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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0052

2010

For calendar year 2010, or tax year beginning , and ending

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Name of foundation LONNIE L MICHAEL FOUNDATION		A Employer identification number 20-6005600
Number and street (or P O box number if mail is not delivered to street address) 535 MILLEDGE CIRCLE	Room/suite	B Telephone number (see page 10 of the instructions) (706) 548-1832
City or town, state, and ZIP code ATHENS GA 30606		C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 470,984	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)	363,707			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	3	3		
4 Dividends and interest from securities	6,555	6,555		
5 a Gross rents			0	
b Net rental income or (loss)	0			
6 a Net gain or (loss) from sale of assets not on line 10	2,580			
b Gross sales price for all assets on line 6a	68,180			
7 Capital gain net income (from Part IV, line 2)		2,580		
8 Net short-term capital gain			0	
9 Income modifications				
10 a Gross sales less returns and allowances	0			
b Less: Cost of goods sold	0			
c Gross profit or (loss) (attach schedule)	0			
11 Other income (attach schedule)	0	0	0	
12 Total. Add lines 1 through 11	372,845	9,138	0	
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc	6,000			
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16 a Legal fees (attach schedule)	0	0	0	0
b Accounting fees (attach schedule)	1,500	0	0	0
c Other professional fees (attach schedule)	0	0	0	0
17 Interest				
18 Taxes (attach schedule) (see page 14 of the instructions)	0	0	0	0
19 Depreciation (attach schedule) and depletion	478	0	0	
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)	8,339	0	0	0
24 Total operating and administrative expenses. Add lines 13 through 23	16,317	0	0	0
25 Contributions, gifts, grants paid	40,541			40,541
26 Total expenses and disbursements. Add lines 24 and 25	56,858	0	0	40,541
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	315,987			
b Net investment income (if negative, enter -0-)		9,138		
c Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see page 30 of the instructions.

Form **990-PF** (2010)

(HTA)

Part II Balance Sheets		Beginning of year	End of year	
			(a) Book Value	(b) Book Value
Assets	1 Cash—non-interest-bearing	26,479	13,800	13,800
	2 Savings and temporary cash investments			
	3 Accounts receivable	0		
	Less: allowance for doubtful accounts	0	0	0
	4 Pledges receivable	0		
	Less: allowance for doubtful accounts	0	0	0
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)	0	0	0
	7 Other notes and loans receivable (attach schedule)	0		
	Less: allowance for doubtful accounts	0	0	0
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10 a Investments—U.S. and state government obligations (attach schedule)	0	0	0
	b Investments—corporate stock (attach schedule)	90,950	418,969	455,271
	c Investments—corporate bonds (attach schedule)	0	0	0
Liabilities	11 Investments—land, buildings, and equipment basis	0		
	Less: accumulated depreciation (attach schedule)	0	0	0
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	0	0	0
	14 Land, buildings, and equipment: basis	2,391		
	Less: accumulated depreciation (attach schedule)	478	1,913	1,913
	15 Other assets (describe)	0	0	0
	16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	117,429	434,682	470,984
Net Assets or Fund Balances	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue		1,266	
	20 Loans from officers, directors, trustees, and other disqualified persons	753	753	
	21 Mortgages and other notes payable (attach schedule)	0	0	
	22 Other liabilities (describe)	0	0	
	23 Total liabilities (add lines 17 through 22)	753	2,019	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>			
	24 Unrestricted	116,676	432,663	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
Net Assets or Fund Balances	30 Total net assets or fund balances (see page 17 of the instructions)	116,676	432,663	
	31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	117,429	434,682	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	116,676
2 Enter amount from Part I, line 27a	2	315,987
3 Other increases not included in line 2 (itemize)	3	0
4 Add lines 1, 2, and 3	4	432,663
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 30	6	432,663

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr)
1a See Attached Statement				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 0	0	0	0
b 0	0	0	0
c 0	0	0	0
d 0	0	0	0
e 0	0	0	0

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a 0	0	0	0
b 0	0	0	0
c 0	0	0	0
d 0	0	0	0
e 0	0	0	0

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	2,580
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8 }	3	1,959

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2009	25,861	0	0 000000
2008	15,400	92,006	0 167380
2007	6,516	102,282	0 063706
2006	0	29,712	0 000000
2005	0	10,851	0 000000

