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DLN: 93491272004037

OMB No 1545-0052 **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its instructions is at $\underline{www.irs.gov/form990pf}$.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For	cale	ndar year 2015, or tax ye	ar beginning 01-0	1-2015	,	, ar	nd ending 1	2-31-2015	
	e of four	ndation ESEARCH & HEALTH					A Employer ide	entification numb	er
		N FOUNDATION					58-2580582		
		street (or P O box number if mail is not	delivered to street address)	Room/suite			B Telephone num	ber (see instruction	s)
74	09 ROLLI	ING BEND COURT					(706) 327-4000		
		state or province, country, and ZIP or fo GA 31904	oreign postal code				C If exemption a	application is pendir	g, check here
G C1	heck al	that apply Initial return	Initial return of a f	ormer public c	harity	\dashv	D 1. Foreign or	janizations, check h	ere b
		Final return Address change	✓A mended return		,,,,,,			ganizations meeting	Г
							test, check	here and attach condation status was	mputation
			01(c)(3) exempt privat					507(b)(1)(A), che	
		4947(a)(1) nonexempt charitable et value of all assets at end	E trust Other taxat	•		\dashv	F If the founds	tion is in a 60-mont	h termination
of '	year <i>(fi</i>	rom Part II, col (c),	Other (specify) _ Part I, column (d) must					507(b)(1)(B), che	
Pa	rt I	Analysis of Revenue and (The total of amounts in columns (b), necessarily equal the amounts in columnstructions))	(c), and (d) may not	Revenue expenses (a) books	per	(b)	Net investment income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, etc	, received (attach						
		schedule)							
	2	Check ►	not required to						
	3	Interest on savings and tempora	ary cash investments						
	4	Dividends and interest from sec	urities						
	5a	Gross rents							
	ь	Net rental income or (loss)							
KIE	6a	Net gain or (loss) from sale of as	ssets not on line 10						
Reverue	b	Gross sales price for all assets	on line 6a						
Œ	7	Capital gain net income (from Pa	art IV , line 2)						
	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 sc	·						
	11	Other income (attach schedule)		1,3	49,031				
	12	Total.Add lines 1 through 11		1,3	49,031		0		
	13	Compensation of officers, direct			61,170				61,170
_	14	Other employee salaries and wa	_	7	31,001				731,001
ses	15	Pension plans, employee benefit Legal fees (attach schedule).			19,956				19,956
en.	16a	· · · · · · · · · · · · · · · · · · ·		<u></u>	1 970				4,870
Ехр	b	Accounting fees (attach schedu	, ,	*3	4,870				4,870
Administrative Expenses	c	Other professional fees (attach	· ·						
atı	17	Interest		66-1	10 650				10.659
Sti	18	Taxes (attach schedule) (see in	· '	% ∫	10,658				10,658
Ē	19	Depreciation (attach schedule)	•	*9	8,017				
Adı	20	Occupancy			22 222				22.255
and ,	21	Travel, conferences, and meetin	-		32,322				32,322
ਰ ਜ	22	Printing and publications Other expenses (attach schedu		% 3	02,470				302,470
Operating	23	·	·	29 ³	02,470				302,470
era	24	Total operating and administrat	<u>-</u>	1 1	70,464		0		1,162,447
ğ	25	Add lines 13 through 23 Contributions, gifts, grants paid		<u> </u>	32,770		U		32,770
_	25 26				32,770				32,770
		Total expenses and disbursemer 25	nts.A dd iines 24 and	1,2	03,234		0		1,195,217
	27	Subtract line 26 from line 12							
	a .	Excess of revenue over expense		1	45,797		_		
	b	Net investment income (if negative Adjusted net income(if negative	· '		+		0		

Ρa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	beginning of year		ı year
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	99,828	213,842	213,842
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	11,892	12,192	12,192
	7	Other notes and loans receivable (attach schedule) ►8,000			
		Less allowance for doubtful accounts ▶	8,000	%] 8,000	8,000
Assets	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges $\dots \dots \dots \dots \dots$			
As	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 ►			
		Less accumulated depreciation (attach schedule) ▶ 55,205	21,134	23,289	23,28
	15	Other assets (describe ▶)	15,711	% J 43,184	50,05
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	156,565	300,507	307,37
	17	Accounts payable and accrued expenses	3,477	1,622	
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ıab	21	Mortgages and other notes payable (attach schedule)			
-	22	Other liabilities (describe ▶)	9,422	9,422	
	23	Total liabilities(add lines 17 through 22)	12,899	11,044	
		Foundations that follow SFAS 117, check here			
ses		and complete lines 24 through 26 and lines 30 and 31.			
and	24	Unrestricted	143,666	289,463	
3a	25	Temporarily restricted			
D E	26	Permanently restricted			
Fund Balance		Foundations that do not follow SFAS 117, check here			
o		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds			
Net Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			
let	30	Total net assets or fund balances(see instructions)	143,666	289,463	
_	31	Total liabilities and net assets/fund balances(see instructions)	156,565	300,507	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column	ı (a). lıne 30 (must ac	ıree	
				´	143,66
2		Enter amount from Part I, line 27a			145,79
3		Other increases not included in line 2 (itemize) ▶			
4		Add lines 1, 2, and 3			289,463
5				5	,
					289,463
5 6		Decreases not included in line 2 (itemize) ► Total net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), lı		289,46

