Department of the Treasury

Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2016 Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

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

Α	For the	2016 calendar year, or tax year beginning and	ending					
В	Check if applicable	C Name of organization		D Employer identific	cation number			
•		Actanca Research and Education						
	Addres change	Foundation, Inc.		]				
	Name change	Doing business as		58-1	857346			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe				
	☐Final return/	4 Executive Park East NE	355	404-				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	10,653,775.				
	Amend return	ACIANCA, GA 30323		H(a) Is this a group re				
	Application	F Name and address of principal officer.Leslie Hughes		for subordinates	? Yes X No			
	pendin	same as c above		H(b) Are all subordinates in	nctuded? Yes No			
1	Tax-exe	mpt status: X 501(c)(3)	or 527	If "No," attach a	list. (see instructions)			
		e:▶ www.atlaref.org		H(c) Group exemptio				
K	Form of	organization: X Corporation Trust Association Other ▶	<b>∟</b> Year	of formation: 1989 N	State of legal domicile: GA			
P	art I	Summary						
9		Briefly describe the organization's mission or most significant activities:						
Activities & Governance	:	For complete mission statement see Sched	ule 0.					
rış	2	Check this box  if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets.			
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	8			
<u>ა</u>	4 1	Number of independent voting members of the governing body (Part VI, line 1b)						
es {	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5				
Viti	6	Total number of volunteers (estimate if necessary)		6	-			
cti		Total unrelated business revenue from Part VIII, column (C), line 12			1857346  Per			
4		Net unrelated business taxable income from Form 990-T, line 34			0.			
				Prior Year				
Ф	8	Contributions and grants (Part VIII, line 1h)		8,705,619.	10,647,512.			
Revenue	1	Program service revenue (Part VIII, line 2g)	1	0.				
ev	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,771.				
<b>a</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,039.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,717,429.				
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		962,916.	1,631,197.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.				
S	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,303,337.	6,436,815.			
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
xbe	Ь.	Total fundraising expenses (Part IX, column (D), line 25)	0.					
Ŵ	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,423,426.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,689,679.				
		Revenue less expenses. Subtract line 18 from line 12		27,750.	191,293.			
Assets or	3		Be	eginning of Current Year				
sets	20	Total assets (Part X, line 16)		5,177,574.				
t As	21	Total liabilities (Part X, line 26)		1,022,740.				
캺	22	Net assets or fund balances, Subtract line 21 from line 20	<u></u>	4,154,834.	4,346,127.			
1 "	artıı	Signature block						
		ties of perjury) declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is			
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	has any knowledge.				
		Mellie Mighes		5/15/	17			
Sig	ın	Signature of officer		Date 7				
He	re	Leslie Hughes, Executive Director						
		Type or print name and title			I I BTIN			
		Print/Type preparer's name Preparer's signature		Date Check	<u>**</u>			
Pai		Mary Jo Alexander Mary Jo Alexand	er (	)5/15/17 if self-employ	P00002534			
		Firm's name Mauldin & Jenkins LLC		Firm's EIN ▶	58-0692043			
Us	e Only	Firm's address 200 Galleria Pkwy SE Ste 1700			0.055.0500			
_		Atlanta, GA 30339-5946		Phone no. 77	0-955-8600			
Ма	v the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Atlanta Research and Education Foundation. Inc.

