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Form **990**

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

2008

OMB No 1545-0047

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

Open to Public Inspection

A	or the	e 200	Cale	ndar year, or	tax year be	ginning		07/	on , 2008, an	nd e	nding	_			/30 , 2009	
В	heck if app	plicable	Please	C Name of organ	ization ADV	ANCED	TECH	HNOLOGY	INSTITUTE	Ē		D Emplo	yer id	entific	ation number	
	Addres	os I	use IRS label or	Doing Business								57-	106	7151	L	
		change	pnnt or	Number and s	treet (or POb	oox if mail is	not del	vered to stree	address)	Ti	Room/suite	E Telepi	none n	umbei	<u> </u>	
	Initial	-	type. See	5300 INTE	RNATION	AT. BT.V	חי					(84	3)76	50-4	4087	
	Termin		Specific		tate or country,							1	<u> </u>			
-	Amend		Instruc- tions.	N CHARLES	_							G Gross	receip	ts \$	52,303	075
\vdash	return Applic			me and addres	s of principal	officer pr	CIIN	DD E C1				H(a) is th				V No
<u>L</u>	pendin									,		affilia H(b) Are		tee inc	⊢	H _{No}
_				INTERNAT					1	3		1			L (see instructions)	
<u> </u>	Tax-exe) ◀ (inser	tno)	4947	(a)(1) or	527			-{				
<u>J</u>	Websit			ATICORP. C		- T -		T	···-	Τ		H(c) Grou				
K	Type o	_ <u></u> -		X Corporation	Trust	Associa	ation	Other ►		L 1	ear or forma	199	8 M	State	of legal domicile	SC_
P	art I		nmary													
	1	Briefly	descri	be the organiza	tion's missio	n or most	signific	cant activities			- 				-	
يو		<u>SEE</u>	<u>STA</u>	EMENT 1				-								
Governance																
2											_					
Š	2	Check	this bo	x ▶ 🔲 if th	e organizatio	n disconti	inued i	ts operation	s or disposed of	f moi	re than 25%	6 of its ass	ets			
~	3	Numb	er of vo	oting members	of the govern	ing body (Part VI	, line 1a)						3		9
8	4	Numb	er of in	dependent votir	ng members	of the gov	erning	body (Part \	/I, line 1b)					4		5
Activities	5	Total i	numbei	of employees (Part V, line 2a	a)								5		77
, j	6	Total i	numbe	of volunteers (e	estimate if neo	cessary)								6	NO	ONE
• •	•			nrelated busine						• •				7 a	-	NONE
	1		-	d business taxal										7b		NONE
	"	1101 0.		o do mode taxa			.,					Prior	Year	1	Current '	
	. 8	Contri	hution	and grants (Par	t V/III line 1h\							3,04	3 0'	50		
, \$	9											50,50			52,268	300
Revenue	40			vice revenue (Pa									$\frac{3, \frac{1}{4}}{1, 5}$			1,775.
. 4	10			ncome (Part VII												
:				ie (Part VIII, col								F2 62		ONE		NONE
; —				e - add lines 8 t		-			(), line (2)	• • •		53,62			52,303	
)				imilar amounts							• • •	3,04				NONE
	1			I to or for memb							•••⊢			ONE	<u>-</u>	NONE
ď	15			er compensatio					lines 5-10)		• • •	1,74			1,645	<u>5,136.</u>
Fronses	16a			fundraising fees					- Walter 19	: · j .	• • •		N	ONE		NONE
Š	b	Total	fundrai	sıng expenses, l	Part IX, colum	n (D), line	25)	NEGE		_						
	17	Other	expen:	ses (Part IX, col	umn (A), lines	s 11a-11d,	1f-24	(f)		ပ္တု.	∟	<u>47,85</u>	8,6	04.	49,420) <u>, 115.</u>
	18	Total	expens	es Add lines 13	3-17 (must ed	qual Part IX	X, gg/u	mp (A), line 2	25)	۲J.		52,64	1,8	88.	51,065	<u>5, 251.</u>
	19	Rever	ue les	s expenses Sul	otract line 18 t	from line 1	Į č Ķί [MAI Z.				98	2,1	47.	1,237	7,824.
ō									ول.	≚		Beginning	g of Y	ear	End of Y	'ear
sets	20	Total	assets	(Part X, line 16)			I	OGDF	N, UT	.	L	21,82	6,8	91.	26,425	5,825.
Š				es (Part X, line 2	6)					ַ עַ		15,27	8,6	14.	18,639	725.
ž.	22	Net as	sets o	r fund balances								6,54	8,2	77.		5,100.
P	art II			e Block												
		Linda	henat	e of perium I d	eclare that I h	ave exami	ned thi	s return, inclu	iding accompany	vna s	chedules ar	nd statemer	nts, an	d to t	he best of my	knowledge
		and b	elief, it	is true correct	and complete	Declaration	n of p	reparer (other	than officer) is	base	d on all inf	ormation o	fwhic	h pre	parer has any k	nowledge
:	Sign		\checkmark	WHI I	1.911		Z.,					,	51	17	12010	
	lere		Signatu	e of officer	// //	U Devi			ulia A. Ma	arti	n	Di	ate /		1	
				,				_	ATI		-					
			Type of	print name and tr	tle				Treasure							
_		 _							Date Date	<u> </u>	Check if		Pre	parer	s identifying num	ber
Pa	d	Prep	arer's	Emel	ra sta	mail	•		5/14/1	0	self- employed		(se	ė instr	uctions)	
Pre	parer's	1—							1 37.77		Temployed	EIN	Щ_		4 6565501	
Us	e Only	If sett	-employ	5u),	ST & YOU										4-6565596	
_			ss, and	<u> </u>	ATTIE PLACE							Phone no		8	64/242-57	
_				nis return with the			_			• • •	<u></u>		<u>.</u> .	<u></u>	Yes	X No
		cy Act	and P	aperwork Redu	uction Act No	otice, see 1	the sep	oarate instru	ctions.						Form 99	90 (2008)
JS/ 8E	\ 1010 2 00	00														

Form	990 (2008)		57-1	.067151	Page 2
Pa	rt III . Statement of Progra	m Service Accomplishments (
1,	Briefly describe the organizati	on's mission		_	
	SEE STATEMENT 1				
					
_					
		ke any significant program se			
	If "Yes" describe these new se	ervices on Schedule O.			
		onducting, or make significant	changes in how it conducts	s, any program	
					. Yes X No
	If "Yes," describe these chang	es on Schedule O.			
		achievements for each of the o			
		4) organizations and section 49			of grants and
	allocations to others, the total	expenses, and revenue, if any,	for each program service re	portea	
42	(Code \((Exposs	es \$ 50,445,900 including g	grants of \$	\ (Payanua \$	50 000 200
		HNOLOGY INDUSTRY THRO		_	52, 268, 300.
		ONTRACTS AND GRANTS.			
•	MANAGEMENT OF NAD C	ONTRACTS AND GRANTS.			
					
