Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/form990 Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

2017

DLN: 93493155005038 OMB No 1545-0047

Open to Public Inspection

A For the 2017 ca	alendar year, or tax year beginning 01-01-	-2017 , and ending	12-31-2017				
B Check if applicable	C Name of organization			D Employer ident	fication number		
☐ Address change	Atlanta Research and Education Foundation Inc			58-1857346			
☐ Name change	Doing business as						
☐ Initial return ☐ Final return/terminated	boing business us						
☐ Amended return	Number and street (or P O box if mail is not delive	red to street address) R	loom/suite	E Telephone numbe	:r		
☐ Application pending	2250 N Druid Hills Rd NE No 238			(404) 728-485	5		
	City or town, state or province, country, and ZIP or	foreign postal code					
	Atlanta, GA 30329			G Gross receipts \$:	11,484,815		
	F Name and address of principal officer		H(a) Is this	a group return for			
	Leslie Hughes			dinates?	□ _{Yes} ☑ _{No}		
	2250 N Druid Hills Rd NE No 238 Atlanta, GA 30329		H(b) Are al	l subordinates	☐ Yes ☐No		
I Tax-exempt status		4947(a)(1) or	includ				
		4947(a)(1) or		," attach a list (see exemption numbe	•		
J Website: ► www	w atlarer org		in(e) Group	exemption numbe			
	✓ Corporation ☐ Trust ☐ Association ☐ Ot		L Year of forma	ation 1989 M State	e of legal domicile GA		
K Form of organization	✓ Corporation ☐ Trust ☐ Association ☐ Ot	her >	2 700 01 7011110		, or regar actinione err		
Part I Sumi	marv			<u> </u>			
	scribe the organization's mission or most signifi	cant activities					
For comple	ete mission statement see Schedule O Mission	StatementTo facilitat	e, encourage, and su	pport research and	education at the		
<u>. L. ≙tlanta M</u> A	Medical Center and its community based outn	atient clinics. VisionTr	n acciet VA in -Devi <u>eld</u>	ning the careers of	· V/A recearcherc-		
- .							
	-						
<u>-</u>	*						
	77						
·							
-							
Charles 6	Calcadada O acutama a manusara anno ta ta ano	. loo a south of Davit TV					
	Schedule O contains a response or note to any		(B)	(C)	T		
7b, 8b, 9b, and 10	ounts reported on lines 6b, b of Part VIII.	(A) Total expenses	Program service	Management and	(D) Fundraisingexpenses		
	er assistance to domestic organizations and	2,521,335	expenses 2,521,335	general expenses	1 7 1		
	nments See Part IV, line 21	2,321,333	2,321,333				
2 Grants and other	er assistance to domestic individuals See Part						
IV, line 22							
3 Grants and othe	er assistance to foreign organizations, foreign						
governments, a	ind foreign individuals See Part IV, line 15						
and 16							
4 Benefits paid to	.						
5 Compensation of key employees	of current officers, directors, trustees, and	121,016		121,016	1		
	not included above, to disqualified persons (as ection 4958(f)(1)) and persons described in						
	(3)(B)						
7 Other salaries a	and wages	5,477,300	4,807,801	669,499			
	cruals and contributions (include section 401	135,664	116,920	18,744			
	employer contributions)						
9 Other employee	e benefits	515,147	447,684	67,463			
•		427,880	367,830	60,050			
11 Fees for service	es (non-employees)						
a Management .							
b Legal		4,598	4,598				
${f c}$ Accounting ${f .}$		41,750		41,750			
d Lobbying .							
e Professional fun	ndraising services See Part IV, line 17						
f Investment ma	nagement fees						
	1g amount exceeds 10% of line 25, column	139,310	84,898	54,412			
	t line 11g expenses on Schedule O)						
12 Advertising and	promotion						
13 Office expenses		37,996	31,234	6,762			
14 Information tec	hnology	21,087	12,350	8,737			
15 Royalties .							
16 Occupancy .		25,650		25,650	1		
• •		72,686	63,114	9,572			
					1		

Form	990 (2017)					Page 2
Par	t IIII Stateme	nt of Program Servi	ce Accomplis	hments		
	Check if Sc	hedule O contains a resp	onse or note to	any line in this Part III		🗸
1	Briefly describe th	e organization's mission				
To fa	cilitate, encourage,	and support research an	d education at th	ne Atlanta VA Medical C	Center and its community based out	patient clinics
2	Did the organization	on undertake any signific	ant program ser	vices during the year w	which were not listed on	
	the prior Form 990	O or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe	these new services on Sc	hedule O			
3	Did the organization	on cease conducting, or r	make significant	changes in how it cond	lucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe	these changes on Schedu	ıle O			
4	Section $501(c)(3)$		ons are required	to report the amount	e largest program services, as meas of grants and allocations to others,	
4a	(Code) (Expenses \$	3,568,671	ıncludıng grants of \$	1,804,972) (Revenue \$)
	See Additional Data					
4b	(Code) (Expenses \$	1,101,720	ıncludıng grants of \$) (Revenue \$)
	See Additional Data					
4c	(Code) (Expenses \$	802,842	ıncludıng grants of \$	716,363) (Revenue \$)
	See Additional Data					
	See Additional Da	ta Table				
4d	Other program se	rvices (Describe in Sched	lule O)			
	(Expenses \$	3,740,459 ind	luding grants of	\$) (Revenue \$)
4e	Total program s	ervice expenses >	9,213,6	92		

or X as applicable

Checklist of Required Schedules

Section 501(c)(3) organizations.

