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#### DLN: 93491159001116

OMB No 1545-0052

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. ► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

For	caler	ndar year 2015, or tax y	ear beginning 01-0	1-2015	, aı	nd ending 1	2-31-2015	
	e of four	ndation IICHAEL FOUNDATION				A Employer ide	entification numbe	er
LO	WINTE ET	TENNEE FOONDATION				20-6005600		
		street (or P O box number if mail is i	not delivered to street address)	Room/suite		<b>B</b> Telephone nun	nber (see instruction	s)
53.	5 MILLED	OGE CIRCLE				(706) 548-1832		
	or town, ENS, GA	state or province, country, and ZIP o 30606	r foreign postal code			<b>C</b> If exemption	application is pendin	g, check here 🕨 🦵
<u> </u>		I that and . Truckal vature	Timetral matrium of a f					
<b>G</b> Cr	теск ап	that apply	∏Initial return of a fo ☐A mended return ge ☐Name change	ormer public charity		<b>2.</b> Foreign or	ganizations, check h ganizations meeting chere and attach co	the 85%
		pe of organization 🔽 Section 947(a)(1) nonexempt charital				<b>E</b> If private fou	ndation status was to 507(b)(1)(A), chec	erminated
		t value of all assets at end	<b>J</b> Accounting method		I	<b>F</b> If the founda	tion is in a 60-mont	h termination
		om Part II, col. (c), \$ 947,608	Other (specify)	be on cash basıs.)		under sectior	1 507(b)(1)(B), chec	k here 🕨 🖡
Pa	rt I	Analysis of Revenue a (The total of amounts in columns ( necessarily equal the amounts in co instructions))	b), (c), and (d) may not	Revenue and expenses per (a) books	(b)	Net investment income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, e	tc , received (attach					
		schedule)						
	2	Check ► ☐ If the foundation	is <b>not</b> required to attach					
		Sch B						
	3	Interest on savings and temp	•	7		7		
	4	Dividends and interest from s		21,645		21,645		
	5a	Gross rents						
ds	b	Net rental income or (loss) Net gain or (loss) from sale o		<b>95</b> 11,394				
ž	6a			11,554				
Revenue	b	Gross sales price for all asse 33,638	ts on line 6a					
ŭ	7	Capital gain net income (from	Part IV, line 2)			0		
	8	Net short-term capital gain .						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold						
	c	Gross profit or (loss) (attach	schedule)					
	11	Other income (attach schedu	le)					
	12	Total.Add lines 1 through 11		33,046		21,652		
	13	Compensation of officers, dire	ectors, trustees, etc	26,500				
	14	Other employee salaries and	wages					
φ	15	Pension plans, employee ben						
š Lá	16a	Legal fees (attach schedule).						
Expenses	b	Accounting fees (attach sche	dule)	3,500				
	c	Other professional fees (attack	ch schedule)					
Ţ	17	Interest						
Stra	18	Taxes (attach schedule) (see	instructions)	17,620				
Administrative	19	Depreciation (attach schedul	e) and depletion	422				
늘	20	Occupancy						
0	21	Travel, conferences, and mee	tings	390				
and	22	Printing and publications		es.				
Ē	23	Other expenses (attach sche		4,180				
Operating	24	Total operating and administ Add lines 13 through 23	-	52,612		0		0
å	25	Contributions, gifts, grants pa		26,850				26,850
	26	Total expenses and disbursen		, , , , ,				, ==
		25	Total IIIC5 27 and	79,462		0		26,850
	27	Subtract line 26 from line 12						
	a .	Excess of revenue over exper		-46,416		2		
	b	Net investment income (If near Adjusted not income)				21,652		
	С	Adjusted net income(If negat	ive, enter-U-)					

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		f year
تعا		should be for end-or-year amounts only (see instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing		53,195	53,195
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts 🟲			
	4	Pledges receivable 🟲			
		Less allowance for doubtful accounts 🟲			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts 🟲			
o.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
AS	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	756,031	750,486	833,986
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) 🟲			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	60,000	<b>%</b> 60,000	60,000
	14	Land, buildings, and equipment basis 🕨4,257			
		Less accumulated depreciation (attach schedule) > 3,830	849	427	427
	15	O ther assets (describe 🕨)	128,829	83,500	
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	1,039,083	947,608	947,608
	17	Accounts payable and accrued expenses			
	18	Grants payable			
JO	19	Deferred revenue			
풀	20	Loans from officers, directors, trustees, and other disqualified persons			
lat	21	Mortgages and other notes payable (attach schedule)			
_	22	O ther liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)		0	
		Foundations that follow SFAS 117, check here 🕨 🔽			
ce s		and complete lines 24 through 26 and lines 30 and 31.			
an	24	Unrestricted	1,039,083	947,608	
Balance	25	Temporarily restricted			
	26	Permanently restricted			
or Fund		Foundations that do not follow SFAS 117, check here 🕨 🦵			
7		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances(see instructions)	1,039,083	947,608	
_	31	<b>Total liabilities and net assets/fund balances</b> (see instructions)	1,039,083	947,608	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
<u> </u>		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must ac	gree	
		with end-of-year figure reported on prior year's return)	, ,,	· I I	1,039,083
2		Enter amount from Part I, line 27a		2	-46,416
3		Other increases not included in line 2 (itemize)		<del>%</del> 3	83,500
4		Add lines 1, 2, and 3		4	1,076,167
5		Decreases not included in line 2 (itemize) ▶		_ <b>%</b> 5 5	128,559
6		Total net assets or fund balances at end of year (line 4 minus line 5)—F		ne 30 . <b>6</b>	947,608