		the kınd(s) of property sold (e g , ehouse, or common stock, 200 sh	•	How acquire P—Purchase (b) D—Donation	Date	acquired , day, yr)	Date sold (d) (mo , day, yr)
1a							
b							
С							
d							
e							
) Gross sales price	Depreciation allow (f) (or allowable)		st or other basis s expense of sale	1 (or (loss) (f) minus (g)
a		(**************************************	(9)		<u> </u>	-7 (-7	(-,
b							
С							
d							
	mploto only for accets	showing gain in column (h) and owi	nod by the foundati	on on 12/21/60	+		(1-)
	· · · · · · · · · · · · · · · · · · ·	Adjusted basis		xcess of col (i)			(h) gain minus t less than -0-) oi
(i)	FMV as of 12/31/69	(j) as of 12/31/69		ver col (j), if any	(1)	. ,,	from col (h))
a							
b							
С							
d							
e							
3	If gain, also enter in in Part I, line 8	al gain or (loss) as defined in sect Part I, line 8, column (c) (see inst 	ructions) If (loss),	enter - 0 - • • •	} 3		
f sectio Was the	onal use by domestic j in 4940(d)(2) applies, foundation liable for th	e section 4942 tax on the distribu	section 4940(a) ta utable amount of ar	ex on net investmen	t income)		┌ Yes ┌ No
		ot qualify under section 4940(e) I unt in each column for each year,	'	-	tries		
Base	(a) period years Calendar ir tax year beginning in)	(b) Adjusted qualifying distributions		(c) haritable-use assets		(d) Distribution (b) divided	
	2014						
	2013						
	2012						
	2011						
	2010						
2	·	n (d)		 	2		
3	the number of years	ratio for the 5-year base period—c the foundation has been in existen	ce if less than 5 ye	ears , , ,	3		
4		f noncharitable-use assets for 201	•	- L	4		
5		23		- F	5		
6		stment income (1% of Part I, line	•	- L	6		
7				, , , , , , , , , , , , , , , , , , ,	7		
8		ibutions from Part XII, line 4		L	8		
	If line 8 is equal to o the Part VI instruction	r greater than line 7, check the box ons	x in Part VI, line 11	b, and complete tha	t part using	ja1% tax	rate See

	n 990-PF (2015) ITT VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see p	page 18 of the inst	ructio		age 4			
1a		1						
	and enter "N/A" on line 1							
	Date of ruling or determination letter	}						
b	(attach copy of letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check				0			
ъ	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ □ and enter 1% of Part I, line 27b · · · · · · · · · · · · · · · · · · ·							
с	·							
·	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others							
_	enter -0-)	2						
3	Add lines 1 and 2	3						
4	enter -0-)	4						
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5						
6	Credits/Payments							
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a	_						
b	Exempt foreign organizations—tax withheld at source 6b							
С								
d								
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 Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded	10						
11 Par	rt VII-A Statements Regarding Activities	P 11						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation o	ur did		Yes	No			
	it participate or intervene in any political campaign?		1a	103	No			
ь								
_	for definition)?		1b		No			
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any mate							
	published or distributed by the foundation in connection with the activities							
С	Did the foundation file Form 1120-POL for this year?		1 c		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 > \$	_						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	ımposed						
_	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 instrume of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chan	•	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 direct	tions						
	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	t II, col (c),						
	and Part XV		7	Yes				
8a								
	►GA	_						
Ь	, , , , , , , , , , , , , , , , , , , ,		8 b	Vec				
9	General (or designate) of each state as required by General Instruction G? If "No," attach explanation is the foundation claiming status as a private operating foundation within the meaning of section 49		OD	Yes				
7	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Pa							
	If "Yes," complete Part XIV		9		No			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list	ing their names						
	and addresses		10		No			

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see 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 ► <u>N/A</u>			
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	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		▶ □	-
	and enter the amount of tax-exempt interest received or accrued during the year	•	,	
16			Yes	No.
10	At any time during calendar year 2015, 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	165	No No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	<u> </u>		110
	Accounts (FBAR) If "Yes", enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	ĺ	i i	ĺ
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	ĺ	i i	ĺ
	Tes IV III	İ	! ! 	ĺ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes Vol No	İ	 	ĺ
	for the house for an area of a decoration of a decoration of a decoration of a decoration of a decoration of a			
	for the benefit or use of a disqualified person)	ĺ	 	ĺ
	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 Vo			
ь	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	İ	' ' 	ĺ
_	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see 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 2015?	1 c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015? Yes ▼ No	 	 	l I
	If "Yes," list the years > 20, 20, 20, 20			
Ь	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, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	ıf the foundation had excess business holdings in 2015)	3b		No
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