Yes

Page 3

No

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2017)

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 👺 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

5

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
7	Ind the organization provide a grant exother accietance to an officer director knieton liqui employee substantial			

virus Areas of focus being explored by this study include virologic surveillance for influenza, monitoring for antiviral-resistance among circulating strains, and evaluation of new diagnostic tests for rapid and bedside detection of influenza

	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 3
Fell	Check if Schedule O contains a response or note to any line in this Part V			П
	Check in Schedule S contains a response of flote to any line in this fact the first in the first	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
2.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		NO
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	35		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		
		4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
·	If les, to line 3a of 3b, did the organization me form 6000-1.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6 a		No
_	solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a		No
	provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
А	If "Yes," Indicate the number of Forms 8282 filed during the year	,,,		
u	The less, indicate the number of forms 6252 filed during the year 1. 1. 1.			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
_		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during			
	the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	•		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
r	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		.,,,
	2. 135, 135 it med a form 720 to report these payments 21. 110, provide an explanation in schedule of 1.		orm 99	0 (2017

Form	990 (2017)			Page 6
Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	,	nse to li	
Se	Check if Schedule O contains a response or note to any line in this Part VI			✓
1a	Enter the number of voting members of the governing body at the end of the tax year 10		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
10-	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		110
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110	163	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	_		
		16b		
<u>Se</u> 17	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
	GA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
.20 	State the name, address, and telephone number of the nerson who nossesses the organization's books and records			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

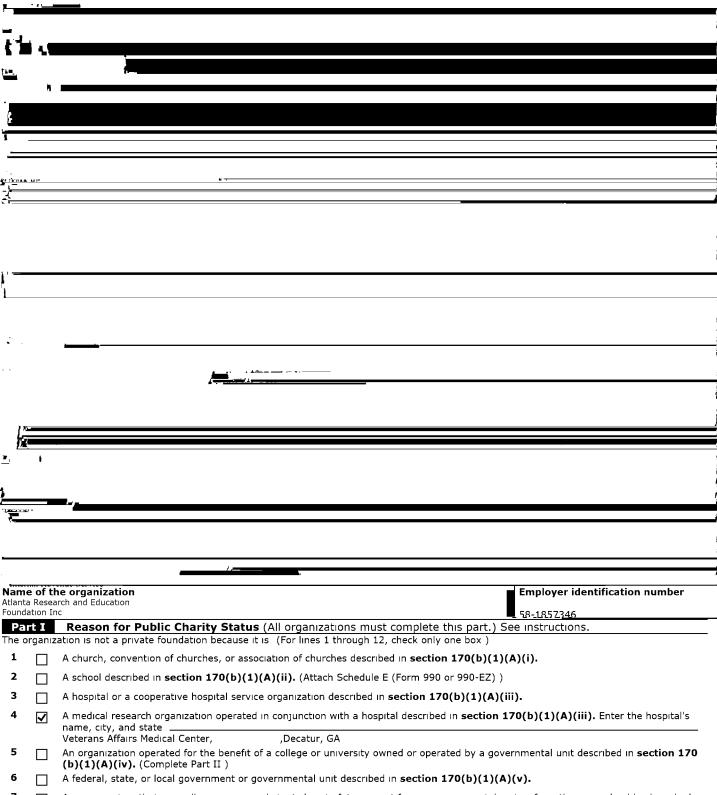
Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization no	r any related o	rganıza	tion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations	Position than of the second se	on (do one bo oth a direct	(C o no ox, u n of tor/t) t ch unle: ficei rust	eck mess person and a	ore son	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	below dotted line)	Individual trustee or director	Institutional Trustee	Cel	employee	Highest compensated employee	mer			organizations
(1) C Michael Hart MD President	1 00	x		×				0	0	0
(2) David Bower MD Secretary	1 00	х		х				0	0	0
(3) B Stanton Breon Jr CFA CPA Treasurer	1 00	х		x				0	0	0
(4) Annette P Walker MSHA BSN Board Member	0 50	х						0	0	0
(5) Wilson Holland MD Board Member	0 50	х						0	0	0
(6) Machelle Pardue PhD Board Member	0 50	х						0	0	0
(7) Stuart Zola PhD Board Member	0 50	х						0	0	0
(8) Virginia Krawiec MPA Board Member	0 50	х						0	0	0
(9) W Michael Heekin Board Member	0 50	х						0	0	0
(10) Chloe Knight Tonney Board Member	0 50	х						0	0	0
(11) Leslie Hughes Executive Director	40 00			х				115,393	0	5,623