Form 990-F	PF (2015)								Page
Part IV	Capital Gains	and Losses for Tax on Inv	estn	nent Income					
(a		the kınd(s) of property sold (e g ehouse, or common stock, 200 s	•	,		How acquired P—Purchase D—Donation	l Da	ite acquired io , day, yr )	Date sold (d) (mo , day, yr
 1a					(5)	D Donacion			
b									
С									
d									
е									
		Depreciation allo	wed	Cost	orot	her basıs	1	Gain	or (loss)
<b>(e)</b> Gi	ross sales price	(f) (or allowable)				se of sale			(f) minus (g)
а									
b									
С									
d									
e									
Compl	ete only for assets s	showing gain in column (h) and ov	vned b	y the foundation	on 1	2/31/69		Gains (Col	(h) gain minus
	IV as of 12/31/69	A dijisted basi				of col (ı)	C o	ol (k), bùt no	ot less than -0-) <b>o</b>
(1) F M	1 V as 0112/31/09	(j) as of 12/31/6	9	(k) over	col	(j), ıf any	(1)	Losses	(from col (h))
a									
b									
С									
d									
e									
<b>2</b> C	apıtal gaın net ınco	me or (net capital loss)		gaın, also enter ı (loss), enter -0-			2		
3 N	et short-term capit	al gaın or (loss) as defined ın sec	tions 1	1222(5) and (6)					
	f gaın, also enter ın l n Part I, lıne 8      .	Part I, line 8, column (c) (see ins	tructio •	ons) If(loss), er	iter -	o- •	3		
Part V	Qualification l	Under Section 4940(e) for	Red	uced Tax on	Net	Investme	nt Inc	ome	
		private foundations subject to the leave this part blank	section	on 4940(a) tax (	on ne	t investment	ıncome	: )	
		e section 4942 tax on the distrib ot qualify under section 4940(e)				n the base pe	eriod?		┌ Yes ┌ No
<b>1</b> Enter t	the appropriate amo	unt in each column for each year	, see II	nstructions befo	re ma	akıng any enti	าes		
Base peri	(a) od years Calendar	(b) Adjusted qualifying distributions	N	(c) et value of nonchari	itable-	use assets		<b>(d)</b> Distributio	n ratio
year (or ta	x year beginning in)	26,29					((	col (b) divided	by col (c))
	2014	49,86							
	2012	71,11	-						
	2011	57,97							
	2010	40,45							
2 T	<b>otal</b> of line 1, columi	n (d)					2		
		ratio for the 5-year base period-				/ 5, or by			
		the foundation has been in existe				<u> </u>	3		
		f noncharitable-use assets for 20		•		<u> </u>	4		
		e 3				<u> </u>	5		
		stment income (1% of Part I, line	-		•		6		21
					•		7		21
		ributions from Part XII, line 4				<u> </u>	8		26,850
	fline 8 is equal to oi ne Part VI instructio	r greater than line 7, check the boons	ox in P	art VI, line 1b, a	and c	omplete that	part us	ing a 1% ta:	x rate See