2 Total of line 1, column (d)	2	0 231086
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 046217
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	0
5 Multiply line 4 by line 3	5	0
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	91
7 Add lines 5 and 6	7	91
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18	8	40,541

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		1	91
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0
3 Add lines 1 and 2		3	91
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	91
6 Credits/Payments			
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a	0	
b Exempt foreign organizations—tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	0	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	0	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	91	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0	
11 Enter the amount of line 10 to be Credited to 2011 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	0	

Part VII-A Statements Regarding Activities

	Yes	No
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 page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
c Did the foundation file Form 1120-POL for this year?		
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> GA		
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

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 page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address				
14	The books are in care of	MICHAEL FITZGERALD		
	Located at	535 MILLEDGE CIRCLE ATHENS GA		
	Telephone no	(706) 548-1832		
	ZIP+4	30606		
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	15		
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country			X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	1b	N/A
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 before the first day of the tax year beginning in 2010?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If "Yes," list the years	20	20
b	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 page 22 of the instructions)	2b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	20	20
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2010 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010)	3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ 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? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?**5b** N/AOrganizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ 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?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a 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 shelter transaction?☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?**7b**

X

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LONNIE MICHAEL ARBOR TERRACE-3736 ATL HWY ATHENS GA 30606	TRUSTEE	00	0	0
JENNIFER T. FITZGERALD 535 MILLEDGE CIRCLE ATHENS GA 30606	TRUSTEE	40 00	6,000	0
		00	0	0
		00	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ☐

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		0
		0
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 THESE FUNDS ARE DISTRIBUTED TO VARIOUS RELIGIOUS, ACADEMIC, HEALTH CARE, HOMELESS OTHER CHARITABLE ORGANIZATIONS IN THE ATHENS, GA AREA TO BETTER THE LIVES OF THE PEOPLE THEY SERVE	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See page 24 of the instructions.	
3	0
Total. Add lines 1 through 3	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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	
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see page 25 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	0
2a	Tax on investment income for 2010 from Part VI, line 5	2a	91
b	Income tax for 2010 (This does not include the tax from Part VI)	2b	0
c	Add lines 2a and 2b	2c	91
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	-91
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	-91
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	-91

Part XII Qualifying Distributions (see page 25 of the 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	40,541
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	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	40,541
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 (see page 26 of the instructions)	5	91
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	40,450

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				-91
2 Undistributed income, if any, as of the end of 2010:				
a Enter amount for 2009 only			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2010				
a From 2005	0			
b From 2006	575			
c From 2007	6,555			
d From 2008	0			
e From 2009	25,861			
f Total of lines 3a through e	32,991			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 40,541				
a Applied to 2009, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)	0			
d Applied to 2010 distributable amount				0
e Remaining amount distributed out of corpus	40,541			
5 Excess distributions carryover applied to 2010 (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.	73,532			
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.				
d Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions.		0		
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions.			0	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a.	73,532			
10 Analysis of line 9				
a Excess from 2006	575			
b Excess from 2007	6,555			
c Excess from 2008	0			
d Excess from 2009	25,861			
e Excess from 2010	40,541			

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling _____

b Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(l)(3) or ☐ 4942(l)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.

[illegible]

