SCANNED NOV 0 9 2021

Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public ► Go to www irs.gov/Form990PF for instructions and the latest information

For	calendar year 2019 or tax year beginning JUL	22, 2019	, and ending	DEC 31, 2019	
Na	ne of foundation	·	···	A Employer identification	number
T	HE <u>FOX F</u> AMILY CHARITABLE	FOUNDATION		84-6561673	
	nber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	· · · · · · · · · · · · · · · · · · ·
	61D WOODRUFF AVENUE			401-932-85	26
	or town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
	AKEFIELD, RI 02879 Check all that apply X Initial return	Initial return of a f	ormor public charity	B 1 Corolan organizations	a shook boro
G (Check all that apply X Initial return Final return	Amended return	ormer public charity	D 1. Foreign organizations	s, check here
	Address change	Name change	•	2 Foreign organizations me check here and attach co	eeting the 85% test,
H (Check type of organization: X Section 501(c)(3) ex		74	E If private foundation sta	
		Other taxable private found	ation U	under section 507(b)(1)	
. I _Fa	ur market value of all assets at end of year J Accounti	ng method: X Cash	Accrual	F If the foundation is in a	
(fi	rom Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1)	
	\$ 538,654. (Part I, colur	nn (d), must be on cash bas	sis)		
₹₽ã	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	215,083.		N/A	
	2 Check I if the foundation is not required to attach Sch. B				PANN, MATERIA PANA
	3 Interest on savings and temporary cash investments	1 003	1 003		CONTRACTOR 1
	4 Dividends and interest from securities	1,893.	1,893.		STATEMENT 1
	5a Gross rents b Net rental income or (loss)	 			
	6a Net gain or (loss) from sale of assets not ordine 10				
Jue	b, assets on line 6a	GEIVED		. 400,122,000	
Revenue	7 Capital gain net income (from Part IV line 2)	8	0.		
æ	8 Net short-term capital gain	20 2020		A 749 AMPARAGEMENT STREET MANY KINS	
	•	2			
	10a Gross sales less returns and allowances	PARTIE DE L'ESTA			
	D Less Cost of goods sold	DEN, UT			
	c Gross profit or (loss)				Control of the contro
	11 Other income	216,976.	1,893.	·	
_	12 Total Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc	210,570.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits		***************************************		
ses	16a Legal fees		"		
Expenses	b Accounting fees				
	c Other professional fees				
Operating and Admınistrative	17 Interest	2.5			
stra	18 Taxes STMT 2	26.	26.		0.
ĬŢ	19 Depreciation and depletion				
۸dr	20 Occupancy21 Travel, conferences, and meetings			-	
Pu.	22 Printing and publications				
g	23 Other expenses STMT 3	220.	220.		0.
atin	24 Total operating and administrative				<u> </u>
per	expenses Add lines 13 through 23	246.	246.		0.
ō	25 Contributions, gifts, grants paid	0.			0.
	26 Total expenses and disbursements.				
	Add lines 24 and 25	246.	246.		0.
	27 Subtract line 26 from line 12:	016 533			
	Excess of revenue over expenses and disbursements	216,730.	1 6 4 7		2016 - 10 10 10 10 10 10 10 10 10 10 10 10 10
	b Net investment income (if negative, enter -0-)		1,647.	N/A	
	c Adjusted net income (if negative, enter -0-)	32000 A 2000		IA / W	

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

_			_	
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29		Ī	
	(must agree with end-of-year figure reported on prior year's return)	1		0.
2	Enter amount from Part I, line 27a	2	Π	216,730.
3	Other increases not included in line 2 (itemize)	3	Τ	0.
4	Add lines 1, 2, and 3	4	Γ	216,730.
5	Decreases not included in line 2 (itemize)	5	Γ	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	Γ	216,730.

