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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2008****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

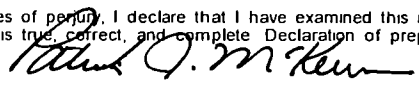
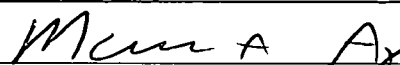
**A For the 2008 calendar year, or tax year beginning****07/01, 2008, and ending****06/30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <u>GEORGIA TECH FACILITIES, INC.</u>		<b>D Employer identification number</b>
		Doing Business As		<u>52-1442293</u>
		Number and street (or P O box if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>
		<u>225 NORTH AVENUE, LYMAN HALL</u> City or town, state or country, and ZIP + 4 <u>ATLANTA, GA 30332-0257</u>		<u>(404) 385-8337</u>
<b>F Name and address of principal officer</b> <u>JOEL HERCIK</u> <u>225 NORTH AVE NW ATLANTA, GA 30332</u>		<b>G Gross receipts \$</b> <u>12,145,090.</u> <b>H(a) Is this a group return for affiliates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all affiliates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No" attach a list (see instructions) <b>H(c) Group exemption number</b> <u>N/A</u>		
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( <u>3</u> ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website</b> <u>WWW.AFF-ORG.GATECH.EDU/GTFI</u>		
<b>K Type of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation</b> <u>1985</u> <b>M State of legal domicile</b> <u>GA</u>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities			
	<u>TO PROMOTE AND SUPPORT THE GEORGIA INSTITUTE OF TECHNOLOGY VIA</u>			
	<u>ERECTING SUITABLE BUILDINGS AND OTHER FACILITIES AS NEEDED TO ACHIEVE</u>			
	<u>THE GOALS OF THE INSTITUTE.</u>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>6</u>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>4</u>	
<b>Revenue</b>	<b>5</b> Total number of employees (Part V, line 2a)	<u>5</u>	<u>NONE</u>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u>		
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<u>7a</u>		
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>NONE</u>	
	<b>8</b> Contribution and grants (Part VIII, line 1h)	<u>1,030,383.</u>	<u>NONE</u>	
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>151,764.</u>	<u>11,373,973.</u>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>2,162,932.</u>	<u>771,117.</u>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>10,338,107.</u>	<u>NONE</u>	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>13,683,186.</u>	<u>12,145,090.</u>	
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>NONE</u>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<u>NONE</u>	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			<u>NONE</u>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<u>NONE</u>	
<b>b</b> Total fundraising expenses, Part IX, column (D), line 25				
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11e, 24f)		<u>20,452,831.</u>	<u>13,791,778.</u>	
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>20,452,831.</u>	<u>13,791,778.</u>	
<b>19</b> Revenue less expenses Subtract line 18 from line 12		<u>-6,769,645.</u>	<u>-1,646,688.</u>	
<b>Net Assets or Fund Balances</b>		<b>20</b> Total assets (Part X, line 16)	<u>333,149,245.</u>	<u>296,717,463.</u>
		<b>21</b> Total liabilities (Part X, line 26)	<u>339,433,800.</u>	<u>307,365,479.</u>
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	<u>-6,284,555.</u>	<u>-10,648,016.</u>	

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		<u>6/11/2010</u> Date	
	<u>Patrick J. McKenna, Executive Director</u> Type or print name and title			
<b>Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (see instructions)
		<u>JUN 07 2010</u>	<input type="checkbox"/>	<u>P00746804</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>SMITH &amp; HOWARD, P.C.</u> <u>171 17TH STREET, SUITE 900 ATLANTA, GA 30363</u>		EIN	<u>58-1250486</u>
				Phone no <u>404-874-6244</u>

May the IRS discuss this return with the preparer shown above? (See instructions.)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

JSA  
8E1010 2 000

56877Y 9242 06/04/2010 16:03:45 V08-8.3 52575

SCANNED JUL 29 2010

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code ) (Expenses \$ 13,176,489 including grants of \$ ) (Revenue \$ 11,373,973 )

GEORGIA TECH FACILITIES, INC. PROVIDED FINANCING AND CONTRACTING  
SUPPORT FOR THE DESIGN AND CONSTRUCTION OF BUILDINGS AND OTHER  
FACILITIES AS APPROPRIATE TO MEET THE NEEDS AND GOALS OF THE  
GEORGIA INSTITUTE OF TECHNOLOGY. GEORGIA TECH FACILITIES, INC.  
LEASES THESE BUILDINGS AND OTHER FACILITIES TO THE GEORGIA  
INSTITUTE OF TECHNOLOGY.

