(Rev January 2020) Department of the Treasury

Return of Organization Exempt From Income Tax 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

Go to www.irs.gov/Form990 for instructions and the latest information.

_		ue Service Quo to www.trs.gov/r-orm950 for instructions and the	e latest	information.	<u> </u>	mopecuum
A	For the	2019 calendar year, or tax year beginning and end	ling			
В	Check if	C Name of organization		D Employer ide	ntific	cation number
	pplicable	FOUNDATION FOR ATLANTA VETERANS				
	Addres change	EDUCATION AND RESEARCH, INC.				
	Name change			58-185	73	46
Ē	Initial		m/suite	E Telephone nu		
<u> </u>	ireturn Final	1670 CLAIRMONT ROAD (151F)	111/30110	404-32		
_	—leturn/ termin-					
_	ated]Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		10,051,809
⊢	iretum Applica	DECATOR, GA 50055-4004		H(a) Is this a gro	up re	
L	tion tion	F Name and address of principal officer: DESDIE 110G11ES	<u> </u>	for subordin	ates	? Yes X No
		SAME AS C ABOVE	5	H(b) Are all subording	ates in	icluded? Yes No
1_1	Tax-exe	mpt status: X 501(c)(3)	<u>/</u> 527	If "No," atta	ch a	list. (see instructions)
JI	Nebsite	FAVER. FOUNDATION		H(c) Group exem	ption	n number 🕨
KF	orm of	organization: X Corporation Trust Association Other	L Year o	of formation: 198	9 N	State of legal domicile: GZ
_		Summary				<u></u>
		Briefly describe the organization's mission or most significant activities				
2		FOR COMPLETE MISSION STATEMENT SEE SCHEDULE	E O			
ğ	_					
Activities & Governance		Check this box If the organization discontinued its operations or disposed of	or more	than 25% of its n		
é	1	lumber of voting members of the governing body (Part VI, line 1a)			3	13
<u>م</u>	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)			4	13
65	5 1	otal number of individuals employed in calendar year 2019 (Part V, line 2a)			5	103
7	6 7	otal number of volunteers (estimate if necessary)			6	13
5	7a1	otal unrelated business revenue from Part VIII, column (C), line 12		·	7a	0.
⋖	1	let unrelated business taxable income from Form 990-T, line 39			7b	0.
_			Ť	Prior Year		Current Year
	8 0	Contributions and grants (Part VIII, line 1h)	 	10,944,78	0.1	10,005,184.
Revenue	1	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			0.	10,005,101.
Reven		Program service revenue (Part VIII, line 2g)	<u> </u>	22,90		43,550
æ	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-		<u>0.1</u>	3,075.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,967,68		10,051,809.
	13 6	Grants and similar amounts paid (Part IX, column (A), lines 1 3)	<u> </u>	2,220,83		3,361,892.
	14 E	lenefits paid to or for members (Part IX, column (A), line 4)			0.	0.
88	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,716,42	0.	4,946,297.
ş	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses		otal fundraising expenses (Part IX, column (D), line 25)	. —		\neg	
ŭ		other expenses (Part IX, column (A), lines 11a-11d, 111-24e	-	1,680,67	$\frac{1}{n}$	1,312,093.
	10 7	otal expenses. Add lines 13-17 (must equal Par IX, colors Clare ED	├	10,617,92		9,620,282.
			│	349,76		431,527.
	19 F	evenue less expenses. Subtract line 18 from line 12			${-}$	
Ses		JUL 1 2 2021 9	Beg	inning of Current Y		End of Year
sets or Jalances	20 T	otal assets (Part X, line 16)		7,500,05		7,672,988.
۳,	21 T	otal liabilities (Part X, line 26)		1,737,82		1,479,232.
캺	22 N	let assets or fund balances Subtract line 21 from line 26 GDEN. UT		5,762,22	9.	6,193,756.
Pa	rt II	Signature Block				
Unde		ies of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	nts, and to the best of	of my	knowledge and belief, it is
		and complete. Peclaration of preparent other than officer) is based on all information of which pi			,,	
1100,	T		лорагог г	las any knowledge	71	2070
_	- 1	Signalurie of Officer		Date		1000
Sıgı	1			Date 7	,	
Her	e	LESLIE HUGHES, EXECUTIVE DIRECTOR				
		Type or print name and little	·			
		Print/Type preparer's name Preparer's signature		ite Check		
Pald	<u> </u>	MARY JO ALEXANDER MARY JO ALEXANDER	0 !	5/06/20 "self-e	mployer	P00002534
Prep	arer	rrm's name ► MAULDIN & JENKINS LLC		Firm's EIN		8-0692043
Use		Firm's address 200 GALLERIA PKWY SE STE 1700			£	· ····································
-	1	ATLANTA, GA 30339-5946		Phone no	770	955-8600
1/	the IC			11 Hone no.		
iviay	are in	S discuss this return with the preparer shown above? (see instructions)				Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

58-1857346 EDUCATION AND RESEARCH, INC. Page 2 Part III | Statement of Program Service Accomplishments \mathbf{X} Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission TO SERVE GEORGIA'S VETERANS BY ENABLING AND SUPPORTING PARTNERSHIPS IN RESEARCH AND EDUCATION BETWEEN ATLANTA VETERANS AFFAIRS HEALTH CARE SYSTEM, ACADEMIC INSTITUTIONS, GOVERNMENT RESEARCH ORGANIZATIONS AND PRIVATE COMPANIES. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990 EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 3,589,486 · including grants of \$ 1,802,675.) (Revenue \$) (Expenses \$ EMERGING INFECTIONS PROGRAM-INFECTIOUS DISEASES CONTINUE TO CAUSE SIGNIFICANT MORBIDITY AND MORTALITY IN THE UNITED STATES. THE GOAL OF THIS PROGRAM IS TO CONTINUE THE POPULATION-BASED ACTIVE SURVEILLANCE SYSTEM OF THE ATLANTA METROPOLITAN STATISTICAL AREA THAT WILL DETECT AND RESPOND TO NEW AND EMERGING INFECTIOUS DISEASES, AS WELL AS TO MONITOR AND INVESTIGATE THE EPIDEMIOLOGY OF HEALTHCARE-ASSOCIATED INFECTIONS. 2,376,858. including grants of \$ 1,522,380.) (Revenue \$ THIS IS A CONTINUING PILOT PROJECT TO ASSESS THE FREQUENCY OF NOROVIRUS HOSPITAL ADMISSIONS AND HOSPITAL-ACQUIRED NOROVIRUS. THE PURPOSE OF THE 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. 480,279. Including grants of \$) (Revenue \$ THIS IS AN ON-GOING CLINICAL RESEARCH STUDY ON PEOPLE WITH TYPE II DIABETES. IT COMPARES FOUR DIFFERENT COMMONLY USED DIABETES MEDICATIONS IN COMBINATION WITH METFORMIN. THE STUDY IS LOOKING AT HOW WELL EACH COMBINATION WORKS TO CONTROL BLOOD SUGAR LEVELS IN ORDER TO DETERMINE WHICH COMBINATION WORKS THE BEST. IT IS ALSO LOOKING AT THE BENEFITS AND SIDE EFFECTS OF EACH COMBINATION. 4d Other program services (Describe on Schedule O) 2,200,573. Including grants of \$ 36,837.) (Revenue \$ 8,647,196. Total program service expenses ▶

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FOUNDATION FOR ATLANTA VETERANS EDUCATION AND RESEARCH, INC.