	990 (2016) Foundation, Inc/346 Page
Ра	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To facilitate, encourage, and support research and education at the Atlanta VA Medical Center and its community based outpatient clinics.
	Actanca va medical center and its community based outpatient clinics.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	· 5 000 000 570
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X N
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,070,749 · including grants of \$ 1,188,092 · ) (Revenue \$
	Emerging Infections Program-Infectious diseases continue to cause
	significant morbidity and mortality in the United States. The goal of
	this program is to continue the population-based active surveillance
	system of the Atlanta Metropolitan statistical area that will detect
	and respond to new and emerging infectious diseases, as well as to
	monitor and investigate the epidemiology of healthcare-associated
	infections.
	ALS:
	1 205 200
4b	(Code:) (Expenses \$1, 295, 280. including grants of \$) (Revenue \$
	influenza vaccines and provides key insight into the maintenance of
	immunity to a constantly changing virus. Areas of focus being explored
	by this study include: virologic surveillance for influenza,
	monitoring for antiviral-resistance among circulating strains, and
	evaluation of new diagnostic tests for rapid and bedside detection of
	influenza.
4c	(Code: )(Expenses \$ 903,984. including grants of \$ 443,105.) (Revenue \$ This is a continuing pilot project to assess the frequency of norovirus
	This is a continuing pilot project to assess the frequency of norovirus
	hospital admissions and hospital-acquired norovirus. The purpose of the
	study is to identify the burden of rotavirus in adults and elderly in the post-vaccine era; to identify the strains of rotavirus causing
	the post-vaccine era; to identify the strains of rotavirus causing
	disease in these populations and compare to the broader community using
	other surveillance datasets and to quantify the burden of norovirus in
	adults and elderly in anticipation of this group being a potential
	target group for vaccination.
4-1	Other program continue (Deceribe in Cab - dul- O.)
40	Other program services (Describe in Schedule O.) (Expenses \$ 4,003,157 • including grants of \$ ) (Revenue \$ )
40	(Expenses \$ 4,003,157 • including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 9,273,170 •

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1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		Х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Σ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			2
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		2
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	2
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14a		
	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		2
5	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		2
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		2
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		2
В	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		2
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X

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20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	250		
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		Х
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		х
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	

## Atlanta Research and Education

Foundation, Inc.

Form 990 (2016)

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Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable n b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 137 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X 4a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5h c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods of services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e **7**f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7g** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

## Atlanta Research and Education

Form 990 (2016)

Foundation, Inc.

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	100		
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ear by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
000	tion Di i onolog (mia decitar D'requesta information about policies not required by the internal nevalue decit,		Yes	No
100	Did the examination have level chapters, branches, or effiliates?	10a	162	X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
D		10h		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	200	40.	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	A	-
С	Did the organization regularly and consistenting monitor and enforce compliance with the policy? If "Yes," describe		v	
	in Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleb ower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16</b> a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶GA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Jenna Zargon - 770-415-9191			
	4 Executive Park Fast NE Suite 355 Atlanta CA 30329			

## Atlanta Research and Education

Foundation, Inc.

Form 990 (2016)	Foundation, I		**-***7346	Pag
Part VII Compe	nsation of Officers, Director	rs, Trustees	, Key Employees, Highest Compensated	
Employ	ees, and Independent Cont	tractors		_

Check if Schedule O contains a response or note to any line in this Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not c	Position check more than one ess person is both an end a director/trustee)			h an	( <b>D)</b> Reportable compensation from	( <b>E</b> ) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099:MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
///	,	밀	II.S	8	Key	Figure	5				
(1) C. Michael Hart, MD	1.00	37		37		1	-	0.	0.	0.	
President	1.00	Х	$\vdash$	X	-	-	-	0.	0.	0.	
(2) David Bower, MD	1.00	x		x		1	Oggil	0.	0.	0.	
Secretary	1.00	Δ		^	1	-	-	0.	0.	0.	
(3) B. Stanton Breon, Jr., CFA, CPA Treasurer	1.00	X	1	x	6			0.	0.	0.	
(4) Annette P. Walker, MSHA, BSN	0.50	4	1	1	-	-		0.	0.		
Board Member	0.30	x		4				0.	0.	0.	
(5) Wilson Holland, MD	0.50		50	-				0.			
Board Member	- C V	X						0.	0.	0.	
(6) Machelle Pardue, PhD	0.50										
Board Member	1	X						0.	0.	0.	
(7) Stuart Zola, PhD	0.50										
Board Member		X						0.	0.	0.	
(8) Virginia Krawiec, MPA	0.50									_	
Board Member		X		_	_	_		0.	0.	0.	
(9) Leslie Hughes	40.00							115 104		0 401	
Executive Director				Х				115,104.	0.	8,481.	

