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Scanned Jun 0 4 2014

Form 990-EZ

Department of the Treasury

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

or so (o), our, or so (a)(1) or the internal revenue code (except private realisations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150 **2013** 

Open to Public Inspection

A For the 2013 calendary year, or tax year beginning .2013, and ending .2013, and e										
Address change   MICHAEL I. POX REMEMBRANCE PUND   20-5915572										
Number change   Number and street (or PO box, if mail is not delivered to street address)   Roomfaulate   E Telephone number	number									
□ memalated   PO_BOX_92   F Group Exemption   Number ▶   F Group Exemption   Number ▶   Reveal   Reveal   Number ▶   Reveal   Reveal   Reveal   Number ▶   Reveal   Re										
Temmalated   PO BOX 92   City or town, state or province, country, and ZIP or foreign postal code   F Group Exemption										
Maneted return   Will postpace provides, country, and ZIP or foreign postal code   F Group Exemption   Number   Numbe										
Mapplecations penning										
G Accounting Method										
Website:   Form developed   Solicity   Sol										
Tax-exempt status (check only one)	uon is not									
Form of organization										
K Form of organization	·)									
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<del></del>									
(Part II, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ    Part I										
Part     Revenue, Expenses, and Changes in Net Assets or Fund Balances(see the instructions for Part  )	2,480									
Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, grifs, grants, and similar amounts received  2 Program service revenue including government fees and contracts  3 Membership dues and assessments  3 Investment income  5a Gross amount from sale of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Garning and fundraising events  a Gross income from gaming (attach Schedule G if greater than \$15,000)  b Gross income from fundraising events (not including \$ 2,475 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  c Less: direct expenses from gaming and fundraising events  d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  b Less cost of goods spid  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describein Schedule O)  10 Grants and similar amjounts pard (list in Schedule O)  11 Benefits paid to or formemory (Subtract line 7b from line 7a)  12 Salanes, other compensation; and emitphyele benefits  13 Professional fees and other payments to independent contractors  13 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (defort) for the vear (Subtract line 17 from line 9)										
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16 Other expenses (describe in Schedule O)       16         17 Total expenses. Add lines 10 through 16       17         18 Excess or (deficit) for the year (Subtract line 17 from line 9)       18	050									
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17 Total expenses. Add lines 10 through 16         17           18 Excess or (deficit) for the year (Subtract line 17 from line 9)         18										
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	2,444									
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	3,294									
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	(814									
<u>v</u>										
end-of-year figure reported on prior year's return)	16,447									
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  20										
21 Net assets or fund balances at end of year. Combine lines 18 through 20	15,633									
For Paperwork Reduction Act Notice, see the separate instructions.  EA  Form 990-	<b>0-EZ</b> (2013)									

Form 990-EZ (2013) MICHAEL L FOX REMEMBRAN	CE FUND		20-5	915	572 Page <b>2</b>
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to respond to	any question in this Pa	rt II			<u></u>
•		(A) E	Beginning of year		(B) End of year
22 Cash, savings, and investments			16,447	22	15,633
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			0	24	0
25 Total assets			16,447	25	15,633
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree v	vith line 21)	<u>  </u>	16,447	27	15,633
Part III Statement of Program Service Accompli	shments (see the in:	structions for Part	III)		Expenses
Check if the organization used Schedule O to respond t	o any question in this P	art III	<u> </u>	(Req	juired for section
What is the organization's primary exempt purpose? PROVIDE OP	PORT. TO YOUNG	KART DRIVE	RS	501(	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for eac	h of its three largest pro	oram services.		orga	nizations and section
as measured by expenses In a clear and concise manner, describe the				4947	'(a)(1) trusts, optional
persons benefited, and other relevant information for each program title	e			for o	thers)
28 LUKE GRIFFITH		_			
BMW SCHOLARSHIP					
	·				
(Grants \$ ) If this amount in	cludes foreign grants, c	heck here	<u></u> ▶ □	28a	1,436
29					
				ŀ	
(Grants \$ ) If this amount in	cludes foreign grants, c	heck here	<u></u> ▶ <u></u>	29a	ļ
30			<del></del>		
				1	
	cludes foreign grants, c			30a	
,,			_	١	
	cludes foreign grants, c			31a	
32 Total program service expenses (add lines 28a through 31a)				32	
Part IV List of Officers, Directors, Trustees, and Key Emplo					
Check if the organization used Schedule O to respond to	to any question in this P				····
	(b) Average	(c) Reportable compensation	(d) Health benefits contributions to emp		(e) Estimated amount of
(a) Name and title	hours per week devoted to position	(Form W-2/1099-MIS	benefit plans, an	ď	other compensation
KELLY JO BAER		(if not paid, enter -	D-) deferred compens	ation	
	0		ما	٥	0
VICE PRESIDENT LEONA LITTLE	<u> </u>				
TRUSTEE	0		ما	o	0
JENNIFER LONSWAY			<u> </u>		
TRUSTEE	0		o	o	0
TRODIES	•		1	1	
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EEA

