIO ADVISORS SECONDARY	FUND		4.	
II PORTFOLIO ADVISORS SECONDARY	FUND	66.	66.	
III		5.	5.	
PORTFOLIO ADVISORS PRIVATE EQ	QUITY	-1.	193.	
PLEXUS FUND II		210.		
PORTFOLIO ADVISORS SECONDARY	FUND	1 647	5 740	
K-1 PLEXUS FUND IV		1,647. 32,380.		
SQN ALTERNATIVE FUND IV		1,733.		
PORTFOLIO ADVISORS SECONDARY	FUND	2,,550	30,3301	•
III K-1		-52.		
SECTION 965(A) INCOME INCLUSI	LON	27.	27.	
TOTAL TO FORM 990-PF, PART I,	LINE 11	36,019.	65,805.	
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
DIXON HUGHES GOODMAN, LLP	8,981.	4,490	•	4,491.
TO FORM 990-PF, PG 1, LN 16B	8,981.	4,490	•	
<u>-</u>	8,981.			
<u> </u>				4,491.
<u> </u>				4,491.
FORM 990-PF C	THER PROFES (A) EXPENSES	SIONAL FEES (B) NET INVEST-	(C) ADJUSTED NET INCOME	4,491. STATEMENT 5 (D) CHARITABLE

FORM: 990-PF	TAX	ES	STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES FOREIGN TAXES 965 TAX PAYMENT GA COMPOSITE TAX	4,265. 5,762. 2. 27.	427. 5,762. 2. 27.		3,838. 0. 0.	
TO FORM 990-PF, PG 1, LN 18	10,056.	6,218.		3,838.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
DUES & SUBSCRIPTIONS SUPPLIES BUSINESS INSURANCE MEETING EXPENSES CONFERENCES & TRAINING TRAVEL & MILEAGE EQUIPMENT MISCELLANEOUS OTHER DEDUCTIONS FROM	4,755. 1,054. 2,037. 290. 443. 258. 1,997.	3,000. 52. 0. 37. 22. 5. 200.		1,755. 1,002. 2,037. 253. 421. 253. 1,797.	
PORTFOLIO ADVISORS PRIVATE EQUITY FUND IV OTHER DEDUCTIONS FROM PLEXUS	2,012.	•		0.	
II K-1 OTHER DEDUCTIONS FROM PASF II K-1	1,152. 7,590.	1,152. 7,590.		0.	
OTHER DEDUCTIONS FROM PLEXUS IV K-1 OTHER DEDUCTIONS FROM PASF	4,050.	4,050.		0.	
III K-1 TO FORM 990-PF, PG 1, LN 23	4,765.	4,765.		7,520.	

FORM 990-PF CORPORATE STOCK	CORPORATE STOCK	
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
TRUST COMPANY OF THE SOUTH EQUITIES TRUST COMPANY OF THE SOUTH FIXED INCOME TRUST COMPANY OF THE SOUTH OTHER	5,188,447. 2,064,267. 855,053.	7,849,950. 2,132,835. 1,485,906.
TOTAL TO FORM 990-PF, PART II, LINE 10B	8,107,767.	11,468,691.

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, DI FOUNDATION MANAG	STATEMENT 9		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
THOMAS BEISCHER 3525 PACIFIC AVENUE SAN FRANCISCO, CA 94118	VICE PRESIDENT	0.	0.	0.
J. DAVID ROSS 1124 FEARRINGTON POST PITTSBORO, NC 27312	DIRECTOR 0.00	0.	0.	0.
DAVID D. BEISCHER 2451 CROASDAILE FARM PKWY, STE 101 DURHAM, NC 27705		0.	0.	0.
BARKER FRENCH 1005 MONMOUTH AVE DURHAM, NC 27701	TREASURER 0.00	0.	0.	0.
G. RHODES CRAVER PO BOX 51579 DURHAM, NC 27717	SECRETARY 0.00	0.	0.	0.
MICHELLE B. BEISCHER 2904 TRAIL WOOD DRIVE DURHAM, NC 27705	DIRECTOR 0.00	0.	0.	0.
KATE SHIRAH 2451 CROASDAILE FARM PKWY, STE 101 DURHAM, NC 27705	EXECUTIVE DIRECT	FOR 47,667.	0.	0.
CATHY C. MCGHEE PO BOX 909 HILLSBOROUGH, NC 27278	ASST SECRETARY 2.00	8,083.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	55,750.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KATE SHIRAH, EXECUTIVE DIRECTOR 2451 CROASDAILE FARM PARKWAY, STE 101 DURHAM, NC 27705

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

(919) 383-5575

N/A

EMAIL ADDRESS

KSHIRAH@FOXFOUNDATION.ORG

FORM AND CONTENT OF APPLICATIONS

ORGANIZATIONS MUST BE INVITED TO APPLY AND ARE PROVIDED WITH THE APPLICATION FORM AND GUIDELINES.

ANY SUBMISSION DEADLINES

SEPTEMBER 15

RESTRICTIONS AND LIMITATIONS ON AWARDS

NO GRANTS TO POLITICAL OR RELIGIOUS ORGANIZATIONS; POTENTIAL GRANTEES MUST BE LOCATED IN DURHAM, ORANGE OR WAKE COUNTY, NORTH CAROLINA; NO GRANTS OR SCHOLARSHIPS WILL BE AWARDED TO INDIVIDUALS; SUPPORT FOR ARTS, COMMUNITY SERVICES, EDUCATION, OR HEALTH.

FORM 990-PF OTI		HER REVENUE	STATEMENT 11		
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
PORTFOLIO ADVISORS	525990				
PRIVATE EQUITY FUND IV		-194.	01	211.	-18.
PLEXUS FUND II	525990	-292.	01	502.	
PORTFOLIO ADVISORS	525990				
SECONDARY FUND K-1		7,387.	01	-5,739.	-1.
PLEXUS FUND IV	525990	-7,754.	01	40,134.	
SQN ALTERNATIVE FUND IV PORTFOLIO ADVISORS	525990 525990	-29,223.	01	30,956.	
SECONDARY FUND III K-1 SECTION 965(A) INCOME		290.	01	-334.	-8.
INCLUSION					27.
TOTAL TO FORM 990-PF, PG 1	.2, LN 11	-29,786.	-	65,730.	