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	(A) Name and title	(B) Average hours per week (list any	offi	not c , unle cer an	rson	than	h an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	am	(F) imate ount o other oensate	of	
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the inizati relate nizatio	on ed
						-							
									8	,			
									0				
								100	<del>)</del>				
	Sub-total								115,104. 0.	0.	,	3,4	0.
2	Total (add lines 1b and 1c)  Total number of individuals (including becompensation from the organization	out not limited to th						no re	115,104. eceived more than \$100	0,000 of reportable	.  .	3,4	81.
3	Did the organization list any former off line 1a? If "Yes," complete Schedule J								nighest compensated e		3	Yes	No X
4	For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a receive	ne sum of reportab \$150,000? If "Yes,	le c	omp	ensa ete S	atior Sche	n and e <i>dul</i> e	d oth	ner compensation from or such individual	the organization	4		х
	rendered to the organization? If "Yes," tion B. Independent Contractors					-			•		5		Х
1	Complete this table for your five higher the organization. Report compensation	for the calendar y							the organization's tax				
	(A) Name and busin		N	ONE	3			-	(B) Description of s	services	( <b>C</b> Comper	) Isatio	n
			_										
2	Total number of independent contractors \$100,000 of compensation from the or		ot li	mite	d to		se li:	sted	above) who received n	nore than			

Form 990 (2016) Foundat
Part VIII | Statement of Revenue

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			esponse or note to	any line in this Part VIII			
		Check if Schedule O contains a re		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a				
ar of		Membership dues					
S, C		Fundraising events					
ar ar	d	Related organizations	1d				
S, E		Government grants (contributions)	1e 8,547	,337.			
Pos	f	All other contributions, gifts, grants, and					
the		similar amounts not included above	1f 2,100	,175.			
E G	q	Noncash contributions included in lines 1a-1f; \$	-				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		10,647,512			
			Business				
e l	2 a						
E Z	b						
Sul	С						
eve	d						
Program Service Revenue	е				23 7		
4	f	All other program service revenue					
	g	Total. Add lines 2a-2f		<b>&gt;</b>			
	3	Investment income (including dividend					
		other similar amounts)		4,250.	1		4,250.
	4	Income from investment of tax-exemp			P		
i	5	Royalties		<b>•</b> (			
			Real (ii) Pers				
	6 a	Gross rents					
	b	Less: rental expenses		1 6			
		Rental income or (loss)					
		Net rental income or (loss)		<b>N</b>			
			curities (ii) Oth				
- 1		assets other than inventory		*			
	b	Less: cost or other basis	A V				
- 1		and sales expenses	673				
I	C	Gain or (loss)	100				
		Net gain or (loss)		<b>•</b>			
evenue	8 a	Gross income from fundraising events	(not				
F.		Part IV, line 18	a				
Other Re	b	Less: direct expenses					
0		Net income or (loss) from fundraising e		<b>•</b>			
		Gross income from gaming activities.					
		Part IV, line 19					
	b	Less: direct expenses			Y.		
		Net income or (loss) from gaming activ		<b>•</b>			
		Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
-	С	Net income or (loss) from sales of inve	ntory	<b>&gt;</b>			
L		Miscellaneous Revenue	Business	Code			
	11 a	Other Income	900099	2,013.			2,013.
	b						
	C						
		All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions.		10,653,775.	0.	0	6,263.

## Atlanta Research and Education

Form 990 (2016) Foundation, Inc.