f Enter the number of supported organizations 9 Provide the following information about the supported organization (s) (i) Name of supported organization (described on lines 1- 10 above (see instructions)) 1- 10 above (see instructions) Yes No Total Total For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017	Fenter the number of supported organizations Fenter the number of supported organizations	Form 990 (2017)						Page 10
f Enter the number of supported organizations 9 Provide the following information about the supported organization (ii) Name of supported (ii) EIN (iii) Type of organization (described on injury organization (described on injury organization) (described organi	f Enter the number of supported organizations 9 Provide the following information about the supported organization (ii) Name of supported (ii) EIN (iii) Type of organization (described on injury organization (described on injury organization) (described organi	Part IX St	atement of Func	tional Expe	nses				
f Enter the number of supported organizations 9 Provide the following information about the supported organization ((ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) Yes No (v) Amount of monetary support (see instructions) (vi) Amount of monetary support (see instructions) (vi) Amount of monetary support (see instructions)	f Enter the number of supported organizations 9 Provide the following information about the supported organization(s) (i) Name of supported								
f Enter the number of supported organizations 9 Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization listed organization (described on lines 1-10 above (see instructions)) Yes No (vi) Amount of monetary support (see instructions) Total Total For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017	f Enter the number of supported organizations 9 Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization listed organization (described on lines 1-10 above (see instructions)) Yes No (vi) Amount of monetary support (see instructions) Total Total For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017						· · · ·		
f Enter the number of supported organizations 9 Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) Yes No Total Total For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017	f Enter the number of supported organizations 9 Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) Yes No Total Total For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017	<u>"Pami</u> nt Ingluida					CB I		
f Enter the number of supported organizations 9 Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) Yes No Total Total For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017	f Enter the number of supported organizations 9 Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) Yes No Total Total For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017								
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f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) Yes No Total Total For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017	f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) Yes No Total Total For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017								
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Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) Yes No	Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) Yes No								
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(described on lines 1- 10 above (see instructions)) Yes No Total For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017	(described on lines 1- 10 above (see instructions)) Yes No Total For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017	(i) Name orga	of supported inization	(ii) EIN		(iv) Is the orga	anization listed ing document?	(v) Amount of monetary support	(vi) Amount of other support (see
Total For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017	Total For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017	-			(described on lines	, ,	-	(see instructions)	instructions)
Total For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017	Total For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017								
Total For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017	Total For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017					.,			
For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017	For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017					Yes	No		
For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017	For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017								
For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017	For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017								
Form 990 or 990-EZ.	Form 990 or 990-EZ.		Reduction Act Not	tice see the I	nstructions for	Cat No. 11285	<u> </u> 5F	 Schedule A (Form 9:	90 or 990-F7) 2017
		Form 990 or 99	O-EZ.	nce, see the I	nstructions for	Cat No 11203		Schedule A (1 01111 9	30 01 330-22) 2017

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52.744

1.021.154

5,729,137

1,123,394

259,616

1,383,010

3.906.017

4,346,127

5.729.137

440.110

Page **11**

480,065 6,407,612

56,616

945,571

10.229.073

1,536,755

3,279,855

4,816,610

4.097.067

1,315,396

5,412,463

10.229.073

Form **990** (2017)

Check if Schedule O contains a response or note to any line in this Part IX

	Beginning of year		End of year
Cash-non-interest-bearing	331,742	1	
Savings and temporary cash investments	1,574,201	2	6,

1,936,252

990.681

2,339,209 2,749,296 3 Pledges and grants receivable, net . . . 3 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Notes and loans receivable, net .

10a

10b

Assets Inventories for sale or use . Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 11 Investments—publicly traded securities . 12 Investments—other securities See Part IV, line 11 .

13

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Fund Balances

Assets or 30

Net

21 Escrow or custodial account liability Complete Part IV of Schedule D Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Total liabilities. Add lines 17 through 25 .

Tax-exempt bond liabilities

Investments—program-related See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Intangible assets

Grants payable . . .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Deferred revenue . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund halances at end of year. Combine lines 3 through 9 (must equal Part X. line 33, column (B))	10	5 412 463

Par	XII Financial Statements and Reporting		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,412,463
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
8	Prior period adjustments	8	
7	Investment expenses	7	

7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		5,4	12,463
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

Schedule O

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Yes

Yes

Yes

Yes

Yes Form 990 (2017)

2a

2b

2c

3a

3b

No

Nο

Additional Data

Software ID:

Software Version: **EIN:** 58-1857346

Emerging Infections Program-Infectious diseases continue to cause significant morbidity and mortality in the United States. The goal of this program is to continue the population-based active surveillance system of the Atlanta Metropolitan statistical area that will detect and respond to new and emerging infectious diseases, as well as to

Name: Atlanta Research and Education

Foundation Inc.