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

LONNIE MICHAEL

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
BOY SCOUTS OF AMERICA P O BOX 399 JEFFERSON GA 30549	NA	501C3	YOUTH PROGRAM	500
RECORDING FOR THE BLIND & DYLEXIC 120 FLORIDA AVE ATHENS GA 30606	NA	501C3	MEDICAL RESEARCH	2,000
QUAIL UNLIMITED #681 P O BOX 1810 TRAVERSE CITY MI 49685	NA	501C3	WILDLIFE CONSERVATION	1,200
EMMANUEL EPISCOPAL CHURCH 498 PRINCE AVE ATHENS GA 30601	NA	501C3	OUTREACH PROGRAMS	900
UGA FOUNDATION 394 SO MILLEDGE AVE STE 100 ATHENS GA 30606	NA	501C3	EDUCATION	1,000
ST MARY'S HOSPITAL FDN 1230 BAXTER ST ATHENS GA 30606	NA	501C3	MEDICAL RESEARCH & OUTREACH	6,000
MARCH OF DIMES PRINCE AVE ATHENS GA 30601	NA	501C3	CANCER RESEARCH	200
SAE FDN 247 PULASKI ST ATHENS GA 30601	NA	501C3	EDUCATION	1,000
ATHENS ACADEMY SPARTAN LANE ATHENS GA 30601	NA	501C3	EDUCATION & SCHOLORSHIP	6,804
UGA CHAPTER NFF & CHOF P O BOX 1472 ATHENS GA 30603	NA	501C3	SCHOLORSHIP	1,000
ATHENS AREA CANCER AUXILIARY 240 TALMADGE DR ATHENS GA 30606	NA	501C3	CANCER REASEARCH	750
Total See Attached Statement			3a	40,541
b <i>Approved for future payment</i>				
Total			3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
1	Program service revenue.					
a	CONTRIBUTIONS FROM TRUSTEE		0		0	363,707
b			0		0	0
c			0		0	0
d			0		0	0
e			0		0	0
f			0		0	0
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					3
4	Dividends and interest from securities					6,555
5	Net rental income or (loss) from real estate					
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				0	2,580
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a _____		0		0	0
b	_____		0		0	0
c	_____		0		0	0
d	_____		0		0	0
e	_____		0		0	0
12	Subtotal Add columns (b), (d), and (e)		0		0	372,845
13	Total. Add line 12, columns (b), (d), and (e)					372,845

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

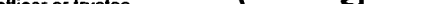


- | | | | | |
|---|---|--------------|------------|-----------|
| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | Yes | No |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of | | | |
| | (1) Cash | 1a(1) | | |
| | (2) Other assets | 1a(2) | | |
| b | Other transactions | | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | | |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | | |
| | (4) Reimbursement arrangements | 1b(4) | | |
| | (5) Loans or loan guarantees | 1b(5) | | |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | | |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☐ No
- b** If "Yes," complete the following schedule


(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Signature of officer or trustee Date Title

**Paid
Preparer
Use Only**

Print/Type preparer's name	Preparer's signature 	Date	Check <input checked="checked" type="checkbox"/> if self-employed	PTIN
CHARLES HORTON, EA	CHARLES HORTON, EA	10/2/2012		
Firm's name ► HORTON BUSINESS SERVICES			Firm's EIN ►	
Firm's address ► 169 FORTSON CIRCLE, ATHENS, GA 30606			Phone no (706) 548-5550	

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

LONNIE L MICHAEL FOUNDATION

20-6005600

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization

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

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$

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

Name of organization LONNIE L MICHAEL FOUNDATION	Employer identification number 20-6005600
---	--

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LONNIE L MICHAEL 535 MILLEDGE CIRCLE ATHENS GA 30606 Foreign State or Province Foreign Country	\$ 363,707	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	 Foreign State or Province Foreign Country	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	 Foreign State or Province: Foreign Country	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	 Foreign State or Province Foreign Country	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5	 Foreign State or Province Foreign Country	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6	 Foreign State or Province Foreign Country	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

USA SOLDIER'S FAMILY & CHILDREN

Street

416 KINGAFORD RD

City

FAYETTEVILLE

State

NC

Zip Code

28314

Foreign Country

Relationship

NA

Foundation Status

501C3

Purpose of grant/contribution

OUTREACH

Amount

1,000

Name

ATHENS AREA COUNCIL ON AGING

Street

220 COLLEGE AVE

City

ATHENS

State

GA

Zip Code

30601

Foreign Country

Relationship

NA

Foundation Status

501C3

Purpose of grant/contribution

COURT APPOINTED SUPPORT SERVICE ORGANIZATION

Amount

1,100

Name

ATHENS YMCA

Street

HAWTHORNE AVE

City

ATHENS

State

GA

Zip Code

30601

Foreign Country

Relationship

NA

Foundation Status

501C3

Purpose of grant/contribution

YOUTH PROGRAMS

Amount

150

Name

LEUKEMIA & LYMPHOMA SOCIETY

Street

3715 NORTHSIDE PARKWAY BLD 400

City

ATLANTA

State

GA

Zip Code

30327

Foreign Country

Relationship

NA

Foundation Status

501C3

Purpose of grant/contribution

CANCER RESEARCH

Amount

1,550

Name

YOUNG LIFE

Street

P O BOX 2920

City

COLORADO SPRINGS

State

CO

Zip Code

80901

Foreign Country

Relationship

NA

Foundation Status

501C3

Purpose of grant/contribution

YOUTH PROGRAMS

Amount

1,000

Name

ARBOR TERRACE CHRISTMAS FUND

Street

3736 ATLANTA HWY

City

ATHENS

State

GA

Zip Code

30601

Foreign Country

Relationship

NA

Foundation Status

501C3

Purpose of grant/contribution

NEEDY & HOMELESS

Amount

210

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**Recipient(s) paid during the year**