Fund Balances

Net Assets

(a) List and describe t	he kind(s) of property sold (for exa rehouse, or common stock, 200 sh	ımple, real esta		(b)	How ac - Purc - Dona	quired hase ation	(c) Date a (mo , da		(d) Date sold (mo , day, yr.)
1a									
b NOI	NE			<u> </u>					
c									
d				<u> </u>					
e									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) (f) minus (
a		<u> </u>							
b									
С									
d									
е									
Complete only for assets showing	g gain in column (h) and owned by	the foundation	n on 12/31/69.				(I) Gains (Co		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (1) col. (1), if any			CC	ol (k), but n Losses (ot less thar (from col (l	n -0-) or h))
a									
b									•
С		<u> </u>							
d		<u> </u>	· · · · · · · · · · · · · · · · · · ·						
e		 							
2 Capital gain net income or (net cap	oital loss) { If gain, also ente	r in Part I, line	7	}	2		-		
	`		: 7	7	-			_	
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, of If (loss), enter -0- in Part I, line 8		nd (6) [.]		}	3				
	nder Section 4940(e) for	Reduced	Tax on Net	Inv	estm	nent In	come		
(For optional use by domestic private									N/A
(1 of optional use by domestic private	Tournations subject to the section	4540(a) tax of	THE WASHINGTON	1001110	• •				21, 22
If section 4940(d)(2) applies, leave th	is part blank								
Was the foundation liable for the secti If "Yes," the foundation doesn't qualify	under section 4940(e). Do not cor	mplete this par	t.					_	Yes No
1 Enter the appropriate amount in e	ach column for each year; see the i	nstructions be	fore making any e	ntries	i.				
(a) Base period years Calendar year (or tax year beginnin	g in) Adjusted qualifying dis	stributions	Net value of no	(c) incha		use assets	s (Dıstrıb col (b) dıvı	(d) ution ratio ided by col. (c))
2018									
2017]		
2016		v						_	
2015									
2014									•
2 Total of line 1, column (d)	<u> </u>	·					2		
3 Average distribution ratio for the 5	-vear base period - divide the total	on line 2 by 5.	0, or by the numb	er of	vears				
the foundation has been in existen		,	-,,		,		3		
4 Enter the net value of noncharitable	e-use assets for 2019 from Part X,	line 5					4		
5 Multiply line 4 by line 3							5		-
6 Enter 1% of net investment income	e (1% of Part I, line 27b)						6		
7 Add lines 5 and 6							7		
8 Enter qualifying distributions from	Part XII, line 4						8		
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in Part VI, line	e 1b, and comp	olete that part usin	g a 1º	% tax r	ate.			