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<u> 4h</u>	(Code) (Expense	e \$ including	grants of \$	\ (Payanua ¢	
7.0	(Code) (Expense		gramo or •	_) (I/evenue \$	/
					
		<u> </u>			· · · · · · · · · · · · · · · · · · ·
		· 			
					
					
		-			
4 c	(Code) (Expense	es \$ including g	rants of \$) (Revenue \$	
					
					
4d	Other program services. (Des	cribe in Schedule O)			
	-	ncluding grants of \$) (Revenue \$)	
4 e	Total program service exper		Must equal Part IX, Line 25,	column (B))	
JSA 8E 10	20 1 000				Form 990 (2008)

Part	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	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	5		ļ
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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		_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,"			
40	complete Schedule D, Part IV Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	9		X
10		10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	11	.,	
4.2	Parts VI, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return	 	X	
12	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	.,	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	V
13 14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		^
D	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14Ь		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	145		-^-
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	1	х
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	16	l	x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		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	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
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	21		Х
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	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? 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 questions			
	24b-24d and complete Schedule K If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<u> </u>
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	25a		Х
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	25b	ļ	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	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			1
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	L	X

JSA 8E1021 1 000 Part IV Checklist of Required Schedules (continued) Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee 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)? If "Yes," complete Schedule L. 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b c 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? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M..... 29 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II, 34 34 Х 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 37 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? If "Yes," complete Schedule R, Part

Form 990 (2008)

Pai	rt 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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
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 77			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			Ì
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	3 b		
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
þ	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.	<u>-</u> -		<u> </u>
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	, , , , , , , , , , , , , , , , , , ,	5b		Х
С	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		
	Did the organization solicit any contributions that were not tax deductible?	6a		_X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	7a		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?.	7b		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	' 		
·	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		х
А	If "Yes," indicate the number of Forms 8282 filed during the year	 		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			İ
·	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring		· · · · · · · · · · · · · · · · · · ·	
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	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	Section 501(c)(7) organizations. Enter			Ì
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			1
11	Section 501(c)(12) organizations. Enter		ļ	-
а	Gross income from members or shareholders	. 1	Ì	į
b	Gross income from other sources (Do not net amounts due or paid to other sources against			Í
	amounts due or received from them.)			
12a		12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			!

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

<u>Sect</u>	ion 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			
b	Enter the number of voting members that are independent 5			1
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		Х
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		Χ
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		Χ_
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? \dots	7b	X	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8 a	<u>X</u>	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
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
Secti	on B. Policies			T
40-	Dona the assessment bear a suither conflict of interest value O If III II and a line 40	40	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	406		
_	rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	X	
С		40-		
13	describe in Schedule O how this is done Does the organization have a written whistleblower policy?	12c	Х	 ,,
14	Does the organization have a written document retention and destruction policy?	13		X
15	Did the process for determining compensation of the following persons include a review and approval by	14		Х
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
2	The organization's CEO, Executive Director, or top management official?	15a	v	
b	Other officers or key employees of the organization?	15b	X X	
-	Describe the process in Schedule O. (see instructions)	130	Λ.	
16a				
. • •	and the standard and the decrease the company	16a		х
b		Tou		^
_	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		
Sect	ion C. Disclosure			·
17	List the states with which a copy of this Form 990 is required to be filed ▶ SC,			
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 X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	rest		
	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	ne		
	organization ►JULIA A MARTIN 5300 INTERNATIONAL BLVD N CHARLESTON, SC 29418	-		
	843~760~4087			
	100 100 1001			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

1	Check this box if the	organization did not	t compensate any officer,	director, trustee,	or key employee.
---	-----------------------	----------------------	---------------------------	--------------------	------------------

(A) Name and Title	(B) Average	Posit	ion (-	C) k all 1	that app	olv)	(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
VADM ALBERT J BACIOCCO, JR DIRECTOR	1.	х						NONE	NONE	NONE
JOHNNY G BARNES DIRECTOR	1.	х						5,075.	NONE	NONE
LT GEN LAWARENCE P FARRELL, JR DIRECTOR	_1	х						3, 259.	NONE	NONE
MICHAEL F MCGRATH DIRECTOR	1.	х						2,413.	NONE	NONE
W BRADFORD RIGDON DIRECTOR	1.	х			L			5,886.	NONE	NONE
WILLIAM T MAHONEY CHAIRMAN	1.	Х		х				NONE	325, 788.	36,307.
ROBERT G KIGGANS VICE CHAIRMAN	1.	X_		х				NONE	263,760.	26,094.
RICHARD E SELF PRESIDENT	40.	Х		х				268,426.	NONE	18,246.
JULIA A MARTIN TREASURER	1.	х	<u> </u>	х	_			NONE	210,433.	33, 222.
KEVIN P CARPENTIER VP ATI	40.				x			220,030.	NONE	12,493.
NATALIE A CORELLA SR VP CONTRACTS & PROCUREMENT	40.				x			170,821.	NONE	24,085.
MICHAEL A GWYN VP METALS TECHNOLOGY	40.				x		_	154,761.	NONE	23,414.
DIRECTOR	40.	ļ				х	_	190,881.	NONE	NONE
CHARLES C HOLCOMB CFO ATI	37.					х		179,360.	NONE	NONE
CHRISTOPHER R VAN METRE VP ORDANCE TECHNOLOGIES	40.			<u> </u>		х	_	142,011.	NONE	10,934.
JAMES L HOUSE SENIOR PROGRAM MANAGER	40.					X	_	131,073.	NONE	9,027.
BRIAN P PIEDFORT DIRECTOR	40.	_	L			<u> X</u>		119,369.	NONE	7,818. Form 990 (2008)