Name

UGA TEE OFF CLUB

Street

P O BOX 1472

City

ATHENS

State

GA

Zip Code

30603

Foreign Country

Relationship

NA

Foundation Status

501C3

Purpose of grant/contribution

SCHOLORSHIP

Amount

2,500

Name

SOCIETY FOR PRESERVATION OF GREEK HOUSING

Street

P O BOX 2765

City

CHAMPAIGN

State

IL

Zip Code

61825

Foreign Country

Relationship

NA

Foundation Status

501C3

Purpose of grant/contribution

HISTORIC PREVERSATION

Amount

3,000

Name

MAXEY'S GA VOLUNTEER FIRE DEPT

Street

P O BOX 181

City

MAXEY'S

State

GA

Zip Code

30671

Foreign Country

Relationship

NA

Foundation Status

Purpose of grant/contribution

COMMUNITY SERVICE

Amount

100

Name

WESTMINSTER CHRISTIAN ACADEMY

Street

1640 NEW HIGH SHOALS RD

City

WATKINSVILLE

State

GA

Zip Code

30677

Foreign Country

Relationship

NA

Foundation Status

501C3

Purpose of grant/contribution

EDUCATION & SCHOLORSHIP

Amount

250

Name

SALVATION ARMY

Street

484 HAWTHORNE AVE

City

ATHENS

State

GA

Zip Code

30606

Foreign Country

Relationship

NA

Foundation Status

501C3

Purpose of grant/contribution

OUTREACH HOMELESS

Amount

100

Name

EAGLE RANCH

Street

P O BOX 7200

City

CHESTNUT MOUNTAIN

State

GA

Zip Code

30502

Foreign Country

Relationship

NA

Foundation Status

501C3

Purpose of grant/contribution

HOME FOR BOYS & GIRLS IN CRISIS

Amount

200

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

BRAMLETT ELEMENTARY SCHOOL

Street

622 FREDEMAN BROCK RD

City

AUBURN

State

GA

Zip Code

30011

Foreign Country

Relationship

NA

Foundation Status

501C3

Purpose of grant/contribution

EDUCATION

Amount

500

Name

GA MOUNTAIN FAIR-ANDERSON MUSIC HALL FUND

Street

1311 MUSIC HALL RD

City

HIAWASSEE

State

GA

Zip Code

30546

Foreign Country

Relationship

NA

Foundation Status

501C3

Purpose of grant/contribution

NEEDY & HOMELESS

Amount

500

Name

HIGHTOWER MEMORIAL CHAPEL

Street

1312 PARK ST

City

CARROLLTON

State

GA

Zip Code

30117

Foreign Country

Relationship

NA

Foundation Status

501C3

Purpose of grant/contribution

OUTREACH PROGRAMS

Amount

2,000

Name

DAV CHAPTER#92 - HARLD HUFF FUND

Street

P O BOX 7878

City

ATHENS

State

GA

Zip Code

30606

Foreign Country

Relationship

NA

Foundation Status

501C3

Purpose of grant/contribution

CANCER REASERCH

Amount

200

Name

SUSAN G KOMEN CURE

Street

P O BOX 650309

City

DALLAS

State

TX

Zip Code

75265

Foreign Country

Relationship

NA

Foundation Status

501C3

Purpose of grant/contribution

BREAST CANCER REASERCH

Amount

100

Name

PALMETTO MEDICAL INITIATIVE

Street

P O BOX 542

City

CHARLESTON

State

SC

Zip Code

29402

Foreign Country

Relationship

NA

Foundation Status

501C3

Purpose of grant/contribution

MEDICAL OUTREACH

Amount

500

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name EBENEZER UMC			
Street 1368 EBENEZER CHURCH RD			
City JEFFERSON	State GA	Zip Code 30549	Foreign Country
Relationship NA	Foundation Status 501C3		
Purpose of grant/contribution CHURCH OUTREACH PROGRAMS			Amount 1,000

