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Return of Private Foundation

DLN: 93491062000013

OMB No 1545-0052

Internal Revenue Service

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Department of the Treasury

Open to Public Inspection

For calendar year 2012, or tax year beginning 01-01-2012 , and ending 12-31-2012

		undation				A Employer id	lentification numbe	er
		RESEARCH & HEALTH DN FOUNDATION				58-2580582		
Num	ber and	d street (or P O box number if mail is not	delivered to street address) Room/suite		B Telephone nu	ımber (see ınstructior	าร)
		LING BEND COURT		,		(706) 327-400)	
		n, state, and ZIP code GA 31904				C If exemption	application is pendin	g, check here 🕨 🦵
G C	heck	all that apply Initial return	_	a former public chai	ity	D 1. Foreign o	rganizations, check h	ere 🕨 🗀
		Final return	A mended retur	'n			rganizations meeting	
—		Address change		to foundation		спеск пе	re and attach comput	ation
		ype of organization — 1° Section 50 n 4947(a)(1) nonexempt charitable			n			
			Accounting method				undation status was t	
of	year (from Part II, col. (c),	Cother (specify)	_			n 507(b)(1)(A), chec	
lin	e 16)	*\$ 32,877 (F	Part I, column (d) must	be on cash basıs.)			ation is in a 60-mont n 507(b)(1)(B), chec	. –
Pa	rt I	Analysis of Revenue and total of amounts in columns (b), (c), a necessarily equal the amounts in columnstructions)	and (d) may not	(a) Revenue and expenses per books	(b) l	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	d (attach schedule)					
	2	Check ► 🔽 if the foundation is not req	juired to attach Sch B					
	3	Interest on savings and temporar	ry cash investments					
<u> 4</u>	4	Dividends and interest from secu	rities					
	5a	Gross rents	[
	b	Net rental income or (loss)						
	6a	Net gain or (loss) from sale of ass	sets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a						
ā	7	Capital gain net income (from Par						
~	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 scho	· .	95 1 204 440				
	11	Other income (attach schedule)	ļ-	204,119				
	12	Total. Add lines 1 through 11 .		204,119		0		2.500
	13	Compensation of officers, director	· ·	2,500				2,500
ψ.	14	Other employee salaries and wag	ŀ	167,363				167,363
Š	15 16a	Pension plans, employee benefits Legal fees (attach schedule)	ļ-	% 1,000				1,000
Expenses	b	Accounting fees (attach schedule	-					3,710
	ء ا	Other professional fees (attach s	-	3,7.23				5,.15
Ĭ	17	Interest		1,684				1,684
tra	18	Taxes (attach schedule) (see instructions	ľ	7,050				7,050
and Administrative	19	Depreciation (attach schedule) ai	· ·					·
Ê	20	Occupancy		_				
4	21	Travel, conferences, and meeting	-	18,817				18,817
an(22	Printing and publications	ŀ	1,584				1,584
	23	Other expenses (attach schedule	ŀ	% 76,342				76,342
atıı	24	Total operating and administrative	-					
Operating		Add lines 13 through 23	-	284,341		0		280,050
0	25	Contributions, gifts, grants paid.	ŀ	3,318				3,318
	26	Total expenses and disbursements.	Add lines 24 and 25	287,659		0		283,368
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expenses	and disbursements	-83,540				
	ь	Net investment income (if negative	ve, enter -0-)			0		
_	С	Adjusted net income (if negative,	, enter -0 -)					
For	Panen	work Reduction Act Notice, see ins	t ruct ions.		Cat	t No 11289X	Form	990-PF (2012)

Pa	rt II	Balance Sheets should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Bool		(c) Fair Market Value
	1	Cash—non-interest-bearing	27,877	(=, ====	5,15	+
	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 page 15 of the				
		Instructions)				
	7	Other notes and loans receivable (attach schedule)				
	,	15,000				
o.		Less allowance for doubtful accounts 🕨	15,000		15,00	0 15,000
sets	8	Inventories for sale or use				
Яδ	9	Prepaid expenses and deferred charges				
-	10a	$Investments-U\ S\ and\ state\ government\ obligations\ (attach\ schedule)$				
	b	Investments—corporate stock (attach schedule)				
	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)				
	14	Land, buildings, and equipment basis 🕨 44,331				
		Less accumulated depreciation (attach schedule) > 33,574	13,630	%3	10,75	7 10,757
	15	Other assets (describe	2,083	%3	1,97	0 1,970
	16	Total assets (to be completed by all filers—see the		_		<u>-</u>
		instructions Also, see page 1, item I)	58,590		32,87	7 32,877
	17	Accounts payable and accrued expenses	414		3,19	
	18	Grants payable				1
S	19	Deferred revenue				1
Itles	20	Loans from officers, directors, trustees, and other disqualified persons	44,645		50,05	9
	21	Mortgages and other notes payable (attach schedule)	·	6 5	49,63	7
Liabi	22	Other liabilities (describe				1
						†
	23	Total liabilities (add lines 17 through 22)	45,059		102,88	6
		Foundations that follow SFAS 117, check here 🕨 🔽				7
		and complete lines 24 through 26 and lines 30 and 31.				
or Fund Balances	24	Unrestricted	13,531		-70,00	9
an	25	Temporarily restricted				1
Bal	26	Permanently restricted				1
Ξ		Foundations that do not follow SFAS 117, check here 🕨 🦵				7
Fur		and complete lines 27 through 31.				
Σ	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg , and equipment fund				7
Assets	29	Retained earnings, accumulated income, endowment, or other funds				1
	30	Total net assets or fund balances (see page 17 of the				1
Net		ınstructions)	13,531		-70,00	9
_	31	Total liabilities and net assets/fund balances (see page 17 of				†
		the instructions)	58,590		32,87	7
Pa	rt II					
	T		() 1 - 22 ()	1		
1		Total net assets or fund balances at beginning of year—Part II, column		_	,	12.521
~		with end-of-year figure reported on prior year's return)				13,531
2		Enter amount from Part I, line 27a			2	-83,540
3		Other increases not included in line 2 (itemize)			3	70.000
4		Add lines 1, 2, and 3			4	-70,009
5		Decreases not included in line 2 (itemize)			5	70.000
6		Total net assets or fund balances at end of year (line 4 minus line 5)—	r art II, column (b), li	ne 30 .	6	-70,009