7409 ROLLING BEND COURT COLUMBUS, GA 31904 UISA LISS VP & Secretary 8 00 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) devoted to position NONE Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation (e) other allowances	Form 990-PF (2015 Part VII-B St	<u>'</u>	ding Activities for	· Wh	ich Form 4720	May Be Ro	equired <i>(Con</i>	ntinue	d)	Page 6			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes V No (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes V No (4) Provide a grant to an individual for travel, study, or other similar purposes? Yes V No (5) Provide for any purpose other than religious, chantable, screenfic, literary, or educational purposes, for the prevention of cruetly to children or arimals? Yes V No b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4943 or in a current notic regarding disaster assistance (see instructions)? No c If the answer is "Yes" to question Sa(4), does the foundation claim examption from the tax because it maintained expenditure responsibility for the grant? Yes V No	5a During the year	ar did the foundation p	pay or incur any amour	it to									
(2) Influence the outcome of any specific public electron (see section 4955), or to carry 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 chantable, set, organization described in section 4945(d/4)(A)? (see instructions). (5) Provide for any purpose other than religious, chantable, set organization described in section 4945(d/4)(A)? (see instructions). (6) Provide for any purpose other than religious, chantable, screntific, literary, or educational purposes, or for the prevention of cruelty to children or animals?. (7) Ves V No V No V No V No V No V No V No V N	= '	•	·		ıslatıon (section 494	45(e))?	□ Yes	√ No					
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 chantable, etc., organization described in section 4945(d)(4)(A)? (see instructions). (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (7) Yes IV No (8) Previde for any purpose other than religious, chantable, scientific, literary, or educational purposes, scientifications, scientifications, and scientifications, and scientifications scientifications scientifications scientifications, and scientifications scientifications scientifications scientifications, and scientifications scientifications scientifications and scientifications scientifications and scientifications scientifications and scientifications and scientifications scientifications and scientific	(2) Influence												
(3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a chantable, etc., organization described in section 494 5(di) (4)/9 (see instructions). (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Frowled for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (7) Frowled for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (8) If any awer is "Yes" (56) (5) did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? (9) Granizations relying on a current notice regarding disaster assistance check here. (1) If "Yes," attach the statement required by Regulations section 53 4945-5(d) (1) If "Yes," attach the statement required by Regulations section 53 4945-5(d) (2) If the foundation, during the year, pere weary for the grant? (3) If the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? (4) If "Yes" to ob, file Prom 8870 (5) If "Yes" to ob, file Prom 8870 (6) If "Yes" to ob, file Prom 8870 (7) If "Yes" to ob, file Prom 8870 (8) If "Yes" to ob, file Prom 8870 (9) If "Yes" to ob, file Prom 8870 (1) If "Yes" to ob, file Prom 8870 (1) If "Yes" to ob, file Prom 8870 (1) If "Yes" to ob, file Prom 8870 (2) If the foundation appropriate the promote of the transaction? (1) If "Yes" to ob, file Prom 8870 (2) If the foundation file to the transaction? (1) If "Yes" to ob, file Prom 8870 (2) If the foundation file to the transaction? (3) If the foundation file the promote of the file Promote of the file Promote of the file Promote of the file Promote of t	• •		•	•	**	•	_ v os	□ No					
(4) Provide a grant to an organization other than a chantable, etc., organization described in section 4945(d)(4)(A)? (see instructions). Per V No (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or far the prevention of cruelty to children or animals? Ves V No (b) If any answer is "Yes" to 5a(1)—(5), did anyof the transactions fail to qualify under the exceptions described in Regulations section 33 4945 or in a current notice regarding disaster assistance (see instructions)? Sb No Organizations setting on a current notice regarding disaster assistance (see instructions)? Sb No Organizations setting on a current notice regarding disaster assistance (see instructions)? No Organizations section 33 4945 or in a current notice regarding disaster assistance (see instructions)? No Organizations section 33 4945 or in a current notice regarding disaster assistance (see instructions)? No Organizations section 34 4945 or in a current notice regarding disaster assistance (see instructions)? No Organizations section 34 4945 or in a current notice regarding disaster assistance (see instructions)? No Organization flat the state and the state and the state of the s								_	¦ ¦				
in section 4945(d)(4)(A)? (see instructions). (5) Provide for any purpose ather than religious, charitable, scientifit, literary, or educational purposes, of for the prevention of cruelty to children or animals?							Yes	✓ No	 	 			
educational purposes, or for the prevention of cruelty to children or animals?.							· · Tyes	√ No					
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions). c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	` ,	, , ,	· .	•			·	√ No					
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?	b Ifanyanswer												
Organizations relying on a current notice regarding disaster assistance check here	·												
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	_		_	_		•	•			- 			
tax because it maintained expenditure responsibility for the grant?. Yes Vo large if "Yes," attach the statement required by Regulations section 53 4945–5(d) 1 "Yes," attach the statement required by Regulations section 53 4945–5(d) 2 Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?	Organizations	relying on a current	Totice regarding disast	.cr us	sistance encer nere			Г	1 1	ı			
tax because it maintained expenditure responsibility for the grant?. Yes Vo large if "Yes," attach the statement required by Regulations section 53 4945–5(d) 1 "Yes," attach the statement required by Regulations section 53 4945–5(d) 2 Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?	c If the answer	is "Yes" to question 5	ia(4), does the foundat	ion c	laim exemption from	the .		1	1 1	1			
1 List all officers, directors, trustees, foundation managers and their compensation (1) (a) Name and address Pres & Treas P		•	• •				 v	CZ Na					
a personal benefit contract?							· · Yes	♠ MO	; ;	l I			
a personal benefit contract?	·	·	· -		, ,								
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b No If "Yes" to 6b, File Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes Vo b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b No PartVIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) devoted to position DINATHANI LUSS Pres & Treas 10 00 DONATHANI LUSS Pres & Treas 10 00 Title, and average hours per week (b) General Party of the Paid Party of the Party of the Paid Party of the Party o			,			•	in						
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes Voo b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes Voo No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes Voo No No If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes Voo No No If yes, did the foundation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation Managers, Highly Paid Employees, and Contributions to end of the phouse per week (b) devoted to position not paid, enter on the phouse penefit plans and deferred compensation of the phouse penefit plans and deferred compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." 1 List all officers, directors, Trustees, Foundation Managers, Highly Paid Employees, (c) Compensation of the highest plans and deferred compensation of the highest plans and deferred compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." 4 Contributions to employee paid hours per week (b) devoted to position on the paid the process of the paid to the paid to the paid to the paid to the paid to the	a personal bei	nefit contract?					☐ Yes	✓ No	!!				
At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes VNO b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b No No Test Service of the foundation service any proceeds or have any net income attributable to the transaction? 7b No No No No No No No No No No No No No	b Did the founda	ation, during the year,	pay premiums, directl	y or ı	ndırectly, on a perso	nal benefit o	contract?		6b	No			
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address Title, and average hours per week (b) devoted to position Pres & Treas 7409 ROLLING BEND COURT COLUMBUS, GA 31904 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE Title, and average hours per week (b) devoted to position (b) devoted to position Title, and average hours per week (b) devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) other allowances (f) Compensation (g) Contributions to employee benefit plans and deferred compensation (g) Compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee to the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the	If "Yes" to 6b,	file Form 8870											
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address Title, and average hours per week (b) devoted to position Pres & Treas 7409 ROLLING BEND COURT COLUMBUS, GA 31904 USAUISS VP & Secretary 8 00 Contributions to employee benefit plans and deferred compensation VP & Secretary 61,170 Ado Rolling Bend Court COLUMBUS, GA 31904 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." Contributions to employee penefit plans and deferred compensation Columbus, GA 31904 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." Contributions to employee benefit plans and deferred (d) compensation Columbus, GA 31904 Compensation Contributions to employee benefit plans and deferred (d) compensation Columbus, GA 31904 Compensation Contributions to employee benefit plans and deferred (d) compensation Columbus, GA 31904 Compensation Contributions to employee benefit plans and deferred (d) compensation Columbus, GA 31904 Compensation Contributions to employee benefit plans and deferred (d) compensation Columbus, GA 31904 Compensation Columbus, GA 31904	7a At any time di	urıng the tax year, wa	s the foundation a part	y to a	prohibited tax shel	ter transactı	ion? Yes	✓ No					
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address Title, and average hours per week (b) devoted to position Compensation (If not paid, enter -0-) Contributions to employee benefit plans and deferred compensation Contributions to employee benefit plans and deferred compensation	b If yes, did the	foundation receive ai	ny proceeds or have ar	ny net	: income attributable	to the trans	saction?		7b	No			
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address Title, and average hours per week (b) devoted to position JONATHAN L LISS 7409 ROLLING BEND COURT COLUMBUS, GA 31904 USA LISS VP & Secretary 8 00 VP & Secretary Columbus, GA 31904 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) devoted to position Title, and average hours per week (b) devoted to position (c) Compensation (c) Compensation (d) Contributions to employee instructions). If none, enter "NONE." Contributions to employee period employee paid hours per week (b) devoted to position NONE	Inf	ormation About	Officers, Director	s, Tr	ustees, Founda	tion Mana	agers, Highly	y Paid	Empl	loyees,			
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2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation (c) Compensation (c) Compensation (d) compensation Expense account, (e) other allowances		ND COOK!	00										
Name and address of each employee paid more than \$50,000 NONE Title, and average hours per week (b) devoted to position (c) Compensation (c) Compensation Contributions to employee benefit plans and deferred (d) compensation Expense account, (e) other allowances				<u> </u>		_							
Name and address of each employee paid more than \$50,000 (b) devoted to position NONE (c) Compensation employee benefit plans and deferred (d) compensation Expense account, (e) other allowances	2 Compensation	of five highest-paid e	mployees (other than	those	included on line 1–	1		enter "I	NONE."				
NONE CONTRACTOR OF THE PROPERTY OF THE PROPERT		of each employee pa	ıd hours per we	ek	(c) Compensatio	n er pla	mployee benefit ans and deferred		•				
	NONE					1,7	·						
	-							-					
								_					
Total number of other employees paid over \$50,000													