Part VII Section A. Officers, Directors, Tru		y Em	plo			and I	Hig			ees (c	continue		
, (A) Name and title	(B) Average	Boed	on (•	C)	that ap	oh/\	(D) Reportable	(E) Reporta	bla	Ec	(F) timate	d
Name and tide	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		compens from reli organiza (W-2/1099	ation ated tions	am comp fro	ount of other pensation the anization	of ion e on
		e	tee			sated					ı	nızatıc	
									-	-			
											-		
													•
1b Total							▶	1,593,365.	799	981.	2	201,	640.
2 Total number of individuals (including those organization ► 1.4	e in 1a) w	vho r	ece	ıved	l m	ore t	han	1 \$100,000 in rej	oortable co	mpens	ation f	rom t	:he
									_			Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3		X
4 For any individual listed on line 1a, is the the organization and related organizations	sum of	repor	tabl	e c	omi	pensa <i>If "</i> Y	atıo 'es,	n and other comp	pensation of	from such		· · · · · · · · · · · · · · · · · · ·	
indıvıdual											4	Х	
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"											5	<u> </u>	X
Section B. Independent Contractors													
Complete this table for your five highest compensation from the organization	compensat	ted in	dep	enc	dent	con	trac	ctors that received	d more tha	an \$10	000,00	of	
(A) Name and business add	ress							(B) Description of ser	vices	c	(C) Compens		
SEE STATEMENT 2							F						
							‡						
				-			+						
2 Total number of independent contractors (incompensation from the organization ▶	ncluding ti	hose	ın '	1) v	who	rece	ive	d more than \$10	0,000 in				
	70						_	-				000	/2222

Par	t VIII	Statement of Revenue	е			57-1067151		
		•			(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	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions)	1b		:			
ntribution d other si	f	All other contributions, gifts, grants and similar amounts not included a	above . 1f					
a C	g	Noncash contributions included in Total. Add lines 1a-1f					<u> </u>	
ē	<u>n</u>	Total. Add lilles Ta-11	· · · · · · · ·	Business Code	4		.4	
'en		COVERNMENT CONTRACT DEVENUE	e.	541900	51, 532, 200	51, 532, 200.	<u> </u>	
Service Revenue	2a b	GOVERNMENT CONTRACT REVENUE COMMERCIAL CONTRACT REVENUE	<u> </u>	541900	736, 100	736,100		
ervi	C							
r S	d							
Program	f q	All other program service rever Total. Add lines 2a-2f	nue		52, 268, 300.			
					32, 200, 300.			
	3	Investment income (including other similar amounts)		▶				34,775.
	4	Income from investment of ta			NONE			
	5	Royalties · · · · · · · ·			NONE	*	*	1
		-	(i) Real	(II) Personal	;	,		
	6a	Gross Rents					*	
	b	Less rental expenses				*	*	,
	C	Rental income or (loss) L			NOVE			
	d	Net rental income or (loss)	(ı) Securities	(II) Other	NONE			
	7 a	Gross amount from sales of assets other than inventory	(1) 000011000	(ii) Guioi	* *	٠.		
	b	Less cost or other basis and sales expenses			*		*	
	С	Gain or (loss)			,		<i>*</i>	<u> </u>
	ď	Net gain or (loss)		<u></u>	NONE			
•	8 a		ndraising		8	* #	47	4 200
Other Revenu		events (not including \$ of contributions reported on lii See Part IV, line 18	-		* * *	`		
thei		Less direct expenses						
Ò	l .	Net income or (loss) from fund Gross income from gaming ac	=		NONE			
		See Part IV, line 19	a		^	^	* * * * * * * * * * * * * * * * * * * *	, ·
	c	Less direct expenses Net income or (loss) from gan			NONE			
	10a	returns and allowances	a	1				
	b c	Less cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	s of inventory.		NONE			
	<u> </u>			Juaniesa Code				
	11a							
	b							
	C .	All officers and a second						
	d	All other revenue			NONE			
	12	Total. Add lines 11a-11d Total Revenue. Add lines 1h,		•	MONE			
	'*	9c, 10c, and 11e · · · · ·	_		52, 303, 075.	52, 268, 300.	NONE	34,775

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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).

	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		<u> </u>	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, fines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	830,671.	517,057.	313,614.	
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	814,465.	733,018.	81,447.	
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)				
а	Management	NONE			
b	Legal	4,262.	810.	3, 452.	
C	Accounting	80,249.	52,162.	28,087.	
d	Lobbying	6,432.	5,017.	1,415.	
е	Professional fundraising services See Part IV, line 17	NONE			
f	Investment management fees	NONE			
g	Other	251,080.	230,994.	20,086.	
12	Advertising and promotion	63.		63.	
13	Office expenses	93, 494.	88,819.	4,675.	
14	Information technology	23,676.	23, 202.	474.	
15	Royalties	NONE			
16	Occupancy	1,467,985.	1,379,906.	88,079.	
17	Travel	168,863.	135,090.	33,773.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			· · · · · · · · · · · · · · · · · · ·
20	Interest	NONE			
21	•	NONE			
22	Depreciation, depletion, and amortization	NONE			
23	Insurance	39,957.	27,171.	12,786.	
24	Other expenses Itemize expenses not		1		
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	-	ļ		
	5% of total expenses shown on line 25 below)				
а	CONTRACT_COSTS	45,430,952.	45, 430, 952.		
b	ADMINISTRATIVE EXPENSES	1,833,304.	1,814,971.	18,333.	
С	MEMBERSHIPS	19,798.	6,731.	13,067.	
ď					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	51,065,251.	50,445,900.	619,351.	NONE
	Joint Costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the organization			1	
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