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 49	940(e), or	4948—see page	e 18 of the in	structio	ns)				
1a	Exempt operating foundations described in section 4940(d)(2), check here $ ightharpoonup$ and enter "N/A" on line 1	•	)							
	Date of ruling or determination letter		Į							
	(attach copy of letter if necessary-see instructions)		ſ							
b	Domestic foundations that meet the section 4940(e) requirements in Part V,		J	1			217			
	here 🟲 🔽 and enter 1% of Part I, line 27b		'							
C	All other domestic foundations enter $2\%$ of line $27b$ Exempt foreign organiza Part I, line $12$ , col (b)	ations ent	er4% of							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun enter -0-)	ndations o	nly Others	2						
3										
4	enter -0-) 4									
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, en	nter-0		5			217			
6	Credits/Payments		1							
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a								
b	Exempt foreign organizations—tax withheld at source	6b								
C	Tax paid with application for extension of time to file (Form 8868)	6c								
d	Backup withholding erroneously withheld	6d								
7	Total credits and payments Add lines 6a through 6d			7						
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here if Form 2	2220 is at	tached	8						
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed .		🟲	9			217			
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount	t overpaid	d ▶	10						
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	Re	efunded 🟲	11						
Par	t VII-A Statements Regarding Activities									
1a	During the tax year, did the foundation attempt to influence any national, state,	e, or local	legislation or di	d		Yes	No			
	it participate or intervene in any political campaign?				. 1a					
b	Did it spend more than \$100 during the year (either directly or indirectly) for p	•	•							
	for definition)?				1b					
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities	and copie	s of any materia	ls						
	published or distributed by the foundation in connection with the activities.				1c					
	'									
d	Enter the amount (if any) of tax on political expenditures (section 4955) impos	_	•							
_	(1) On the foundation  \$ (2) On foundation managers									
е	Enter the reimbursement (if any) paid by the foundation during the year for political formula to a second s	iticai expe	enditure tax imp	osea						
_	on foundation managers * \$ Has the foundation engaged in any activities that have not previously been rep		-h- IDC2							
2		ported to t	ine IKS/		. 2					
_	If "Yes," attach a detailed description of the activities.	<b>.</b>								
3	Has the foundation made any changes, not previously reported to the IRS, in it of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a confo</i>	=	-		. 3		No			
4-	Did the foundation have unrelated business gross income of \$1,000 or more di				4a	$\vdash$	No			
4a b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	_			4b		140			
5	Was there a liquidation, termination, dissolution, or substantial contraction dur				-					
,	If "Yes," attach the statement required by General Instruction T.	illig the y	ear							
6	Are the requirements of section 508(e) (relating to sections 4941 through 494	45) catic	fied either							
•	By language in the governing instrument, or	73/341131	neu citilei							
	By state legislation that effectively amends the governing instrument so that	at no man	idatory direction	ns						
	that conflict with the state law remain in the governing instrument?				. 6					
7	Did the foundation have at least \$5,000 in assets at any time during the year?									
	and Part XV.	·			. 7	Yes				
8a	Enter the states to which the foundation reports or with which it is registered (s									
	▶GA		<u>.</u>							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	90-PF to t	the Attorney							
	General (or designate) of each state as required by General Instruction G? If $^{\it n}$	"No," attac	h explanation .		8b					
9	Is the foundation claiming status as a private operating foundation within the n	meaning o	fsection 4942	(j)(3)						
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see	ee instruc	tions for Part X	IV)?						
	If "Yes," complete Part XIV				. 9		No			
10	Did any persons become substantial contributors during the tax year? If "Yes,"	" attach a :	schedule lıstıng	theır names						
	and addresses.				. 10		No			

Pal	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 instructions)	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ▶			
14	The books are in care of ▶JENNIFER T FITZGERALD Telephone no ▶(706	) 548	-1832	
	Located at ►535 MILLEDGE CIRCLE ATHENS GA ZIP+4 ►30606			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here		<b>▶</b> □	-
13	and enter the amount of tax-exempt interest received or accrued during the year	•	- ,	
			1	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	مما	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			T
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
<b>1</b> 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?  Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)?			
	(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 )			
ь	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
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 2015?	1c		No
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))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years 🕨 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions )	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
_	▶ 20, 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?			
b	If "Yes," did it have excess business holdings in 2015 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 <b>(3)</b> 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 2015.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
<del>ч</del> а b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	Ta		140
J	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Pa	rt VII-B	Statements Rega	rdin	g Activities for	Wh	ich Form 4720	May	, Be Required <i>(Cont</i>	tinue	d)
5a	During th	e year dıd the foundatıoı	npay	or incurany amoun	t to					
	(1) Carry	on propaganda, or other	rwise	attempt to influence	e leg	ıslatıon (section 494	45(e	:))?	√ No	
	(2) Influe	nce the outcome of any	spec	ıfıc publıc election (	see	section 4955), or to	car	ry		
		rectly or indirectly, any							- No	
		de a grant to an individu						┌ Yes ┡		
		de a grant to an organıza					scrib			
								<b>  Y</b> es	- No	
		de for any purpose other						, ,		
		ational purposes, or for t			•				- No	
ь								exceptions described in		
								instructions)?		5b
c	_	wer is "Yes" to question								
_								<b>T</b> Yes 「	- No	
		attach the statement requ					•	,,		
6a		undation, during the yea					nrer	milims on		
-		al benefit contract?	•	•	•		•		- No	
ь								benefit contract?		6b No
		o 6b, file Form 8870.	, թ	, promiumo, amocen,	0	nancoti,, on a perso	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	
7a		ne during the tax year, v	vas th	e foundation a party	to a	nrohibited tay shel	tor t	ransaction?	- No	
	-	=				•		the transaction?		7b
								n Managers, Highly		
Pa	rt VIII	and Contractors		icers, Directors	·, ··	ustees, i suita			· u·u	Linploy ccs,
1	List all off	icers, directors, trustee	s, fou	ndation managers a	nd t	heir compensation (s	see i	nstructions).		
				Title, and average	(6)	Compensation( <b>If</b>		(d)		
	<b>(a)</b> Na	me and address		hours per week	( )	not paid, enter	_	Contributions to	1	expense account,
			(b)	devoted to position		-0-)		mployee benefit plans I deferred compensation	(e) (	other allowances
JENN	IFER T FITZG	ERALD	TRU	STEE		0				
535	MILLEDGI	CIRCLE	015	5 0 0						
ATH	ENS,GA	30606								
MICH	AEL K FITZGE	ERALD JR	-	STEE		13,250				
	MILLEDGI		010	00						
	ENS,GA									
	ERINE D FITZ		TRU 010	STEE		13,250				
	MILLEDGI ENS, GA		010	00						
			lemn	lovees (other than	hos	e included on line 1—	-500	instructions). If none, e	nter "M	NONE "
	compensu							Contributions to		101121
Naı	me and add	(a) lress of each employee p	naid	Title, and aver hours per wee		(c) Compensatio	n	employee benefit		Expense account,
11441		re than \$50,000	Julu	(b) devoted to posi		(c) compensation		plans and deferred	(e)	other allowances
								(d) compensation		
									-	
									<u> </u>	
									<u>L</u>	
Tota	number o	f other employees paid o	ver \$	50,000						