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 13,176,489. (Must equal Part IX, Line 25, column (B) )

**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	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 questions 24b-24d and complete Schedule K. If "No," go to question 25	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee.		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	X	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X

Form **990** (2008)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable . . . . .	1a	NONE
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	1b	NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	NONE
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 e-file this return (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	X
b	If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	5c	
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h	
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8	
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders . . . . .	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	

Form 990 (2008)

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body	1a	6
b Enter the number of voting members that are independent	1b	4
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	15b	X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► GA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► AMY HERRON 221 UNCLE HEINIE WAY, LYMAN HALL, RM 325 ATLANTA, GA 30332  
404-385-8337







**Part VIII** Statement of Revenue

52-1442293

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a	NONE			
	b	Membership dues . . . . .	1b	NONE			
	c	Fundraising events . . . . .	1c	NONE			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . .	1e	NONE			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	NONE			
	g	Noncash contributions included in lines 1a-1f \$		NONE			
	h	Total. Add lines 1a-1f . . . . .		NONE			
Program Service Revenue			Business Code				
	2a	MANAGEMENT FEES		117,140	117,140		
	b	REIMBURSEMENT OF PROGRAM EXPENSES		1,483,525	1,483,525		
	c	RENTAL INCOME		9,773,308	9,773,308		
	d						
	e						
	f	All other program service revenue . . . . .					
	g	Total. Add lines 2a-2f . . . . .		11,373,973			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	STMT. 3. . . . .	771,117			771,117
	4	Income from investment of tax-exempt bond proceeds . . . . .		NONE			
	5	Royalties . . . . .		NONE			
			(i) Real	(ii) Personal			
	6a	Gross Rents . . . . .					
	b	Less rental expenses . . . . .					
	c	Rental income or (loss) . . . . .					
	d	Net rental income or (loss) . . . . .		NONE			
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
	b	Less cost or other basis and sales expenses . . . . .					
	c	Gain or (loss) . . . . .					
	d	Net gain or (loss) . . . . .			NONE		
	8a	Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from fundraising events . . . . .		NONE			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a				
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from gaming activities . . . . .		NONE			
	10a	Gross sales of inventory, less returns and allowances . . . . .	a				
	b	Less cost of goods sold . . . . .	b				
c	Net income or (loss) from sales of inventory . . . . .		NONE				
Miscellaneous Revenue		Business Code					
11a	EXPENSE REIMBURSEMENT INCOME						
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		NONE				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		12,145,090	11,373,973		771,117	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	NONE			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	NONE			
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9 Other employee benefits . . . . .	NONE			
10 Payroll taxes . . . . .	NONE			
11 Fees for services (non-employees)				
a Management . . . . .	NONE			
b Legal . . . . .	379,076.		379,076.	
c Accounting . . . . .	52,031.		52,031.	
d Lobbying . . . . .	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees . . . . .	NONE			
g Other . . . . .	NONE			
12 Advertising and promotion . . . . .	NONE			
13 Office expenses . . . . .	34,045.		34,045.	
14 Information technology . . . . .	NONE			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	193,750.	193,750.		
17 Travel . . . . .	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	NONE			
20 Interest . . . . .	11,721,415.	11,721,415.		
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . .	425,234.	425,234.		
23 Insurance . . . . .	NONE			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BANK LOC FEE . . . . .	430,367.	430,367.		
b INSURANCE AND BONDING . . . . .	352,017.	311,541.	40,476.	
c REIMBURSED ADMIN COSTS . . . . .	102,010.		102,010.	
d BROKER FEES . . . . .	51,638.	51,638.		
e TRUSTEE FEES . . . . .	42,544.	42,544.		
f All other expenses . . . . .	7,651.		7,651.	
25 Total functional expenses Add lines 1 through 24f	13,791,778.	13,176,489.	615,289.	
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing . . . . .	35,721,607.	1	7,986,729.
	2 Savings and temporary cash investments . . . . .	3,119,908.	2	12,939,442.
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .		4	424,833.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sales or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	5,673,934.	9	5,497,967.
	10a Land, buildings, and equipment cost basis . . . . .	10a 4,600,258.		
	b Less accumulated depreciation. Complete Part VI of Schedule D. . . . .	10b 660,000.		
			10c	3,940,258.
	11 Investments - publicly traded securities . . . . .	2,617,246.	11	NONE
	12 Investments - other securities. See Part IV, line 11 . . . . .	6,792,497.	12	
	13 Investments - program-related. See Part IV, line 11 . . . . .	253,358,477.	13	243,443,275.
	14 Intangible assets . . . . .		14	
15 Other assets. See Part IV, line 11 . . . . .	25,865,576.	15	22,484,959.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	333,149,245.	16	296,717,463.	
Liabilities	17 Accounts payable and accrued expenses . . . . .	2,628,417.	17	2,685,436.
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .	1,861,933.	19	811,338.
	20 Tax-exempt bond liabilities . . . . .	290,526,590.	20	284,803,178.
	21 Escrow account liability. Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable . . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .	44,416,860.	25	19,065,527.
	26 <b>Total liabilities.</b> Add lines 17 through 25. . . . .	339,433,800.	26	307,365,479.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .	-15,806,555.	27	-19,787,016.
	28 Temporarily restricted net assets . . . . .	9,522,000.	28	9,139,000.
	29 Permanently restricted net assets . . . . .		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 <b>Total net assets or fund balances . . . . .</b>	-6,284,555.	33	-10,648,016.
	34 <b>Total liabilities and net assets/fund balances . . . . .</b>	333,149,245.	34	296,717,463.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	X
b	Were the organization's financial statements audited by an independent accountant? . . . . .	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	2c	X
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 Act and OMB Circular A-133? . . . . .	3a	X
b	If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	