Form 990, Part III, Line 4a:

Form 990 (2017)

monitor and investigate the epidemiology of healthcare-associated infections

new diagnostic tests for rapid and bedside detection of influenza

Form 990, Part III, Line 4b: The study serves as a valuable benchmark for the development of influenza vaccines and provides key insight into the maintenance of immunity to a constantly changing

virus. Areas of focus being explored by this study include virologic surveillance for influenza, monitoring for antiviral-resistance among circulating strains, and evaluation of

Form 990, Part III, Line 4c:

This is a continuing pilot project to assess the frequency of norovirus hospital admissions and hospital-acquired norovirus. The purpose of the study is to identify the burden

of rotavirus in adults and elderly in the post-vaccine era, to identify the strains of rotavirus causing disease in these populations and compare to the broader community

using other surveillance datasets and to quantify the burden of norovirus in adults and elderly in anticipation of this group being a potential target group for vaccination

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code) (Expenses \$ 537.148 including grants of \$

This is an on-going clinical research study on people with Type II diabetes. It compares four different commonly used diabetes medications in combination with metformin. The study is looking at how well each combination works to contol blood sugar levels in order to determine which combination works the best. It is also looking at the benefits and side effects of each combination.

) (Revenue \$

(Code) (Expenses \$ 3,203,311 including grants of \$) (Revenue \$)

efil	e GR	APHIC pri	nt - DO NOT PRO	CESS As Fi	led Data -			DLN: 9349	3155005038
SCI	HED	ULE A	Pul	olic Charit	tv Status a	nd Public	Support		3 No 1545-0047
For 901	m 99 E Z)	0 or		f the organizati 4947(a)	on is a section 5 (1) nonexempt	501(c)(3) organi charitable trust or Form 990-EZ.	zation or a sect	ion	2017
		the Treasury	► Information			or 990-EZ) and	its instructions		oen to Public Inspection
lam	e of tl	ne organiza			WWW.II SIGOV/ I	<u> </u>	Emplo	yer identificatio	
	a Kesea atıon Ir	arch and Educa nc	tion				58-18	57346	
Pa	rt I	Reason	for Public Charity	/ Status (All o	rganizations mu	st complete this			
he c	rganız	ation is not a	a private foundation l	pecause it is (Fo	r lines 1 through	12, check only one	box)		
1		A church, c	onvention of churche	s, or association	of churches descr	ribed in section 1 3	70(b)(1)(A)(i).		
2	П	A school de	scribed in section 1	70(b)(1)(A)(ii)	. (Attach Schedul	e E (Form 990 or 9	990-EZ))		
3	$\overline{\Box}$	A hospital o	or a cooperative hosp	ıtal service organ	nization described	ın section 170(b)(1)(A)(iii).		
4			esearch organization	-		•		(1)/A)/iii) Entor	the heepital's
•	\checkmark		and state	operated in conj	unction with a no.	spital described in	Section 170(D)	(I)(A)(III). Litter	
_			ffairs Medical Center,	•	ecatur, GA				
5			ation operated for the (iv). (Complete Part		ege or university	owned or operated	l by a governmen	tal unit described	ın section 170
6	П		tate, or local govern	•	ental unit describ	ed in section 170	(b)(1)(A)(v).		
7			ation that normally re (0(b)(1)(A)(vi). (Co		tial part of its sup	port from a gover	nmental unit or fr	om the general pu	iblic described in
8	П		ty trust described in	•	(1)(A)(vi) (Com	plete Part II)			
9			ural research organiz rant college of agricu						or university or a
.0		from activit	ation that normally re les related to its exe income and unrelate See section 509(a)(mpt functions—si d business taxab	ubject to certain e le income (less se	exceptions, and (2)) no more than 33	31/3% of its suppo	rt from gross
l1	П		ation organized and o		•	lic safety See sec	tion 509(a)(4).		
12		more public	ation organized and o	ations described	in section 509(a	a)(1) or section 5	i 09(a)(2). See s	ection 509(a)(3	
<u></u>	4	III IIIIeS 12a	through 12d that de	SCHOOLS THE TABLE	or supporting orga	amzation and com	biete iiiies 12e. 1	21, anu 12u	
n.									
	or fis	Calendar scal vear be	year ginning in) ▶	(a) 2013	(b) 2014	(c)2015	(d) 2016	(e) 2017	(f)Total
		nts from line							
8	divide		n interest, nts received on ents, royalties and						
_		e from simila	T						
9	activit	ties, whether							
0	Other	income Do	ly carried on not include gain or of capital assets						
1	(Expla Total	aın ın Part VI							
2 1	10 Gross	receipts from	L related activities, et	c (see instructio	ns)			12	
			the Form 990 is for			ird, fourth, or fifth	tax year as a sec		ianization.
		-	stop here	-			•		
			itation of Public						
			entage for 2017 (line			column (f))		14	
5	Public	support perc	entage for 2016 Sch	edule A, Part II, I	ine 14			15	
	33 1/3	3% support	test-2017. If the o	rganization did n	ot check the box	on line 13, and lin	e 14 is 33 1/3% o	r more, check this	box