Part VIII Information About Officers, Directors, True and Contractors (continued)	stees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter "NONE".	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional service	es	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include organizations and other beneficiaries served, conferences convened, research papers p		Expenses
1THESE FUNDS ARE DISTRIBUTED TO VARIOUS RELIGIOUS, A AND OTHER CHARITABLE ORGANIZATIONS IN THE ATHENS, PEOPLE THEY SERVE		0
2		
34		
Part IX-B Summary of Program-Related Investment	s (see instructions)	
Describe the two largest program-related investments made by the foundation duri	ng the tax year on lines 1 and 2	A mount
1		
2		
		-
All other program-related investments See instructions 3		
		]
Total. Add lines 1 through 3		

# Form 990-PF (2015) Part X Minimum Investment Return

ГС	(All domestic foundations must complete this part. Foreign foundations, see instructions	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	
b	A verage of monthly cash balances	1b	
c	Fair market value of all other assets (see instructions)	<b>1</b> c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	A cquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	
6	Minimum investment return.Enter 5% of line 5	6	
Par	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► ☐ and do not complete this part.)	taın f	oreign organizations
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2015 from Part VI, line 5 2a 217		
b	Income tax for 2015 (This does not include the tax from Part VI ) 2b		I
c	Add lines 2a and 2b	2c	217
3	Distributable amount before adjustments Subtract line 2c from line 1	3	217
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	217
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	-217
Par	t XII Qualifying Distributions (see instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 🕏	1a	26,850
b	Program-related investments—total from Part IX-B	1b	<u> </u>
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	<u> </u>
3	A mounts set aside for specific charitable projects that satisfy the		1
а	Suitability test (prior IRS approval required)	3a	<u> </u>
b	Cash distribution test (attach the required schedule)	3b	<u> </u>
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	26,850
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		I
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	217
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	26,633
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

Ľ	art XIII	Unaistributea	Income (see inst	ructions)			
				(a) Corpus	(b) Years prior to 2014	(c) 2014	( <b>d)</b> 2015
1	Distributable	e amount for 2015	from Part XI, line 7	Corpus	rears prior to 2011	2011	-217
			s of the end of 2015				
		nt for 2014 only.					
	Total for pri		, 20, 20				
3	•	rıbutıons carryover					
a			40,541				
b			57,972				
С	From 2012.		71,352				
d	From 2013.		50,583	3			
е	From 2014.		26,516				
f	Total of lines	s 3a through e.  .		246,964			
4	Qualifying di	stributions for 201	5 from Part				
	XII, line 4	<b>*</b> \$	26,850				
		014, but not more					
b		ndistributed income	•				
_		quired—see instruct listributions out of o	•				
С		ee instructions).     .					
d	Applied to 2	015 distributable a	mount				
е	Remaining a	mount distributed o	out of corpus	26,850			
5		rıbutıons carryover	• •				
	•	t appears in column mount must be show	. ,,				
6		et total of each col	. , ,				
	indicated b						
а	Corpus Add	lines 3f, 4c, and 4e	e Subtract line 5	273,814			
b		undistributed incom					
_		nount of prior years	· · · · · · · · · · · · · · · · · · ·				
		hich a notice of def					
		, or on which the se	•				
		· ·	ed				
d		e 6 c from line 6 b T					
۵		d income for 2014					
_		2a Taxable amoun					
	ınstructions						
f		d income for 2016					
		5 from line 1 This					0
7		ated as distribution					
•		tisfy requirements					
			ı)(3) (Election may				
_	•	•		<u> </u>			
8		ributions carryover ne 5 or line 7 (see i	nstructions)	40,758			
9		ibutions carryover t	•				
		s 7 and 8 from line		233,056			
	Analysis of		•				
		12011	57,972				
		12012	71,352				
		2013	50,583 26,516				
		n 2014 n 2015	26,633				
	-VC622 HOH	. 2010	29,033				