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

## Public Charity Status and Public Support

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

**Open to Public Inspection**

Name of the organization

Employer identification number

GEORGIA TECH FACILITIES, INC.

52-1442293

Part I	Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization )

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
  - 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
  - 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
  - 4 ☐ 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 \_\_\_\_\_
  - 5 ☒ 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).
  - 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
  - 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
  - 9 ☐ 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)
  - 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
  - 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 that describes the type of supporting organization and complete lines 11e through 11h
    - a ☐ Type I
    - b ☐ Type II
    - c ☐ Type III - Functionally Integrated
    - d ☐ Type III - Other
  - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
  - f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) A family member of a person described in (i) above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
  - h Provide the following information about the organizations the organization supports

[illegible]

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990**

Schedule A (Form 990 or 990-EZ) 2008

**Part II** 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)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	507,880	3,756,243	10,495,416	631,000		15,390,539
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 <b>Total.</b> Add lines 1-3 . . . . .	507,880	3,756,243	10,495,416	631,000		15,390,539
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 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						15,390,539

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4 . . . . .	507,880	3,756,243	10,495,416	631,000		15,390,539
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,898,334	2,680,160	1,584,245	2,162,932	771,117	9,096,788
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	36,149	4,000	5,937	1,022	NONE	47,108
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						24,534,435
12 Gross receipts from related activities, etc. (See instructions) . . . . .					12	27,192,625
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	62.73 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	58.63 %
16a <b>33 1/3% support test - 2008.</b> 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 . . . . .		<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2007.</b> 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 . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test - 2008.</b> 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1-5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
c Add lines 7a and 7b. . . . .						
8 <b>Public support.</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 . . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions).

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER INCOME	36,149	4,000	5,937	1,022	NONE	47,108
TOTALS	36,149	4,000	5,937	1,022	NONE	47,108



SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

GEORGIA TECH FACILITIES, INC.

52-1442293

**Part I** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if  
the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II** Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations . . . . . 

3a(i)	Yes	No
-------	-----	----

  
 (ii) related organizations . . . . . 

3a(ii)	Yes	No
--------	-----	----

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . 

3b	Yes	No
----	-----	----

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		1,798,381.	660,000.	1,138,381.
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .		2,801,877.		2,801,877.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) ) . . . . . ▶				3,940,258.

Schedule D (Form 990) 2008

**Part VII** Investments - Other Securities. 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 or end-of-year market value
Financial derivatives and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other _____		
_____		
_____		
_____		
_____		
_____		
_____		
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_____		
_____		
_____		
_____		
<b>Total</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶		

**Part VIII** Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
DIRECT FINANCING LEASES	243,443,275.	COST
Total. (Column (b) should equal Form 990, Part X col (B) line 13.) ▶	243,443,275.	