JSA 8E1052 1 000

Pa	rt X	. Balance Sheet					
			(A) Beginning of year		End (B) of yea	
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments	8,720,311.	2	12,	476,	906.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	13,011,377.	4	13,	936,	<u>433.</u>
	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			
ets.	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sales or use		8			
⋖	9	Prepaid expenses and deferred charges	23, 238.	9		12,	<u> 486.</u>
	i .	Land, buildings, and equipment cost basis 10a					
	ь	Less. accumulated depreciation Complete					
		Part VI of Schedule D		10c			
	11	Investments - publicly traded securities	71,965.				NONE
	12	Investments - other securities. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·	··	14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,826,891.	16			<u>825.</u>
	17	Accounts payable and accrued expenses	8,914,354.	17	9,	780 <u>,</u>	<u>873.</u>
	18	Grants payable		18			
	19	Deferred revenue	5,812,471.	19	<u>8, 1</u>	101,	<u>461.</u>
	20	Tax-exempt bond liabilities		20			
ies	21	Escrow account liability. Complete Part IV of Schedule D	······································	21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,					
Lia		highest compensated employees, and disqualified persons. Complete Part II					
_	22	of Schedule L		22			
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable		24			
	25	Other liabilities, Complete Part X of Schedule D	EE1 700	25		7 5 7	201
	26	Total liabilities. Add lines 17 through 25	551,789. 15,278,614.	26		757, 639,	
	20	Organizations that follow SFAS 117, check here ▶ and complete	13,270,014.	-20	10,0	039,	<u>725.</u>
ances	_	lines 27 through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets		27			
ä	28	Temporarily restricted net assets		28			
<u>n</u>	29	Permanently restricted net assets		29			
or Fund Bal		Organizations that do not follow SFAS 117, check here ▶ 🗓 and complete lines 30 through 34.					
Assets	30	Capital stock or trust principal, or current funds		30			
188	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
ž.	32	Retained earnings, endowment, accumulated income, or other funds	6,548,277.	32	<u>7,</u>	786,	<u> 100.</u>
Net	33	Total net assets or fund balances	6,548,277.	33	<u>7,</u>	786 <u>,</u>	<u> 100.</u>
	34	Total liabilities and net assets/fund balances	21 <u>,826,891.</u>	34	26,4	425,	<u>825.</u>
Pa	rt XI	Financial Statements and Reporting					
1	٨٥٥٥	ounting method used to prepare the Form 990 Cash X Accrual Other	\ <u>-</u>			Yes	No
2а		e the organization's financial statements compiled or reviewed by an independent account			2a		v
b		e the organization's financial statements compiled of reviewed by an independent account				х	X
C		es the organization's infancial statements addited by an independent accountant?			20	_^	
-		review, or compilation of its financial statements and selection of an independent accou			2c	х	
3a		result of a federal award, was the organization required to undergo an audit or audits as s			1		
		Single Audit Act and OMB Circular A-133?			3a	x	
b		es," did the organization undergo the required audit or audits?				X	
			 ,				(2008)

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.

OMB No 1545-0047 Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service **Employer identification number** Name of the organization 57-1067151 ADVANCED TECHNOLOGY INSTITUTE 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 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) 8 An organization that normally receives (1) more than 331/3% 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 331/3% 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). (see instructions) 10 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 c Type III - Functionally Integrated b X Type II e | X | 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) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. h (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN the organization in organization in col organization (described on lines 1-9 in col (i) listed in your support above or IRC section col (i) of your (i) organized in the governing document? US? support? (see instructions)) Nο Yes Yes No Yes SEE STATEMENT

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

Schedule A (Form 990 or 990-EZ) 2008

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II . (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 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) Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources......... 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) 11 Total support. Add lines 7 through 10 . . 12 12 First five years. 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 . . Section C. Computation of Public Support Percentage % Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test - 2008. 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 b 10%-facts-and-circumstances test - 2007. 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

Schedule A (Form 990 or 990-EZ) 2008

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

366	tion A. Public Support						
Ca	lendar 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		1				
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	Total. Add lines 1-5				-		
	Amounts included on lines 1, 2, and 3	······································			,		
1 4	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 · · · · · · · · · · · · · · · · · ·						
8	Add lines 7a and 7b						
٠	line 6)	· · · · · · · · · · · · · · · · · · ·					
Sec	tion B. Total Support			<u> </u>			
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources					-	
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		-				
	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	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for	the organization	n's first, second.	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
•	organization, check this box and stop here	-					. [1
Sec	tion C. Computation of Public Sup				-		
15	Public support percentage for 2008 (line 8			nn (f))		15	%
16	Public support percentage from 2007 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2008 (In			13, column (f))		17	%
18	Investment income percentage from 2007					18	%
	33 1/3% support tests - 2008. If the org						
	17 is not more than 33 1/3 %, check this bo						▶ □
b	33 1/3% support tests - 2007. If the orga						and
	line 18 is not more than 33 1/3 %, check this						
20	Private foundation. If the organization did						

Schedule A (Form 990 or 990-EZ) 2	008		57-1067151	Page 4
Part IV	Supplemental Part II, line 17a	Information. Complete or 17b, or Part III, line 1	this part to provide t 2. Provide any other ac	he explanation required by Part dditional information. (see instruction	II, line 10;
•					
		·			
	· 		- 		
					
					
	·				
			_		

SCHEDULE C

(Form 990-or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	ne organization answered "Yes Section 501(c)(4), (5), or (6) o	s," to Form 990, Part IV, line 5 (Proxy Ta groanizations, Complete Part III	ax), then								
	ame of organization	rganizations complete t art iii		Employer identification number							
	VANCED TECHNOLOGY I	NSTITUTE		57-1067151							
Pa		d by all organizations exempt ons for Schedule C for details.	under section 50	1(c) and section 527 or	rganizations.						
1 2 3	Political expenditures	ne organization's direct and indirect		▶ \$							
Ра		d by all organizations exempt ons for Schedule C for details	under section 501	(c)(3).							
1 2 3 4a b	Enter the amount of any e If the organization incurred Was a correction made? If "Yes," describe in Part IV	excise tax incurred by the organization of the excise tax incurred by organization of the excise tax incurred by organization of the excise tax, and it file Form	managers under sec n 4720 for this year?	ction 4955	Yes No						
Pa	-	d by all organizations exemptons for Schedule C for details	t under section 50)1(c), except section 50)1(c)(3). 						
1	-	expended by the filing organization									
2	activities										
3											
4 5	4 Did the filing organization file Form 1120-POL for this year? Yes No										
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-						
	,										

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

JSA 8E1264 1 000

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

h Subtract line 1g from line 1a Enter -0- if line g is more than line a

section 4911 tax for this year?

Subtract line 1f from line 1c. Enter -0- if line f is more than line c . . .

Lobbying Expenditures During 4-Year Averaging Period											
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total						
2 a Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.						
b Lobbying ceiling amount (150% line 2a, column(e))					6,000,000.						
c Total lobbying expenditures	21,401.	16,150.	14,758.	6,432.	58,741.						
d Grassroots non-taxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.						
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.						
f Grassroots lobbying expenditures											