		the kınd(s) of property sold (e g , r ouse, or common stock, 200 shs I		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a						
(e	e) Gross sales price	(f) Depreciation allowe	107	t or other basıs		or (loss)
		(or allowable)	plus ex	rpense of sale	(e) plus (f) mınus (g)
a						
ь						
с						
d						
e						
Co	mplete only for assets s	showing gain in column (h) and own				(h) gain minus
(i)	FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (ı) col (j), ıf any		less than -0-) or om col (h))
		as 0/12/31/09		cor (j), ir arry	203303 (11	0111 001 (11))
<u>_</u>						
с						
d						
<u>е</u>			If any place anton	Dawt I lune 7 1		
2	Capital gain net inco	me or (net capital loss)	If gain, also enter If (loss), enter -0-		2	
3	Net short-term capita	al gaın or (loss) as defined in sectio	ons 1222(5) and (6)		
		Part I, line 8, column (c) (see instru		nter - 0 -	3	
Dart	V Qualification I	Under Section 4940(e) for I	Poducod Tay or	Not Investme		
(For opt	tional use by domestic p	private foundations subject to the s	ection 4940(a) tax	on net investment	ncome)	
Ifsection	on 4940(d)(2) applies,	leave this part blank				
Was the	e foundation liable for th	e section 4942 tax on the distribut	able amount of any	vear in the base pe	rıod?	┌ Yes ┌ No
		ot qualify under section 4940(e) D				
1 En		unt in each column for each year, s	ee page 18 of the u			
	(a)		T	nstructions before n		
	e period years Calendar	(b) Adjusted qualifying distributions	(c)	1	(d) Distribution	
	e period years Calendar or tax year beginning in)	(b) Adjusted qualifying distributions	T	1	(d)	
	e period years Calendar or tax year beginning in) 2011		(c)	1	(d) Distribution	
	e period years Calendar or tax year beginning in) 2011 2010		(c)	1	(d) Distribution	
	e period years Calendar or tax year beginning in) 2011		(c)	1	(d) Distribution	
	e period years Calendar or tax year beginning in) 2011 2010 2009		(c)	1	(d) Distribution	
	e period years Calendar or tax year beginning in) 2011 2010 2009 2008		(c)	1	(d) Distribution	
year (e period years Calendar or tax year beginning in) 2011 2010 2009 2008 2007	Adjusted qualifying distributions	(c) Net value of noncha	ritable-use assets	(d) Distribution (col (b) divided	
year (e period years Calendar or tax year beginning in) 2011 2010 2009 2008 2007 Total of line 1, column	Adjusted qualifying distributions	(c) Net value of noncha	ritable-use assets	(d) Distribution	
year (e period years Calendar or tax year beginning in) 2011 2010 2009 2008 2007 Total of line 1, column A verage distribution	Adjusted qualifying distributions	(c) Net value of noncha	ritable-use assets	(d) Distribution (col (b) divided	
year (e period years Calendar or tax year beginning in) 2011 2010 2009 2008 2007 Total of line 1, column A verage distribution	Adjusted qualifying distributions on (d)	(c) Net value of noncha	ritable-use assets	(d) Distribution (col (b) divided	
year (e period years Calendar or tax year beginning in) 2011 2010 2009 2008 2007 Total of line 1, column A verage distribution the number of years to tax years yea	Adjusted qualifying distributions on (d)	(c) Net value of noncha	ritable-use assets	(d) Distribution (col (b) divided	
2 3	re period years Calendar or tax year beginning in) 2011 2010 2009 2008 2007 Total of line 1, column A verage distribution the number of years to the column of the column of the number of years to the column of the column o	Adjusted qualifying distributions on (d)	(c) Net value of noncha	ritable-use assets	(d) Distribution (col (b) divided	
2 3	e period years Calendar or tax year beginning in) 2011 2010 2009 2008 2007 Total of line 1, column A verage distribution the number of years to tax years yea	Adjusted qualifying distributions on (d)	(c) Net value of noncha	ritable-use assets	(d) Distribution (col (b) divided	
2 3	re period years Calendar or tax year beginning in) 2011 2010 2009 2008 2007 Total of line 1, column A verage distribution the number of years to the column of the column of the number of years to the column of the column o	Adjusted qualifying distributions on (d)	(c) Net value of noncha	ritable-use assets	(d) Distribution (col (b) divided	
2 3	Total of line 1, column A verage distribution the number of years to Multiply line 4 by line	Adjusted qualifying distributions on (d)	Net value of noncha	ritable-use assets e 2 by 5, or by rs	(d) Distribution (col (b) divided	
2 3 4 5	Total of line 1, column A verage distribution the number of years to Multiply line 4 by line	Adjusted qualifying distributions on (d)	Net value of noncha	ritable-use assets e 2 by 5, or by rs	(d) Distribution (col (b) divided	
2 3 4 5	re period years Calendar or tax year beginning in) 2011 2010 2009 2008 2007 Total of line 1, column Average distribution the number of years to the first the net value of the period of the per	Adjusted qualifying distributions on (d)	Net value of noncha	e 2 by 5, or by	(d) Distribution (col (b) divided	
2 3 4 5	Total of line 1, column Average distribution the number of years tenter the net value of Multiply line 4 by line Enter 1% of net inversed Add lines 5 and 6.	Adjusted qualifying distributions Inn (d)	Net value of noncha	ritable-use assets e 2 by 5, or by rs	(d) Distribution (col (b) divided	