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part									
III. If the organization fails to qualify under the tests listed below, please complete Part III.)									
ection A. Public Support									
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
Gifts, grants, contributions, and									

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e) 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	- ·						
11	Total support. Add lines 7 through						

	line 4										
S	ection B. Total Support										
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f)Total				
7	Amounts from line 4										
8	Gross income from interest,										
	dividends, payments received on securities loans, rents, royalties and income from similar sources										
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)										
11	Total support. Add lines 7 through 10										
12	Gross receipts from related activities, e	tc (see instructio	ns)			12					
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,										
	check this box and stop here										
S	Section C. Computation of Public Support Percentage										
14	Public support percentage for 2017 (line	14									

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Part III	Supp	ort	Sched	ule	for	Org	ani	izat	ions	Desci	ibe	d in	Sec	ction	50	9(a	a)([2

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

3	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
6	the organization without charge Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
/ d	3 received from disqualified persons						
h	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
) form line of		J	Į.	Í	'	1
ļ <u>-</u>							
-							
6 1	∤ 1 ~==						
	•						
_							
. 4	4 - √						
	<u> </u>						

Pai	TEIV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If y	vou ch	ackad	12h of
	Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Sections A and D, and complete Part V.)	Part I	, comp	lete
Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
2		1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
Ju	below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the erganization ensure that all support to such erganizations was used exclusively for section 170(c)(2)(B) numbered	30		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	-		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	3с		
1 <u>4</u>	was any supported organization not organized in the onited states (foreign supported organization)? If Tes and if you in	,	1	
<u>ا ــــــــــــــــــــــــــــــــــــ</u>				
1274				
_				
AL				
7		_		
•				
	See Form 990, Part X, line 25.			
1.	(a) Description of liability (b) Book value			
(1) F	Federal Income taxes			
(2)				
(3)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

(9)

Pai	**Supporting Organizations (continued)							
			Yes	No				
11	Has the organization accepted a gift or contribution from any of the following persons?							
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the							
	governing body of a supported organization?	11a						
b	A family member of a person described in (a) above?	11b						
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c						
Se	ection B. Type I Supporting Organizations							
			Yes	No				
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.							
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	1						
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit							
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization							
	organization							
Se	ection C. Type II Supporting Organizations							
			Yes	No				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the							
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1						
Se	ection D. All Type III Supporting Organizations							
	Train Type and Supporting Organizations		Yes	No				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?							
		1						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)							
		2						
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's income or assets at all times during the tax							
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard							

	ction by An Type 122 Supporting Organizations			
		·	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations		'	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons)		

The organization satisfied the Activities Test Complete line 2 below

The organization is the parent of each of its supported organizations. Complete line 3 below

Nο

2a

2b

The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

Activities Test Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the

fy those supported

rganization was

supported organization(s) to which the organization was responsi	ive? If "Yes," then in Part VI i	identify those suppo
organizations and explain how these activities directly furthere	ed their exempt purposes, hov	v the organization was
responsive to those supported organizations, and how the organiz	zation determined that these a	activities constituted

substantially all of its activities

Parent of Supported Organizations Answer (a) and (b) below.

the supported organizations? Provide details in Part VI.

involvement

3

ipported organization(s) to	which the organ	ızatıon was respor	isive? <i>If "Yes," th</i>	en ın Part VI i	dentif
ganizations and explain	how these activi	ities directly furthe	ered their exemp	purposes, hov	v the oi
sponsive to those supporte	ed organizations,	and how the organ	nızatıon determir	ed that these a	activitie

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its

supported arganizations? If "Vos " describe in Bost VI the rale aloued by the assauration in this recover