58-1857346 Page 3

Form 990 (2019) EDUCATION AN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_	L	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	İ		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	ļ	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			٠,,
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	Ì		Ì
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		Х
	If "Yes," complete Schedule D, Part IV	9		^
10	Did the organization, directly or through a related organization, hold assets in donor restricted endowments	ا 🗚		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		^
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
_	as applicable			
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ا ۔مد ا	х	
_	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	^	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		х
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110	-	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
А	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	111	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		$\neg \neg$	
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ì	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		ļ	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	'		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	' Ì	- 1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ł	- 1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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 17 if "Yes," complete Schedule I, Parts I and II	21	<u> </u>	

Form 990 (2019) EDUCATION AND RESE
Part IV Checklist of Required Schedules (continued)

			Yes	l No
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	<u> </u>	†	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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	1		
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
·	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			· · · · · ·
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			İ
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u> </u>		
	instructions, for applicable filing thresholds, conditions, and exceptions)			'
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	Yes, complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			
	Yes, complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	ا مم ا		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		$\frac{\Lambda}{X}$
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?//f "Yes," complete	31		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	_	j	
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?	35b	}	
55	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ŀ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		ا ا	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable 10		ſ	
	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	.	x	
22004	(gambling) winnings to prize winners?	form 9	_	2010
,uzuu4	41-80-E0	rorm :	J J G (2	(BI 0:

Page 5

FOUNDATION FOR ATLANTA VETERANS

Form 990 (2019) EDUCATION AND RESEARCH, INC.

[Part V] Statements Regarding Other IRS Filings and Tax Compliance (continued)

Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. In the calendar year ending with or within the year covered by this return. Note: It is sum of lines 1a and 2a is greater than 250, you may be required to en/fel (see instructions). 3a	3	otatomorto mogarizaria otnor mila miligo una 12x obmplicario positivo del			,
these for the calendar year ending with or within the year covered by this return by I sal least one is reported on the 2a, dit the organization file all required federal employment tax naturans? Notice: If the sum of lines 14 and 2a is greater than 250, you may be required to e-file (see instructions) 3a				Yes	No
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) 3 Dd the organization have unreated business gross income of \$1,000 or more dumpt the year? 3 If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0 3 If "Yes," and the dumpt the calendary earl, did the organization have an interest in, or a spalarture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 If "Yes," and the free financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 If "Yes," the financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 If "Yes a was the organization the foreign country." 5 If "Yes a was the organization that it was or is a party to a prohibeted tax shelter transaction? 5 If "Yes," and the organization that it was or is a party to a prohibeted tax shelter transaction? 5 If "Yes," and the organization that it was or is a party to a prohibeted tax shelter transaction? 5 If "Yes," and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt any contributions that them an ortic at educatible or any contributions that them are receive deductible contributions under section 170(c). 6 If "Yes," and the organization that was receive deductible contributions under section 170(c). 7 If If yes, a great the organization and a contribution of a contribution and aparty for goods and services provided to the Form 8889. 8 If "Yes," indicate the number of Forms 8822 filed during the year. 9 If "Yes," indicate the number of Forms 8222 filed during the year. 10 Did the organization received a contribution of a did uring the year. 10 Did the organization r	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dot the organization have unrielated business gross income of \$1,000 or more during the year) 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) 5 if "Yes," enter the name of the foreign country \$\frac{1}{2}\$ be a bank account, securities account, or other financial accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a bid any time the organization that twas or is a party to a prohibited stax shelter transaction? 5b IV "Yes" to line 5a or 5b, did the organization file Form 886617? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8c Did the organization selection of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8c Did the organization selection and the section 170(c). 8c Did the organization selection of the value of the goods or services provided? 8c Did the section 180(c) organization for the value of the goods or services provided? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution o		filed for the calendar year ending with or within the year covered by this return			
3a IX bill the organization have unrelated business gross income of \$1,000 or more during the year? 5b if Yes, 'this sift field a Form 99.07 for this year?! ("No" to line 30, provide an explanation on Schedule O 4a All ary time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial accounts ("RAP) 5b if Yes, 'enter the name of the foreign country." 5c if Yes' to line 5a or 5b, did the organization file Form 89.67 for the same state of the organization and switch the organization and switcher transaction at any time during the tax year? 5c if Yes' to line 5a or 5b, did the organization file Form 89.67 for the same state or the organization and the organization file Form 89.67 for the same state or the organization and the organization and the organization and same state or the organization and organization and the organization and the organization file form 89.67 for the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible? 5c organizations that may receive deductible contributions under section 170(c). a bill the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible? 5c organizations that may receive deductible contributions under section 170(c). a bill the organization state may receive deductible contributions and partly for goods and services provided to the payor? 5c organization state may receive a deductible contributions and partly as contributions and partly for goods and services provided to the form 88.20 for the organization and partly for goods and services provided to the fee form 88.20 for the value of the goods or services provided? 5c organization state and services organization and services organization and services organization and services organization and services organization services orga	b		2b	A	
b If "Yes," has it flied a Form 990 T for this year? If "No" to fine 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account? 4b If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization and end organization file Form 8886.7? 6a Does the organization and annual gross receiptes that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization in excess of \$5's made party is a contribution or grifts were not tax deductible on thibutions under section 170(c). 6c If "Yes," did the organization in excess of \$5's made party is a contribution or grifts were not tax deductible on thibutions under section 170(c). 6c If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, except any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If If the organization, during the year, pay premiums, directly, or a personal benefit contract? 7d If "Yes," directly any funds and party is a contribution of cars, boats, any large year, any premiums, directly, or any premiums on a personal benefit contract? 7d If the organization received a contribution of cars, boats, any large year, or a personal benefit contract? 7d If the organization have excess business holdings at any time during the year? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring					v
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file a Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? S Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations make any taxable distributions under section 4966? Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person? Section 501(c)[7] organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders I11a B Gross income from members or shareholders Gross income from members or shareholders I12a If Yes, enter the amount of tax-exempt interest received or accrued during the year Section 501(c)[29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans C Enter the amount of reserves on hand If Wes, has it filed a Form 720 to report these payments? If No.* provide an explanation on Schedule O Liter the amount of reserves on hand If the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					ŷ.
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If "Yes," complete Form 4720, Schedule O	16	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
		If "Yes," complete Form 4720, Schedule O			<u></u> '