Form	990-PF (2012)				Р	age 4	
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page	18 of t	ne insti	uctio	ns)		
1a	Exempt operating foundations described in section 4940(d)(2), check here T and enter "N/A" on line 1						
	Date of ruling or determination letter (attach copy of letter if necessary-see						
ь	instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				0	
_	here Fand enter 1% of Part I, line 27b						
c	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)						
	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)						
	3 Add lines 1 and 2						
4							
5							
6	C redits/P ayments						
a	2012 estimated tax payments and 2011 overpayment credited to 2012 6a						
b	Exempt foreign organizations—tax withheld at source 6b						
c	Tax paid with application for extension of time to file (Form 8868)						
d	Backup withholding erroneously withheld 6d						
7	Total credits and payments Add lines 6a through 6d	7					
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10					
11	Enter the amount of line 10 to be Credited to 2013 estimated tax	11					
	t VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did				Yes	No	
	It participate or intervene in any political campaign?			1a		No	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page	e 19 of	.				
	the instructions for definition)?			1 b		No	
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials		Ī				
	published or distributed by the foundation in connection with the activities.						
c	Did the foundation file Form 1120-POL for this year?			1c		No	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation \$ (2) On foundation managers \$						
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impo	sed					
	on foundation managers 🕨 \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? $$. $$.			2		No	
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a	rticles					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		No	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		[4a		No	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		[4b		No	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		[5		No	
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory direction:						
	that conflict with the state law remain in the governing instrument?			6	Yes		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		Ĺ	7	Yes		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	► <u>GA</u>						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney						
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .		-	8b	Yes		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j						
	or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XI	V)?		_			
	If "Yes," complete Part XIV		• • •	9		No	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address	ses		10		No	

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		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 ►N/A			
14	The books are in care of ▶JONATHAN L LISS Telephone no ▶(706)	327-	4000	
	Located at ▶7409 ROLLING BEND CT COLUMBUS GA COLUMBUS GA ZIP+4 ▶31904			
15				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here	• •	'	- 1
	- · · · · · · · · · · · · · · · · · · ·			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over			
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign			
	country •			
Pa	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No.
1-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		res	No
Ia	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 Vo			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) A gree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes 🔽 No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		No
	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 2012?	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 2012, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2012?			
	If "Yes," list the years 🕨 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		No
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20 <u>, 20</u> , 20 <u>, 20</u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
L	any time during the year?			
Ь	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	If the foundation had excess business holdings in 2012.).	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
ъ Б	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	Tu		10
,	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		No