Form 990-					65616		Page 4	
:Part V	Excise Tax Based on Investment Income (Section 494	0(a), 4940(b), 4	1940(e), or 4	948 -	see in:	structio	ns)	
1a Exer	ipt operating foundations described in section 4940(d)(2), check here 🕨 🛄 and e	enter "N/A" on line 1.) _					
Date	of ruling or determination letter (attach copy of letter if ne	cessary-see instruct	ions)					
b Dom	estic foundations that meet the section 4940(e) requirements in Part V, check here	► and enter 1%	6	1			<u>33.</u>	
of Pa	rt I, line 27b							
c All o	her domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4	% of Part I, line 12, co	ol. (b)					
2 Tax	inder section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, o	thers, enter -0-)		2			<u>0.</u>	
	ines 1 and 2			3			33.	
4 Subt	tle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, o	others, enter -0-)		4			0.	
5 Tax	pased on investment income Subtract line 4 from line 3. If zero or less, enter -0-			5			33.	
	ts/Payments		•					
	estimated tax payments and 2018 overpayment credited to 2019	6a	0.					
	pt foreign organizations - tax withheld at source	6b	0.		****			
	aid with application for extension of time to file (Form 8868)	6c	0.					
	up withholding erroneously withheld	6d	0.					
	credits and payments. Add lines 6a through 6d			7			0.	
	any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached		-8			33	
	due If the total of lines 5 and 8 is more than line 7, enter amount owed		>	9			<u>33.</u>	
	payment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		<u> </u>	10				
	the amount of line 10 to be: Credited to 2020 estimated tax		Refunded -	11				
140,747 0 02 740	Statements Regarding Activities				1986	ere Vaa	INA	
	ig the tax year, did the foundation attempt to influence any national, state, or local legis	siation or did it partici	pate or intervene	IFI		Yes	No X	
, .	iolitical campaign?	and Can the instruct	ione for the defini	ıtı o o	-	1a	$\frac{\lambda}{X}$	
	spend more than \$100 during the year (either directly or indirectly) for political purpo answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies			ILIOII	23	1b .x.a 9862.a	22243	
	buted by the foundation in connection with the activities	or arry materials publi	Sileu Oi		1			
	ne foundation file Form 1120-POL for this year?					1c	X	
	the amount (if any) of tax on political expenditures (section 4955) imposed during the	a voar			<u>**</u>	-00° ×3 00%	11 SE	
	On the foundation. \$ 0 • (2) On foundation managers	•	0.		8			
	the reimbursement (if any) paid by the foundation during the year for political expend				8			
	ingers. ►\$ 0.	naro tax imposos on	TO ATTO CALLOTT					
	the foundation engaged in any activities that have not previously been reported to the l	RS?			-A	2	X	
	s," attach a detailed description of the activities.				14	- - - -	£223	
	he foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles o	f incorporation, o	r				
	s, or other similar instruments? If "Yes," attach a conformed copy of the changes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,.			3	X	
-	ne foundation have unrelated business gross income of \$1,000 or more during the year	ır>				4a	Х	
	s," has it filed a tax return on Form 990-T for this year?			N	/A	4b		
5 Was	there a liquidation, termination, dissolution, or substantial contraction during the year	>				5	X	
	s," attach the statement required by General Instruction T				<i>3</i> 2		44.4XX	
6 Are t	ne requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	ither:						
● By	language in the governing instrument, or							
 By 	state legislation that effectively amends the governing instrument so that no mandator	y directions that conf	flict with the state	law				
rema	in in the governing instrument?					6 X		
7 Did t	ne foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	olete Part II, col. (c), a	ind Part XV			7 X		
					\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
8a Enter	the states to which the foundation reports or with which it is registered. See instruction	ons. ►						
_R]			· · · · · · · · · · · · · · · · · · ·					
b If the	answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	attorney General (or d	esignate)					
of ea	ch state as required by General Instruction G? If "No," attach explanation					Bb X		
	foundation claiming status as a private operating foundation within the meaning of se	****	942(j)(5) for cale	ndar				2
	2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes," com		_		_ _	9	<u> X</u>	
10 Did a	ny persons become substantial contributors during the tax year? if "Yes," attach a schedu	le listing their names and	d addresses S	ТМ҉Т	5	10 X	<u> </u>	

8	ant VII-As 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	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► JAMES R FOX Telephone no. ► 40193			
	Located at ► 361D WOODRUFF AVENUE, WAKEFIELD, RI ZIP+4 ►0	2879		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		- >	
	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			
V # *	foreign country	W.W.		E
· E	art VII B Statements Regarding Activities for Which Form 4720 May Be Required	Technology		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	988	Yes	No
18	a During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(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? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)? Yes X No			
	(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.) Yes X No	\$ 1.50 m		
(olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	3243	88 <i>13</i> 872	
		1b	2058844	MANAGERIA
_	Organizations relying on a current notice regarding disaster assistance, check here			
,	: Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	200	3007	X
9	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1c	\$4%\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	defined in section 4942(j)(3) or 4942(j)(5)).			
	i. At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	633		
٠	6d and 6e) for tax year(s) beginning before 2019? Yes X No			
	If "Yes," list the years \(\bigs\),			
١	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	2b		20000
c	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	8002	**************************************	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
-	during the year?			
t	of "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	3b	220423838	ALTERNATION OF THE PARTY OF THE
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			\$ S
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
_		orm 99 0)-PF	(2010)