Name VICARS LANDING SCHOLARSHIP FUND			
Street 1000 VICARS LANDING WAY			
City PONTE VEDRA BEACH	State FL	Zip Code 32082	Foreign Country
Relationship NA	Foundation Status 501C3		
Purpose of grant/contribution EDUCATION			Amount 2,500

Name UGA HERO'S FUND			
Street P O BOX 2866			
City ATHENS	State GA	Zip Code 30612	Foreign Country
Relationship NA	Foundation Status 501C3		
Purpose of grant/contribution VETERANS			Amount 250

Name JDRF WALK FOR DIABETES			
Street 26 BROADWAY, 14TH FLOOR			
City NEW YORK	State NY	Zip Code 10004	Foreign Country
Relationship NA	Foundation Status 501C3		
Purpose of grant/contribution DIABETES REASERCH			Amount 250

Name SALVATION ARMY			
Street 2090 N DRUID HILLS RD			
City ATLANTA	State GA	Zip Code 30310	Foreign Country
Relationship NA	Foundation Status 501C3		
Purpose of grant/contribution CHRISTMAS TOYS FOR NEEDY			Amount 227

Name			
Street			
City	State	Zip Code	Foreign Country
Relationship	Foundation Status		
Purpose of grant/contribution			Amount 0

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment

Sequence No 67

Name(s) shown on return

LONNIE L MICHAEL FOUNDATION

Business or activity to which this form relates

990PF

Identifying number

20-6005600

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	2,391
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		2,391	5	HY	200DB	478
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs.	MM	S/L	
			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	478
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

Totals										Gross Sales		Cost, Other Basis and Expenses		Net Gain or Loss	
Securities										68,180		65,600		2,580	
Other sales										0		0		0	
Index	Check "X" if Sale of Security	Description	CUSIP #	Purchaser	Check "X" if Purchaser is a Business	Date Acquired	Acquisition Method	Date Sold	Gross Sales Price	Cost or Other Basis	Valuation Method	Expense of Sale and Cost of Improvements	Depreciation	Net Gain or Loss	
1	X	730 199 artio global invt	04315J837			6/29/2010		8/17/2010	8,091	8,010				81	
2	X	102 651 COHEN & STEERS RL	192476109			7/2/2010		8/17/2010	5,443	4,887				556	
3	X	17 156 DODGE & COX FDS	256206103			11/23/2009		8/17/2010	548	565				-17	
4	X	968 635 DODGE & COX FD	256210105			6/29/2010		8/17/2010	12,970	12,713				257	
5	X	823 717 FIDELITY ADVISOR II	315807859			6/29/2010		8/17/2010	7,603	7,530				73	
6	X	43 819 HARBOR FD INTL GRTH	411511801			11/23/2009		8/17/2010	469	496				-27	
7	X	105 439 MUNDER SER TR	626124242			11/23/2009		8/17/2010	2,485	2,328				157	
8	X	452 554 PIMCO FDS INVT	693390700			11/23/2009		8/17/2010	5,204	4,978				226	
9	X	38 59 Pimco FDS PAC INVT	693390700			11/23/2009		8/17/2010	305	325				-20	
10	X	535 242 PIONEER FUND CL-Y	723682407			6/29/2010		8/17/2010	18,712	18,081				631	
11	X	109 982 WT MUT FD CRM	92934R769			11/23/2009		8/17/2010	2,650	2,608				42	
12	X	27 921 AMER CENTY MUT FDS	025083205			11/23/2009		12/21/2010	724	610				114	
13	X	54 945 HARBOR FUND CAP	411511504			11/23/2009		12/14/2010	2,026	1,771				255	
14	X	PIONEER SER TR I	723871785			11/23/2009		12/20/2010	950	698				252	
15														0	

Line 16b (990-PF) - Accounting Fees

		1,500	0	0	0
	Name of Organization or Person Providing Service	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	HORTON BUSINESS SERVICES	1,500			
2					
3					
4					
5					
6					
7					
8					
9					
10					

Amount of depreciation included in cost of goods sold _____

Line 19 (990-PF) - Depreciation and Depletion

	Description	Date Acquired	Method of Computation	Asset Life	Cost or Other Basis	Beginning Accumulated Depreciation	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	MAC COMPUTER	9/14/2010	200DB	5	2,391	0	478		
2						0			
3						0			
4						0			
5						0			
6						0			
7						0			
8						0			
9						0			
10						0			