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	dule A (Form 990 or 990-EZ) 2017							Page 7
	Type III Non-Functionall	y Integrated	l 509(a)(3) Sup	porting	Organi	zations (cont		
Sec	ction D - Distributions						С	urrent Year
1	Amounts paid to supported organization	s to accomplish	exempt purposes					
2	Amounts paid to perform activity that di excess of income from activity	rectly furthers (exempt purposes of	supported	organiza	ations, in		
3	Administrative expenses paid to accomp	lısh exempt pur	poses of supported	organizati	ons			
4	Amounts paid to acquire exempt-use ass	sets						
5	Qualified set-aside amounts (prior IRS a	pproval require	d)					
6	Other distributions (describe in Part VI)	See instructio	ns					
7	Total annual distributions. Add lines 1	through 6						
8	Distributions to attentive supported orgadetails in Part VI) See instructions	anizations to wh	nich the organization	ıs respon	sive (pro	vide		
9	Distributable amount for 2017 from Sect	ion C, line 6						
	Line 8 amount divided by Line 9 amount							
	Section E - Distribution Allocati instructions)	ons (see	(i) Excess Distrib	utions	Und	(ii) lerdistributions Pre-2017	I	(iii) Distributable nount for 2017
	Distributable amount for 2017 from Secti	on C, line						
	5 H <u>nderdietributions if any for years prior</u>	to 2017						
4								
	_							
7.								
	Calendar year				<u>.</u> T			
_	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 20)15	(d) 2016	(e) 2017	(f) Total
9 10a								
	dividends, payments received on securities loans, rents, royalties and							
Ь	Income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b Net income from unrelated business							
11	activities not included in line 10b, whether or not the business is regularly carried on							
12								
13	Total support. (Add lines 9, 10c,							
14	11, and 12) [First five years. If the Form 990 is for	r the organizati	on's first, second, th	ırd, fourth	, or fifth	tax year as a se	ı ection 501(c)(.	 3) organization,
	check this box and stop here							▶□
	ection C. Computation of Public S Public support percentage for 2017 (lin			column (f)	`		145	
15 16	Public support percentage for 2017 (iiii Public support percentage from 2016 S			column (1)	,		15 16	
	ection D. Computation of Investr		*				-0	
17	Investment income percentage for 201			ine 13, co	lumn (f)))	17	
18	Investment income percentage from 20		•				18	
19a	331/3% support tests—2017. If the	organization did	not check the box	on line 14,	and line	15 is more than	1 33 1/3%, an	d line 17 is not



efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

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

Supplemental Financial Statements

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

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

OMB No 1545-0047 Open to Public **Inspection** Employer identification number

DLN: 93493155005038

	ndation Inc					58-1	.857346		
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Ye					r Acc	ounts.		
	complete if the organization anomered the	(a) Dono		•			(b)Fund	s and other	accounts
L	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
1	Aggregate value at end of year								
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			ets held	ın donor ad	vised i	funds are	_	Yes 🗌 No
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?								Yes 🗌 No
Pa	rt II Conservation Easements. Complete if th	ne organization a	nswe	red "Ye:	s" on Forn	n 990	. Part IV		1 1es 🗀 110
	Purpose(s) of conservation easements held by the organ						,	,	
	Preservation of land for public use (e.g., recreation	·			ation of an	histor	ıcally ımp	ortant land	area
	☐ Protection of natural habitat		$\overline{\Box}$		ation of a c				
			ш	FIESEIV	ation of a t	.er time	a mistoric	structure	
	☐ Preservation of open space	16.1				,			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion co	ntributio	in in the for	m of a		ation at the End o	of the Year
а	Total number of conservation easements					2a	Tiela e	at the End t	or the rear
b	Total acreage restricted by conservation easements					2b			
С	Number of conservation easements on a certified historic	c structure include	d ın (a)		2c			
d	Number of conservation easements included in (c) acqui	red after 8/17/06,	and n	ot on a h	nistoric	2d			
3	Number of conservation easements modified, transferre tax year ▶	d, released, exting	uished	d, or tern	nınated by	the or	ganızatıor	n during the	
1	Number of states where property subject to conservation	n easement is loca	ted ►				_		
5	Does the organization have a written policy regarding that and enforcement of the conservation easements it holds		ıng, ır	spection	, handling	of viola	ations,	☐ Yes	□ No
5	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of v	olatio	ns, and e	enforcing co	onserv	ation ease	ements durir	ng the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violation	ons, a	nd enford	cing conser	vation	easemen	ts during the	e year
3	Does each conservation easement reported on line 2(d)	above satisfy the	reauir	ements o	of section 1	70(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(II)?	,				, -(,(.,(-,(.,	☐ Yes	□ No
•	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org	s in it: janiza	revenue tion's fin	e and expe ancial state	nse sta ements	atement, a that des	and cribes	
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historic				er Si	milar As	ssets.	
La	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, e	ducat	ion, or re	esearch in f				
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items	.6 (ASC 958), to re	port ir	ıts reve	nue statem				
((i) Revenue included on Form 990, Part VIII, line 1						▶ \$		
	ii)Assets included in Form 990, Part X								
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:					ncıal g			
а	Revenue included on Form 990, Part VIII, line 1	110 (NOC 950) Tela	ang ti	, arese it			> ¢		
b	Assets included in Form 990, Part X						► \$		
U	ASSESS MEIGUEU III I OITH 950, FAIL A						₽ ⊅		