Form 990-PF (2019) THE FOX FAMILY CHARITABL			84-65616	73 Page 6			
Partiviles Statements Regarding Activities for Which	Form 4720 May Be	Required (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 4945(e))?							
 (2) Influence the outcome of any specific public election (see section 4955); or 							
any voter registration drive?	•		es 🗶 No 📳				
(3) Provide a grant to an individual for travel, study, or other similar purposes	;?	Y	es 🗓 No 🛚 🖁				
(4) Provide a grant to an organization other than a charitable, etc., organizatio	in described in section	-					
4945(d)(4)(A)? See instructions		Y	es 🗶 No 📳				
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or	for					
the prevention of cruelty to children or animals?		Y	es 🗶 No 💈				
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described	in Regulations	88				
section 53.4945 or in a current notice regarding disaster assistance? See instr	uctions		N/A "	5b			
Organizations relying on a current notice regarding disaster assistance, check	here			24 20 10 10 10 10 10 10 10 10 10 10 10 10 10			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	uned	ľ				
expenditure responsibility for the grant?	ľ	J/A 🔲 Y	es 🔲 No 🖟				
If "Yes," attach the statement required by Regulations section 53.4945-5(d).							
6a Did_the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on						
a personal benefit contract?		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	es X No				
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.							
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y	es 🗶 No 🖁				
b If "Yes," did the foundation receive any proceeds or have any net income attribu	utable to the transaction?		N/A	7b			
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	§1,000,000 in remuneration o	r	·	98 96N XG			
excess parachute payment(s) during the year?			es 🗶 No 🖁				
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma						
Paid Employees, and Contractors							
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.						
. (-) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other			
(a) Name and address	to position	enter -0-)	and deterred compensation	allowances			
	TRUSTEE						
361D WOODRUFF AVENUE			,				
WAKEFIELD, RI 02879	0.50	0.	0.	0.			
	•			,			
]			6			
•							
		-					
	`						
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."					
(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	(e) Expense account, other			
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) compensation	employee benefit plans and deferred compensation	allowances			
NONE				· -			
			-				
]		1			
			<u> </u>				
				,			
				<u> </u>			
].						
Total number of other employees paid over \$50,000				0			
				000 DE (00 (0)			

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Part VIII Information About Officers, Directors, Trustees, Foundation No Paid Employees, and Contractors (continued)	lanagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONI	."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service (c) Co	mpensation
NONE		
Total number of others receiving over \$50,000 for professional services	>	0
PartilX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infor number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		es
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 ar	d 2. Amoun	it
1 N/A		
2		
All other program-related investments See instructions.		
3		
	-	

Total. Add lines 1 through 3

1	art[次黨] Minimum Investment Heturn (All domestic foundations r	must complet	e this part. Foreign fou	ındatıons, see	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitab	le, etc , purpos	es:		
а	Average monthly fair market value of securities			1a	209,775.
b	Average of monthly cash balances			1b	330.
C	Fair market value of all other assets			1c	
đ	Total (add lines 1a, b, and c)			1d	210,105.
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	210,105.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount	t, see instructio	ns)	4	3,152.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and o	n Part V, line 4		5	206,953.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SH	ORT TAX	K PERIOD	6	4,621.
βŖ	artXII Distributable Amount (see instructions) (Section 4942(j)(3) a		e operating foundations a	nd certain	
	foreign organizations, check here and do not complete this part.	.)			
1	Minimum investment return from Part X, line 6			1	4,621.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	33.		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	33.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	4,588.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	4,588.
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	t XIII, line 1		7	4,588.
ĮP.	art;XIII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pur	ooses			
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	,,,,,,		1a	0.
	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 charital	ble. etc., purpo	ses	2	
3	Amounts set aside for specific charitable projects that satisfy the:	,,			
а	Suitability test (prior IRS approval required)			3a	
	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, a	nd Part XIII, lin	e 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inve	•			
	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years v 4940(e) reduction of tax in those years.	vhen calculatin	g whether the foundation	qualifies for the	