Line 23 (990-PF) - Other Expenses

	Description	Revenue and Expenses per Books	8,339	0	0	Adjusted Net Income	Disbursements for Charitable Purposes
1	Amortization See attached statement		0			0	0
2	Fund Raising						
3	POSTAGE-SHIPPING						
4	FLOWERS FOR NURSING HOME		85				
5	MISCELLANEOUS		5,638				
6	FUNDSOURCE FEE		2,602				
7	FINANCIAL AGENT		14				
8							
9							
10							

Part II, Line 10b (990-PF) - Investments - Corporate Stock

	Description	Num Shares/ Face Value	Book Value Beg of Year	Book Value End of Year	FMV Beg of Year	FMV End of Year
1	FNMA 02-85PE REMIC MULTICLASS CMO	10,000	10,295	9,706	10,295	10,730
2	AMERICAN CENTY MUT FDS	294	6,429	5,790	6,533	6,897
3	ARTISAN FDS INC	116	1,602	1,602	1,662	1,953
4	COHEN & STEERS RLTY SHARES	36	1,613		1,710	
5	DODGE & COX INCOME FD	557	7,286		7,220	
6	DODGE & COX FDS INTL STK FD	126	4,054	3,616	4,002	3,997
7	EATON VANCE SER II INC FD BOSTON CU	295	1,602	1,600	1,632	1,718
8	EVERGREEN EQUITY TR INTRINSIC VALU	515	4,839		4,870	
9	FSXIX	440	4,002		3,984	
10	FSMXX	800	800	800	800	800
11	HACAX	174	5,615	3,829	5,742	4,361
12	HAIGX	357	4,037	3,541	3,953	3,875
13	JETIX	201	2,511		2,366	
14	WOBDX	429	4,818	4,818	4,766	4,921
15	MGOYX	145	3,212	872	3,299	1,123
16	PTTRX	588	6,470	1,422	6,353	1,403
17	PCRIX	289	2,428	2,075	2,392	2,293
18	PYODX	159	5,621		5,683	
19	CVFYX	434	7,300	7,300	7,262	7,905
20	ORIGX	75	1,600		1,678	
21	RYVPX	151	1,600	1,600	1,692	2,020
22	WT MUT FD CRM MID CAP	136	3,216	592	3,290	716
23	amer century mut fds twgix	1,099		25,160		28,609
24	AMER CENTURY ACBPX	1,658		18,109		17,849
25	ARTISAN FDS ARTVX	930		13,896		15,683
26	DODGE & COX INC FD DODIX	1,347		17,780		17,825
27	DODGE & COX FDS INTL DODFX	515		16,133		18,405
28	EATON VANCE SER II EIBIX	1,229		6,985		7,176
29	Fidelity adv II FSXIX	967		8,891		8,906
30	First Amer Inv Fds FARCX	490		8,371		8,913
31	FSMXX	3,648		3,648		3,648
32	HARBOR FD HACAX	967		31,657		35,500
33	HARBOR FD INTL HAIGX	14,880		15,979		18,406
34	JPMORGAN WOBDX	3,445		39,680		39,475
35	MUNDER SER TR MGOYX	427		10,384		12,140
36	PIMCO FDS PTTRX	2,333		25,795		25,316
37	PIMCO FDS PAC PCRIX	1,176		9,426		10,929
38	PIONEER SER TRII CVFYX	2,257		37,593		41,078
39	PIONEER SER TR I ORIXX	607		14,945		17,644
40	DREYFUS EMERG MKTS DRPEX	1,659		20,651		22,485
41	ROYCE FUND RYVPX	5,096		6,036		6,838
42	WT MUT FD CRM CRIMX	440		10,790		12,608
43	WELLS FARGO ADV EIVIX	2,814		27,897		31,126
44						

Part II, Line 14 (990-PF) - Land, Buildings, and Equipment

		2,391	0	478	0	1,913	1,913
	Item or Category	Cost or Other Basis	Accumulated Depreciation Beg. of Year	Accumulated Depreciation End of Year	Book Value Beg. of Year	Book Value End of Year	FMV End of Year
1	MAC COMPUTER	2,391		478		1,913	1,913
2					0	0	
3					0	0	
4					0	0	
5					0	0	
6					0	0	
7					0	0	
8					0	0	
9					0	0	
10					0	0	