58-1857346 Page 6

Form 990 (2019) EDUCATION AND RESEARCH, INC. 58-1857346 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI		_			X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	.3		
	If there are material differences in voting rights among members of the governing body, or if the governing			7		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O				1	
h	Enter the number of voting members included on line 1a, above, who are independent	1ь	1	.3		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	nv other	_	İ	
_	officer, director, trustee, or key employee?		,	2		х
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa:	s filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5	T	X
6	Did the organization have members or stockholders?		-	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?	•		7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	iders, or		1	
	persons other than the governing body?		•	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:			
а	The governing body?	•		8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	Į	Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)			•
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	1	Х
	if "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If *No,* go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confl	icts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	s,* de:	scribe			
	ın Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?		, , ,	13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1		
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ient wi	th a			
	taxable entity during the year?			16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	irticipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?	<u></u>		16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶GA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, an	d 990·	T (Section 501(c	(3)s onl	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply					
	X Own website Another's website X Upon request Other (explain of	on Sch	edule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, coi	nflict o	f interest policy,	and fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records 🕨			
	LESLIE HUGHES, EXECUTIVE DIRECTOR - 404-321-6111					
	1670 CLATEMONT ROAD (151F) DECATIR CA 30033-4004	4				

EDUCATION AND RESEARCH, INC.

58-1857346

Page 7

Form 990 (2019)	EDUCATION					<u>58-18</u>
Part VII Compensation	of Officers, Di	rectors,	Trustees, Key	Employees,	Highest	Compensated
Employees, an	d Independent	Contra	ctors			

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week	offi	, unle cer ar	ss pe id a d	rson	is bol	th an stee)	compensation from	compensation from related	amount of other
	(list any	ē				Γ		the	organizations	compensation
	hours for	ndividual busite or director		Ì	Ì	喜]	organization	(W-2/1099 MISC)	from the
	related	ag	ag ag	İ	بوا	Suad	1	(W-2/1099-MISC)		organization
	organizations below	를	nstitutional irustee		plog					and related organizations
	line)	Individ	Tage!	Officer	Key employee	Highest compensated employee	Former			organizations
(1) C. MICHAEL HART, MD	1.00	ļ.,								
PRESIDENT	0.50	X	_	Х	ļ	ļ	_	0.	0.	0.
(2) W. MICHAEL HEEKIN	0.50	x		х	l		ļ	0.		
SECRETARY	1.00	<u> </u>	⊢	A	<u> </u>	├	⊢	U.	0.	0.
(3) B. STANTON BREON, JR., CFA, CPA TREASURER	1.00	x		х		ĺ		0.	0.	0.
(4) AJAY DHAWAN MD	0.50	 -		Ë	 	-	H	 		
BOARD MEMBER		X					1	0.	0.	0.
(5) ANNE TOMOLO, MD	0.50					Г				
BOARD MEMBER		x						0.	0.	0.
(6) MACHELLE PARDUE, PHD	0.50									
BOARD MEMBER		X					Ĺ	0.	0.	0.
(7) STUART ZOLA, PHD	0.50									
BOARD MEMBER		X				L		0.	0.	0.
(8) VIRGINIA KRAWIEC, MPA	0.50	l				\ 	ì	1	_	_
BOARD MEMBER		X				L		0.	0.	0.
(9) CHLOE KNIGHT TONNEY	0.50	,,								
BOARD MEMBER	0 E0	X	Ļ			<u> </u>	ļ	0.	0.	0.
(10) ASHLEY JACKSON SLAPPY, MD BOARD MEMBER	0.50	x	1					o.	0.	0
(11) ANNE BROWN	0.50	^				<u> </u>	 	- 0.	0.	0.
BOARD MEMBER	0.30	X						ا.ه	0.	0.
(12) SHARON POLENSEK, MD	0.50	-	H	\vdash	-					
BOARD MEMBER		х						0.	0.	0.
(13) MELISSA STEVENS, MD	0.50					\Box				
BOARD MEMBER		X						0.	0.	0.
(14) LESLIE HUGHES	40.00									
EXECUTIVE DIRECTOR		L		X				121,315.	0.	<u>5,60</u> 6.
(15) NGOC-ANH LE	35.00								_	
LABRATORY DIRECTOR			\sqcup	Ц		X	_	114,770.	0.	4,639.
		ł								
	-					\Box	<u> </u>			

EDUCATION AND RESEARCH, INC.

1 0	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d H	ighe	st C	compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one box, unless person is both a					one	Reportable	Reportable		Es	tımat	ed
		hours per week					is bot or/trus		compensation	compensation			ount	
		(list any	ğ	T		П	Т	ΤŤ	from the	from related organizations	1.		other	ation
		hours for	die				5]	organization	(W·2/1099·MISC			om th	
		related	ige o	SEE			de la	ł	(W-2/1099-MISC)	,			anıza	
		organizations	E G	na de		D) ee	g .						l rela	
		below line)	individual dustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Ē				orga	nızat	ions
			드	æ	-	볼	₹ 55	35						
			1								ļ			
					T	t				-	\neg			
			<u> </u>		Н		_			.	\dashv			
_			\vdash		\vdash	\vdash	\vdash	\vdash						
											\top			
				_			Н				-			
	***************************************						-				-			
16	Subtotal								236,085.	- (5.	10	7,2	45.
C	Total from continuation sheets to Part VI	i, Section A					1	▶	0.	().			0.
	Total (add lines 1b and 1c)					<u>.</u>	.	>	236,085.	<u> </u>).[10),2	45.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove) wh	o re	ceived more than \$100	,000 of reportable				_
	compensation from the organization	·····											Yes	No
3	Did the organization list any former officer,	director trust		ov 0	I	~		hial	heat componented area	la		\dashv	105	MO
	line 1a? If "Yes," complete Schedule J for si		.o, r	cy c	nup.	Oye	e, Oi	ng	nest compensated emp	loyee on		3		X
4	For any individual listed on line 1a, is the su		е со	mpe	ensa	tion	and	I oth	er compensation from t	he organization	F	+		
	and related organizations greater than \$150									g..	4	4		X
5	Did any person listed on line 1a receive or a	ccrue comper	sati	on fr	rom	апу	unre	elate	ed organization or individ	dual for services		寸		- "-
	rendered to the organization? If "Yes," comp	olete Schedule	Jf	or su	ch p	oe <i>r</i> s	on				<u></u> :	5 [\Box	X
	tion B. Independent Contractors													
1	Complete this table for your five highest con										ensatio	on fro	mc	
	the organization. Report compensation for t (A)	ne calendar ye	ar e	nair	ig w	un c	or wi	tnin	the organization's tax y (B)	ear		<u> </u>		
	Name and business	address	NO	NE	:				Description of se	ervices	Com	(C) pens		า
								1						
								\perp						
								+						
								+		·				
								7	····					
								\perp	·					
2	Total number of independent contractors (in	•	ot lirr	nited	l to 1	_		ted	above) who received mo	ore than				Ī
	\$100,000 of compensation from the organiz	ation >				0							00	
											For	m 99	YU (2	019)