# 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 If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data TableSee Additional Data Table 26,850 **b** Approved for future payment

	I-A Analysis of Income-Produc			T		(e)
nter gross	s amounts unless otherwise indicated	Unrelated bu	(b)	Excluded by section (c)	(c) (d)	
<b>1</b> Progran	n service revenue	Business code	Amount	Exclusion code	A mount	(See instructions )
a						
	and contracts from government agencies					
	rship dues and assessments					1
	st on savings and temporary cash ments		7			
	nds and interest from securities		21,645			
	ntal income or (loss) from real estate		,			
	financed property					
	ebt-financed property					-
	ntal income or (loss) from personal					
	nvestment income					+
	r (loss) from sales of assets other than					
invent	ory		11,394			
	ome or (loss) from special events					
Gross	profit or (loss) from sales of inventory					
• O ther r	evenue <b>a</b>					
с						
d						
			22.046			1
	al Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)		33,046		 13	33,046
	vorksheet in line 13 instructions to verify					
art XVI	B Relationship of Activities to					
ine No. ♥	Explain below how each activity for wh the accomplishment of the foundation?					
	THESE FUNDS ARE DISTRIBUTED TO	VARIOUS RELI	GIOUS, ACADEM	1IC,		
	HEALTH CARE, HOMELESS, AND OTH	ER CHARITABL	E ORGANIZATIO	NS		
	IN THE ATHENS, GA AREA TO BETTE	R THE LIVES				
	OF THE PEOPLE THEY SERVE	VARIOUS DELI	CTOUC ACADEN	41.0		
	THESE FUNDS ARE DISTRIBUTED TO HEALTHCARE, HOMELESS, AND OTHE			•		
	LIVES OF THE PEOPLE THEY SERVE I			IX TITE		
			•			

	ait VAT	Noncharitable				actioi	is allu Relations	onips with		
		organization directly or i	ndırectly enga	ge in any of t	he following wit				Ye	es No
	organizat	tions?								
а	Transfer	s from the reporting four	ndation to a no	ncharitable e	xempt organiza	ation of				
	<b>(1)</b> Cas	h							1a(1)	No
	(2) Oth	erassets							1a(2)	No
b	O ther tra	ansactions								
	<b>(1)</b> Sale	es of assets to a noncha	rıtable exempt	t organization					1b(1)	No
		chases of assets from a							1b(2)	No
	(3) Rent	tal of facilities, equipme	nt, or other as:	sets						No
		nbursement arrangemer							1b(4)	No
									1b(5)	No
										No
									<del> </del>	No
	_									140
	of the go in any tra	ods, other assets, or se ansaction or sharing arr	rvices given b angement, sho	y the reportin ow in column (	ng foundation I ( <b>d)</b> the value of	f the fou the god	undation received les ods, other assets, or	s than fair marke services receive	et value ed	
(a)	Line No	(b) Amount involved	(c) Name of no	ncharitable exer	mpt organization	(d)	Description of transfers,	ransactions, and sha	ring arranger	nents
	describe	d in section 501(c) of th	ne Code (other						. 「Yes	₽No
		(a) Name of organizatio	n	(b)	<b>)</b> Type of organiza	tion	(c)	Description of relation	onship	
_	the Info	best of my knowledge a	and belief, it is	true, correct				ner than taxpaye May t	r) is based he IRS discus	on all
	•	Signature of officer or t	rustee		Date	<b>-</b> ▶	Tıtle	below		
				Preparer's S	ignature		Date 2016-06-07	Check if self- employed <b>►</b>	PTIN	-
(6)Performance of services or membership or fundraising solicitations.  (b) India of Staning of facilities, equipment, mailing lists, other assets, or paid employees.  (c) Sharing of facilities, equipment, mailing lists, other assets, or paid employees.  (d) Under 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.  (a) Line No.  (b) Amount involved.  (c) Name of nonchantable exempt organization.  (d) Description of transfers, transactions, and sharing arrangement.  (a) Line No.  (b) Amount involved.  (c) Name of nonchantable exempt organization.  (d) Description of transfers, transactions, and sharing arrangement.  (a) Line No.  (b) Amount involved.  (c) Name of nonchantable exempt organization.  (d) Description of transfers, transactions, and sharing arrangement.  (a) Line No.  (b) Amount involved.  (c) Name of nonchantable exempt organization.  (d) Description of transfers, transactions, and sharing arrangement.  (d) Description of transfers, transactions, and sharing arrangement.  (e) Description of relationship.  (a) Name of organization.  (b) Type of organization.  (c) Description of relationship.  (c) Description of relationship.  (d) Description of relationship.  (e) Description o	•									
			50	•						
		i						1		

# Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
CLASSIC CITY MENTOR PROGRAM 246 W HANCOCK AVE ATHENS,GA 30601		PC	YOUTH MENTORING	250
ALS ASSOCIATION OF GA 5881 GLENDRIDGE DR ATLANTA,GA 30328		PC	MEDICAL RESEARCH	1,000
UNIV OF GEORGIA FOUNDATION 394 SO MILLEDGE AVE ATHENS,GA 30602		PC	SCHOLARSHIP RESEARCH	15,000
BOY SCOUTS OF AMERICA 148 BOY SCOUT TRAIL PENDERGRASS,GA 30567		PC	YOUTH PROGRAMS	350
UNIV OF GA WOMEN'S GOLF P O BOX 1472 ATHENS,GA 30603		PC	SCHOLARSHIP	250
UNIV OF GA TEE-OFF CLUB P O BOX 1472 ATHENS,GA 30603		PC	SCHOLRSHIP	2,500
UGA CHAPTER NFF & CHOF P O BOX 1472 ATHENS,GA 30603		PC	SCHOLARSHIP	1,500
HEART OF A WARRIOR FND P O BOX 1974 LEXINGTON,NC 27293		PC	WOUNDED VETERANS	250
ST MARY'S HOSPITAL 1230 BAXTER ST ATHENS,GA 30606		PC	MEDICAL RESEARCH	2,500
HENRY SHEPHERD FUND MILLEDGE AVE ATHENS,GA 30606		I	MEDICAL EXPENSES	250
BOOKS FOR KEEPS P O BOX 49761 ATHENS,GA 30604		PC	UNDERPRIVILEDGED YOUTH	250
EAGLE RANCH INC PO BOX 7200 CHESTNUT MOUNTAIN,GA 30502		PC	ABUSED BOYS GIRLS	250
CCHILDREN'S MIRACLE NETWORK MILLEDGE AVE ATHENS,GA 30601		PC	CANCER RESEARCH	500
ATHENS LAND TRUST 685 NO POPE ST ATHENS,GA 30601		PC	LAND CONSERVATION	500
NAVY SEAL FND P O BOX 15698 FERNANDINA BCH,FL 32034		PC	WOUNDED VETERANS	250
Total				26,850

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

OTHER SOUTH THE ATTENDED OF	anto ana contributions	r ara Daring	the real of Approved for i	atare raymen
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	A mount
a Paid during the year				
CLUTE BARROW NELSON LIFE FND 320 MILLEDGE HGTS ATHENS,GA 30606		PC	CANCER RESEARCH	500
YMCA CAMP HIGH HARBOUR 200 MAIN ST GAINESVILLE,GA 30501		PC	YOUTH DEVELOPMENT	250
CONNECTABILITY INC P O BOX 381 DAHLONEGA,GA 30533		PC	DISABLED PERSONS	500
Total				26,850

# **TY 2015 Accounting Fees Schedule**

Name: LONNIE L MICHAEL FOUNDATION

**EIN:** 20-6005600

**Software ID:** 15000290

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
HORTON BUSINESS SERVICES	3,500			

DLN: 93491159001116

Note: To capture the full content of this document, please select landscape mode (11"  $\times$  8.5") when printing.

# **TY 2015 Depreciation Schedule**

Name: LONNIE L MICHAEL FOUNDATION

**EIN:** 20-6005600

**Software ID:** 15000290

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
MAC COMPUTER	2010-09-14	2,391	2,252	200DB	0000000005 0000000000000	138			
PEACH MAC COMPUTER	2013-11-29	926	663	200DB	0000000005 0000000000000	106			
PEACH MAC COMPUTER	2014-12-01	939	493	200DB	0000000005 000000000000	178			

DLN: 93491159001116

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

# TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: LONNIE L MICHAEL FOUNDATION

**EIN:** 20-6005600

**Software ID:** 15000290

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
217 MEDTRONIC INC	2013-10	Р	2015-01		16,698	12,108			4,590	
121 SIGMA ALDRICH CORP	2013-10	Р	2015-11		16,940	10,136			6,804	