Cat No 52283D

Schedule D (Form 990) 2017

Par	t III	Organizations Maintaining Co	ollections o	f Art, His	torical T	reası	ires, or	Other	Similar A	ssets (co	ntınued)	
3		the organization's acquisition, accessi (check all that apply)	on, and other	records, ch	eck any of	the fo	llowing t	hat are a	significant	use of its c	ollection	
а		Public exhibition			d 🗌	Loan	or excha	ange prog	ırams			
b		Scholarly research			е 🗌	Othe	r					
С		Preservation for future generations										
4	Provid Part X	de a description of the organization's c	ollections and	explain ho	w they furt	her the	e organız	ation's ex	kempt purpo	ose in		
5		g the year, did the organization solicit s to be sold to raise funds rather than							nılar	☐ Yes		No
Pa	rt IV	Escrow and Custodial Arrang Complete if the organization and X, line 21.		" on Form	990, Part	: IV, lı	ne 9, or	reporte	ed an amo	unt on Foi	rm 990,	Part
1a		e organization an agent, trustee, custoo led on Form 990, Part X?	dian or other	intermediar	y for contri	bution	s or othe	er assets	not	☐ Yes	□ r	No
ь	If "Ye	s," explain the arrangement in Part XI	II and comple	ete the follo	wing table		[-	Amount		
c		ning balance			J		ļ	1c				_
d	_	ons during the year					İ	1d				_
е		butions during the year					Ì	1e				_
f		g balance					Ì	1f				_
2 a		ne organization include an amount on F	Form 990 Par	+ X line 21	for escrov	v or ci	ıstodial a	ccount lia	ability?			_
b		s," explain the arrangement in Part XI							,	Yes	1 □	No
Pā	rt V	Endowment Funds. Complete										
		·	(a)Curren		(b)Prior yea				(d)Three ye		Four yea	rs back
1 a	Beginn	ing of year balance										
b	Contrib	outions										
c	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
e		expenditures for facilities ograms										
f	Admini	strative expenses										
g	End of	year balance										
2	Provid	de the estimated percentage of the cur	rent year end	balance (li	ne 1g, colu	mn (a)) held a:	s				_
а	Board	designated or quasi-endowment 🕨										
ь	Perma	anent endowment 🕨										
С	Temp	orarily restricted endowment >										
_	The p	ercentages on lines 2a, 2b, and 2c sho	ould equal 100)%								
3а		nere endowment funds not in the posse ization by	ession of the o	organizatior	n that are h	ield an	ıd admını	stered fo	r the		Yes	No
	(i) ur	nrelated organizations								3a(i	i)	
b		elated organizations	ons listed as r	equired on	 Schedule R	. ?	• •			3a(i . 3b		
4	Descr	ibe in Part XIII the intended uses of th	e organizatio	n's endowm	ent funds						·	
Pa	rt VI	Land, Buildings, and Equipme										
		Complete if the organization and			•					· · · · · · · · · · · · · · · · · · ·	10. Book valu	
	Descri	ption of property (a) Cost or of (investri		(b) Cost or	other basis (otner)	(c) Acci	umulated c	lepreciation	(a)	BOOK Vall	ne
1a	Land											
b	Building	gs										
С	Leaseh	old improvements			1,2	19,031			357,515			861,516
d	Equipm	nent			5	49,945			465,890			84,055
	Other				1	67,276			167,276			0
Tak		lines 12 through 10 (Column (d) must		00 0			10(-))			1		0.45.574

Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See F	art X, line 15
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colu	umn (b) must equal Form 990, Part X, col (B) line 15)	
Part X	Office Liabilities Complete of the organization answered 'Yes' on Form 990 Part IV line 11e or	11f

(8) (9) Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c c d 2d

2e e 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Donated services and use of facilities

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Schedule D (Form 990) 2017

Part XI

b

b

5

1

2

c

d

3 4

b

5

Part XIII

See Additional Data Table

Part XII

Other (Describe in Part XIII) Add lines **4a** and **4b**

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

2b

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Schedule D (Form 990) 2017

4c

5

2e

3

4c

5

Page 4

11,484,815

11,484,815

10,418,479

10,418,479

10.418.479

Page 5		Schedule D (Form 990) 2017		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 58-1857346

Name: Atlanta Research and Education Foundation Inc.

Supplemental Information

Return Reference

Part X, Line 2

Explanation The Foundation accounts for uncertain tax positions in accordance with accounting standard s that provide guidance on when uncertain tax positions are recognized in an entity's fina ncial statements and how the values of these positions are determined. No liability has be

en recorded as of December 31, 2017 or 2016 due to uncertain tax positions

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLI	N: 934931550	05038	
Schedule I (Form 990) Department of the	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.								OMB No 1545-0047 2017 Open to Public Inspection	
Treasury Internal Revenue Service	► Infor									
Name of the organization Atlanta Research and Education							yer identific 57346	ation number		
Foundation Inc Part I General Inform	nation on Grants	and Assistance				130 10	37340			
Does the organization mai the selection criteria used	to award the grants	or assistance?				ce, and		✓ Yes	□ No	
Describe in Part IV the orgPart II Grants and Other	'				rganization answered "Yes	" on Form 990, I	Part IV, line	21, for any recip	ent	
that received more (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descri noncash as		(h) Purpose o or assistance	f grant	
(1) See Additional Data										
(2)										
(3)										
(4)										
(5)										
(6)										
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(10)										
(11)										
(12)										
2 Enter total number of sect3 Enter total number of other		-					▶		4 0	
For Paperwork Reduction Act Noti				Cat No 50055			Sch	edule I (Form 990)) 2017	