Page 9

ت ا			Check if Schedule O contains a respon	ise or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	la	Federated campaigns 1a					
S S		b	Membership dues 1b					
ts,		С	Fundraising events 1c					
ۊؚٙڿ			Related organizations 1d					
Ş.Ë	1	е	Government grants (contributions) 1e	7,438,857.				
ig a		f					ĺ	
ë S	l		similar amounts not included above 1f	2,566,327.			l .	
20		g			10 005 184		1	
O e	╁	h	Total. Add lines 1a-1f	Pueleses Code	10,005,184.	<u> </u>	-	· · ·
41	۱.			Business Code				
Š	2	2 a		_				
ž š	l	ь						
E		c d		-	_			
Program Service Revenue		e		-				
Ę	l	f	All other program service revenue	_			·	
	ľ		Total. Add lines 2a-2f					
	3		Investment income (including dividends, in	terest, and	-			
			other similar amounts)	•	43,550.			43,550
	4	,	Income from investment of tax-exempt bon	d proceeds			_	
	5	i	Royalties	•				
	ı		(i) Real	(ii) Personal	-		-	-
	6	a	Gross rents 6a					
		b	Less, rental expenses 6b					
	l	C	Rental income or (loss) 6c					
	l		Net rental income or (loss)	<u> </u>				
	7	а	Gross amount from sales of (i) Securities	s (ii) Other	· -			
			assets other than inventory 7a					
æ		þ	Less. cost or other basis					
Other Revenue			and sales expenses 7b					
ě			Gain or (loss) 7c					
æ. ⊁:	١.		Net gain or (loss)	>				
₹	8	а	Gross income from fundraising events (not					
•			including \$ of		1			
			contributions reported on line 1c) See					
		_	· • • • • • • • • • • • • • • • • • • •	8a Bb				
	ŀ		Net income or (loss) from fundraising event					
	۵		Gross income from gaming activities. See					
	"	-	_	9a	İ			
		b		9b	İ			
			Net income or (loss) from gaming activities	•	· · · · · · · · · · · · · · · · · · ·			
	10		Gross sales of inventory, less returns					
			·	ioa (
		b	Less, cost of goods sold	Ob				
		С	Net income or (loss) from sales of inventory	>				-
S				Business Code				
e SC	11	а	OTHER	900099	3,075.			3,075.
ane anu		b						
Miscellaneous Revenue		c						
ž.		đ	All other revenue					
لــَـ		е	Total. Add lines 11a-11d	•	3,075.			
	12		Total revenue. See instructions	•	10,051,809.	0.	0.	46,625.

Form 990 (2019) EDUCATION AND Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon-			<u> </u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,361,892.	3,361,892.	···	
2	Grants and other assistance to domestic			· ·	•
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			H	
	individuals. See Part IV, lines 15 and 16			~	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	126,921.		126,921.	
_	trustees, and key employees	120,321.		120,921.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	· · · · · · · · · · · · · · · · · · ·	4,041,406.	3,526,606.	514,800.	
8	Other salanes and wages Pension plan accruals and contributions (include	4,031,400.	3,320,000.	314,000.	
0	section 401(k) and 403(b) employer contributions)	111,723.	96,947.	14.776	
9	Other employee benefits	355,854.	306,225.	14,776. 49,629.	
10	Payroll taxes	310,393.	262,961.	47,432.	
11	Fees for services (nonemployees)		502,3021		
	Management				
ь	Legal	6,923.	5,978.	945.	
c	T	40,700.		40,700.	
-	Lobbying				
e	Professional fundraising services. See Part IV, line 17			į ·	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	······································			
_	column (A) amount, list line 11g expenses on Sch O.)	73,239.	27,905.	45,334.	
12	Advertising and promotion				
13	Office expenses	42,560.	37,834.	4,726.	
14	Information technology	15,489.	9,761.	5,728.	
15	Royalties .				
16	Occupancy ,				
17	Travel	139,961.	133,254.	6,707.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	69,284.	66,853.	2,431.	
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	55,115.		55,115.	
23	Insurance	33,577.		33,577.	
24	Other expenses. Itemze expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0) PROJECT EXPENSE	695,750.	695,750.		
a	SUBJECT COSTS	67,606.	67,606.		
b	LAB SUPPLIES	33,423.	26,117.	7,306.	
ر	PUBLICATIONS/SUBSCRIPTI	22,877.	12,523.	10,354.	
d		15,589.	8,984.	6,605.	
	All other expenses Total functional expenses. Add lines 1 through 24e	9,620,282.	8,647,196.	973,086.	0
25 26	Joint costs. Complete this line only if the organization	7,020,202.	0,04/,1901	373,000.	
20	reported in column (B) joint costs from a combined	1			
	reported in committed forms costs it only a committee				
	educational campaign and fundraising solicitation.		l l	· · · · · · · · · · · · · · · · · · ·	

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 334,929. 297,763. Cash - non-interest-bearing 1 4,592,400. 4,098,553. Savings and temporary cash investments 2 1,636,807. 2,408,945. 3 Pledges and grants receivable, net 3 Accounts receivable, net .. 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 .. . Inventories for sale or use 8 51,962. Prepaid expenses and deferred charges 38,889. 9 10a Land, buildings, and equipment: cost or other 1,936,252 basis Complete Part VI of Schedule D 1,107,414. 883,954 828,838. b Less. accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments · program-related See Part IV, line 11 13 13 Intangible assets ... 14 14 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 7,500,052. 7,672,988. 16 16 1,011,800. 1,324,769. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 726,023. 154,463. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 1,737,823. 1,479,232. 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 4,170,830. 4,207,949. 27 Net assets without donor restrictions 1,591,399. 1,985,807. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 5,762,229. 6,193,756. 32 Total net assets or fund balances 32 Total liabilities and net assets/fund balances 7,500,052. 7,672,988. 33

Form 990 (2019)

review, or compilation of its financial statements and selection of an independent accountant? ...