Part II, Line 20 (990-PF) - Loans from Officers, Directors, Trustees, Other Disqualified Persons

	Name of Lender	Title	Original Amount	Balance Due Bg. of Year	Balance Due End of Year	Security Provided	Date of Note	Maturity Date	Repayment Terms	Interest Rate
1	L MICHAEL	TRUSTEE	753	753	753	NA				-
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

		Kind(s) of Property Sold	CUSIP #	How Acquired	Date Acquired	Date Sold	Totals		Gross Sales Price	Depreciation Allowed	Cost or Other Basis Plus Expense of Sale	Gain or Loss	F M V as of 12/31/69	Adjusted Basis as of 12/31/69	Excess of FMV Over Adj Basis	Gains Minus Excess of FMV Over Adjusted Basis or Losses	2,580
							Long Term CG Distributions	Short Term CG Distributions									
							0	0									
1	730	199 artio global invt	04315J837		6/29/2010	8/17/2010			8,091	0	8,010	81			0	81	2,580
2	102	651 COHEN & STEERS RLTY	192476109		7/2/2010	8/17/2010			5,443	0	4,887	556			0	556	
3	17	156 DODGE & COX FDS	256206103		11/23/2009	8/17/2010			548	0	565	-17			0	-17	
4	968	635 DODGE & COX FD	256210105		6/29/2010	8/17/2010			12,970	0	12,713	257			0	257	
5	823	717 FIDELITY ADVISOR II	315807859		6/29/2010	8/17/2010			7,603	0	7,530	73			0	73	
6	43	819 HARBOR FD INTL GRTH	411511801		11/23/2009	8/17/2010			469	0	496	-27			0	-27	
7	105	439 MUNDER SER TR	626124242		11/23/2009	8/17/2010			2,485	0	2,328	157			0	157	
8	452	554 PIMCO FDS INVT	693390700		11/23/2009	8/17/2010			5,204	0	4,978	226			0	226	
9	38	59 PIMCO FDS PAC INVT	693390700		11/23/2009	8/17/2010			305	0	325	-20			0	-20	
10	535	242 PIONEER FUND CL-Y	723682407		6/29/2010	8/17/2010			18,712	0	18,081	631			0	631	
11	109	982 WT MUT FD CRM	92934R769		11/23/2009	8/17/2010			2,650	0	2,608	42			0	42	
12	27	921 AMER CENTY MUT FDS	025083205		11/23/2009	12/21/2010			724	0	610	114			0	114	
13	54	945 HARBOR FUND CAP	411511504		11/23/2009	12/14/2010			2,026	0	1,771	255			0	255	
14		PIONEER SER TR I	72387785		11/23/2009	12/20/2010			950	0	698	252			0	252	
15									0	0	0	0			0	0	

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Average Hours
1	LONNIE MICHAEL		ARBOR TERRACE-3736 ATL HWY	ATHENS	GA	30606		TRUSTEE	0
2	JENNIFER T FITZGERALD		535 MILLEDGE CIRCLE	ATHENS	GA	30606		TRUSTEE	40
3									
4									
5									
6									
7									
8									
9									
10									

Part

	6,000	0	0	0
	Compensation	Benefits	Expense Account	Explanation
1				
2	6,000			SUCCESSOR TRUSTEE HANDLING FOUNDATION BUSINESS
3				
4				
5				
6				
7				
8				
9				
10				

Part XVI-B (990-PF) - Relationship of Activities

[illegible]

IN THE PROBATE COURT
COUNTY OF OCONEE
STATE OF GEORGIA

IN RE: ESTATE OF

LONNIE L. MICHAEL

DECEASED

ESTATE NO. M-345

LETTERS TESTAMENTARY

(Relieved of Filing Returns)

By HON. DAVID ANGLIN, Judge of the Probate Court of the above County.

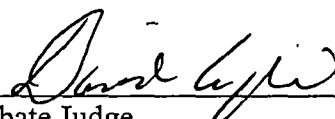
KNOW ALL WHOM IT MAY CONCERN:

At a regular term of Probate Court, the Last Will and Testament dated NOVEMBER 22 2002
and Codicil(s) dated N/A

of LONNIE L. MICHAEL
deceased, at the time of his or her death, a resident of the above County was legally proven in
Solemn form and was admitted to record by order, and it was further ordered that
MICHAEL KING FITZGERALD, named as
Executor(s) in said Will, be allowed to qualify, and that upon so doing, Letters Testamentary be
issued to such Executor(s).