Form 990-EZ (2013)

Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			П
-	'instructions for Part V) Check in the organization used Schedule O to respond to any question in this Part V	<u>· · · ·</u>	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			ļ
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	1		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	_		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter.			
а	Initiation fees and capital contributions included on line 9	]	1	
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations  Enter amount of tax imposed on the organization during the year under		1	
	section 4911 ▶ ; section 4912 ▶ , section 4955 ▶		<u> </u>	
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit		1	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,		1	
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		1	
	reimbursed by the organization			
9	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		1	
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ DOUGLAS M BAER  Telephone no. ▶ 330-5	49-9	075	
	Located at ▶ PO BOX 92, New Springfield, OH ZIP+4 ▶ 44443			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u>X</u>
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<u> X</u>
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		•	· L
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		<del>,</del>	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1	
	completed instead of Form 990-EZ	44a	ļ	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		Ī	
	completed instead of Form 990-EZ	44b	<u> </u>	X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	1	X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		<b>†</b>	
	explanation in Schedule O	44d	<u> </u>	<u> </u>
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	X
45 b			I	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		1	
	Form 990-EZ (see instructions)	45b	<u> </u>	X

Form 5	Form 990-EZ (2013) MICHAEL L FOX REMEMBRANCE FUND 20-5915572 Page 4								
			<del></del>		<del>-</del>			Yes	No
46	Did the	organization engage, directly or indirectly, in	n political campaign activit	es on behalf of or in opp	osition				
	to cand	idates for public office? If "Yes," complete S	Schedule C, Part I	<u></u>			. 46		X
Par	Part VI Section 501(c)(3) organizations only								
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines								
	50 and 51.								
		Check if the organization used Sch	nedule O to respond	to any question in	this Part \	<u>/I</u>	<u></u>	,	. Ц
	Г							Yes	No
47		organization engage in lobbying activities or	have a section 501(h) ele	ection in effect during the	e tax				
	•	•				• • • • • • •	. 47		X
48		rganization a school as described in section					. 48		X
49a		organization make any transfers to an exem	•	organization?			. 49a		Х
b		was the related organization a section 527	=				. 49b		<u> </u>
50		ete this table for the organization's five highe		·		-			
	employ	ees) who each received more than \$100,000	of compensation from th	e organization If there i	T				
			(b) Average	(c) Reportable	(d) Health contributions	benefits, to employee	(e) Estimate	ed amou	nt of
		(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)		, and deferred ensation	other co	mpensat	tion
		<del> </del>	devoted to position	(, citis 11-21 (cos-11100)		2.13daon			
NON	P								
HOM	<u> </u>				<del> </del>	<del>-</del>			
		·		<u> </u>	<b></b>				
		· · · · · · · · · · · · · · · · · · ·	·		1				
f	Total no	umber of other employees paid over \$100,00	00 •			<u> </u>			
51	Comple	ete this table for the organization's five highe	st compensated independ	lent contractors who eac	- h received n	nore than			
	\$100,0	00 of compensation from the organization. 1	f there is none, enter "Nor	ne."		•			
	(2)	Name and business address of each independent contr	actor	(b) Type of service	re	(6)	Compensation	<b>.</b> n	
				(5) 1)50 01 00 110		(0)			
NON	E	<del></del>				<del> </del>			
									-
			<del>-</del>			<u> </u>			
						İ			
						<del>                                     </del>			
	Total n	umber of other independent contractors each	receiving over \$100 000	<u> </u>		<u> </u>			
52		organization complete Schedule A? Note: A	•						
-		empt charitable trusts must attach a complete		` ` ` `			X Yes	П	No
Linder		of perjury, I declare that I have examined this return, inclu					<u> </u>	<u> </u>	
	-	complete Declaration of preparer (other than officer) is			or my knownedge	and benen, it is			
			los M. Jan	-		05-04-	2014		
Sig	n	Signature of officer		<del></del>	Date				
Her		DOUGLAS M BAER, PRESIDE	NT						
	Type or print name and title								
		Pnnt/Type preparer's name	Preparer's signature	Date		Check if	PTIN		
Paid		JILL QUIGLEY, EA		05-04-2	014	self-employed	P00350	501	
Prep	arer	Firm's name > JOAN KUBIK AND	ASSOCIATES, LLC	<u> </u>	<del></del>	EIN ►			
•	Jse Only Firm's address ▶ 4990 MAHONING AVE								
	Youngstown OH 44515 Phone no 330-270-1985								
May	the IRS	discuss this return with the preparer shown					X Yes		No
EEA							Form 99	0-EZ	(2013)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