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

If the organization changed either its oversight process or selection process during the tax year, explain on 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 Audit

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

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Form **990** (2019)

3a

		FOUNDATION FOR	Y WIDWIIW A	PIDICHIO					
Form	990 (2019)	EDUCATION AND	RESEARCH,	INC.		<u> 58-1</u>	<u>.857346</u>	Pa	age 12
Рa	rt XI Reconciliation	on of Net Assets							
	Check if Schedu	ile O contains a response or no	ite to any line in this F	Part XI		<u></u>	<u> </u>		
1	Total revenue (must ec	qual Part VIII, column (A), line 1	2)			1	10,05		
2	Total expenses (must e	equal Part IX, column (A), line 2	:5)	•		2	9,62		
3	Revenue less expense	s. Subtract line 2 from line 1				3			527
4	Net assets or fund bala	ances at beginning of year (mu	st equal Part X, line 3	2, column (A))		4	5,76	[2,2]	229
5	Net unrealized gains (lo	osses) on investments				5			
6	Donated services and	use of facilities				6			
7	Investment expenses				L	7			
8	Prior period adjustmen	its .				8			
9	Other changes in net a	issets or fund balances (explai	n on Schedule O)		. [9			0
10	Net assets or fund bala	ances at end of year Combine	lines 3 through 9 (mu	ist equal Part X, line 32,					
	column (B))	· · · · · ·				10	6,19	3,7	<u>756</u> .
Рa	rt XII Financial Sta	atements and Reporting	3						
	Check if Schedu	lle O contains a response or no	ite to any line in this F	Part XII		<u></u>			X
								Yes	No
1	Accounting method us	sed to prepare the Form 990:	Cash X A	ccrual LOther			_		
	If the organization chai	nged its method of accounting	from a prior year or o	hecked "Other," explain i	n Schedule (o O			
2a	Were the organization's	s financial statements compile	d or reviewed by an ir	ndependent accountant?			. 2a		X
	If "Yes," check a box b	pelow to indicate whether the fi	nancial statements fo	or the year were compiled	or reviewed	on a			
	separate basis, consol	idated basis, or both:						1	
	Separate basis	Consolidated basis	Both conso	lidated and separate basi	s				
b	Were the organization's	s financial statements audited	by an independent as	ccountant?			2b	X	
	If "Yes," check a box b	pelow to indicate whether the fi	nancial statements fo	or the year were audited o	n a separate	basis,			
	consolidated basis, or	both:							
	X Separate basis	Consolidated basis	Both consol	lidated and separate basi	s				
c	If "Yes" to line 2a or 2b	o, does the organization have a	committee that assu	mes responsibility for ove	ersight of the	audit,			

932012 01-20-20

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Name of the organization

FOUNDATION FOR ATLANTA VETERANS EDUCATION AND RESEARCH, INC.

Employer identification number 58-1857346

OMB No 1545-0047

Inspection

Reason for Public Charity Status (All organizations must complete this part) See instructions Part The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 L 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 X A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. VETERANS AFFAIRS MEDICAL CENTER, DECATUR, GEORGIA An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in yaur gover (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

FOUNDATION FOR ATLANTA VETERANS 58-1857346 Page 2 Schedule A (Form 990 or 990 EZ) 2019 EDUCATION AND RESEARCH, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (c) 2017 (b) 2016 (d) 2018 (e) 2019 (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 carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the ofganization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Publig Support Percentage 14 Public support percentage for 2019 (ine 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 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 - 2019. 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-ang circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-cfrcumstances test - 2018. 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 frganization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990 or 990-EZ) 2019

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) 2019 EDUCATION AND RESEARCH, INC.

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

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

	quality brider the tests listed t	ciow, picase com	piete r di t ir j		· · ·		
<u>Se</u>	ction A. Public Support	,	· · · · · · · · · · · · · · · · · · ·				
	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and					,	
	membership fees received (Do not	ł					
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the					/	
	organization's tax-exempt purpose				ļ <u> </u>	/	
3	Gross receipts from activities that	1			/	ì	
	are not an unrelated trade or bus-						
	iness under section 513					.	
4	Tax revenues levied for the organ-						
	zation's benefit and either paid to						i
	or expended on its behalf						
5	The value of services or facilities			/	Y		
	furnished by a governmental unit to						
	the organization without charge					<u> </u>	
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ł	Amounts included on lines 2 and 3 received			/		<u>-</u>	
	from other than disqualified persons that	}	<i> </i>	1			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)					· · · · · · · · · · · · · · · · · · ·	
Sec	ction B. Total Support	<u> </u>					
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	1-1			1	1-1-7	
	Gross income from interest,		7				
	dividends, payments received on	/					
	securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses					1	
	acquired after June 30, 1975	/					
	•	-					
	Add lines 10a and 10b . Net income from unrelated business.						
• •	activities not included in line 10b,	/					
	whether or not the business is					ļ	
12	regularly carried on Other income Do not include gain						
.2	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 71, and 12)	<u> </u>			L		
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3) organiz	ation,
6-4	check this box and stop here	io Support Do	roontago		<u> </u>		
_				l · · · · · · (0)		45	
	Public support percentage for 2019 (column (t))		15	
	Public support percentage from 2018					16	%
_	ction D. Computation of Inve					1 1	
	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
	Investment income percentage from		-			18	%
19a	33 1/3% support tests - 2019. If the						/ is not
	more than 33 1/3%, check this box a	-	-				. ▶□
b	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che		•			-	▶⊨
_	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			<u></u> ▶∟_
9320	23 09-25-19				Sche	edule A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 EDUCATION AND RESEARCH, INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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 checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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Schedule A (Form 990 or 990-EZ) 2019 EDUCATION AND RESEARCH, INC. Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 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 Section 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 (Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If *No, * describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax vear. (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 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions). The organization satisfied the Activities Test. Complete line 2 below а b $oldsymbol{ol}oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}$ 🔟 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) 2 Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities 2a **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

58-1857346 Page 5

Schedule A (Form 990 or 990 EZ) 2019 EDUCATION AND RESEARCH, INC. 58-1857346 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recovenes of pnor-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 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 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035. 6 Recovenes of pnor-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 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 2 3 Minimum asset amount for prior year (from Section B, line B, Column A) 3 4 Enter greater of line 2 or line 3