	con instructions) If none onter "NONE"	
3 Five highest-paid independent contractors for professional services (s (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ONE	(b) Type of service	(c) Compensation
JAC		
tal number of others receiving over \$50,000 for professional services.		
panizations and other beneficiaries served, conferences convened, research papers produ 1THE FOUNDATION FUNDS AS WELL AS CONDUCTS RESEARCH IN OF NEUROLOGICAL DISEASES AND DISORDERS	•	
2		
3		
4		
art IX-B Summary of Program-Related Investments (s	<u> </u>	
4 Part IX-B Summary of Program-Related Investments (some program related investments made by the foundation during the summary of Program related investments made by the foundation during the summary of Program related investments made by the foundation during the summary of Program related investments and program related investments.	<u> </u>	A mount
4 art IX-B Summary of Program-Related Investments (s	<u> </u>	A mount
4 Part IX-B Summary of Program-Related Investments (S Describe the two largest program-related investments made by the foundation during the	<u> </u>	A mount
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4 art IX-B Summary of Program-Related Investments (s Describe the two largest program-related investments made by the foundation during the	<u> </u>	A mount
art IX-B Summary of Program-Related Investments (s Describe the two largest program-related investments made by the foundation during the	<u> </u>	A mount
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2 Summary of Program-Related Investments (some program-related investments made by the foundation during the program-related	<u> </u>	A mount
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01111 2 2 0	. (2010)
Part X	Minimum Investment Retur
	/All domostic foundations much