	tile	Organization							pioyer	identinicatio			
MIC	HAE	L L FOX REMEME								915572			
Pa	rt I	Reason for P	ublic Charity	Status (All organiz	ations m	ust com	plete this	s part.) S	See instr	uctions.			
The	orgai	nization is not a private	e foundation becau	se it is (For lines 1 throi	ugh 11, che	ck only on	e box.)						
1		A church, convention	of churches, or as	ssociation of churches de	escribed in	section 17	70(b)(1)(A)	(i).					
2		A school described in	section 170(b)(1	)(A)(ii). (Attach Schedul	e E.)								
3		A hospital or a coope	rative hospital sen	vice organization describ	ed in <b>secti</b>	on 170(b)(	(1)(A)(iii).						
4		A medical research of	rganization operat	ed in conjunction with a	hospital de:	scribed in s	section 17	0(b)(1)(A)	(iii). Enter	the			
		hospital's name, city,	and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)	(iv). (Complete Pa	ırt II.)									
6		A federal, state, or lo	cal government or	governmental unit descr	nbed in sec	tion 170(b	)(1)(A)(v).						
7		An organization that i	normally receives a	a substantial part of its s	upport from	a governr	nental unit	or from the	e general p	ublic			
		described in section	170(b)(1)(A)(vi). (	Complete Part II.)									
8		A community trust de	scribed in section	170(b)(1)(A)(vi). (Comp	olete Part II	)							
9	X	An organization that	normally receives:	(1) more than 33 1/3% o	of its suppoi	t from con	tributions, i	membersh	ip fees, an	d gross			
		receipts from activitie	s related to its exe	empt functions - subject t	o certain e	ceptions,	and (2) no	more than	33 1/3% c	of its			
		support from gross in	vestment income	and unrelated business t	axable inco	me (less s	section 511	tax) from	businesse	s			
		acquired by the organ	nızatıon after June	30, 1975 See section 5	509(a)(2). (	Complete F	Part III.)						
10		An organization orga	nized and operated	d exclusively to test for p	ublic safety	. See <b>sec</b>	tion 509(a)	(4).					
11		An organization orga	nized and operated	d exclusively for the bend	efit of, to pe	rform the f	functions o	f, or to car	ry out the				
		purposes of one or m	ore publicly suppo	rted organizations descr	ribed in sec	tion 509(a)	(1) or sect	ion 509(a)	(2) See se	ection			
		509(a)(3). Check the	box that describes	the type of supporting of	organization	and comp	olete lines	l 1e throug	h 11h				
		a 🗌 Typel	в 🗌 Тур	ell <b>c</b> 🗌 Type	III-Function	nally integr	ated	d 🗌	Type III-	Non-funtion	onally inte	egrated	d
8		By checking this box	, I certify that the o	rganization is not contro	lled directly	or indirect	ly by one o	r more dis	qualified p	ersons			
		other than foundation	managers and oth	ner than one or more put	olicly suppo	rted organ	ızatıons de	scribed in	section 50	9(a)(1)			
		or section 509(a)(2).											
f		If the organization re-	ceived a written de	termination from the IRS	that it is a	Туре І, Ту	pe II, or Ty	pe III supp	orting				
		organization, check t	his box										🗆
g		Since August 17, 200	06, has the organiz	ation accepted any gift o	or contributi	on from an	y of the						
		following persons?											
		(i) A person who d	rectly or indirectly	controls, either alone or	together w	ith persons	s described	l ın (ıı) and				Yes	No
		(iii) below, the g	overning body of the	he supported organization	n? .						11g(i)		
		(ii) A family member	er of a person desc	cribed in (i) above?							11g(II)		
		(iii) A 35% controlle	d entity of a persor	n described in (ı) or (ıi) a	bove? .						11g(ııı)		
_ <u>h</u>		Provide the following	information about	the supported organizati	ion(s).								
	(ı) N	ame of supported	(ii) EIN					(v) Did you notify (vi) is t			(vii) Amou		netary
		organization	nization (described on lines 1-9 above or IRC section		governing d	-	the organi		organizati (i) organiz		'	support	
				(see instructions))	Ľ ,	,	support?			5 ?	_		
_					Yes	No	Yes	No	Yes	No			
(A)					İ								
					ļ						ļ		
(B)													
											ļ		
(C)					1								
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(D)													
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(E)		i											
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				I .	1		1		1				
Tota	11			<b>!</b>	1	l	<b>‡</b>		<b>‡</b>	١.	1		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				<u> </u>	ļ	
5	The portion of total contributions by	·					
	each person (other than a				1		
	governmental unit or publicly		<u> </u>				
	supported organization) included on		1		Ī ‡		
	line 1 that exceeds 2% of the amount				1		
	shown on line 11, column (f)				<u> </u>		
6	Public support. Subtract line 5 from line 4				<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>
	tion B. Total Support	· <del>-</del>		T		<del></del>	
Caler	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .				-		
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶□
Sec	tion C. Computation of Public S						
14	Public support percentage for 2013 (line 6,					14	%
15	Public support percentage from 2012 Scheo						%
16a	33 1/3% support test - 2013. If the organiz						. $\square$
_	box and stop here. The organization qualifi						▶ ⊔
b	33 1/3% support test - 2012. If the organiz						. $\Box$
	check this box and stop here. The organization	•		•			▶ ⊔
17a	10%-facts-and-circumstances test - 2013	-					
	10% or more, and if the organization meets		•		•		
	Part IV how the organization meets the "fac organization						▶ □
b	10%-facts-and-circumstances test - 2012	_				ne	
	15 is 10% or more, and if the organization in				•		
	Explain in Part IV how the organization mee			=		= -	
	supported organization						▶ ⊔
18	Private foundation. If the organization did						
	instructions	<u> </u>	<u></u>			<u></u>	▶ ∐