Licheck here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990 or 990-EZ) 2019

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2019 EDUCATION AND RESEARCH, INC. 58-1857346 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions. Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2020. Add lines 3) and 4c 8 Breakdown of line 7. a Excess from 2015 b Excess from 2016

Schedule A (Form 990 or 990-EZ) 2019

c Excess from 2017d Excess from 2018e Excess from 2019

Schedule A	(Form 990 or 990-E	7) 2019	EDUC	ATION	AND	RESEA	RCH,	INC.		58-1857346 Page
Part VI	Supplementa Part IV, Section A line 1, Part IV, Sec	I Inforr , lines 1, ction D, li , 6, and 8	nation. 2, 3b, 3c ines 2 and	Provide the Ab, 4c, 5ad 3. Part IV	ne expla a, 6, 9a, ⁷ . Sectio	nations requ 9b, 9c, 11a in E, lines 1d	uired by i, 11b, ai c, 2a, 2b	Part II, line 1 nd 11c; Part I , 3a, and 3b,	Part V, line 1,	17a or 17b, Part III, line 12, ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e, Part V, dditional information
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization

FOUNDATION FOR ATLANTA VETERANS EDUCATION AND RESEARCH, INC.

Employer identification number 58-1857346

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2¢ d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

FOUNDATION FOR ATLANTA VETERANS EDUCATION AND RESEARCH, INC.

Sche	dule D (Form 990) 2019 EDUCATI	ON AND RES	EARC	H, INC				58-18	57346	Page 2
Pai	rt III Organizations Maintaining (Collections of A	rt, Hist	orical Tr	easures,	or Other	Simil	ar Asse	ts(continue	ed)
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following th	at make sig	nificant	use of its		
	collection items (check all that apply)									
а	Public exhibition	c			hange progr	ram				
b	Scholarly research	•	,(Other						
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	n how th	ey further t	he organizat	tion's exem	pt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit of					ner similar a	issets		٦	
<u> </u>	to be sold to raise funds rather than to be m								」Yes	<u> </u>
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on F	om 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
12	Is the organization an agent, trustee, custod		alary for o	contribution	is or other a	ssets not in	iciuaea		Yes	□ No
L	on Form 990, Part X?			abla					_ res	NO
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowing t	aoie					Amount	
_	Paginaing balance						1c		Amount	
	Additions during the year	• •		•			1d			
	Distributions during the year	•		•	•		1e			
f	Ending balance	• • • •			• •		1f			
	Did the organization include an amount on F	orm 990. Part X. line	21. for e	scrow or ci	ustodial acci	ount liability			Yes	No
	If "Yes," explain the arrangement in Part XIII					-		—		
Pai)			
		(a) Current year	(b) Pr	lor year	(c) Two year	rs back (d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance									
ь	Contributions									
C	Net investment earnings, gains, and losses						_			
d	Grants or scholarships									
0	Other expenditures for facilities									
	and programs									
f	Administrative expenses							_		
9	End of year balance	L								
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g	g, column (a	ı)) heid as [.]					
a	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho	•	-4 41							
3a	Are there endowment funds not in the posses.	ession of the organiz	ation tha	t are neid a	no administe	erea for the	organiz	ation	ſΨ	
	by:								Ye	s No
	(i) Unrelated organizations								3a(ı)	
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organization	ations listed as regul	rod on Sc	rhadula D2					3a(ii) 3b	+-
4	Describe in Part XIII the Intended uses of the	•					•		<u> </u>	 -
	t VI Land, Buildings, and Equipm		WILLELL II	u1103						
	Complete if the organization answere). Part IV.	. line 11a S	ee Form 990	0. Part X. Iır	ne 10.			
	Description of property	(a) Cost or o		(b) Cost			umulate	d	(d) Book v	alue
	Todding work property	basis (investr		• • •	(other)		eciation	_	(0) 5000	
1a	Land	 			-					
	Buildings									
	Leasehold improvements			1,21	9,031.	43	31,69	3.	787,	338.
ď	Equipment			54	9,945.	50	08,44	15.		500.
e	Other			16	7,276.	16	57,27	76.		0.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0c)				828,	838.

Schedule D (Form 990) 2019 EDUCATION A	ND RESEARCH,	INC.	58-1857346 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11b See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	-		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		<u> </u>	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		
Part X Other Liabilities.		· —	· · ·
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f See Form 990, Part X, II	ne 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(0)			

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

		FOUNDATION	-					4055046
	D (Form 990) 2019	EDUCATION				<u> </u>		1857346 Pag
Part XI		•			nts Wit	n Revenue pe	r Hetun	Դ.
	Complete if the organi	zation answered "Ye	s" on Form 990,	Part IV, line 12a		<u></u>		10 051 00
	al revenue, gains, and oth			ments .			1	10,051,80
	ounts included on line 1 b		Part VIII, line 12		1. 1			
	unrealized gains (losses)				2a			
	ated services and use of			-	2b			
	ovenes of prior year gran	ts			2c			
	er (Describe in Part XIII)				2d		 	
	I lines 2a through 2d	ī					2e	10,051,80
	stract line 2e from line 1	00 Ded VIII Hee 10 1	h		- ••		3	10,031,00
	ounts included on Form 9			•	امدا			
	estment expenses not incl er (Describe in Part XIII)	luded on Funn 990, F	art viii, iirie 70		4a 4b			
	I lines 4a and 4b	•			40		_{4c}	
	al revenue Add lines 3 an	d.Ac. (This must equa	al Form 990. Pan	t line 12)		• • •	5	10,051,80
Part X	I Reconciliation of	Expenses per	Audited Fina	ncial Stateme	ents Wi	th Expenses p		
	Complete if the organi	•						
1 Tota	al expenses and losses pe						1	9,620,28
	ounts included on line 1 b			•		•		
a Don	ated services and use of	facilities	·		2a			
b Prio	r year adjustments ,		_		2b		\Box	
	er losses				2c			
d Oth	er (Describe in Part XIII)		••		2d			
e Add	lines 2a through 2d						. 2e	
3 Sub	tract line 2e from line 1		••				3	9,620,28
4 Amo	ounts included on Form 9	90, Part IX, line 25, bu	ut not on line 1:					
a Inve	stment expenses not incl	uded on Form 990, P	art VIII, line 7b		4a			
b Oth	er (Describe in Part XIII.)		•		4b		_	
	lines 4a and 4b						4c	
	l expenses Add lines 3 a		ual Form 990, Pa	art I, line 18.)		<u> </u>	5	9,620,28
Part XI	II Supplemental Inf	ormation.						
Provide th	e descriptions required fo	or Part II, lines 3, 5, ar	nd 9, Part III, line	es 1a and 4, Part I	V, lines 1	b and 2b; Part V, III	ne 4; Part	X, line 2; Part XI,
nes 2d a	nd 4b, and Part XII, lines 2	2d and 4b. Also comp	lete this part to	provide any addit	ional info	rmation		
_								
PART	X, LINE 2:							
	OUTSTERN TON A CO	TOTALING HOD	INICEDMAT	N	• T M T ()	NG TH 3000	3D D 3 3T	OD WITHU
HE F	OUNDATION ACC	COUNTS FOR	UNCERTAL	N TAX PUS	1110	NS IN ACCO	JKDAN	CE WITH
ACCOU	NTING STANDAR	RDS THAT PR	OVIDE GU	IDANCE ON	WHE	N UNCERTA	IN TA	X POSITION
מ שמו	ECOCNIZED IN	ANI ENIMITAVI	C ETNANC	TAT CONSTR	ישנאנים	שטע שטע	י מעה	WATTIES OF
מינה ע	ECOGNITED IN	UM EMITII	D ETHANC	TAN SINIE	WITH I	S WAD HOM	THE	AVIORS OL
ARE R	ECOGNIZED IN	AN ENTITY'	S FINANC	IAL STATE	MENT	S AND HOW	THE '	VA)