			Which Form 4/20				ı
5a	During the year did the foundation	• •		_	_		
	(1) Carry on propaganda, or othe	•	- ,		✓ No		
	(2) Influence the outcome of any	_					
	on, directly or indirectly, any voter registration drive?						
	(3) Provide a grant to an individual for travel, study, or other similar purposes?						
	(4) Provide a grant to an organization other than a charitable, etc , organization described						
	ın section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) Yes 🔽						
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or						
	educational purposes, or for t	the prevention of cruelty	to children or animals?.		✓ No		
b	If any answer is "Yes" to 5a(1)-(5), dıd any of the transac	tions fail to qualify unde	r the exceptions described	n		
	Regulations section 53 4945 or	in a current notice regard	ling disaster assistance	(see instructions)?		. 5b	No
	Organizations relying on a curren	it notice regarding disast	er assistance check her	e	Γ		
c	If the answer is "Yes" to question		· · · · · · · · · · · · · · · · · · ·				
	tax because it maintained expend	diture responsibility for th	ne grant?		▼ No		
	If "Yes," attach the statement requ	ired by Regulations sectio	n 53.4945–5(d).				
6a	Did the foundation, during the yea	ar, receive any funds, dire	ectly or indirectly, to pay	premiums on			
	a personal benefit contract?				V No		
b	Did the foundation, during the yea	ar, pay premiums, directl	y or indirectly, on a pers	onal benefit contract?		6b	No
	If "Yes" to 6b, file Form 8870.						
7a	At any time during the tax year, v	was the foundation a part	y to a prohibited tax she	lter transaction? TYes	▽ No		
ь	If yes, did the foundation receive	any proceeds or have an	y net income attributabl	e to the transaction?		7b	No
	Information Abou	t Officers, Directors	s, Trustees, Founda	ation Managers, Highl	y Paid	l Empl	oyees,
	and Contractors						
1	List all officers, directors, trustee	s, foundation managers a	and their compensation (see instructions).			
	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	1 7 7	•	e account,
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensatio	1 6	•	e account, wances
LISA L		hours per week	(If not paid, enter	employee benefit plans and deferred compensatio	1 6	•	•
		hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensatio	1 6	•	
7409 COL	ISS PROLLING BEND COURT UMBUS,GA 31904	hours per week devoted to position VP & Secretary	(If not paid, enter -0-)	employee benefit plans and deferred compensatio	1 6	•	
7409 COL	ISS PROLLING BEND COURT	hours per week devoted to position VP & Secretary 0 00 Pres & Treas	(If not paid, enter -0-)	employee benefit plans and deferred compensatio	1 6	•	•
7409 COL JONA	ISS PROLLING BEND COURT UMBUS,GA 31904 THAN LLISS PROLLING BEND COURT	hours per week devoted to position VP & Secretary 0 00	(If not paid, enter -0-) 2,500	employee benefit plans and deferred compensatio	1 6	•	•
7409 COL JONA 7409 COL	ISS PROLLING BEND COURT UMBUS, GA 31904 THAN L LISS PROLLING BEND COURT UMBUS, GA 31904	hours per week devoted to position VP & Secretary 0 00 Pres & Treas 0 00	(If not paid, enter -0-) 2,500	employee benefit plans and deferred compensatio	n ot	her allo	
7409 COL JONA 7409 COL	ISS PROLLING BEND COURT UMBUS,GA 31904 THAN LLISS PROLLING BEND COURT	hours per week devoted to position VP & Secretary 0 00 Pres & Treas 0 00	(If not paid, enter -0-) 2,500	employee benefit plans and deferred compensatio	n ot	her allo	•
7409 COL JONA 7409 COL	ISS PROLLING BEND COURT UMBUS, GA 31904 THAN LLISS PROLLING BEND COURT UMBUS, GA 31904 Compensation of five highest-pair	hours per week devoted to position VP & Secretary 0 00 Pres & Treas 0 00 d employees (other than	(If not paid, enter -0-) 2,500 those included on line 1-	employee benefit plans and deferred compensatio -see instructions). If none, (d) Contributions to	enter "	ner allo	wances
7409 COL JONA 7409 COL	ISS PROLLING BEND COURT UMBUS, GA 31904 THAN L LISS PROLLING BEND COURT UMBUS, GA 31904	hours per week devoted to position VP & Secretary 0 00 Pres & Treas 0 00 demployees (other than hours per week	(If not paid, enter -0-) 2,500 those included on line 1- age (c) Compensation	employee benefit plans and deferred compensatio -see instructions). If none, (d) Contributions to employee benefit plans and deferred	enter"	NONE."	•
7409 COL JONA 7409 COL 2	ISS PROLLING BEND COURT UMBUS, GA 31904 THAN LLISS PROLLING BEND COURT UMBUS, GA 31904 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	hours per week devoted to position VP & Secretary 0 00 Pres & Treas 0 00 d employees (other than	(If not paid, enter -0-) 2,500 those included on line 1- age (c) Compensation	employee benefit plans and deferred compensatio -see instructions). If none, (d) Contributions to employee benefit	enter"	NONE."	e account,
7409 COL JONA 7409 COL	ISS PROLLING BEND COURT UMBUS, GA 31904 THAN LLISS PROLLING BEND COURT UMBUS, GA 31904 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	hours per week devoted to position VP & Secretary 0 00 Pres & Treas 0 00 demployees (other than hours per week	(If not paid, enter -0-) 2,500 those included on line 1- age (c) Compensation	employee benefit plans and deferred compensatio -see instructions). If none, (d) Contributions to employee benefit plans and deferred	enter"	NONE."	e account,
7409 COL JONA 7409 COL 2	ISS PROLLING BEND COURT UMBUS, GA 31904 THAN LLISS PROLLING BEND COURT UMBUS, GA 31904 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	hours per week devoted to position VP & Secretary 0 00 Pres & Treas 0 00 demployees (other than hours per week	(If not paid, enter -0-) 2,500 those included on line 1- age (c) Compensation	employee benefit plans and deferred compensatio -see instructions). If none, (d) Contributions to employee benefit plans and deferred	enter"	NONE."	e account,
7409 COL JONA 7409 COL 2	ISS PROLLING BEND COURT UMBUS, GA 31904 THAN LLISS PROLLING BEND COURT UMBUS, GA 31904 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	hours per week devoted to position VP & Secretary 0 00 Pres & Treas 0 00 demployees (other than hours per week	(If not paid, enter -0-) 2,500 those included on line 1- age (c) Compensation	employee benefit plans and deferred compensatio -see instructions). If none, (d) Contributions to employee benefit plans and deferred	enter"	NONE."	e account,
7409 COL JONA 7409 COL 2	ISS PROLLING BEND COURT UMBUS, GA 31904 THAN LLISS PROLLING BEND COURT UMBUS, GA 31904 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	hours per week devoted to position VP & Secretary 0 00 Pres & Treas 0 00 demployees (other than hours per week	(If not paid, enter -0-) 2,500 those included on line 1- age (c) Compensation	employee benefit plans and deferred compensatio -see instructions). If none, (d) Contributions to employee benefit plans and deferred	enter"	NONE."	e account,
7409 COL JONA 7409 COL 2	ISS PROLLING BEND COURT UMBUS, GA 31904 THAN LLISS PROLLING BEND COURT UMBUS, GA 31904 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	hours per week devoted to position VP & Secretary 0 00 Pres & Treas 0 00 demployees (other than hours per week	(If not paid, enter -0-) 2,500 those included on line 1- age (c) Compensation	employee benefit plans and deferred compensatio -see instructions). If none, (d) Contributions to employee benefit plans and deferred	enter"	NONE."	e account,
7409 COL JONA 7409 COL 2	ISS PROLLING BEND COURT UMBUS, GA 31904 THAN LLISS PROLLING BEND COURT UMBUS, GA 31904 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	hours per week devoted to position VP & Secretary 0 00 Pres & Treas 0 00 demployees (other than hours per week	(If not paid, enter -0-) 2,500 those included on line 1- age (c) Compensation	employee benefit plans and deferred compensatio -see instructions). If none, (d) Contributions to employee benefit plans and deferred	enter"	NONE."	e account,
7409 COL JONA 7409 COL 2	ISS PROLLING BEND COURT UMBUS, GA 31904 THAN LLISS PROLLING BEND COURT UMBUS, GA 31904 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	hours per week devoted to position VP & Secretary 0 00 Pres & Treas 0 00 demployees (other than hours per week	(If not paid, enter -0-) 2,500 those included on line 1- age (c) Compensation	employee benefit plans and deferred compensatio -see instructions). If none, (d) Contributions to employee benefit plans and deferred	enter"	NONE."	e account,
7409 COL JONA 7409 COL 2	ISS PROLLING BEND COURT UMBUS, GA 31904 THAN LLISS PROLLING BEND COURT UMBUS, GA 31904 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	hours per week devoted to position VP & Secretary 0 00 Pres & Treas 0 00 demployees (other than hours per week	(If not paid, enter -0-) 2,500 those included on line 1- age (c) Compensation	employee benefit plans and deferred compensatio -see instructions). If none, (d) Contributions to employee benefit plans and deferred	enter"	NONE."	e account,
7409 COL JONA 7409 COL 2	ISS PROLLING BEND COURT UMBUS, GA 31904 THAN LLISS PROLLING BEND COURT UMBUS, GA 31904 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	hours per week devoted to position VP & Secretary 0 00 Pres & Treas 0 00 demployees (other than hours per week	(If not paid, enter -0-) 2,500 those included on line 1- age (c) Compensation	employee benefit plans and deferred compensatio -see instructions). If none, (d) Contributions to employee benefit plans and deferred	enter"	NONE."	e account,
7409 COL JONA 7409 COL 2	ISS PROLLING BEND COURT UMBUS, GA 31904 THAN LLISS PROLLING BEND COURT UMBUS, GA 31904 Compensation of five highest-paid Name and address of each employ paid more than \$50,000	hours per week devoted to position VP & Secretary 0 00 Pres & Treas 0 00 demployees (other than hours per week	(If not paid, enter -0-) 2,500 those included on line 1- age (c) Compensation	employee benefit plans and deferred compensatio -see instructions). If none, (d) Contributions to employee benefit plans and deferred	enter"	NONE."	e account,

Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, roundation Managers, Fig	my Paiu Employees,
3 Five highest-paid independent contractors for professional services	(see instructions). If none, enter "NONE	".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rel		of Expenses
organizations and other beneficiaries served, conferences convened, research papers prod 1THE FOUNDATION FUNDS AS WELL AS CONDUCTS RESEARCH I		
OF NEUROLOGICAL DISEASES AND DISORDERS	NIO THE CAUSES AND TREATMENTS	0
2		
3		
4		
*		
Part IX-B Summary of Program-Related Investments	(see instructions)	
Describe the two largest program-related investments made by the foundation during	the tax year on lines 1 and 2	A mount
1		
2		
2		
All other program-related investments See page 24 of the instructions	S	
3		
Total, Add lines 1 through 3	▶	

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)	reign	foundations,
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	0
b	A verage of monthly cash balances	1b	9,684
c	Fair market value of all other assets (see instructions)	1c	10,756
d	Total (add lines 1a, b, and c)	1d	20,440
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	20,440
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2% of line 3 (for greater amount, see		
	instructions)	4	307
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	20,133
6	Minimum investment return. Enter 5% of line 5	6	1,007
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operacertain foreign organizations check here \(\mathbb{F}\) and do not complete this part.)	atıng	foundations and
1	Mınımum ınvestment return from Part X, line 6	1	1,007
2a	Tax on investment income for 2012 from Part VI, line 5 2a		
b	Income tax for 2012 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,007
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,007
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	1,007
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	283,368
b	Program-related investments—total from Part IX-B	1b	
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	За	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	283,368
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	283,368
	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	her the	foundation qualifies for