Schedule C (Form 990 or 990-EZ) 2008

NONE

NONE

Yes

Nο

Pai	To be completed by organizations exempt under section 501(c)(3) that have 5768 (election under section 501(h)). See the instructions for Schedule C for			Forn	n						
		(a	. 1		(1	o)					
		Yes	No		Am	ount					
1	During the year, did the filing organization attempt to influence foreign, national, state or local		1								
	legislation, including any attempt to influence public opinion on a legislative matter or										
	referendum, through the use of										
a	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?										
b	· · · · · · · · · · · · · · · · · · ·	\vdash									
c d	Media advertisements? Mailings to members, legislators, or the public?										
u e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?										
f	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?										
g	Direct contact with legislators, their staffs, government officials, or a legislative body?										
-	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?										
i											
j Total lines 1c through 1:											
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?										
b	If "Yes," enter the amount of any tax incurred under section 4912										
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912										
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?].									
Pa	t III-A To be completed by all organizations exempt under section 501(c)(4), se	ection	501	(c)(5), or						
	section 501(c)(6). See the instructions for Schedule C for details.										
						Yes	No				
1	Were substantially all (90% or more) dues received nondeductible by members?				1	ļ	↓				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		 				
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?						L				
Pa	To be completed by all organizations exempt under section 501(c)(4), so section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "N										
	question 3 is answered "Yes." See Schedule C instructions for details.	10 U	KII	rart	ш-А,						
1	Dues, assessments and similar amounts from members		- 1	4		-					
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amount	unts	of								
_	political expenses for which the section 527(f) tax was paid).		·								
а	Current year			2a							
b	Carryover from last year		٠ ا	2b							
С	Total			2c							
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es .		3							
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	n of th	ie								
	excess does the organization agree to carryover to the reasonable estimate of nondeductible I	obbyır	ıg								
	and political expenditure next year?			4							
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)			5							
Pa	t IV Supplemental Information										
Con	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C	, line	5 and	d Part	II-B, I	ıne 1ı					
	, complete this part for any additional information.										
JSA 8E126	66 1 000	Sch	edule	C (Forr	n 990 o	r 990-E	Z) 2008				

Schedule C (F	Form 990 or 990-EZ) 2008	57-1067151	Page 4
Part IV	Supplemental Information (continued)		
·	Cappientental intermated (Continues)		
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2008
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ 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.

or 12. Open to Public Inspection

ADV	VANCED TECHNOLOGY INSTITUTE		57-1067151							
Pai	Organizations Maintaining Donor Advised Funds or O	ther Similar Funds or	r Accounts. Complete if							
	the organization answered "Yes" to Form 990, Part IV, I									
	(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 t	hat the assets held in do	onor advised							
	funds are the organization's property, subject to the organization's e	xclusive legal control? .	Yes L No							
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant fund	ds may be							
	used only for charitable purposes and not for the benefit of the dono									
	ımpermissible private benefit?		Yes L No							
Pa	rt II Conservation Easements. Complete if the organization		orm 990, Part IV, line 7.							
1	Purpose(s) of conservation easements held by the organization (chec									
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation o	of an historically importantly land area							
	Protection of natural habitat	☐ Preservation of	of certified historic structure							
	Preservation of open space									
2										
	on the last day of the tax year.		Held at the End of the Year							
а	Total number of conservation easements		1 1							
b	Total acreage restricted by conservation easements									
C										
d	Number of conservation easements included in (c) acquired after 8/									
3	Number of conservation easements modified, transferred, released,	extinguished, or termin	ated by the organization during							
	the taxable year	- Innated N								
4 5	Number of states where property subject to conservation easement is located ▶									
3	enforcement of the conservation easements it holds?									
6	Staff or volunteer hours devoted to monitoring, inspecting, and enfor									
7	Amount of expenses incurred in monitoring, inspecting, and enforcing									
8	Does each conservation easement reported on line 2(d) above satis									
•	170(h)(4)(B)(ı) and 170(h)(4)(B)(ı)?									
9	In Part XIV, describe how the organization reports conservation ease									
	balance sheet, and include, if applicable, the text of the footnote to t									
	the organization's accounting for conservation easements	-								
Pa	rt III Organizations Maintaining Collections of Art, Historic	al Treasures, or Othe	er Similar Assets.							
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8.								
1 a	If the organization elected, as permitted under SFAS 116, not to rep art, historical treasures, or other similar assets held for public exhibit	ort in its revenue statem	nent and balance sheet works of							
	art, historical treasures, or other similar assets held for public exhibit provide, in Part XIV, the text of the footnote to its financial statement	tion, education, or resea ts that describes these ite	arch in furtherance of public service, ems.							
b	If the organization elected, as permitted under SFAS 116, to report									
-	historical treasures, or other similar assets held for public exhibition,									
	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,		for financial gain, provide the							
	following amounts required to be reported under SFAS 116 relating		_							
а	Revenues included in Form 990, Part VIII, line 1									
	Assets included in Form 990, Part X									
_	Delivery Ask and Deserved, Dedivation Ask Nation and the Instructions for Form 200		0 1 1 1 0 /5 0001 2008							

Par	Organizations Maintaining Colle	ections of	Art, Histo	rical Treasu	res, or	Other Similar	Assets (C	ontinue	<u>∍d)</u>	
٠.	11 11 11			of the fallerman	- +6-01-0	ro a granificant u	no of its o	allaatian		
3,	Using the organization's accession and othe	r records,	cneck any c	or the followin	g mar a	re a significant u	se or its to	JIIECTION		
	items (check all that apply)			1						
a	Public exhibition			4	exchan	ge programs				
b	Scholarly research		e	Other _						
С	Preservation for future generations						4			
4	Provide a description of the organization's constraints and Part XIV.	ollections a	and explain	now they furti	ner the (organization's ex	empt purp	ose in		
5	During the year, did the organization solicit	or receive	donations o	f art, historica	al treasu	ires, or other sim	lar			
	assets to be sold to raise funds rather than t	to be maint	tained as pa	art of the orga	nızatıon	's collection?	[Yes		No
Par	Trust, Escrow and Custodial Arr Part IV, line 9, or reported an arr	rangemen nount on F	nts. Compl Form 990,	ete if organi Part X, line 2	zation a 21.	answered "Yes'	to Form	990,		
1 a	Is the organization an agent, trustee, custod	lian or othe	r intermedia	ary for contrib	outions o	or other assets no	ot _	_	_	,
	included on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and comp	lete the foll	owing table [.]						
							Amount			
	Beginning balance									
d	Additions during the year				. 1d					
e	Distributions during the year									
f	f Ending balance									
2a	a Did the organization include an amount on Form 990, Part X, line 21? Yes No									
b	b If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete if	organiza	tion answe				e 10.			
	(a) Cun	rent Year	(b) Prior ye	ar (c) Two	o years ba	ck (d) Three ye	ars back	(e) Fou	r years	back
1 a	Beginning of year balance									
b	Contributions				-					
C	Investment earnings or losses									
d	Grants or scholarships				•					
e	Other expenditures for facilities .									
	and programs						1			
f	Administrative expenses									
g	End of year balance		-							
2	Provide the estimated percentage of the year	ar end bala	nce held as							
а	Board designated or quas⊢endowment ▶		%							
	Permanent endowment ▶ %									
С	© Term endowment ▶ %									
3a	3a Are there endowment funds not in the possession of the organization that are held and administered for the									
	organization by		_						Yes	No
	(i) unrelated organizations	<i>.</i>						3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organization							3b		
4	Describe in Part XIV the intended uses of th									
Pai	t VI Investments - Land, Buildings, a				Part X,	line 10.				
	Description of investment	(a) Cost o	or other basis stment)	(b) Cost or o	other	(c) Depreciation	(d	l) Book va	alue	
1a	Land	1			- 1					-
b	Buildings						1			
c	Leasehold improvements	<u> </u>					1			
d	Equipment			-			 			
	Other						 			
	I. Add lines 1a-1e (Column (d) should equal	Form 990	Part X coli	ımn (B) line 1	0(c))					
1018	i Add illes Ta-Te (Column Ju) should equal	. 0.111 330,	rant A, Colo	(0), 1110 1	<u> </u>	· · · · · · · · · · · · · · · · · · ·				