**Part IX** Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
LEASE PAYMENT RECEIVABLE	5,467,330.
BOND ISSUANCE COST	7,879,059.
INTEREST RECEIVABLE	NONE
CONTRIBUTION RECEIVABLE	9,138,570.
<b>Total (Column (b) should equal Form 990, Part X, col (B) line 15)</b>	<b>22,484,959</b>

**Part X** Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO PRIMARY GOVERNMENT	2,464,631.
CONTRACT RETAINAGE PAYABLE	192,614.
INTEREST RATE SWAP	5,138,352.
LEASE PAYABLE	5,215,534.
ACCRUED BOND INTEREST	1,971,027.
ACCRUED BOND ISSUANCE PREMIUMS	4,083,369.
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25) ►	19,065,527.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,145,090.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,791,778.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,646,688.
4	Net unrealized gains (losses) on investments	4	-2,716,773.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-2,716,773.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,363,461.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	9,448,484.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	20,167.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	20,167.
3	Subtract line 2e from line 1	3	9,428,317.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2,716,773.
c	Add lines 4a and 4b	4c	2,716,773.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	12,145,090.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	13,811,945.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	20,167.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	20,167.
3	Subtract line 2e from line 1	3	13,791,778.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	13,791,778.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

BOOK LOSS

SCHEDULE D, PART XII, LINE 4B

CHANGE IN VALUE OF INTEREST RATE SWAP

FIN 48

PART IX, PART X

THE ORGANIZATION ADOPTED FASB INTERPRETATION NO. 48 FOR THE YEAR ENDED

JUNE 30, 2008. THERE WAS NO IMPACT ON THE FINANCIAL STATEMENTS FROM THE

ADOPTION OF FIN 48.

SCHEDULE J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public  
Inspection

Name of the organization

GEORGIA TECH FACILITIES, INC.

Employer identification number

52-1442293

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

Yes No

1b

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

2

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment? . . . . .

4a

X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .

4b

X

c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

4c

X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization? . . . . .

5a

X

b Any related organization? . . . . .

5b

X

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization? . . . . .

6a

X

b Any related organization? . . . . .

6b

X

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

7

X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

8

X

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

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PATRICK MCKENNA	(i)	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	190,428.	NONE	15,612.	5,704.	211,744.	NONE
JOEL HERCIK	(i)	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	187,873.	NONE	16,026.	19,002.	222,901.	NONE
DEBORAH GREENE	(i)	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	143,950.	NONE	12,071.	6,316.	162,337.	NONE
JOSEPH P. IRWIN	(i)	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	181,920.	NONE	15,225.	19,746.	216,891.	NONE
STEVE SWANT	(i)	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	269,325.	NONE	18,745.	18,002.	306,072.	NONE
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
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	(ii)						
	(i)						
	(ii)						

Schedule J (Form 990) 2008

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Area with horizontal dashed lines for supplemental information.



Department of the Treasury  
Internal Revenue Service

## Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2008

Open to Public  
Inspection

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Name of the organization

GEORGIA TECH FACILITIES, INC.

Employer identification number

52-1442293

**Part I** Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	NONE	08/13/2009	16,299,275.	CONST. OF BIOENGINEERING BLDG			X	X
B DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900RU3	11/16/2005	32,375,000	CONST. OF ELECTRIC SUBSTATION			X	X
C DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900PR2	08/21/2003	72,011,595.	CONST. OF FAMILY HOUSING COMPLEX			X	X
D DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900QVZ	06/29/2004	75,624,49.	CONST. MOLECULAR SCIENCE FACILITY			X	X
E DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900UA3	07/31/2007	25,386,385	DEFEASANCE ESCROW FOR NORTH AVENUE			X	X

**Part II** Proceeds (Optional for 2008)

	A		B		C		D		E
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Total proceeds of issue . . . . .									
2 Gross proceeds in reserve funds . . . . .									
3 Proceeds in refunding or defeasance escrows . . . . .									
4 Other unspent proceeds . . . . .									
5 Issuance costs from proceeds . . . . .									
6 Working capital expenditures from proceeds . . . . .									
7 Capital expenditures from proceeds . . . . .									
8 Year of substantial completion . . . . .									