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,		·		
line 7				4,588.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years		0.		2.0
3 Excess distributions carryover, if any, to 2019		U •		
a From 2014				
bFrom 2015				
c From 2016				3.45
dFrom 2017				1
eFrom 2018				
f-Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from		100	_	
Part XII, line 4 [·] ► \$ 0 •		2 12 13 13 13	_	
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			Λ
d Applied to 2019 distributable amount	0.	AND THE RESERVE OF THE PARTY OF		0.
e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2019				
(If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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.		
dSubtract line 6c from line 6b. Taxable	200	<u> </u>		
amount - see instructions	4.0	0.		3 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
e Undistributed income for 2018. Subtract line			0 14	
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				4,588.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	<u> </u>			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020	- 0.			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9.				
a Excess from 2015				
b Excess from 2016	1			
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

923581 12-17-19

	FAMILY CHA				561673 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	r 2019, enter the date of	the ruling	▶		
b Check box to indicate whether the found	dation is a private operati	ng foundation described	ın section	4942(j)(3) or4	1942(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				ł	
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.			/	1	
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		<u> </u>			<u> </u>
Part XV Supplementary Info at any time during t			if the foundation	n had \$5,000 or m 	ore in assets
Information Regarding Foundation a List any managers of the foundation wh year (but only if they have contributed in TAMES. B. HOW.	o have contributed more		tributions received by the	e foundation before the clo	ose of any tax
JAMES R. FOX b List any managers of the foundation wh	o own 10% or more of th	ne stock of a corporation	or an equally large porti	ion of the ownership of a g	partnership or
other entity) of which the foundation ha				, ,	·
NONE 2 Information Regarding Contribution	ion, Grant, Gift, Loan	. Scholarship, etc., Pr	rograms:		
Check here ► X if the foundation of the foundation makes gifts, grants, etc.,	only makes contributions to individuals or organiza	to preselected charitable ations under other condit	organizations and does ions, complete items 2a,	, b, c, and d.	uests for funds If
a The name, address, and telephone num JAMES R. FOX, $401-93$ 361D WOODRUFF AVE, W	2-8526		cations should be addres	ssed:	
b The form in which applications should b			hould include;		
c Any submission deadlines NONE •					
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields,	kinds of institutions, or	other factors	

3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient	331111111111111111111111111111111111111			
a Paid during the year						
NONE			•			
•	-					
				•		
Total			▶ 3a	0.		
b Approved for future payment						
NONE						
Total			▶ 3b	0 . orm 990-PF (2019)		

Form 990-PF (2019) THE FOX FAMIL	LY CHARIT	ABLE FOUNDA	TION	84-6	5561673 Page 12
Part XVI-A Analysis of Income-Pro	ducing Activi	ties			
Enter gross amounts unless otherwise indicated	Unrelate	d business income		by section 512, 513, or 514	(e)
3	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Code	Amount	sion code	Amount	function income
a					
	_				
D	_				
,					<u></u>
			+ +		
	_		+		
					
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	1,893.	
5 Net rental income or (loss) from real estate:		- A		,	,
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income		*			
8 Gain or (loss) from sales of assets other			' - -		
than inventory	1				
9 Net income or (loss) from special events			+ +	-	
	 		++		
10 Gross profit or (loss) from sales of inventory			+		-
11 Other revenue:					
a	_		+		
b	_		+		
c	_				
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0	<u>• </u>	1,893.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	1,893.
(See worksheet in line 13 instructions to verify calculation	s.)				
Part XVI-B Relationship of Activities	es to the Acco	mplishment of E	Exempt F	Purposes	
· · · · · · · · · · · · · · · · · · ·					
Line No Explain below how each activity for which			-A contribute	d importantly to the accomp	olishment of
the foundation's exempt purposes (other					
4 INCOME IS USED SOLELY	Y TO PROV	IDE FUNDS F	OR CHA	ARITABLE PURE	OSES.
		-			
					