Schedule D (Form 990) 2019

SCHEDULE (Form 990)

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

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

Open to Public OMB No 1545-0047 2019

■ Go to www.irs.gov/Form990 for the latest information. FOUNDATION FOR ATLANTA VETERANS

EDUCATION AND RESEARCH, INC.

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 58-1857346 Inspection

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ssistance bstantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
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anization ma	יט מאשט וות אני
organization ma	אמים וופ אופ אופ איני
General Information on Grants and Ass s the organization maintain records to sub	na used to award the gre
General Information on Grants and A Does the organization maintain records to sul	כוובנים חישבת וס מאשת וווב לומווים חי שפיומים

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Pert II. | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. and more than \$5 000 But II are he declarated if additional energies is needed

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	ı be duplicated if addıti	ional space is need	pa			
1 (a) Name and address of organization or government	(p) 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) Description of noncash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY SCHOOL OP MEDICINE - 1599 CLIFTON RD NE - ATLANTA, GA 30322	58-0566256	501(C)(3)	1,802,675.	0.			COLLABORATION IN THE EMERGING INPECTIONS PROGRAM
BAYLOR SCHOOL OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	58-1438874	501(c)(3)	982,429.	0.			COLLABORATION TO QUANTIFY THE BURDEN OF NOROVIRUS GASTRO
BRONX VETERANS' MEDICAL RESEARCH FOUNDATION - 130 W. KINGSBRIDGE RD BRONX, NY 10468	13-3699250	501(¢)(3)	130,938,	0.			COLLABORATION TO QUANTIFY THE BURDEN OF NOROVIRUS GASTRO
PALO ALTO VETERANS RESEARCH INSTITUTE - PO BOX V38 - PALO ALTO, CA 94304	77-0207331	501(C)(3)	186,360.	0			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)	222,653.	0.		,	COLLABORATION TO QUANTIFY THE BURDEN OF NOROVIRUS GASTRO
HENRY M. JACKSON POUNDATION 6720A ROCKLEDGE DR. BETHESDA, MD 20817	52-1317896	501(C)(3)	36,837.	0.			COLLABORATION TO REDUCE AMPUTATION IN VETERANS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	11(c)(3) and government organiza	rganizations listed in the	ne line 1 table				9

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

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

Schedule I (Form 990) (2019)

58-1857346

Page 2

Schedule I (Form 990) (2019) EDUCATION AND RESEARCH, INC.

[Partill | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of noncash assistance
. Part iVi Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dottional information.	
PART I, LINE 2:					
THE FOUNDATION FOR ATLANTA VETERANS		EDUCATION AND RE	RESEARCH, IN	INC. (FAVER)	
MONITORS THE USE OF GRANT FUNDS AW	AWARDED TO	SUB-AWARDEES.		SUB-AWARDS ARE	
COLLABORATIVE PROJECTS BETWEEN THE	E AWARDEE	(FAVER)	AND SUB-AWARDEES.	RDEES. THE	
BUDGET FOR EACH PROJECT IS FULLY N	NEGOTIATE	D BETWEEN	NEGOTIATED BETWEEN THE SUB-AWARDEE	ARDEE AND THE	
FEDERAL SPONSOR AND THEN PASSED TH	THROUGH TH	E FOUNDATI	THE FOUNDATION TO THE	SUB-AWARDEE.	

Schedule I (Form 990) (2019)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information. FOUNDATION FOR ATLANTA VETERANS

EDUCATION AND RESEARCH, INC.

Inspection Employer identification number

58-1857346 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MISSION STATEMENT TO SERVE GEORGIA'S VETERANS BY ENABLING AND SUPPORTING PARTNERSHIPS IN RESEARCH AND EDUCATION BETWEEN ATLANTA VETERANS AFFAIRS HEALTH CARE SYSTEM, ACADEMIC INSTITUTIONS, GOVERNMENT RESEARCH ORGANIZATIONS AND PRIVATE COMPANIES. VISION FAVER WILL BE THE MODEL FOR TRANSFORMING THE HEALTH AND WELL-BEING OF VETERANS BY ADVANCING MEDICAL RESEARCH AND EDUCATION. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ALL OTHER PROGRAM SERVICES. INCLUDING GRANTS OF \$ 36,837. EXPENSES \$ 2,200,573. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 4: ON JANUARY 16, 2019, THE FOUNDATION OFFICIALLY CHANGED ITS NAME FROM ATLANTA RESEARCH AND EDUCATION FOUNDATION, INC. (AREF) TO FOUNDATION FOR ATLANTA VETERANS EDUCATION AND RESEARCH (FAVER). ALL GOVERNING DOCUMENTS WERE UPDATED TO REFLECT THE NAME CHANGE. 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.