Part IX | Statement of Functional Expenses

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Da	Check if Schedule O contains a respon	se or note to any line in	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,631,197.	1,631,197.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		4 - 4		
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	400 707		400 505	
	trustees, and key employees	123,585.		123,585.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,291,624.	4,651,329.	640,295.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	121,963.	99,461.	22,502.	
9	Other employee benefits	497,204.	433,381.	63,823.	
10	Payroll taxes	402,439.	346,212.	56,227.	_
11	Fees for services (non-employees):		( )		
а	Management				
b	Legal	1,655.	1,655.		
С	Accounting	34,150.	1	34,150.	
d	Lobbying				
е		1 1/2			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	123,094.	46,734.	76,360.	
12	Advertising and promotion				
13	Office expenses	69,591.	64,618.	4,973.	
14	Information technology	31,037.	22,684.	8,353.	
15	Royalties				
16	Occupancy	22,868.		22,868.	
17	Travel	121,631.	113,377.	8,254.	
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	65,332.	59,605.	5,727.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	84,990.		84,990.	
23	Insurance	12,607.		12,607.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule (D.)				
2	Project Expense	1,070,955.	1,070,955.		
b	Lab Supplies	586,113.	579,486.	6,627.	
C	Subject Costs	123,727.	123,727.	2,02.	
d	Publications/Subscripti	32,082.	19,152.	12,930.	
	All other expenses	14,638.	9,597.	5,041.	
25	Total functional expenses. Add lines 1 through 24e	10,462,482.	9,273,170.	1,189,312.	(
26	Joint costs. Complete this line only if the organization		2/2/2/2/00		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2016)

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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	562,976.	1	331,742.
	2	Savings and temporary cash investments	2,336,958.	2	1,574,201.
	3	Pledges and grants receivable, net	942,883.	3	2,749,296.
	4	Accounts receivable, net		4	······································
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			*
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	54,965.	9	52,744.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,241,252.  Less: accumulated depreciation 10b 1,220,098.			
	b	Less: accumulated depreciation 10b 1,220,098.	1,034,772.	10c	1,021,154.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	9	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	245,020.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,177,574.	16	5,729,137.
	17	Accounts payable and accrued expenses	902,182.	17	1,123,394.
	18	Grants payable		18	
	19	Deferred revenue	120,558.	19	259,616.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV-of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
	06	Schedule D  Total liabilities. Add lines 17 through 25	1,022,740.	25	1,383,010.
_	26	Organizations that follow SFAS 117 (ASC 958), check here	1,022,740.	26	1,303,010.
(D					
Se	27	complete lines 27 through 29, and lines 33 and 34.	3,745,682.	27	3 906 017
<u>la</u>	28	Unrestricted net assets Temporarily restricted net assets	409,152.	28	3,906,017. 440,110.
Ä	29		105,152.	29	110,110.
Ĕ	23	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □		23	
7		and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	4,154,834.	33	4,346,127.
	34	Total liabilities and net assets/fund balances	5,177,574.	34	5,729,137.
	U-T	Total liabilities and fiet assets/fulla balaribes	5/1//5/11	<b>U</b>	5,725,157.

Form **990** (2016)

Atlanta Research and Education

Form	1990 (2016) Foundation, Inc.	**-**	7346	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	0,65	3,7	75.
2	Total expenses (must equal Part IX, column (A), line 25)		0,46	2,4	82.
3	Revenue less expenses. Subtract line 2 from line 1	3			93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,15	4,8	34.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,34	6,1	<u> 27.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?	_	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	
	A / A		Form	990 (	2016)

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

Department of the Treasury

Total

Name of the organization

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Atlanta Research and Education

2016

Open to Public

Employer identification number

\*\*-\*\*\*7346 Foundation, Inc. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 X A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: Veterans Affairs Medical Center, Decatur, Georgia An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (21 no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

#### Atlanta Research and Education

Schedule A (Form 990 or 990-EZ) 2016 Foundation, Inc.