9 Were the bonds issued as part of a current refunding issue?

10 Were the bonds issued as part of an advance refunding issue?

11 Has the final allocation of proceeds been made?

12 Does the organization maintain adequate books and records to support the final allocation of proceeds?

Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule K (Form 990) 2008

## Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2008

Open to Public  
Inspection

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**Part I** Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Released		(h) On behalf of issuer	
						Yes	No	Yes	No
A DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900UR6	04/09/2008	66,655,000	CONST ELEC SUBSTATION & APTS			X	X
B DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900UW5	04/23/2008	9,370,000	CONST WARDLAW, HABER, & SUCCESS		X		X
C DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900UV7	04/23/2008	18,495,000	CONSTRUCTION OF NORTH AVE APARTMEN		X		X
D									
E									

**Part II** Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue . . . . .										
2 Gross proceeds in reserve funds . . . . .										
3 Proceeds in refunding or defeasance escrows . . . . .										
4 Other unspent proceeds . . . . .										
5 Issuance costs from proceeds . . . . .										
6 Working capital expenditures from proceeds . . . . .										
7 Capital expenditures from proceeds . . . . .										
8 Year of substantial completion . . . . .										

9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue? . . . . .										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .										

**Part III** Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .										
2 Are there any lease arrangements with respect to the financed property which may result in private business use? . . . . .										

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

Schedule K (Form 990) 2008

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. <span style="float:right">%</span>										
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. <span style="float:right">%</span>										
6 Total of lines 4 and 5. <span style="float:right">%</span>										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

**Part IV Arbitrage (Optional for 2008)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

Schedule K (Form 990) 2008

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

GEORGIA TECH FACILITIES, INC.

Employer identification number

52-1442293

PART VI #12C

PART VI #12C

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO EACH MEMBER OF

THE BOARD OF DIRECTORS AND TO ALL OFFICERS OF THE ORGANIZATION. THE

ORGANIZATION HAS NO EMPLOYEES BUT THE CONFLICT OF INTEREST POLICY IS

INTENDED TO SERVE AS GUIDANCE FOR ALL PERSONS EMPLOYED BY THE GEORGIA

INSTITUTE OF TECHNOLOGY IN POSITIONS OF SIGNIFICANT RESPONSIBILITY FOR

THE ACTIVITIES OF THE ORGANIZATION.

THE CONFLICT OF INTEREST POLICY REQUIRES EACH DIRECTOR AND OFFICER

ANNUALLY (1) TO REVIEW THE POLICY AND (2) TO DISCLOSE ANY POSSIBLE

PERSONAL, FAMILIAL, OR BUSINESS RELATIONSHIPS THAT REASONABLY COULD GIVE

RISE TO A CONFLICT OF INTEREST INVOLVING THE ORGANIZATION OR THE GEORGIA

INSTITUTE OF TECHNOLOGY; AND (3) TO ACKNOWLEDGE BY HIS OR HER SIGNATURE

THAT HE OR SHE IS IN ACCORDANCE WITH THE LETTER AND SPIRIT OF THE POLICY.

DISCLOSURE FORMS ARE DISTRIBUTED AND COLLECTED BY THE EXECUTIVE DIRECTOR

OF THE ORGANIZATION WHO PROVIDES ANY POSITIVE RESPONSES TO THE AUDIT

COMMITTEE OR THE BOARD OF DIRECTORS IN EXECUTIVE SESSION AS APPROPRIATE.

DIRECTORS AND OFFICERS ARE REQUESTED TO DISCLOSE SUBSTANTIVE

RELATIONSHIPS THAT THEY OR MEMBERS OF THEIR FAMILY MAINTAIN WITH

ORGANIZATIONS THAT DO BUSINESS WITH THE ORGANIZATION, THE GEORGIA

INSTITUTE OF TECHNOLOGY, OR ANY RELATED OR AFFILIATED ORGANIZATION, OR

WHICH OTHERWISE COULD BE CONSTRUED TO POTENTIALLY AFFECT THEIR

INDEPENDENT, UNBIASED JUDGMENT IN LIGHT OF THEIR DECISION-MAKING

## Name of the organization

► **Attach to Form 990.** To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public Inspection**

Employer identification number

AUTHORITY OR RESPONSIBILITY. DIRECTORS OR OFFICERS WHO HAVE DECLARED OR  
 HAVE BEEN FOUND TO HAVE A CONFLICT OF INTEREST REFRAIN FROM CONSIDERATION  
 OF PROPOSED TRANSACTIONS UNLESS FOR SPECIAL REASONS THE BOARD REQUESTS  
 INFORMATION OR INTERPRETATION. PERSONS WITH THE CONFLICTS DO NOT VOTE,  
 PARTICIPATE IN DISCUSSION, OR BE PRESENT AT THE TIME OF THE VOTE. ANY  
 PROPOSED TRANSACTION IN WHICH A CONFLICT OF INTEREST HAS BEEN DECLARED OR  
 FOUND TO EXIST MUST BE APPROVED BY A MAJORITY OF THE DISINTERESTED  
 MEMBERS OF THE BOARD OR THE APPROPRIATE COMMITTEE OF THE BOARD AFTER  
 DISCLOSURE OF THE CONFLICT OF INTEREST.