P	art XIII Undistributed Income (see i	nstructions)			
		(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1	Distributable amount for 2012 from Part XI, line	7			1,007
2	Undistributed income, if any, as of the end of 20	12			
	Enter amount for 2011 only				
ь	Total for prior years 20, 20, 20_				
3	Excess distributions carryover, if any, to 2012				
а	· · · · · · · · · · · · · · · · · · ·	4,451			
b	From 2008 238	8,825			
c	From 2009	9,199			
d	From 2010	8,929			
е	From 2011	6,839			
f	Total of lines 3a through e	1,568,243			
4	Qualifying distributions for 2012 from Part				
	XII, line 4 🕨 \$ 283,368				
а	Applied to 2011, but not more than line 2a				
b	Applied to undistributed income of prior years				
_	(Election required—see instructions)	• •			
С	Treated as distributions out of corpus (Election required—see instructions)	O			
d	Applied to 2012 distributable amount				1,007
	Remaining amount distributed out of corpus	282,361			<u>'</u>
	Excess distributions carryover applied to 2012	,			
	(If an amount appears in column (d), the				
	same amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,850,604			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b	•			
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount				
	—see instructions				
е	Undistributed income for 2011 Subtract line				
	4a from line 2a Taxable amount—see instructions				
f	Undistributed income for 2012 Subtract	•			
-	lines 4d and 5 from line 1 This amount must				
	be distributed in 2013				C
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see				
	Instructions)				
8	Excess distributions carryover from 2007 not				
	applied on line 5 or line 7 (see instructions)	194,451			
9	Excess distributions carryover to 2013.	1.050.153			
	Subtract lines 7 and 8 from line 6a	1,656,153			
	Analysis of line 9				
a	2x3333	8,825			
b	Excess Helli 20031	9,199			
C .		8,929 6,839			
d		2,361			
е	Excess from 2012 283	2,301	1		1

1a	If the foundation has received a ruling or d foundation, and the ruling is effective for 2		•			
ь	Check box to indicate whether the organiz	•	_		1942(J)(3) o	r Г 4942(<u>J</u>)(5)
	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(c) lotui
	year listed					
	85% of line 2a					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
	Total support other than gross investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii) (3) Largest amount of support					
	from an exempt organization					
Рa	(4) Gross investment income ort XV Supplementary Information	l on (Complete tl	l nis part only if	<u> </u>	n had \$5.000 o	or more in
	assets at any time during	the year—see				
1 a	Information Regarding Foundation Manage List any managers of the foundation who has		re than 2% of the to	otal contributions re	ceived by the found	dation
	before the close of any tax year (but only I					
_						
b	List any managers of the foundation who overship of a partnership or other entity)				y large portion of th	ne
<u></u>	Information Regarding Contribution, Grant	. Gift, Loan, Schola	rship, etc., Program	 ns:		
	Check here 🕶 if the foundation only ma				and does not accep	ot
	unsolicited requests for funds If the found	atıon makes gıfts, q	grants, etc (see ins	structions) to individ	duals or organizatio	ns under
	other conditions, complete items 2a, b, c,	and d				
a	The name, address, and telephone numbe	r of the person to w	hom applications sl	hould be addressed		
b	The form in which applications should be s	submitted and infori	mation and materia	ls they should inclu	de	
c	Any submission deadlines					
d	Any restrictions or limitations on awards, factors	such as by geograp	phical areas, charit	able fields, kinds of	institutions, or othe	er

Part XV Supplementary Inform	nation (continued)			Page 1
3 Grants and Contributions Paid		proved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year See Additional Data Table				
Total				3,31
b Approved for future payment				
Takal	L		h. 21.	

Part XVI-A Analysis of Income-Produc	ing Activitie	es			r age ± .
Enter gross amounts unless otherwise indicated		usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exemp
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a RESEARCH INCOME					204,11
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					+
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					+
b					
c d					+
e					
12 Subtotal Add columns (b), (d), and (e).					204,11
13 Total. Add line 12, columns (b), (d), and (e)			:	13	204,119
(See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to					
Line No. Explain below how each activity for wh the accomplishment of the foundation's instructions)	ıch ıncome ıs re	ported ın column ((e) of Part XVI-A c	ontributed import	

Part XVII	Information Re Noncharitable I					action	ns and I	Relationships	With			
1 Did the orga	anization directly or indirectly	-				anization (described in	section			Yes	No
501(c) of the	he Code (other than section 5	01(c)(3) o	rganızatı	ons) or in se	ection 527, relating	to politica	ıl organizatı	ons?				
a Transfers	from the reporting found	dation to	a nonc	harıtable	exempt organiza	ation of	_					
	1				· -					1a(1)		No
	erassets									1a(2)		No
b Other tra												
(1) Sale	s of assets to a nonchar	ıtable exe	empt or	rganızatıo	n					1b(1)		No
	hases of assets from a r									1b(2)		No
	al of facilities, equipmen			-								No
(4) Reim	nbursement arrangement	s								1b(4)		No
	s or loan guarantees. .									1b(5)		No
(6) Perfo	rmance of services or m	embershi	p or fur	ndraising	solicitations.					1b(6)		No
	f facilities, equipment, m											No
_	wer to any of the above	_	•								lue lue	
	ods, other assets, or ser nsaction or sharing arra (b) Amount involved	ngement	, show i	ın column		the god	ods, other		ces receive	ed		nts
(4, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	(2) yamaana myanaa	(0)			pg	()			,	9		
-												
-												
described	indation directly or indire d in section 501(c) of the complete the following so	e Code (o		-	•		-	=		.F _Y	es F	No
	(a) Name of organization			(t) Type of organiza	tion	-	(c) Descrip	otion of relation	onship		
							-					
							+					
Sign bas	der penalties of perjury, I best of my knowledge ar ed on all information of v ***** Signature of officer or tri	nd belief, vhich pre	ıt ıs tru	ie, correc	t, and complete				n taxpayeı Maythe I		s this ret	IS urn
-	Print/Type preparer's r	name	Prens	rer's Sıgr	nature	Date			PTIN			
Paid	EVERETT G PRESTL		·	-	PRESTLEY			Check if self- employed ▶	P(00246	300	
Preparer	Fırm's name ►	WITT	CALLI	ER & PRE	STLEY CPAS L	LP		Fırm's EIN ►	•			
Use		= -						_				
Only		7290	NORTI	H LAKE D	RIVE SUITE 50) 3						
	Firm's address ▶	COLU	MBUS,	,GA 319	09			Phone no (706)321-911	. 1		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491062000013 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** Form 990/990-PF Name(s) shown on return MEDICAL RESEARCH & HEALTH **EDUCATION FOUNDATION** 58-2580582 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) \$ 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 4.291 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 4,291 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. **epreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.