				· · · · - · <u>-</u> · · · ·	
				······	
			-		

Form 990	PF (2019) THE F	OX FAMIL	Y CHART	TABLE FOUNDA	ттом	84-	6561673	l Pa	age 13
Part X		egarding Tra		and Transactions a			_		.go 10
1 Did 1	he organization directly or indi		v of the following	ng with any other organization	on described in sect	ion 501(c)		Yes	No
	er than section 501(c)(3) organ								<u> </u>
•	sfers from the reporting found	•		-					
(1)	Cash						1a(1))	X
(2)	Other assets						1a(2)		X
b Othe	r transactions:								
(1)	Sales of assets to a noncharita	ble exempt organiz	ation				1b(1)		Х
(2)	Purchases of assets from a no	ncharitable exempt	t organization				1b(2)		Х
(3)	Rental of facilities, equipment,	or other assets					1b(3)		Х
(4)	Reimbursement arrangements						1b(4)		Х
(5)	Loans or loan guarantees						1b(5)	_	X
٠,,	Performance of services or me	•	_				1b(6)		X
	ing of facilities, equipment, ma	•		• •			1c		X
	answer to any of the above is		_	, ,	=		•	sets,	
	ervices given by the reporting f			ed less than fair market valu	ie in any transactioi	i or sharing arrange	ement, show in		
	mn (d) the value of the goods,	· · · · · · · · · · · · · · · · · · ·		e exempt organization	(4) a				
(a)Line no	(b) Amount involved	(c) Name		e exempt organization	(U) Description	n of transfers, transaction	ons, and sharing a	rangeme	nts
			N/A		- 				
	1				 				
									
				· · · · · · · · · · · · · · · · · · ·					
					+	·			
	 	_				· · · · · · · · · · · · · · · · · · ·			
					+				
	· · · · · ·								
					†				
							. –		
ın se	e foundation directly or indirect ction 501(c) (other than sections, complete the following sch	п 501(c)(3)) or ın s		or more tax-exempt organi	zations described		Yes	X] No
	(a) Name of org	anızatıon		(b) Type of organization		(c) Description of re	elationship		
	N/A	, <u> </u>							
	····								
					<u> </u>				
				<u> </u>	<u> </u>				
		riplete Declaration of p		ng accompanying schedules and n taxpayer) is based on all inform Date		r has any knowledge	May the IRS return with the shown below X Yes	e prepar ? See in:	er
	Print/Type preparer's na	ıme	Preparer's s	ignature ()	Date	Check if	PTIN		
Paid	DAVID P. D	ISANTO,	لحمد	T L Cromo	07/01/20	self- employed	P01283	271	
D						T . =	- 44000		

Firm's EIN ► 57-1139864

Phone no (401)921-2000

Preparer

Use Only

Firm's name ► DISANTO, PRIEST & CO.

WARWICK, RI 02886

Firm's address ► 117 METRO CENTER BOULEVARD, #3000

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.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545 0047

2019

Name of the organization

Employer identification number

T	HE FOX FAMILY CHARITABLE FOUNDATION	84-6561673					
Organization type (check one)							
Filers of:	Section:						
Form 990 or 990-EZ							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	•					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
· -	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 Ru	le See instructions					
General Rule							
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							
sections 509(a)(1) any one contribut	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-EZ, line 1 Complete Parts I and II						
year, total contrib	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						
year, contribution is checked, enter purpose Don't co	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)							

 $LHA \ \ \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. }$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

THE FOX FAMILY CHARITABLE FOUNDATION

84-6561673

Part	Contributors (see instructions) Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$537,007.	Person X Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE FOX FAMILY CHARITABLE FOUNDATION