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(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2013 (c) 2014 (d) 2015 (e) 2016 (a) 2012 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support, Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 s for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

## Atlanta Research and Education

Schedule A (Form 990 or 990-EZ) 2016 Foundation, Inc.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
-	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	1		, ,	1		.,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				0		
6	Total. Add lines 1 through 5						
	a Amounts included on lines 1, 2, and 3 received from disqualified persons 3 Amounts included on lines 2 and 3 received from other than disqualified persons that			~			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)		V				
	ction B. Total Support		_ </td <td></td> <td></td> <td></td> <td>7000000 mmm</td>				7000000 mmm
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	.0	~				
- 1	Unrelated business taxable income	1					
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	tax year as a sect	ion 501(c)(3) organi:	zation,
			•••••••				<b>▶</b> □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (	line 8, column (f) d	ivided by line 13, o	olumn (f))		15	%
	Public support percentage from 2015					16	9/
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2016. If the	-					
	more than 33 1/3%, check this box a						
t	33 1/3% support tests - 2015. If the	-					
	line 18 is not more than 33 1/3%, che						
20	Private foundation, If the organization	n did not check a	hay on line 14 10:	or 10h check t	hie how and see in	netructions	

## Atlanta Research and Education

Schedule A (Form 990 or 990 EZ) 2016 Foundation, Inc.

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#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Vu	(b) and (c) below.	За		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			1
	organization made the determination.	3b		
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	- 0		
C	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
40	Was any supported organization not organized in the United States ("foreign supported organization")? If	00		
44	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
Į,		<b>4</b> a		
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	46		
	despite being controlled or supervised by or in connection with its supported organizations.	4b	-	
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
<b>5</b> a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action		-	
	was accomplished (such as by amendment to the organizing document).	5a	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	_5b	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
-	determine whether the engagination had expose business had ince to	104	1	

#### Atlanta Research and Education

\*\*-\*\*\*7346 Page 5 Schedule A (Form 990 or 990-EZ) 2016 Foundation, Inc. Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b b A family member of a person described in (a) above? 11c c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s). Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2); did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test, Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity, Describe in Part VI how you supported a government entity (see instructions) Yes No 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

#### Atlanta Research and Education

\*\*-\*\*\*7346 Page 6 Schedule A (Form 990 or 990 EZ) 2016 Foundation, Inc. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 10 d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Leave the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

#### Atlanta Research and Education

\*\*-\*\*\*7346 Page 7 Schedule A (Form 990 or 990-EZ) 2016 Foundation, Inc. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: a b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D. a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j Breakdown of line 7: 8 b Excess from 2013 c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

## Atlanta Research and Education

art VI	(Form 990 or 990-EZ) 2016 Foundation, I	Inc. **-***/346 Page
	Supplemental Information. Provide the expla	anations required by Part II, line 10: Part II, line 17a or 17b; Part III, line 12:
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, line 1: Part IV Section D lines 2 and 3: Part IV Section	i, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, on E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, line	les 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)	
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### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Atlanta Research and Education Employed

16 Open to Public Inspection

OMB No. 1545-0047

Foundation, Inc.