24a Do you have evider	nce to support t	the business/inve	estment u	ıse claıme	d? ┌ Yes	Гпо		24	4b If "Y	es," ıs	the ev	ıdence	written?	, Г _{Yе}	s L N	0
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	I (niisiness/investment i		(f) Recoven period	Recovery Method/			(h) Depreciation/ deduction			(i) Elected section 179 cost			
25Special depreciation allo	•	• •	y placed	ın service	during the	tax year	and u	used mor	e than	Ī						
50% in a qualified busing	•									25						
6 Property used more	e than 50% 	in a qualified b	usiness	use					Т		$\overline{}$			$\overline{}$		
		%														
		%														
27 Property used 50%	orless in a		ness us	е	1				lc //		_					
		%							S/L - S/L -		+			-		
		%							S/L -							
28 Add amounts in co	olumn (h), lın	ies 25 through	27 En	ter here	and on lu	ne 21,	page	1	28							
29 Add amounts in co	olumn (ı), lını	e 26 Enterhe	re and o	n line 7,	page 1								29			
					mation	on U	se o	of Veh	icles				<u> </u>			
omplete this section	for vehicles	used by a sol	e propri	etor, par	tner, or o	ther "n	nore	than 5%	⁄₀ owne	r," or	relate	ed per	son			
f you provided vehicles to	your employee	es, first answer th	e questio	_	_			n except		ompletii T						<u></u>
30 Total business/inv			ng the		a) icle 1	Vehi	b) cle 2	l ve	(c) ehicle :	3	رو Vehic	-		e) icle 5		f) icle 6
year (do not inclu	de commutin	ig miles) .	•													
31 Total commuting i	miles driven	during the yea	r .													
32 Total other persor	nal(noncomm	nutina) miles d	rıven													
33 Total miles driven	•															
through 32 .																
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Yes	N	۰ '	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle us	sed primarily	by a more tha	ın 5%													I
owner or related p							ļ	_	_				_	—		+
36 Is another vehicle		•														
Sectio Inswer these question I'M owners or related	ns to determ														not mo	re tha
37 Do you maintain a employees?			hat prof	nibits all	personal	use of	vehi	cles, in	cluding	, comr	nutın	g, by	your	Y	'es	No
employees						• •	•			• •		• '				
38 Do you maintain a employees? See the												your •				
39 Do you treat all us	e of vehicles	s by employee	s as per	rsonal us	se?											
40 Do you provide movehicles, and reta				oyees,o	btaın ınfo	rmatio	n fro	m your	employ	ees a	bout	the us	se of			
41 Do you meet the r	eauirements	concernina au	ialified a	automob	ıle demor	nstratio	n us	e? (See	ınstru	ctions						
Note: If your answ	-							-			-					
	rtization	, 33, 10, 01 11	. 13 1 C.	3, 40 110	-c compre		.1011 L	7 101 1110		cu vei	110100					
Percyl Amo	I tization	(b)			_					(e)						
(a)		Date			c) tızable			(d) Code	Αn	nortiza	tion		Λmo	(f) irtizati	on for	
Description of c	osts	amortization			ount			ection		period				his ye		
		begins							Į pe	ercent	age			<u> </u>		
42 A mortization of co	sts that beg	ins during you	r 2012	tax year	(see ins	tructioi	ns)				-					
										<u> </u>						
43 A mortization of co	_	-		=			•			· _	43					
44 Total. Add amount	ts ın column	(f) See the ins	structio	ns for wh	nere to re	port				.	44					

TY 2012 Accounting Fees Schedule

Name: MEDICAL RESEARCH & HEALTH

EDUCATION FOUNDATION

EIN: 58-2580582

Software ID: 12000229

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Witt, Callier, & Prestley, CPAs	3,710	0	0	3,710

DLN: 93491062000013

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

TY 2012 Depreciation Schedule

Name: MEDICAL RESEARCH & HEALTH

EDUCATION FOUNDATION

EIN: 58-2580582

Software ID: 12000229

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
COMPUTER	2012-12-01	1,418		91	5 0000	24	<u>'</u>		
DESK	2011-11-20	596	7	91	7 0000	85			
CABINET (2)	2011-10-18	936	22	91	7 0000	134			
COPIER	2011-08-31	2,285	152	91	5 0000	457			
COMPUTER (2)	2011-01-07	3,205	641	91	5 0000	641			
COMPUTER	2010-10-08	1,954	489	91	5 0000	391			
STORAGE CABINETS	2010-01-29	892	244	91	7 0000	127			
FREEZER	2009-12-31	1,118	448	91	5 0000	224			
SMALL REFRIGERATOR	2008-12-31	132	78	91	5 0000	26	'		
DRY ICE MAKER	2008-07-08	535	375	91	5 0000	107			
WASHER/DRYER	2008-06-03	1,067	763	91	5 0000	213			
TWO COMPUTERS	2008-03-05	1,060	813	91	5 0000	212			
BATTERY BACKUP	2008-02-17	423	326	91	5 0000	85			
OFFICE FURNITURE	2008-12-02	3,276	1,443	91	7 0000	468			
OFFICE FURNITURE	2008-02-17	1,052	575	91	7 0000	150			
BP CUFFS	2007-11-05	320	267	91	5 0000	53			
FURNITURE	2007-09-30	1,072	650	91	7 0000	153			
VIDEO CAMERA	2007-09-30	979	833	91	5 0000	146			
OFFICE CHAIRS	2007-07-31	781	689	91	5 0000	92			
2 VIDEO CONFERENCE MNTRS	2007-07-31	2,812	2,482	91	5 0000	330			
OFFICE FURNITURE	2007-06-18	1,211	779	91	7 0000	173			