Part VII Investments - Other Securities. See I	Form 990, Part X, Iır	ne 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		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments - Program Related. See	Form 990, Part X, Ii	ne 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		
Table (Online) (b) should a mal Form 200 Flood V and (F) loss 400 h.		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X,	line 15	
	Description	(b) Book value
(-)	, 2000	(2) 200. (20.2)
	 	
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)		
Part X Other Liabilities. See Form 990, Part		· · · · · · · · · · · · · · · · · · ·
(a) Description of liability	(b) Amount	
Federal income taxes	NONI	
DUE TO SCRA	757, 391.	, ,
]
		-
		-
		-
		-
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	757,391.	1
	101,071.	T.

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

Schedule D (Form 990) 2008

37351U 4757

Schedule D (Fo:	rm 990) 2008	57-1067151	Page 5
Part YIV	Supplemental Information (continued)		
T GIT AIV	- Cappionicital información (continuos)		
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Schedule D (Form 990) 2008

SCHEDULE J (Form 990)

Compensation Information

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

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection Employer identification number

OMB No. 1545-0047

ADVANCED TECHNOLOGY INSTITUTE 57-1067151 Questions Regarding Compensation No 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 X First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 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. Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement? 4 c Х 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 Χ b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. 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? b Any related organization? 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 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

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

Schedule J (Form 990) 2008

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 Schedule J (Form 990) 2008

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

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

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	_	(I) Base compensation	(II) Bonus & mcentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	ε	NONE	NONE	NONE	NONE	NONE	NON	NONE
WILLIAM T MAHONEY	€	2	92,	14,684.	24,821.	11, 486.	362,095.	NONE
	ε			NONE	NONE	NONE	NON	NONE
ROBERT G KIGGANS	(E)	154,751.	63,	45, 335.	20,775.	5, 319.	289,	NONE
	ε	148, 284.	85, 713.	34, 429.	12, 401.	5,845.	286,672.	NONE
RICHARD E SELF	€	NONE		NONE	NONE			NONE
	Ξ	NONE		NONE	NON	NON	NONE	NONE
JULIA A MARTIN	(ii)	140,	54,	15, 278.	18, 503.	14,719.	243,	NONE
	ω	715751	81, 229.	23, 284.	9,538.	2,955.	232, 523.	NONE
KEVIN P CARPENTIER	(3)	 		NONE	NONE	NONE		NONE
	Ξ	87,959.	46, 534.	36, 328.	6,720.	17,365.	194,906.	NONE
NATALIE A CORELLA	(E)			NONE	NONE	NONE	NONE	NONE
	€	114,883.	28, 541.	11, 337.	7, 420.	15,994.	178,175.	NONE
MICHAEL A GWYN	(ii)							NONE
	Θ	138,192.	32, 189.	20, 500.	NONE	NONE	190,881.	NONE
LARRY N KARNS	(ii)			NONE	NONE	NONE		NONE
) (i)	123,793.	37, 567.	18,000.	NONE	NONE	179, 360.	NONE
CHARLES C HOLCOMB	(ii)				NONE	NONE		NONE
	€	87,703.	37, 303.	17,005.	7,210,	3.724.	152, 945.	NONE
CHRISTOPHER R VAN METRE	(1)) 				NONE		NONE
	€ 3							
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	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.		 	 	 	 	! ! ! ! !	 	 	! ! ! !	 	! ! ! !	! ! ! !	! ! ! !	! ! ! !	1 	 	! ! ! !		- - - - - - -	
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

ADVANCED TECHNOLOGY INSTITUTE

FORM 990, PART VI, SECTION A, QUESTION 7a and 7b

Employer identification number 57 1067151

4.1 Power and Composition. Management of the Institute shall be vested in a Board of Directors consisting of no less than seven and no more than nine directors, with the actual number thereof being fixed by the Board of Directors from time to time. The members of the Board of Directors shall consist of: (i) the Chief Executive Officer of the South Carolina Research Authority who shall be an ex officio member of the Board, (ii) the Chief Financial and Administrative Officer of the South Carolina Research Authority who shall be an ex officio member of the Board, (iii) two persons appointed by the Board of Trustees of the South Carolina Research Authority, and (iv) no less than three and no more than five persons appointed by the Executive/Finance Committee of the Board of Trustees of the South Carolina Research Authority based upon the nominations submitted by the affirmative vote of a majority of the members of the Board of Directors of the Institute who are serving on the Board at that given time, with such actual number set at (a) three if the full Board is set at seven directors, (b) four if the full Board is set at eight directors, and (c) five if the full Board is set at nine directors. With respect to any person nominated to serve on the Board of Directors of the Institute pursuant to Section 4.1(iv), the Executive/Finance Committee of the Board of Trustees of the South Carolina Research Authority may, with or without cause, decline to appoint any such nominee, in which case the members of the Board of Directors of the Institute who are serving on the Board at that given time shall nominate another person for such Board position, with such nomination process continuing until a nominee is appointed. Members of the Board shall be eligible to be appointed as officers of the Institute, and the President must be a member of the Board except in the case of an interim President appointed under Section 3.3(b). The Board of Trustees of the South Carolina Research Authority may remove any member of the Board of Directors appointed pursuant to Section 4.1(iii) at will, without cause and without notice. The Executive/Finance Committee of the Board of Trustees of the South Carolina Research Authority may remove any member of the Board of Directors appointed pursuant to Section 4.1(iv) at will, without cause and without notice. 4.3 Vacancy. Any vacancy occurring on the Board of Directors involving a Board position designated in Section 4.1(i) or (ii) shall be filled, as noted in Section 3.3 above, by the appointment by the Chairman of the Board of Trustees of the South Carolina Research Authority of an interim successor to fill such Board position. Any such interim successor shall

serve on the Board of Directors until the successor Chief Executive Officer or Chief Financial and Administrative Officer