Schedule O (Form 990 or 990 EZ) (2019)	Page 2
Name of the organization FOUNDATION FOR ATLANTA VETERANS EDUCATION AND RESEARCH, INC.	Employer identification number 58-1857346
	1 30 1037340
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD, AND EMPLOYEES WITH DECISION-MAKING AUTHORITY	, AFFIRM
UNDERSTANDING OF THE POLICY ANNUALLY. EMPLOYEES ARE REQ	UESTED TO AFFIRM
THAT POLICY, INCLUDING CONFLICTS OF INTEREST, HAS BEEN	RECEIVED AND READ
DURING ORIENTATION. THE POLICY CAN BE FOUND ON THE WEBS	ITE.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE ORGANIZATION UTILIZES A COMPENSATION SURVEY EVERY T	WO TO THREE YEARS TO
DETERMINE EXECUTIVE DIRECTOR COMPENSATION. BOARD MEMBER	S ARE NOT
COMPENSATED.	
	
BODY 000 DADE VI GEOMEON G. LINE 10.	
FORM 990, PART VI, SECTION C, LINE 19:	
DISCLOSURE OF PUBLIC RECORDS	
IT IS THE POLICY OF THE FOUNDATION FOR ATLANTA VETERANS	EDUCATION AND
RESEARCH, INC. THAT MEMBERS OF THE GENERAL PUBLIC REQUE	STING RECORDS WHICH
ARE SUBJECT TO THE GEORGIA OPEN RECORDS ACT, O.C.G.A. 5	0-18-70, ET SEQ.,
SUCH AS THE IRS FORM 990, REQUEST FOR TAX-EXEMPT STATUS	(IRS FORM 1023),
IRS EXEMPTION DETERMINATION LETTER (IRS LETTER 947) ETC	
COPIES. REQUESTS MUST BE MADE TO THE FOUNDATION'S EXECU	
	IIVE DIRECTOR, BOARD
PRESIDENT, OR ACCOUNTING MANAGER.	
THE FOUNDATION FOR ATLANTA VETERANS EDUCATION AND RESEAR	RCH, INC. WILL
PROVIDE COPIES OF THE MOST CURRENT THREE YEARS OF THE I	RS FORM 990 FILED AS
WELL AS COPIES OF OTHER REQUESTED RECORDS WHICH ARE SUB-	JECT TO THE GEORGIA
OPEN RECORDS ACT.	

. y v : ...

Employer identification number 58-1857346

IT IS THE POLICY OF THE FOUNDATION THAT MEMBERS OF THE GENERAL PUBLIC
REQUESTING RECORDS IN PERSON WILL RECEIVE REQUESTED RECORDS BY CLOSE OF
BUSINESS ON THE DAY OF REQUEST. APPROPRIATE PHOTOCOPYING EXPENSES MUST BE
PAID BEFORE THE DOCUMENTS ARE RELEASED.

REQUESTS MADE IN WRITING

IT IS THE POLICY OF THE FOUNDATION THAT MEMBERS OF THE GENERAL PUBLIC REQUESTING RECORDS IN WRITING WILL BE PROVIDED THE DOCUMENTS UPON REIMBURSEMENT OF PHOTOCOPYING EXPENSE AND POSTAGE EXPENSE WITHIN THE REQUIRED 30-DAY PERIOD.

FORM 990 PART XII LINE 2C

DUE TO SMALL SIZE OF THE BOARD, THE BOARD OF DIRECTORS (BOARD) SERVES AS THE AUDIT COMMITTEE. THE BOARD IS RESPONSIBLE FOR OVERSEEING MANAGEMENT'S FINANCIAL, ACCOUNTING AND REPORTING PROCESSES, THE SYSTEM OF INTERNAL ACCOUNTING AND FINANCIAL CONTROLS AND COMPLIANCE WITH RELATED LEGAL, REGULATORY AND ETHICAL REQUIREMENTS. IN RECENT YEARS, THE BOARD DELEGATED THE INTERVIEW AND RECOMMENDED SELECTION TO A SMALL COMMITTEE HEADED BY THE TREASURER. THIS COMMITTEE REVIEWED SEVERAL APPLICATIONS, RANKED THEM AND PROVIDED A RECOMMENDATION TO THE FULL BOARD FOR DISCUSSION AND VOTE. DURING DISCUSSION, THE BOARD REVIEWED THE OUALIFICATIONS, INDEPENDENCE AND PERFORMANCE OF THE INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM (AUDITOR). FAVER UTILIZES AUDITOR FOR THE PURPOSE OF TESTING, REVIEWING AND CERTIFYING THAT THE FINANCIAL PROCESSES ARE IN ACCORDANCE WITH THE APPROPRIATE RULES AND REGULATIONS THAT FAVER WORKS UNDER. AUDITOR PREPARES AND ISSUES AN AUDIT REPORT OR RELATED WORK TO THE FULL BOARD AT THE END OF EACH AUDIT CYCLE. THE BOARD HAS FULL ACCESS TO ALL BOOKS, RECORDS, FACILITIES AND PERSONNEL

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization FOUNDATION FOR ATLANTA VETERANS	Page Employer identification number
EDUCATION AND RESEARCH, INC.	58-1857346
OF FAVER, AS WELL AS AUDITOR.	
of The Man The Man Tool Tool Tool Tool Tool Tool Tool Too	
FORM 990 PART XII LINE 2C	
NO CHANGES HAVE BEEN MADE TO THE PROCESS OF AUDITOR SEI	LECTION OR REVIEW
OF THE AUDITED FINANCIAL STATEMENTS.	
	
	
	<u> </u>

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT NAME CHANGE

I, Brad Raffensperger, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

ATLANTA RESEARCH AND EDUCATION FOUNDATION, INC.

a Domestic Nonprofit Corporation

has filed articles/certificate of amendment in the Office of the Secretary of State on 01/16/2019 changing its name to

Foundation for Atlanta Veterans Education and Research, Inc. a Domestic Nonprofit Corporation

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 01/23/2019.



Brad Rafforsperger

Brad Raffensperger Secretary of State

ARTICLES OF AMENDMENT

Electronically Filed
Secretary of State
Filing Date 1/16/2019 4 21 12 PM

Article 1

Business Name

ATLANTA RESEARCH AND EDUCATION FOUNDATION, INC

Control Number

J914200

Article 2

The entity hereby adopts an amendment to change its name to the following new business name

New Business Name

Foundation for Atlanta Veterans Education and Research, Inc

Effective Date

01/16/2019

Article 3

The date of the adoption of the amendment was 01/15/2019

Article 3

The amendment was adopted by the board of directors

Without member approval as member approval was not required

Article 4

The date of the adoption of the amendment was 01/15/2019

Article 5

The undersigned does herby certify that a request for publication of a notice of the filing of articles of amendment to change the corporation's name along with the publication fee of \$40.00 has been forwarded to the legal organ of the county of the registered office as requested by O C G A 14-3-1005 1

Authorizer Information

Authorizer Signature: Samantha Neel Authorizer Title: Attorney In Fact