Page **2**

Schedule I (Form 990) 2017

(4) (5)

(6) (7)

Atlanta Research and Education Foundation monitors the use of grant funds awarded to sub-awardees. The sub-awards are collaborative projects between the awardee (AREF) and the sub-awardee, and its budget is fully negotiated between the sub-awardee and the Federal Sponsor and then passed through the Foundation to the sub-

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference Part I, Line 2

Explanation

awardee

Schedule I (Form 990) 2017

Additional Data

		Software ID: Software Version: EIN: Name:	: : 58-1857346	nd Education			
Form 990,Schedule I, Part (a) Name and address of organization or government	II, Grants and (b) EIN	Other Assistance to (c) IRC section if applicable	Domestic Organizat (d) Amount of cash grant	tions and Domesti (e) Amount of non- cash assistance	ic Governments. (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Baylor School of Medicine One Baylor Plaza Houston, TX 77030	74-1613878	501(C)(3)	471,098				Collaboration to quantify the burden of Norovirus Gastro
Brentwood Biomedical Research Institute 11301 Wilshire Blvd Bldg 114 Room 218 Los Angeles, CA 90073	95-4183712	501(C)(3)	245,265				Collaboration to quantify the burden of Norovirus Gastro

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Emeraina Infections

Program

Emory School of Medicine 1599 Clifton Rd NE Atlanta, GA 30322	58-0566256	501(C)(3)	1,566,587		Collaboration in the Emerging Infections Program
Morehouse School of Medicine	58-1438873	501(C)(3)	238,385		Collaboration in the

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

720 Westview Drive SW

ATlanta, GA 30310

efile GRAPH	DLN: 93493155005038					
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for response Form 990 or 990-EZ or to provide any ac Attach to Form 990 or 99 Information about Schedule O (Form 990 or 99 www.irs.gov/form99	ditional information. 990-EZ. 90-EZ) and its instructions is at				
Name of the org Atlanta Research a Foundation Inc		Employer identification number 58-1857346				
Return Reference	Explanation					
Form 990, Part VI, Section B, line 11b	The Auditors issue a report to the board. The board reviews the 990 at that time. This gives the board an opportunity to receive answers to their questions.					

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Inne 12c

The Board, and employees with decision-making authority, affirm understanding of the polic
y annually Employees are requested to affirm that AREF policy, including Conflicts of Int
erest, has been received and read during orientation. The policy can be found on the website

Return Explanation

Form 990,
Part VI,
Section B,
Inne 15a

The organization utilizes a compensation survey every two to three years to determine executive director compensation. Board Members are not compensated.

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Disclosure of Public Records It is the policy of the Atlanta Research and Education Founda tion, Inc. that members of the general public requesting records which are subject to the Georgia Open Records Act, O C G A 50-18-70, et seq., such as the IRS Form 990, Request for Tax-Exempt Status (IRS Form 1023), IRS Exemption Determination Letter (IRS Letter 947) etc., will be provided copies. Requests must be made to the Foundation's Executive Director, Board President, or Controller. The Atlanta Research and Education Foundation, Inc. will provide copies of the most current three years of the IRS Form 990 filed as well as copie. So of other requested records which are subject to the Georgia Open Records Act. Requests M ade in Person It is the policy of the Foundation that members of the general public requesting records in person will receive requested records by close of business on the day of request. Appropriate photocopying expenses must be paid before the documents are released. Requests Made in Writing It is the policy of the Foundation that members of the general public requesting records in writing will be provided the documents upon reimbursement of photocopying expense and postage expense within the required 30-day period.

Return Reference	Explanation	
Form 990 Part XII Line 2c	Due to small size of the Board, the AREF Board of Directors (Board) serves as the Audit Co mmittee. The Board is responsible for overseeing management's financial, accounting and reporting processes, the system of internal accounting and financial controls and compliance with related legal, regulatory and ethical requirements. In recent years, the Board deleg ated the interview and recommended selection to a small committee headed by the Treasurer. This committee reviewed several applications, ranked them and provided a recommendation to the full Board for discussion and vote. During discussion, the Board reviewed the qualif ications, independence and performance of the independent registered public accounting fir	
<u>, </u>		

Return Explanation
Reference

Reference	
Form 990	No changes have been made to the process of auditor selection or review of the audited financial statements
Part XII Line	