20-5915572

MICHAEL L FOX REMEMBRANCE FUND

Support Schedule for Organizations Described in Section 509(a)(2) · · Part III

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees					2,475	2,475
2	received (Do not include any "unusual grants")  Gross receipts from admissions, merchandise		-				
-	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose				_		
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513			_			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					2,475	2,475
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)				]		2,475
Se	ction B. Total Support				···		
Cal	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6					2,475	2,475
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					-	
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)		0		0	2,47	2,475
14	First five years. If the Form 990 is for the or organization, check this box and stop here	ganization's first,	second, third, four	h, or fifth tax year	as a section 501(c	)(3) 	▶ 🏻
	ction C. Computation of Public S	upport Perce	entage				
15	Public support percentage for 2013 (line 8, c						9
16	Public support percentage from 2012 Sched			<del></del>		.   16	
<u>Se</u>	ction D. Computation of Investme					<del></del>	
17	Investment income percentage for 2013 (line						9/
18	Investment income percentage from 2012 S						7
	33 1/3% support tests - 2013. If the organized 17 is not more than 33 1/3%, check this box	and stop here. T	The organization qu	alifies as a publicly	supported organia	zation	▶ □
20	33 1/3% support tests - 2012. If the organization 18 is not more than 33 1/3%, check this Private foundation. If the organization did re	box and stop he	re. The organizatio	n qualifies as a pul	olicly supported or	ganization	<b>&gt;</b> []

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer Identification number

MICHAEL L FOX REMEMBRANCE FUND		20-5915572
01. Description of other expens	ses (Part I, line 16)	
Description	Amount	
CAR SHOW EXPENSES	1,008	
LUKE GRIFFITH EXPENSES FOR TRIP	400	
BMW SCHOLARSHIP	1,036	
		<del></del>
		<del></del>
	1	
<del></del>		