Name of the organization	Employer Identification number									
Advanced Technology Institute	57 : 1067151									
FORM 990, PART VI, SECTION A, QUESTION 7a and 7b (continuted)										
as appropriate, of the South Carolina Research Authority takes office										
Any vacancy occurring on the Board of Directors involving a Board position designated in Section 4.1(iii) shall be										
filled immediately upon the action of the Board of Trustees of the South Carolina Research Authority appointing a										
successor to fill the unexpired term.										
Any vacancy occurring on the Board of Directors involving a Board position designated in Section 4.1(iv) shall be										
filled by the appointment by the Executive/Finance Committee of the Board of Trustees of the South Carolina Research										
Authority, based upon the nomination by the affirmative vote of a majority of the members of the Board of Directors of the										
Institute who are serving on the Board at that given time, of a successor to fill the unexpired term. With respect to any										
person nominated by the board of Directors to fill a vacancy on the Board involving a Board position designated in Section 4.1(iv), the Executive/Finance Committee of the Board of Trustees of the South Carolina Research Authority may,										
with or without cause, decline to appoint any such nominee, in which case the members of the Board of Directors of the										
Institute who are serving on the Board at that given time shall nominate another person for such Board position, with such										
nomination process continuing until a nominee is appointed.										
	,,									

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Employer identification number

ADVANCED TECHNOLOGY INSTITUTE	57 : 1067151
FORM 990, PART VI, QUESTION 10	
THE 990 WAS PROVIDED TO THE SCRA AUDIT COMMITTEE PRIOR TO SUBMISSION TO	THE IRS. IN ADDITION THE
990 WAS REVIEWED IN DETAIL BY ATI'S TREASURER AND SCRA'S CONTROLLER PRICE	R TO DISTRIBUTION TO THE
COMMITTEE AND SUBMISSION TO THE IRS. THE SCRA AUDIT COMMITTEE WILL REVIE	W AND REPORT TO THE SCRA
BOARD AS A PART OF SCRA'S CONSOLIDATED OPERATING ACTIVITIES. THE 990 IS N	IADE AVAILABLE TO ALL
BOARD MEMBERS (ATI AND SCRA) AS REQUESTED.	
FORM 990, PART VI, QUESTION 12C	
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTERIOR	EST
THE ADVANCED TECHNOLOGY INSTITUTE'S (ATI) OFFICERS AND KEY EMPLOYEES FO	OLLOW THE SOUTH
CAROLINA RESEARCH AUTHORITY'S (SCRA) CONFLICT OF INTEREST POLICY WHICH	REQUIRES THE ANNUAL
SUBMISSION OF A DISCLOSURE FORM IDENTIFYING POTENTIAL AREAS OF CONFLICT	. OFFICER AND KEY
EMPLOYEE POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE ATI AND/OF	SCRA BOARD OF
DIRECTORS/TRUSTEES. ATI BOARD DIRECTORS ARE REQUIRED TO DISCLOSE ANY F	OTENTIAL CONFLICTS OF
INTEREST TO THE FULL BOARD AND ABSTAIN FROM VOTING ON ANY RELATED BUSI	NESS. AS OF 07/27/2009
ATI AND SCRA HAVE IMPLEMENTED AN ORGANIZATIONAL ETHICS AND COMPLIANCE	PROGRAM WHICH APPLIES
TO ALL EMPLOYEES AND BOARD MEMBERS.	

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

Employer identification number

FORM 990, PART VI, QUESTIONS 15A & 15B
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN
THE ADVANCED TECHNOLOGY INSTITUTE (ATI) IS A FULLY CONTROLLED AFFILIATE
OF THE SOUTH CAROLINA RESEARCH AUTHORITY (SCRA). COMPENSATION FOR ATI'S
OFFICERS AND KEY EMPLOYEES IS SET BY THE PERFORMANCE AND COMPENSATION
COMMITTEE OF SCRA SCRA ENGAGES AN INDEPENDENT CONSULTANT WHO ADVISES
THE SCRA PERFORMANCE AND COMPENSATION COMMITTEE REGARDING COMPARABLE
INDUSTRY COMPENSATION INFORMATION FOR THE OFFICERS AND KEY EMPLOYEES OF
ATI. COMPENSATION IS REGULARLY REVIEWED BY THE COMMITTEE DURING
REGULARLY SCHEDULED MEETINGS. THIS PROCESS HAS BEEN IN PLACE SINCE 2004.
FORM 990, PART VI, QUESTION 19
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN
PUBLIC
THE ADVANCED TECHNOLOGY INSTITUTE (ATI) PROVIDES SUMMARIZED FINANCIAL
DATA IN ITS ANNUAL REPORT WHICH IS AVAILABLE TO THE GENERAL PUBLIC ON ITS
WEBSITE. ATI'S GOVERNING DOCUMENTS, DETAIL FINANCIAL STATEMENTS AND
INFORMATION REGARDING ATI'S CONFLICT OF INTEREST POLICY WOULD BE MADE
_AVAILABLE_UPON_SPECIFIC_WRITTEN_REQUEST

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

20**08** Inspection

▼ See separate instructions.

(F) Direct controlling entity Employer identification number (F) Direct controlling N/A N/A 57-1067151 (E)
Public chanty status
(if section 501(c)(3)) (E) End-of-year assets 11, TYPE σ (D) Exempt Code section (D) Total income 501(C)(3) 501(C)(3) (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) SCSC TO SUPPT SCRA MGT Primary activity Primary activity Ô <u>@</u> R&D PRG. 57-1088989 57-0736144 SC 29201 SC 29201 Identification of Related Tax-Exempt Organizations (A)Name, address, and EIN of related organization (A)Name, address, and EIN of disregarded entity COLUMBIA, COLUMBI A Identification of Disregarded Entities SOUTH_CAROLINA_RESEARCH_AUTHORITY ADVANCED TECHNOLOGY INSTITUTE TECHNOLOGY, MANAGEMENT, COMPANY 1330 LADY STREET, SUITE 503 1330 LADY STREET, SUITE 503 Name of the organization Part II Part I