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions)	s.)	_
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	A verage monthly fair market value of securities	1a	0
b	A verage of monthly cash balances	1b	111,558
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	111,558
е	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	111,558
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	1,673
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	109,885
5	Minimum investment return.Enter 5% of line 5	6	5,494
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)	taın foreıç	jn organizations
1	Minimum investment return from Part X, line 6	1	5,494
2a	Tax on investment income for 2015 from Part VI, line 5 2a		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	5,494
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	5,494
5	Deduction from distributable amount (see instructions)	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	5,494
ar	t XII 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	1,195,217
b	Program-related investments—total from Part IX-B	1b	
2	Amounts 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)	3a	
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	1,195,217
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		·
	income Enter 1% of Part I, line 27b (see instructions)	5	
5	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,195,217
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the found	

	ondistributed income (see inst	ructions)			
		(a)	(b)	(c)	(d)
	Distributable assessment for 2015 from Doub VI. Line 7	Corpus	Years prior to 2014	2014	2015
	Distributable amount for 2015 from Part XI, line 7				3,494
	Undistributed income, if any, as of the end of 2015 Enter amount for 2014 only				
a L	·				
3	Total for prior years 20, 20, 20 Excess distributions carryover, if any, to 2015				
	From 2010				
	From 2011	_			
	From 2012	1			
	From 2013	5			
	From 2014 956,905	5			
f	Total of lines 3a through e	2,530,459			
4	Qualifying distributions for 2015 from Part				
	XII, line 4 🕨 \$				
а	Applied to 2014, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)	0			
С	Treated as distributions out of corpus (Election required—see instructions)	ľ			
d	Applied to 2015 distributable amount				5,494
	Remaining amount distributed out of corpus	1,189,723			
	Excess distributions carryover applied to 2015				
	(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:	2 720 402			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,720,182			
b	Prior years' undistributed income Subtract line 4b from line 2b				
_	Enter the amount of prior years' undistributed				
٠	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				
_	Undistributed income for 2014 Subtract line				
٠	4a from line 2a Taxable amount—see				
	instructions				
f	Undistributed income for 2016 Subtract				
	lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
_	be required - see instructions)				
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	478,929			
9	Excess distributions carryover to 2016.				
_	Subtract lines 7 and 8 from line 6a	3,241,253			
10	Analysis of line 9				
а	Excess from 2011	_			
b	Excess from 2012 282,361	4			
	Excess from 2013 465,425				
	Excess from 2014 956,905	┥			
е	Excess from 2015 1,189,723	기	1 1		