84-6561673

HE F	OX FAMILY CHARITABLE FOUNDATION	84	-65616/3
Part II	Noncash Property (see instructions) Use duplicate copies of Pa	rt II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	46 SHARES OF AMAZON.COM INC	_	
		<u> </u>	_11/04/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	85 SHARES OF AMGEN INC		
		\$\$	11/05/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	550 SHARES OF CSX CORP	_	
		\$ 39,798.	_11/05/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	650 SHARES OF EXXON MOBIL CORP	_	
		\$\$.	11/05/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	400 SHARES OF JOHNSON & JOHNSON		
		\$ 58,348.	11/05/19
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	740 SHARES OF PFIZER	_	
		 \$ 28,993.	11/05/19
453 11-06	10	Sahadula B (Form	990, 990-EZ, or 990-PF) (2

Name of organization

Employer identification number

THE FOX FAMILY CHARITABLE FOUNDATION

84-6561673

Part II	Noncash Property (see instructions) Use duplicate copies of Part II i		-0301073
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	100 SHARES OF 3M CO	\$\$17,6 4 2.	_11/05/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	1,611 SHARES OF CIENA CORP	\$\$68,77 4.	11/04/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	107 SHARES OF MARTIN MARIETTA MATLS INC	\$ 29,921.	11/04/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_1	158 SHARES OF VULCAN MATLS CO	\$ 22,750.	11/04/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_1	986 SHARES OF AGNICO EAGLE MINES LTD	\$ 60,748.	11/04/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1 13453 11-06	1,187 SHARES OF ASTRAZENCA PLC	\$ 59,185.	

Name of organization Employer identification number THE FOX FAMILY CHARITABLE FOUNDATION 84-6561673 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once). Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	AND INTER	EST	FROM SECUR	ITIES	STA	TEMENT	
GROSS SOURCE AMOUNT		CAPITAL GAINS DIVIDENDS		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME			
BANK OF AMERICA	1,893.	•	0.	1,893.	1,8	93.		
TO PART I, LINE 4	1,893.	•	0.	1,893.	1,8	93.		
FORM 990-PF		XAT	ES			STA	TEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) F INVEST- NT INCOME	(C) ADJUSTE NET INCO		(D) CHARITA PURPOS	
FOREIGN TAXES WITHH	ELD AT	26.		26.				0.
TO FORM 990-PF, PG	1, LN 18	26.		26.				0.
FORM 990-PF		OTHER E	XPE	NSES		STA	TEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) I INVEST- NT INCOME	(C) ADJUSTE NET INCO		(D) CHARITAI PURPOSI	
ACCOUNT MANAGEMENT	FEES -	220.		220.				0.
TO FORM 990-PF, PG	1, LN 23 =	220.	_	220.				0.
FORM 990-PF		CORPORAT	E S'	rock		STA	TEMENT	4
DESCRIPTION				ВОО	K VALUE		R MARKE' VALUE	T
AMAZON.COM INC AMGEN INC CSX CORP EXXON MOBIL CORP JOHNSON & JOHNSON PFIZER					21,898. 1,190. 733. 23,140. 7,712. 3,592. 800.		85,00 20,49 39,79 45,39 58,34 28,99	90. 98. 57. 48.

THE FOX FAMILY CHARITABLE FOUNDAT	ION	84-6561673
CIENA CORP MARTIN MARIETTA MATLS INC VULCAN MATLS CO AGNICO EAGLE MINES LTD ASTRAZENCA PLC TOTAL TO FORM 990-PF, PART II, LINE	49,878. 17,378. 14,305. 33,519. 40,938. 10B 215,083.	68,774. 29,921. 22,750. 60,748. 59,185.
	ANTIAL CONTRIBUTORS I-A, LINE 10	STATEMENT 5
NAME OF CONTRIBUTOR	ADDRESS	
JAMES R. AND LUCY L. FOX	361D WOODRUFF AVENUE WAKEFIELD, RI 02879	