Employer identification number \*\*-\*\*\*7346

Schedule D (Form 990) 2016

	Advised Funds or Other Similar Funds	or Accounts. Complete if the
organization answered "Yes" on Form 990, P	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
4 Aggregate value at end of year		161
5 Did the organization inform all donors and donor adv		
are the organization's property, subject to the organ		
6 Did the organization inform all grantees, donors, and		
for charitable purposes and not for the benefit of the		
impermissible private benefit?		
	if the organization answered "Yes" on Form 990, Pa	art IV, line 7.
1 Purpose(s) of conservation easements held by the o		_
Preservation of land for public use (e.g., recreated		ically important land area
Protection of natural habitat	Preservation of a certifi	ed historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization held	d a qualified conservation contribution in the form of	
day of the tax year.		Held at the End of the Tax Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation easements		
c Number of conservation easements on a certified his	storic structure included in (a)	2c
d Number of conservation easements included in (c) a		
listed in the National Register	*	
3 Number of conservation easements modified, transf		
year >	iorroa, roiogood, oranigaiorroa, or torriniated by the	organization daring the tan
4 Number of states where property subject to conserv	vation éasement is located	
5 Does the organization have a written policy regardin		
violations, and enforcement of the conservation eas	The state of the s	Yes No
		***************************************
6 Staff and volunteer hours devoted to monitoring, ins	specting, handling of violations, and emorcing conse	ervation easements during the year
7 Amount of expenses incurred in monitoring, inspect		
	ing, handling of violations, and enforcing conservation	on easements during the year
<b>▶</b> \$		
8 Does each conservation easement reported on line		
and section 170(h)(4)(B)(ii)?		L Yes L No
9 In Part XIII, describe how the organization reports co	onservation easements in its revenue and expense s	statement, and balance sheet, and
include, if applicable, the text of the footnote to the	organization's financial statements that describes the	ne organization's accounting for
conservation easements.		
Part III Organizations Maintaining Collect	tions of Art, Historical Treasures, or Otl	her Similar Assets.
Complete if the organization answered "Yes"	on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS	S 116 (ASC 958), not to report in its revenue stateme	ent and balance sheet works of art,
historical treasures, or other similar assets held for p		
the text of the footnote to its financial statements th		
b If the organization elected, as permitted under SFAS		and balance sheet works of art, historica
treasures, or other similar assets held for public exhi		
	ibition, education, or research in furtherance of publi	ic service, provide the following amount
relating to these items:		•
(i) Revenue included on Form 990, Part VIII, line 1		
2 If the organization received or held works of art, history		gain, provide
the following amounts required to be reported under		
a Revenue included on Form 990, Part VIII, line 1		> \$
h Assets included in Form 990 Part Y		•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

# Atlanta Research and Education Foundation, Inc.

Sche	edule D (Form 990) 2016 Foundat	ion, Inc.				**_*	**734	6 P	age 2
	rt III Organizations Maintaining (		rt, Historical 1	reasures, or	Other				
3	Using the organization's acquisition, access								าร
	(check all that apply):								
a	Public exhibition	C	Loan or ex	change program	S				
b									
C	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain	in how they further	the organization	's exemp	ot purpose in F	Part XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	easures, or other	similar as	ssets			-
	to be sold to raise funds rather than to be m						Yes		No
Pa	rt IV Escrow and Custodial Arran		ete if the organizat	ion answered "Ye	es" on Fo	orm 990, Part	IV, line 9, c	r	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod							_	_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:						
							Amour	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance				#	1f			
	Did the organization include an amount on F					?	Yes		No
	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	xplanation has bee	en provided on Pa	art XIII				
Pa	rt V Endowment Funds. Complete						.1		
		(a) Current year	(b) Prior year	(c) Two years b	ack (d)	Three years ba	ck (e) Fou	r years	back
<b>1</b> a	0 0						-		
b	Contributions		-						
C	Net investment earnings, gains, and losses								
d	Grants or scholarships		-		_				
е	Other expenditures for facilities		( )						
	and programs	-			_		-		
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		e (line 1g, column	(a)) held as:					
a	Board designated or quasi-endowment	- 13	_%						
b	Permanent endowment								
С	Temporarily restricted endowment	%							
0-	The percentages on lines 2a, 2b, and 2c sho								
Sa	Are there endowment funds not in the posse	ession of the organization	ation that are held	and administered	d for the	organization		¥-	N
	by:						0-40	Yes	No
	(i) unrelated organizations	Y+P+					3a(i)	$\vdash$	
<b>b</b>	(ii) related organizations  If "Yes" on line 3a(ii), are the related organizations	**************************************			• • • • • • • • • • • • • • • • • • • •		3a(ii)		
4	Describe in Part XIII the intended uses of the			f			3b		
	t VI Land, Buildings, and Equipm		wment lungs.						
- 4.	Complete if the organization answere		Part IV line 11a	See Form 990 F	Part Y lin	o 10			
	Description of property	(a) Cost or o		st or other		mulated	(d) Boo	k volu	
	bescription of property	basis (investr	, ,	s (other)	(-,-	ciation	(u) DOC	ik valui	ь
10	Land		Dasie	(501)	aspie	J.A.IOII			
	Buildings								
	Leasehold improvements		1.2	19,031.	32	0,427.	89	8,6	04.
	Equipment			10,438.		0,949.		9,4	
	Other			11,783.		8,722.		3,0	
	. Add lines 1a through 1e (Column (d) must e						1.02	_	54.