For	m 990-PF (2015)					Page 10
F	Part XIV Private Operating Foundat	ions (see ınstrı	uctions and Part	VII-A, question	າ 9)	
1a	If the foundation has received a ruling or determ foundation, and the ruling is effective for 2015,					
b	Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 494.					
2a	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) 2015	(b) 2014	(c) 2013	(d) 2012	(c) rotal
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII, 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					
а	alternative test relied upon "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					
c	Part X, line 6 for each year listed "Support" alternative test—enter					
	(1) 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					
Pa	(4) Gross investment income rt XV Supplementary Information (0)	Complete this	part only if th	 e organizatio	n had \$5,000 o	r more in
	assets at any time during the			gaza	45,000	
1 a	Information Regarding Foundation Managers: List any managers of the foundation who have co					atıon
	before the close of any tax year (but only if they	have contributed	I more than \$5,00	0) (See section 5	07(d)(2))	
ь	List any managers of the foundation who own 10				y large portion of th	e
	ownership of a partnership or other entity) of wh	ich the foundation	n nas a 10% or gre	eater interest		
2	Information Regarding Contribution, Grant, Gift	t, Loan, Scholarsh	ip, etc., Programs:			
	Check here ► ✓ If the foundation only makes c	ontributions to pr	eselected charitab	ole organizations a	and does not accept	t
	unsolicited requests for funds If the foundation other conditions, complete items 2a, b, c, and d	makes gifts, gran				
а	The name, address, and telephone number or e	maıl address of th	e person to whom	applications shou	ıld be addressed	
_						
b	The form in which applications should be submi	tted and informat	ion and materials t	they should includ	le	
c	Any submission deadlines					
	Any restrictions or limitations on awards, such	as hy geographic	al areas charitabl	e fields kinds of	nstitutions or otho	r
u	factors	as by geograpilic	a, arcas, chantabl	ie neida, kinda OFF	nstitutions, or othe	•

Form 990-PF (2015)
Part XV Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	A mount
Name and address (home or business) a Paid during the year See Additional Data Table	or substantial contributor	recipient	Contribution	
				20.77
b Approved for future payment				32,770
Total		<u>'</u>	▶ 3b	+

≣nt	er gross amounts unless o	therwise indicated	Unrelated bu	ısıness ıncome	Excluded by section	1 512, 513, or 514	(e) Related or exempt
			(a)	(b)	(c)	(d)	function income (See
1	Program service revenue		Business code	A mount	Exclusion code	A mount	instructions)
	a RESEARCH INCOME						1,349,031
	b с						
	d						
	е						
	f						
	g Fees and contracts from Membership dues and ass						
	Interest on savings and to investments	emporary cash					
4	Dividends and interest fro	m securities					
	Net rental income or (loss						
	a Debt-financed property.b Not debt-financed prope						
	Net rental income or (loss property	s) from personal					
7	Other investment income.						
	Gain or (loss) from sales of inventory						
	Net income or (loss) from Gross profit or (loss) from	•					
11	Other revenue a						
	b						
	c						
	d e						
	Subtotal Add columns (b)						1,349,031
L3	Total.Add line 12, column				:	13	1,349,031
Pa	(See worksheet in line 13 art XVI-B Relations			plishment of E	xempt Purpos	es	
Li		ow each activity for whi nent of the foundation's					

Part XVI	Noncharitable				actions and	Relationships	With			
	organization directly or i	ndirectly en	gage in any of t	he following with						
	501(c) of the Code (othe	er than secti	on 501(c)(3) o	rganızatıons) or	in section 527,	relating to politica	al		Yes	No
organiza										
	s from the reporting four							4-/4\		NI.
` '	sh						-	1a(1)		No
	erassets							1a(2)		No
	ansactions	ritable evem	ont organization					16/11		No
	es of assets to a noncha chases of assets from a						-	1b(1) 1b(2)		No No
	ital of facilities, equipme		, ,				-	1b(2)		No
	mbursement arrangemer	·					-	1b(3)		No
	ns or loan guarantees.						-	1b(5)		No
• •	rmance of services or m						-	1b(6)		No
	of facilities, equipment,						-	1c		No
_	swer to any of the above	_							110	110
of the go	ods, other assets, or se ansaction or sharing arr (b) Amount involved	rvices giver angement, s	by the reporting	ng foundation If (d) the value of	the foundation the goods, othe	received Íess than	fair market es received	t value d		nts
	, , , , , , , , , , , , , , , , , , , ,	.,		, ,	, , , , , , , , , , , , , , , , , , , ,	,				
describe √ No	undation directly or indicted in section 501(c) of the complete the following (a) Name of organization	ne Code (oth	ner than section	·	n section 527?.		tion of relation		?S	
the	der penalties of perjury, e best of my knowledge a ormation of which prepar *****	and belief, it	ıs true, correct				n taxpayer) May the return		ed on	all
	Signature of officer or t	rustee		Date	Title		below (see ins	str)?	Yes [10
	Print/Type preparer's EVERETT G PREST JR		Preparer's Signa	ature	Date	Check if self- employed ▶	PTIN PO	02463	00	
Paid Prepare Jse		5 LLP				Firm's EIN ▶	ı			
Only	Firm's address ► 7290 NORTH LAKE E 31909	OR SUITE 50	03 COLUMBUS	, GA		Phone no (706)321-911	1		