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

Schedule R (Form 990) 2008

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?		8 2
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1
b Gift, grant, or capital contribution to other organization(s)		
c Gift, grant, or capital contribution from other organization(s)		×
d Loans or loan guarantees to or for other organization(s)		19
e Loans or loan guarantees by other organization(s)		1e ×
f Sale of assets to other organization(s)		†
g Purchase of assets from other organization(s)		-
h Exchange of assets		_
i Lease of facilities, equipment, or other assets to other organization(s)		×
	•	
j Lease of facilities, equipment, or other assets from other organization(s)		†
k Performance of services or membership or fundraising solicitations for other organization(s)		1k ×
l Performance of services or membership or fundraising solicitations by other organization(s)		
m Sharing of facilities, equipment, mailing lists, or other assets		×
n Sharing of paid employees		1n ×
	,	-
		×
p Reimbursement paid by other organization for expenses		×
	*	1a ×
d Other Italians of cash of property from other organization(s)		
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	elationships and transaction thresho	
(A) Name of other organization(s)	(B) (C) Transaction Amount involved to (A-r)	volved
	(Le) adh	
(F)		
(2)		
(3)		!
(4)		
(9)		
	Schedule R (Form 990) 2008	orm 990) 2008

Part V Transactions With Related Organizations Schedule R (Form 990) 2009

3	Nate Convelete line 4 of any contests in linked in Dodge II III av IV		Yes	ŝ
2 -	Ote: Complete line in any canny is listed in a fact in any of the following transactions with one or more related organizations listed in Parts IHIV?			
. '	The state of the s		1a	×
. <i>.</i>		:	1b	×
Ω			×	
ပ			+-	>
ס	1 Loans or loan guarantees to or for other organization(s)	:::::::::::::::::::::::::::::::::::::::	+	1
Φ			1e ×	
		<u> </u>	-	;
-	Sale of assets to other organization(s)		_	×
5	Purchase of assets from other organization(s)	:	19	×
_			ا	×
-			=	×
	Lease of facilities, equipment, or other assets from other organization(s)	:		×
	R Performance of services or membership or fundraising solicitations for other organization(s)	-	1	×
: _	Performance of services or membership or fundraising solicitations by other organization(s).	<u></u>	=	×
. Е		:	T E	×
2		-	1n	×
•				
0	Reimbursement baid to other organization for expenses		10 ×	
2	Reimbursement haid by other organization for expenses	-	1p	×
2				
σ	q Other transfer of cash or property to other organization(s)	:	19	×
-	r Other transfer of cash or property from other organization(s)		<u>.</u>	×
7	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.	ransaction thresho	olds.	١
	(A) (B) (A) Transaction(S) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	Amount involved	volved	
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57-1067151

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Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

Control Cont	or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partities in by	ciusiori ior certairi	nvesument part	ersubs		-	
New Note (A) Name, address, and ElN of entity	(B) Primary activity		(D) Are all partn section 501(c)(3)	(F) Disproportio allocations		H) eral or aging ther?	
				Yes N		 Yes	2
						 _	
					:		

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

THE INSTITUTE IS TO BE FORMED FOR SCIENTIFIC, EDUCATIONAL, AND/OR CHARITABLE PURPOSES, AND/OR FOR THE PURPOSE OF LESSENING THE BURDENS OF GOVERNMENT, WITHIN THE MEANING OF IRC SECTION 501(C)(3) AND IN THIS CONNECTION:

- (A) TO PROMOTE SCIENTIFIC, EDUCATIONAL AND CHARITABLE ENDEAVORS AND ENDEAVORS DIRECTED AT LESSENING THE BURDENS OF GOVERNMENT.
- (B) TO TAKE AND HOLD BY BEQUEST, DEVISE, GIFT, GRANT, PURCHASE, LEASE OR OTHERWISE ANY PROPERTY, REAL, PERSONAL, TANGIBLE OR INTANGIBLE, OR ANY UNDIVIDED INTEREST THEREIN, WITHOUT LIMITATION AS TO AMOUNT OR VALUE; TO SELL, CONVEY, OR OTHERWISE DISPOSE OF ANY SUCH PROPERTY AND ANY INTEREST THEREIN AND TO INVEST, REINVEST, OR DEAL WITH THE PRINCIPAL OR THE INCOME THEREOF IN SUCH MANNER AS, IN THE JUDGMENT OF THE DIRECTORS, WILL BEST PROMOTE THE PURPOSES OF THE INSTITUTE WITHOUT LIMITATION, EXCEPT SUCH LIMITATIONS, IF ANY, AS MAY BE CONTAINED IN THE INSTRUMENT UNDER WHICH SUCH PROPERTY IS RECEIVED, THE INSTITUTE'S ARTICLES OF INCORPORATION, THE BYLAWS OF THE INSTITUTE, OR ANY LAWS APPLICABLE THERETO.
- (C) TO DO ANY OTHER ACT OR THING INCIDENTAL TO OR CONNECTED WITH THE FOREGOING PURPOSES OR IN ADVANCEMENT THEREOF, BUT NOT FOR THE PECUNIARY PROFIT OR FINANCIAL GAIN OF ITS DIRECTORS OR OFFICERS EXCEPT AS PERMITTED UNDER THE LAWS OF SOUTH CAROLINA RELATING TO NON-PROFIT CORPORATIONS. IN FURTHERANCE OF ITS CORPORATE PURPOSES, THE INSTITUTE SHALL HAVE ALL GENERAL POWERS ENUMERATED IN THE SOUTH CAROLINA NONPROFIT CORPORATION ACT OF 1994 (OR THE CORRESPONDING PROVISION OF ANY SUBSEQUENT LAW).

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

NAME AND ADDRESS		DESCRIPTION OF	SERVICES COMPENSATION
ELECTRIC BOAT CORPORATION		SUBCONTRACTOR	5,133,179.
75 EASTERN POINT ROAD GROTON, CT 06430			
BENDER SHIPBUILDING 265 SOUTH WATER STREET MOBILE, AL 36603		SUBCONTRACTOR	2,867,736.
NORTHROP GRUMMAN SHIP SYS 1000 ACCESS ROAD PASCAGOULA, MS 39568-0149		SUBCONTRACTOR	1,993,525.
FEDERAL EQUIPMENT COMPANY 5298 RIVER ROAD CINCINNATI, OH 45233		SUBCONTRACTOR	1,486,420.
GENERAL DYNAMICS ARMAMENT 150 JOHNSTON ROAD MARION, VA 24354		SUBCONTRACTOR	1,351,503.
	TOTAL COMPENSAT	CION	12,832,363.
			==========

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
SOUTH CAROLINA RESEARCH AUTHORITY	57-0736144	09	Х	Х	Х	NONE
TOTAL AMOUNT OF SUPPORT						NONE