**PUBLIC** Atlanta Research and Education \*\*-\*\*\*7346 Page 3 Foundation, Inc. Schedule D (Form 990) 2016 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2) (3)(4) (5) (6) (7)(8) (9) Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (a) Description (1) (2) (3)(4)(5)(6)(7)(8)(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

	(a) Description of liability	(b) Book value	
(1) Federa	I income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Atlanta Research and Education Foundation, Inc.

	t XI Reconciliation of Revenue per Audited Financial Stater  Complete if the organization answered "Yes" on Form 990, Part IV, line 1:			. Page 4
1		-и.	1	10,653,775.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			10,653,775.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	10,653,775.
	t XII Reconciliation of Expenses per Audited Financial State			rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:			10 460 400
1	Total expenses and losses per audited financial statements		1	10,462,482.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses			
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			10,462,482.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			10,462,482.
_	t XIII Supplemental Information.			
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a complete this part to provide any and the co		V, line 4; Part	X, line 2; Part XI,
	Foundation accounts for uncertain tax p	ositions in ac	ccordan	ce with
acc	counting standards that provide guidance	on when uncert	cain tax	x positions
are	e recognized in an entity's financial sta	tements and ho	ow the	values of
the	ese positions are determined. No liabili	ty has been re	ecorded	as of
Dec	cember 31, 2016 or 2015 due to uncertain	tax positions.		

SCHEDULE I (Form 990)

#### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Inspection Atlanta Research and Education Employer identification number \*\*-\*\*7346 Name of the organization Foundation, Inc. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes No No criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, 1 (a) Name and address of organization (c) IRC section (if applicable) (h) Purpose of grant or assistance (b) EIN (d) Amount of (e) Amount of (g) Description of or government cash grant non-cash noncash assistance FMV, appraisal, other) assistance Emory School of Medicine Collaboration in the 1599 Clifton Rd NE Emerging Infections Atlanta, GA 30322 \*\*-\*\*\*6256 501(C)(3) 1,188,092 Program Baylor School of Medicine Collaboration to quantify One Baylor Plaza the burden of Norovirus Houston, TX 77030 \*\*-\*\*\*8874 501(C)(3) 443,105 Gastro 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

0.

OMB No. 1545-0047

2016

Open to Public

632101 11-01-16

Atlanta Resear Schedule I (Form 990) (2016) Foundation, In		ucation			**-***7346	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed		organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
						-
		+		10		
			~0	)×		
			2			
			1			
		18				
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.		
Part I, Line 2:	1	(				
Atlanta Research and Education Fo	undation i	monitors t	he use of	grant funds		
awarded to sub-awardees.	N					
The sub-awards are collaborative	projects ]	between th	ne awardee	(AREF)		
and the sub-awardee, and its budg						
sub-awardee and the Federal Spons						
Foundation to the sub-awardee.						

632102 11-01-16

Schedule I (Form 990) (2016)

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

6 Inspection

OMB No. 1545-0047

Name of the organization

Atlanta Research and Education Foundation, Inc.