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		
a Paid during the year				
GCIOBANA 1711 BUENA VISTA RD STE 5 COLUMBUS,GA 31906	NONE	N/A	TO HELP WITH THE SPECIAL NEEDS OF PERSONS WITH NEUROLOGICAL DISEASES OR DISORDERS	250
MOREHOUSE COLLEGE 830 Westview Dr SW Atlanta, GA 30314	NONE	N/A	TO HELP WITH THE SPECIAL NEEDS OF PERSONS WITH NEUROLOGICAL DISEASES OR DISORDERS	1,000
THE NATIONAL INFANTRY MUSEUM 1775 Legacy Way COLUMBUS, GA 31903	NONE	N/A	TO HELP WITH THE SPECIAL NEEDS OF PERSONS WITH NEUROLOGICAL DISEASES OR DISORDERS	1,000
PTA 1250 N Pitt Street Alexandria, VA 22314	NONE	N/A	TO HELP WITH THE SPECIAL NEEDS OF PERSONS WITH NEUROLOGICAL DISEASES OR DISORDERS	48
CSU FUND 4225 UNIVERSITY AVENUE COLUMBUS, GA 31907	NONE	N/A	TO HELP WITH THE SPECIAL NEEDS OF PERSONS WITH NEUROLOGICAL DISEASES OR DISORDERS	1,000
JEWISH FEDERATION POST OFFICE BOX 6313 COLUMBUS, GA 31907	NONE	N/A	TO HELP WITH THE SPECIAL NEEDS OF PERSONS WITH NEUROLOGICAL DISEASES OR DISORDERS	20
Total				3,318

TY 2012 Land, Etc. Schedule

Name: MEDICAL RESEARCH & HEALTH

EDUCATION FOUNDATION

EIN: 58-2580582

Software ID: 12000229

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Machinery and Equipment	27,680	20,948	6,732	6,732
Furniture and Fixtures	16,651	12,626	4,025	4,025

TY 2012 Legal Fees Schedule

Name: MEDICAL RESEARCH & HEALTH

EDUCATION FOUNDATION

EIN: 58-2580582

Software ID: 12000229

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Adam Pease	1,000	0	0	1,000

TY 2012 Mortgages and Notes Payable Schedule

Name: MEDICAL RESEARCH & HEALTH

EDUCATION FOUNDATION

EIN: 58-2580582

Software ID: 12000229

Software Version: 2012v2.0

Total Mortgage Amount: 49637

Item No.	1
Lender's Name	SUNTRUST BANK
Lender's Title	
Relationship to Insider	NONE
Original Amount of Loan	5000
Balance Due	
Date of Note	2009-03
Maturity Date	2010-03
Repayment Terms	LINE OF CREDIT
Interest Rate	5.0000
Security Provided by Borrower	NONE
Purpose of Loan	OPERATIONAL FUNDS
Description of Lender Consideration	CASH
Consideration FMV	

TY 2012 Other Assets Schedule

Name: MEDICAL RESEARCH & HEALTH

EDUCATION FOUNDATION

EIN: 58-2580582

Software ID: 12000229

Description	Beginning of Year -	End of Year - Book	End of Year - Fair
	Book Value	Value	Market Value
OVERPAID PAYROLL TAXES	2,083	1,970	1,970

TY 2012 Other Expenses Schedule

Name: MEDICAL RESEARCH & HEALTH

EDUCATION FOUNDATION

EIN: 58-2580582

Software ID: 12000229

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TELEPHONE AND ANSWERING SERVICE	1,787			1,787
SUPPLIES	1,194			1,194
RESEARCH FEES	9,754			9,754
REPAIRS & MAINTENANCE	250			250
POSTAGE	534			534
OFFICE EXPENSE	5,530			5,530
MEDICAL SUPPLIES	4,363			4,363
LAB	18,858			18,858
INSURANCE - GROUP	1,039			1,039
INSURANCE - CASUALTY	5,117			5,117
EQUIPMENT	133			133
ENTERTAINMENT	1,385			1,385
EDUCATION	61			61
COMPUTER EXPENSE	11,997			11,997
BANK CHARGES	368			368
ADVERTISING	13,972			13,972

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TY 2012 Other Income Schedule

Name: MEDICAL RESEARCH & HEALTH

EDUCATION FOUNDATION

EIN: 58-2580582

Software ID: 12000229

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
RESEARCH INCOME	204,119		

TY 2012 Taxes Schedule

Name: MEDICAL RESEARCH & HEALTH

EDUCATION FOUNDATION

EIN: 58-2580582

Software ID: 12000229

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	6,895			6,895
GENERAL TAXES	125			125
ANNUAL REGISTRATION	30			30