THE CONFLICT OF INTEREST POLICY PRECLUDES THE CORPORATION FROM ENTERING  
INTO ANY DESIGN OR CONSTRUCTION CONTRACT OR AGREEMENT WHERE A DIRECTOR OR  
OFFICER, OR AN ORGANIZATION WITH WHICH A DIRECTOR OR OFFICER HAS A  
BUSINESS RELATIONSHIP, IS IN A DIRECT CONTRACTUAL RELATIONSHIP WITH THE  
CORPORATION.

Name of the organization

Employer identification number

GEORGIA TECH FACILITIES, INC.

52-1442293

PART VI #10

PART VI #10

PAT MCKENNA, EXECUTIVE DIRECTOR, EMAILS A DRAFT OF THE FORM 990 TO THE  
BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING WITH THE IRS. THE  
BOARD CAN RESPOND TO PAT WITH ANY QUESTIONS OR COMMENTS.

Name of the organization

Employer identification number

GEORGIA TECH FACILITIES, INC.

52-1442293

PART VI #19

PART VI #19

GTFI'S ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF INTEREST POLICY,

AND AUDITED FINANCIAL STATEMENTS ARE ON THE GTFI WEBSITE

(WWW.AFF-ORG.GATECH.EDU/GTFI). GTFI'S AUDITED FINANCIAL STATEMENTS ARE

ALSO AVAILABLE ON THE FINANCIAL SERVICES PAGE OF THE GEORGIA INSTITUTE OF

TECHNOLOGY'S WEBSITE.

Name of the organization

Employer identification number

GEORGIA TECH FACILITIES, INC.

52-1442293

PART III #1

PART III #1 (ORGANIZATION'S MISSION)

GEORGIA TECH FACILITIES, INC. PROVIDED FINANCING AND CONTRACTING SUPPORT

FOR THE DESIGN AND CONSTRUCTION OF BUILDINGS AND OTHER FACILITIES AS

APPROPRIATE TO MEET THE NEEDS AND GOALS OF THE GEORGIA INSTITUTE OF

TECHNOLOGY.



Name of the organization

Employer identification number

GEORGIA TECH FACILITIES, INC.

52-1442293

BOND CUSIP

SCHEDULE K, PART 1, COLUMN C

DUE TO SPACE CONSTRAINTS ON SCHEDULE K, THE FOLLOWING IS A LIST OF CUSIP

NUMBERS FOR EACH BOND THAT DID NOT FIT ON THE SCHEDULE.

ADDITIONAL CUSIP NUMBERS FOR \$66,655,000 BOND:

359900US4

Name of the organization

Employer identification number

GEORGIA TECH FACILITIES, INC.

52-1442293

PART VI, #2

PART VI, QUESTION #2

GTFI'S OFFICERS AND TWO DIRECTORS ARE PAID EMPLOYEES OF THE GEORGIA

INSTITUTE OF TECHNOLOGY AND THEREFORE HAVE A BUSINESS RELATIONSHIP WITH

EACH OTHER AS EMPLOYEES OF THE INSTITUTE.

Name of the organization

Employer identification number

GEORGIA TECH FACILITIES, INC.

52-1442293

AMENDED RETURN

SCHEDULE K, PART I

THE 6/30/2009 FORM 990 IS BEING AMENDED FOR CHANGES TO SCHEDULE K. ALL  
OTHER SCHEDULES AND INFORMATION ON THE 990 REMAIN THE SAME AS ORIGINALLY  
FILED.

SCHEDULE K HAS BEEN CHANGED TO REFLECT CORRECTIONS MADE TO THE ORIGINALLY  
REPORTED INFORMATION REGARDING ALL OUTSTANDING POST-2002 BONDS AS OF  
6/30/09, CONSISTENT PER THE PREVIOUSLY FILED FORMS 8038. SPECIFICALLY,  
THE (A) ISSUER NAME, (B) ISSUER EIN, (C) CUSIP #, (D) DATE ISSUED, (E)  
ISSUE PRICE, (F) DESCRIPTION OF PURPOSE AND (H) ON BEHALF OF ISSUER  
COLUMNS HAVE BEEN UPDATED. ALL CORRECTED INFORMATION MATCHES THE  
PREVIOUSLY FILED FORMS 8038.