Employer identification number \*\*-\*\*\*7346

Form 990, Part I, Line 1, Description of Organization Mission: Mission Statement To facilitate, encourage, and support research and education at the Atlanta VA Medical Center and its community based outpatient clinics. Vision To assist VA in: -Developing the careers of VA researchers advances for -Creating innovations that translate into healthcare veterans and thus the nation -Educating health professionals in order to ensure delivery of the highest quality of care -Educating veterans on the latest advancements in medicine -Providing high quality research and education resource management to assist in achieving the goals of the programs Form 990, Part III Line 4d, Other Program Services: This is an on-going clinical research study on people with Type II diabetes. It compares four different commonly used diabetes medications in combination with metformin. The study is looking at how well each combination works to control blood sugar levels in order to determine which combination works the best. It is also looking at the benefits and side effects of each combination. Expenses \$ 504,884. including grants of \$ 0. Revenue \$ 0.

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization Atlanta Research and Education Foundation, Inc.	Employer identification number **-***7346
Expenses \$ 3,498,273. including grants of \$ 0. Revenu	e \$ 0.
Form 990, Part VI, Section B, line 11b:	
The Auditors issue a report to the board. The board review	ws the 990 at that
time. This gives the board an opportunity to receive answ	ers to their
questions.	
Form 990, Part VI, Section B, Line 12c:	
The Board, and employees with decision-making authority,	affirm
understanding of the policy annually. Employees are reque	sted to affirm
that AREF policy, including Conflicts of Interest, has be	en received and
read during orientation. The policy can be found on the w	ebsite.
Form 990, Part VI, Section B, Line 15a:	
The organization utilizes a compensation survey every two	to three years to
determine executive director compensation. Board Members	are not
compensated.	
Form 990, Part VI, Section C, Line 19:	
Disclosure of Public Records	
It is the policy of the Atlanta Research and Education Fo	undation, Inc.
that members of the general public requesting records whi	ch are subject to
the Georgia Open Records Act, O.C.G.A. 50-18-70, et seq.,	such as the IRS
Form 990, Request for Tax-Exempt Status (IRS Form 1023),	IRS Exemption
Determination Letter (IRS Letter 947) etc., will be provi	ded copies.
Requests must be made to the Foundation's Executive Direc	tor, Board
President, or Controller.	

Employer identification number \*\*-\*\*\*7346

The Atlanta Research and Education Foundation, Inc. will provide copies of the most current three years of the IRS Form 990 filed as well as copies of other requested records which are subject to the Georgia Open Records Act.

#### Requests Made in Person

It is the policy of the Foundation that members of the general public requesting records in person will receive requested records by close of business on the day of request. Appropriate photocopying expenses must be paid before the documents are released.

### Requests Made in Writing

It is the policy of the Foundation that members of the general public requesting records in writing will be provided the documents upon reimbursement of photocopying expense and postage expense within the required 30-day period.

#### Form 990 Part XII Line 2c,

Due to small size of the Board, the AREF Board of Directors (Board)
serves as the Audit Committee. The Board is responsible for overseeing
management's financial, accounting and reporting processes, the system
of internal accounting and financial controls and compliance with
related legal, regulatory and ethical requirements. In recent years,
the Board delegated the interview and recommended selection to a small
committee headed by the Treasurer. This committee reviewed several
applications, ranked them and provided a recommendation to the full
Board for discussion and vote. During discussion, the Board reviewed
the qualifications, independence and performance of the independent

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization Atlanta Research and Education Foundation, Inc.	Employer identification number **-**7346
registered public accounting firm (Auditor). AREF utilize	s Auditor for
the purpose of testing, reviewing and certifying that the	financial
processes are in accordance with the appropriate rules an	d regulations
that AREF works under. Auditor prepares and issues an aud	it report or
related work to the full AREF Board at the end of each au	dit cycle. The
Board has full access to all books, records, facilities a	nd personnel
of AREF, as well as Auditor.	
Form 990 Part XII Line 2c	
No changes have been made to the process of auditor selec	tion or review
of the audited financial statements.	
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