NOW, THEREFORE the said MICHAEL KING FITZGERALD
having taken the oath of office and complied with all necessary prerequisites of the law, is/are
legally authorized to discharge all the duties and exercise all powers of Executor(s) under the
Will of said deceased, according to the Will and the law.

Given under my hand and official seal, the 6th day of AUGUST, 20 12.



Probate Judge

NOTE: The following must be signed if the
Judge does not sign the original of
this document:

Issued by:

(Seal)

PROBATE CLERK/DEPUTY CLERK

039548

GEORGIA DEATH CERTIFICATE

A. BIRTH CERTIFICATE NUMBER

B. STATE FILE NUMBER

1 DECEDENT'S LEGAL FULL NAME (FIRST MIDDLE LAST) Lonnie L Michael		1a LAST NAME AT BIRTH (IF FEMALE)		2 SEX Male	2a DATE OF DEATH (MO/DAY/YR) September 29, 2010	
3 SOCIAL SECURITY NUMBER 253-34-9642	4a AGE (YEARS) 83	4b UNDER 1 YEAR MONTHS DAYS		4c UNDER 1 DAY HOURS MINUTES	5 DATE OF BIRTH (MO/DAY/YR) April 15, 1927	
6 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Oconee Co, GA	7a STREET AND NUMBER OF RESIDENCE 3450 New High Shoals Rd		7b ZIP CODE 30621	7c CITY OR TOWN OF RESIDENCE Buckhorn		
7d COUNTY OF RESIDENCE Oconee	7e STATE OF RESIDENCE GA	7f COUNTRY USA		7g INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	8 ARMED FORCES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
8a OCCUPATION Treasurer	8b NATURE OF BUSINESS Labor Union		8c EMPLOYER Teamsters Union AFL-CIO			
9 MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		10 SPOUSE'S NAME (IF WIFE, GIVE NAME PRIOR TO FIRST MARRIAGE) -----		11 FATHER'S NAME (FIRST MIDDLE, LAST) James Walter Michael		
12 MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST) Mamie Crow		13 DECEDENT'S EDUCATION (HIGHEST LEVEL) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, Med MSW) <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree <input type="checkbox"/> Some college credit but no degree (e.g., MD, DDS, DVM LLB, JD) <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Unknown			14a INFORMANT'S NAME (FIRST MIDDLE, LAST) Michael Fitzgerald	
14b RELATIONSHIP TO DECEDENT Nephew		14c MAILING ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE) 535 Milledge Circle, Athens, Clarke, GA 30606				
15 HISPANIC ORIGIN <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____ <input type="checkbox"/> Unknown		16 DECEDENT'S RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Samoan <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Other <input type="checkbox"/> Unknown				
17a IF DEATH OCCURRED IN HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		17b IF DEATH OCCURRED OTHER THAN HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/> Unknown				
18 FACILITY NAME Athens Regional Medical Center		19 FACILITY ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP CODE) 1199 Prince Ave, Athens, GA 30606		20 COUNTY OF DEATH Clarke		
21 METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Other		22 PLACE OF DISPOSITION (NAME AND COMPLETE ADDRESS) Bogart Baptist Church Cemetery Bogart, GA 30622		23 DATE OF DISPOSITION (MO/DAY/YR) October 3, 2010		
24a EMBALMER'S NAME & CERTIFIED INITIALS Harold S Pritchett		25 FUNERAL HOME NAME Bernstein Funeral Home		24b LICENSE NUMBER 2869		
		25b FUNERAL HOME ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE) 3195 Atlanta Hwy, Athens, Clarke, GA 30606				

DATE: 9/18/12
BY: *Heathen Fitzgerald*
LOCAL CUSTODIAN'S OFFICE
SEAL

COUNTY: CLARKE
LOCAL CUSTODIAN OF VITAL RECORDS
Heathen Fitzgerald

THIS IS AN EXACT COPY OF THE DEATH CERTIFICATE, RECEIVED FOR FILING
IN CLARKE COUNTY, GEORGIA

CERTIFICATE OF DEATH