# **TY 2015 General Explanation Attachment**

Name: LONNIE L MICHAEL FOUNDATION

**EIN:** 20-6005600

**Software ID:** 15000290

# **TY 2015 Investments Corporate Stock Schedule**

Name: LONNIE L MICHAEL FOUNDATION

**EIN:** 20-6005600

**Software ID:** 15000290

Name of Stock	End of Year Book Value	End of Year Fair Market Value
362 shares of A TT T	12,320	12,456
164 shares of AUTOMATIC DATA PROCESSING ADP	10,184	13,894
100 shares of CHECRON CVX	11,146	8,996
121 shares of CHUBB CORP CB	10,783	16,049
155 shares of EXXON MOBIL XOM	13,478	12,082
47 shares of INTL BUS MACHINES IBM	8,664	6,468
132 shares of JOHNSON JOHNSON JNJ	11,423	13,559
98 shares of MCDONALDS CORP MCD	9,179	11,578
417 shares of MICROSOFT CORP MSFT	13,935	23,135
130 shares of PEPSICO INC PEP	10,151	12,990
151 shares of TARGET CORP	10,633	10,964
110 shares of UNITED TECH CORP UTX	9,955	10,568
260 shares of V F CORP VFC	12,563	16,185
54 shares of CDK GLOBAL HOLDINGS	1,456	2,563
99 shares of 3MCO MMM	10,689	14,913
196 shares of AFLAC INC	12,910	11,740
99 shares of AIR PRODUCTS CHEMICALS INC	10,828	12,881
232 shares of ANALOG DEVICES INC	10,954	12,834
308 shares of BAXTER INTL	10,334	11,886
108 shares of BECTON DICKINSON CO	11,213	16,642
133 shares of CLOROX CO	11,172	16,868
184 shares of COLGATE-PALMOLIVE CO	11,564	12,258
197 shares of CONOCO PHILLIPS	14,362	9,198
163 shares of EATON VANCECORP NON VTG	6,421	5,286
166 shares of EMERSON ELECTRIC	10,775	7,940
88 shares of FACTSET RESEARCH SYS	9,586	14,306
218 shares of GENERAL MILLS INC	10,647	12,570
121 shares of GENL DYNAMICS CORP COM	10,615	16,621
33 shares of GRAINGER WW INC	8,551	6,685
189 shares of HARRIS CORP DEL	11,116	16,424

Name of Stock	End of Year Book Value	End of Year Fair Market Value
155 shares of ILLINOIS TOOL WORKS	11,772	14,365
807 shares of ISHARES ET RUSSELL 2000	87,818	90,884
507 shares of ISHARES CORE SP 500 INDEX FD	87,816	103,869
1016 shares of ISHARES MSCI EMERING MKTS	43,746	32,705
109 shares of J M SMUCKER CO	11,742	13,444
165 shares of KELLOGG CO	10,008	11,925
298 shares of LOWES COMPANIES INC	14,563	22,660
217 shares of MEDTRONIC INC	16,698	16,692
142 shares of NEXTERA ENERGY INC	11,605	14,752
173 shares of NORDSTROM INC	10,075	8,617
133 shares of NORFOLK SOUTHERN CORP	10,424	11,250
251 shares of EVERSOURCE ENERGY ES	10,468	12,819
153 shares of NOVARTIS AG SPON ADR	11,446	13,164
276 shares of PAYCHEX INC	11,337	14,598
108 shares of PHILLIPS 66	6,625	8,834
132 shares of POLARIS INDS INC	17,376	11,345
98 shares of PRAXAIR INC	12,141	10,035
132 shares of PROCTER GAMBLE CO	10,302	10,482
87 shares of SCANA CORP	3,980	5,263
297 shares of SYSCO CORP	9,524	12,177
197 shares of THE SOUTHERN CO	8,146	9,218
142 shares of WAL-MART STORES INC	10,753	8,705
110 shares of WISCONSIN ENERGY CORP	4,514	5,644

# **TY 2015 Investments - Other Schedule**

Name: LONNIE L MICHAEL FOUNDATION

**EIN:** 20-6005600

**Software ID:** 15000290

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
SPIRIT TWISTERS LLC STOCK	AT COST	50,000	50,000
PENLEY PAINTING	AT COST	5,000	5,000
PENLEY PAINTING	AT COST	5,000	5,000

# TY 2015 Land, Etc. Schedule

Name: LONNIE L MICHAEL FOUNDATION

**EIN:** 20-6005600

**Software ID:** 15000290

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
MAC COMPUTER	2,391	2,390	1	1
PEACH MAC COMPUTER	927	769	158	158
PEACH MAC COMPUTER	939	671	268	268