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

Recipient	If recipient is an individual,	Foundation	Purpose of grant or contribution	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Contribution	
a Paid during the year				
BEULAH RECREATION ASSOCIATION PO BOX 175 VALLEY,AL 36854	NONE	N/A	TO HELP WITH THE SPECIAL NEEDS OF PERSONS WITH NEUROLOGICAL DISEASES OR DISORDERS	100
WEST GA DIXIE BASEBALL 2700 WEST BRITT DAVID ROAD COLUMBUS,GA 31904	NONE	N/A	TO HELP WITH THE SPECIAL NEEDS OF PERSONS WITH NEUROLOGICAL DISEASES OR DISORDERS	100
MOREHOUSE SCHOOL OF MEDICINE 830 Westview Dr SW Atlanta, GA 30314	NONE	N/A	TO HELP WITH THE SPECIAL NEEDS OF PERSONS WITH NEUROLOGICAL DISEASES OR DISORDERS	2,000
ALZHEIMERS ASSOCIATION 5900 RIVER ROAD COLUMBUS, GA 31909	NONE	N/A	TO HELP WITH THE SPECIAL NEEDS OF PERSONS WITH NEUROLOGICAL DISEASES OR DISORDERS	5,370
GUSTO CSU SCHOOL OF MUSIC 4225 UNIVERSITY AVENUE COLUMBUS,GA 31901		N/A	TO HELP WITH THE SPECIAL NEEDS OF PERSONS WITH NEUROLOGICAL DISEASES OR DISORDERS	22,000
Total			▶ 3a	32,770

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient I If recipient is an individual. I Foundation Purpose of grant or A mount

Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
a Paid during the year				
TEMPLE ISRAEL 1617 WILDWOOD AVENUE	NONE	N/A	TO HELP WITH THE SPECIAL NEEDS OF PERSONS WITH	3,200

Tara daring the year				
TEMPLE ISRAEL	NONE	N/A	TO HELP WITH THE SPECIAL	3,200
1617 WILDWOOD AVENUE			NEEDS OF PERSONS WITH	·
COLUMBUS,GA 31904			NEUROLOGICAL DISEASES	
			ORDISORDERS	

32,770

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491272004037					
TY 2015 Accounting Fees Schedule								
Name:	MEDICAL RESEARCH	H & HEALTH						
	EDUCATION FOUND	ATION						
EIN:	58-2580582							
Software ID:	15000324							

Software Version: 2015v3.0									
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes					
CALLIER WITT CPAS	4,870	0	0	4,870					

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

TY 2015 Depreciation Schedule

Name: MEDICAL RESEARCH & HEALTH

EDUCATION FOUNDATION

EIN: 58-2580582

Software ID: 15000324

Software Version: 2015v3.0

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
OFFICE FURNITURE	2008-02-17	1,052	1,025	SL	7 0000	27			
OFFICE FURNITURE	2008-12-02	3,276	2,847	SL	7 0000	429			
STORAGE CABINETS	2010-01-29	892	625	SL	7 0000	127			
COMPUTER	2010-10-08	1,954	1,662	SL	5 0000	292			
COMPUTER (2)	2011-01-07	3,205	2,564	SL	5 0000	641			
COPIER	2011-08-31	2,285	1,523	SL	5 0000	457			
CABINET (2)	2011-10-18	936	424	SL	7 0000	134			
DESK	2011-11-20	596	262	SL	7 0000	85			
COMPUTER	2012-12-01	1,418	592	SL	5 0000	284			
COMPUTER	2013-01-09	1,594	638	SL	5 0000	319			
CAMERA	2013-01-30	335	128	SL	5 0000	67			
EKG MACHINE	2013-04-04	1,047	366	SL	5 0000	209			
COMPUTER (ALBOES)	2013-06-19	1,432	429	SL	5 0000	286			
PET MACHINE	2013-06-28	17,500	5,250	SL	5 0000	3,500			
TABLE	2014-06-22	500	36	SL	7 0000	71			
STORAGE CABINET	2014-08-08	481	29	SL	7 0000	69			
PATIENT CAMERA	2014-08-08	484	40	SL	5 0000	97			
HEADSET	2014-10-10	618	31	SL	5 0000	124			
DVR	2015-03-17	966		SL	5 0000	145			
COMPUTER	2015-03-17	1,947		SL	5 0000	292			

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
HEADSET	2015-10-05	943		SL	5 0000	47			
HEADSET	2015-10-05	943		SL	5 0000	47			
MONITOR	2015-10-05	205		SL	5 0000	10			
ULTRASOUND MACHINE	2015-10-08	5,168		SL	5 0000	258			