**Part V** Transactions With Related Organizations

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .		
b Gift, grant, or capital contribution to other organization(s) . . . . .	1a	X
c Gift, grant, or capital contribution from other organization(s) . . . . .	1b	X
d Loans or loan guarantees to or for other organization(s) . . . . .	1c	X
e Loans or loan guarantees by other organization(s) . . . . .	1d	X
f Sale of assets to other organization(s) . . . . .	1e	X
g Purchase of assets from other organization(s) . . . . .	1f	X
h Exchange of assets . . . . .	1g	X
i Lease of facilities, equipment, or other assets to other organization(s) . . . . .	1h	X
j Lease of facilities, equipment, or other assets from other organization(s) . . . . .	1i	X
k Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	1j	X
l Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	1k	X
m Sharing of facilities, equipment, mailing lists, or other assets . . . . .	1l	X
n Sharing of paid employees . . . . .	1m	X
o Reimbursement paid to other organization for expenses . . . . .	1n	X
p Reimbursement paid by other organization for expenses . . . . .	1o	X
q Other transfer of cash or property to other organization(s) . . . . .	1p	X
r Other transfer of cash or property from other organization(s) . . . . .	1q	X
	1r	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) GEORGIA INSTITUTE OF TECHNOLOGY	P	1,298,371.
(2) GEORGIA TECH RESEARCH CORPORATION	I	1,425,695.
(3) GEORGIA INSTITUTE OF TECHNOLOGY	I	20,949,600.
(4) GEORGIA INSTITUTE OF TECHNOLOGY	B	19,150.
(5) GEORGIA INSTITUTE OF TECHNOLOGY	L	371,209.
(6)		

Schedule R (Form 990) 2008



FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION  
=====

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS TO PROMOTE AND SUPPORT THE GEORGIA INSTITUTE OF TECHNOLOGY, AN INSTRUMENTALITY OF THE BOARD OF REGENTS OF THE STATE UNIVERSITY SYSTEM OF GEORGIA AND TO ERECT SUCH SUITABLE BUILDINGS AND OTHER FACILITIES AS MAY BE APPROPRIATE TO THE NEEDS AND GOALS OF THE INSTITUTE. GEORGIA TECH FACILITIES, INC. PROVIDED FINANCING AS APPROPRIATE TO MEET THE NEEDS AND GOALS OF THE GEORGIA INSTITUTE OF TECHNOLOGY.

STATEMENT 1



990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS  
=====

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES	COMPENSATION -----
JONES DAY 1420 PEACHTREE ST., SUITE 800 ATLANTA, GA 30309	LEGAL SERVICES	1,285,431.
CHA TECH SERVICES, LLC 1800 PEACHTREE ST. NW ATLANTA, GA 30309	DESIGN SERVICES	920,910.
HADP ARCHITECTURE, INC. 2722 PIEDMONT RD. NE ATLANTA, GA 30305	ARCITECTURAL SERVICE	603,705.
SNELLINGS WALTERS INSURANCE AGENCY 1117 PERIMETER CENTER WEST, W-101 ATLANTA, GA 30338	INSURANCE	434,011.
SEMPAI SERVICES, INC. 4854 LEEDS COURT ATLANTA, GA 30338	PROJECT MANAGEMENT	207,938.
TOTAL COMPENSATION		----- 3,451,995. =====

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	771,117.			771,117.
TOTALS	771,117.			771,117.

Application for Extension of Time To File an  
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ X
  - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	GEORGIA TECH FACILITIES, INC.	52-1442293
	Number, street, and room or suite no. If a P.O. box, see instructions	
	225 NORTH AVENUE, LYMAN HALL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ATLANTA, GA 30332-0257	

## Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► AMY HERRON

Telephone No. ► 404 385-8337

FAX No. ► 404 385-0809

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning 07/01, 2008, and ending 06/30, 2009

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	NONE

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

**SMITH & HOWARD, J.**  
 CERTIFIED PUBLIC ACCOUNTANTS  
 171 17th STREET, NW  
 SUITE 900  
 ATLANTA, GEORGIA 30333  
 F.E.I. #58-1250486