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# TY 2015 Legal Fees Schedule

Name: LONNIE L MICHAEL FOUNDATION

**EIN:** 20-6005600

**Software ID:** 15000290

Category	Amount	_	Adjusted Net	Disbursements for Charitable
		Income	Income	Purposes

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### TY 2015 Loans from Officers Schedule

Name: LONNIE L MICHAEL FOUNDATION

**EIN:** 20-6005600

**Software ID:** 15000290

Item No.	1
Lender's Name	L MICHAEL
Lender's Title	TRUSTEE
Original Amount of Loan	753
Balance Due	
Date of Note	
Maturity Date	
Repayment Terms	
Interest Rate	
Security Provided by Borrower	NA
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

### **TY 2015 Other Assets Schedule**

Name: LONNIE L MICHAEL FOUNDATION

**EIN:** 20-6005600

**Software ID:** 15000290

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
FMV OVER BOOK VALUE ASSETS	128,829	83,500	

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# **TY 2015 Other Decreases Schedule**

Name: LONNIE L MICHAEL FOUNDATION

**EIN:** 20-6005600

**Software ID:** 15000290

Description	Amount
ADJUSTMENT	128,559

# **TY 2015 Other Expenses Schedule**

Name: LONNIE L MICHAEL FOUNDATION

**EIN:** 20-6005600

**Software ID:** 15000290

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE SUPPLIES	153			
VERIZON	420			
MISCELLENEOUS	350			
ADVISORY FEES	3,165			
BANK SERVICE CHARGE	92			

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# **TY 2015 Other Increases Schedule**

Name: LONNIE L MICHAEL FOUNDATION

**EIN:** 20-6005600

**Software ID:** 15000290

Description	Amount
FMV OF ASSETS OVER BOOK VALUE	83,500

# **TY 2015 Taxes Schedule**

Name: LONNIE L MICHAEL FOUNDATION

**EIN:** 20-6005600

**Software ID:** 15000290

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX	179			
Federal State Payroll Taxes	17,441			

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As Filed Data -

DLN: 93491159001116

OMB No 1545-0047

Section:

Schedule B

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

**Schedule of Contributors** 

2015

Name of the organization LONNIE L MICHAEL FOUNDATION **Employer identification number** 

20-6005600

Organization type (check one)

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

Department of the Treasury Internal Revenue Service

Filers of:

Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization				
Form 990-PF	√ 501(c)(3) exempt private foundation				
	□ 501(c)(3) taxable private foundation				
	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> . I(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions				
General Rule					
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
under sections 5 received from an	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% support test of the regulations 09(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 by one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, or (ii) Form 990-EZ, line 1 Complete Parts I and II				
during the year, t	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or n of cruelty to children or animals. Complete Parts I, II, and III				
during the year, of this box is check purpose Do not of	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If sed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year				
_	n that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, t must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its				

990-EZ, or 990-PF)

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990,

Name of organization
LONNIE L MICHAEL FOUNDATION

Employer identification number 20-6005600

Part I	Contributors (see instructions) Use duplicate copies of Part I if a	additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
			Person	Г
			Payroll	Γ
		<u> </u>	Noncash	Г
			(Complete Part II to contributions )	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
			Person	Г
		\$	Payroll	Г
			Noncash	Γ
			(Complete Part II to contributions )	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
			Person	Γ
		s	Payroll	Γ
			Noncash	Г
			(Complete Part II to contributions )	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
			Person	Г
		s	Payroll	Г
		Ψ	Noncash	Г
			(Complete Part II to contributions )	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	tribution
			Person	Γ
		<b></b>	Payroll	Г
			Noncash	Г
			(Complete Part II to contributions )	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	tribution
			Person	Г
		\$	Payroll	Γ
		*	Noncash	Г
			(Complete Part II to contributions )	or noncash

(d) Date received
(d) Date received

hedule B (Form 990, s	990-EZ, or 990-PF) (2015)		Page <b>4</b>
<b>me of organization</b> NNIE L MICHAEL F	OUNDATION		Employer identification number
			20-6005600
total more line entry. of \$1,000 o	than \$1,000 for the year from any o	ne contributor. Complete co II, enter the total of <i>exclusiv</i> mation once. See instruction	ribed in section 501(c)(7), (8), or (10) that blumns (a) through (e) and the following ely religious, charitable, etc., contributions as:)   \$
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	Transferee's name, address, and	(e) Transfer of gi	ft Relationship of transferor to transferee
		_	
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	Transferee's name, address, and	(e) Transfer of gi d ZIP4	ft Relationship of transferor to transferee
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	Transferee's name, address, and	(e) Transfer of gr	ft Relationship of transferor to transferee
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	Transferee's name, address, and	(e) Transfer of gi	ft Relationship of transferor to transferee
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