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Software Ver	sion: 2015v3.0			
Softwar	e ID: 15000324			
	EIN: 58-2580582			
	EDUCATION I	FOUNDATION		
Na	ame: MEDICAL RES	SEARCH & HEALTH		
TY 2015 Land, Etc. Schedule				
one dien nie princ Bo Not i Ke	AST IICU DU		<u> </u>	
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Solitial Collision 2013/3.0									
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value					
Furniture and Fixtures	17,632	16,089	1,543	1,543					
Machinery and Equipment	60,862	39,116	21,746	21,746					

efile GRAPHIC print - DO NOT PROCESS	As Filed	d Data -			DLN: 93491272004037
TY 2015 Mortgages and Notes	Payabl	e Sche	lule		
	-				
Name:	MEDICAL	RESEAR	CH & HEAI	_TH	
	EDUCATION	ON FOUN	DATION		
EIN:	58-25805	582			
Software ID:	15000324	4			
Software Version:	2015v3.0)			
Total Mortgage Amount:					
	Item No.				1
Lender	's Name	SUNTRU:	ST BANK		
Lende	er's Title				
Relationship to	Insider	NONE			
Original Amount	of Loan			5,000	
Bala	nce Due				
Date	of Note	2009-03			
Matur	ity Date	2010-03			
Repaymer	nt Terms	LINE OF	CREDIT		
Inter	est Rate			5.0000	
Security Provided by B	orrower	NONE			
Purpose	of Loan	OPERAT	ONAL FUN	DS	
Description of Lender Consi	deration	CASH			
Considerat	ion FMV				

Item No.	2
Lender's Name	JONATHAN L LISS MD
Lender's Title	
Relationship to Insider	OFFICER
Original Amount of Loan	44,645
Balance Due	
Date of Note	2011-11
Maturity Date	2012-11
Repayment Terms	AS AVAILABLE
Interest Rate	
Security Provided by Borrower	NONE
Purpose of Loan	WORKING CAPITAL FOR RESEARCH
Description of Lender Consideration	NONE
Consideration FMV	

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TY 2015 Other Assets Schedu	le	
Name:	MEDICAL RESEARCH & HEALTH	
	EDUCATION FOUNDATION	

Software ID: 15000324 **Software Version:** 2015v3.0

EIN: 58-2580582

Software Version: 2015v3.0			
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
J LISS PC - RECEIVABLE			46,912
OVERPAID PAYROLL TAXES	6,432	3,140	3,140
PREPAID PENSION PLAN		40,044	

TY 2015 Other Expenses Schedule

Name: MEDICAL RESEARCH & HEALTH

EDUCATION FOUNDATION

EIN: 58-2580582

Software ID: 15000324

Software Version: 2015v3.0

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	57,431			57,431
BANK CHARGES	797			797
COMPUTER EXPENSE	14,448			14,448
DUES & SUBSCRIPTIONS	1,962			1,962
EDUCATION & SEMINARS	270			270
ENTERTAINMENT	1,257			1,257
EQUIPMENT RENTAL	158			158
INSURANCE - CASUALTY	24,886			24,886
INSURANCE - GROUP	10,122			10,122
LAB	81,719			81,719

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MEDICAL SUPPLIES	18,451			18,451
OFFICE EXPENSE	13,653			13,653
POSTAGE EXPENSE	1,085			1,085
REPAIRS & MAINTENANCE	276			276
RESEARCH FEES	73,030			73,030
SUPPLIES	354			354
TELEPHONE	1,552			1,552
UNIFORMS	1,019			1,019

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491272004037
TY 2015 Other Income Schedu	le	
Name:	MEDICAL RESEARCH	1 & HEALTH
	EDUCATION FOUNDA	ATION
EIN:	58-2580582	
Software ID:	15000324	

Software Version: 2015v3.0			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
RESEARCH INCOME	1,349,031		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	Į.	DLN: 93491272004037
TY 2015 Other Liabilities Sche	dule		
Name:	MEDICAL RESEARCH 8	. HEALTH	
	EDUCATION FOUNDAT	ION	
EIN:	58-2580582		
Software ID:	15000324		
Software Version:	2015v3.0		
Description		Beginning of Year - Book Value	End of Year - Book Value
STORK MEDICAL		9,422	9,422

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TY 2015 Other Notes/Loans F	Receivable Short Schedule	
Name:	MEDICAL RESEARCH & HEALTH	
	EDUCATION FOUNDATION	
EIN:	58-2580582	
Software ID:	15000324	
Software Version:	2015v3.0	

Software Version: 2015v3.0	
Name of 501(c)(3) Organization	Balance Due
IONATHAN LISS MD NEUROLOGY PC	8.000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491272004037
TY 2015 Taxes Schedule		
Name:	MEDICAL RESEARCH & HEALT	гн
	EDUCATION FOUNDATION	

EIN: 58-2580582 **Software ID:** 15000324

Software Version: 2015v3.0				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	9,906			9,906
TAXES - GENERAL	752			752