

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No. 1545-0047

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

7	\ Fc	or the	2008 calendar year, or tax year beginning $$ JUL $1,$ 2008 $$ and ending $$	JUN 30, 2009
Ē	3 Ch	eck If plicable		D Employer identification number
			use ins	
		Addres change	s   label or   GWINNETT TECH FOUNDATION, INC	
		Name change	type	58-2106879
		Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number
		Termin ation		770-962-7580
		Amend return		G Gross receipts \$ 4,430,221.
		Application	LAWRENCEVILLE, GA 30043-5702	H(a) Is this a group return
		pendin	F Name and address of principal officer:MARY BETH BYERLY	for affiliates? Yes X No
_			SAME AS C ABOVE	H(b) Are all affiliates included? Yes No
			mpt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list. (see instructions)
			e: ► WWW.GWINNETTTECH.EDU/FOUNDATION/	H(c) Group exemption number ▶
ļ				r of formation: 1994 M State of legal domicile: GA
·	Pa		Summary	
	ايو		Briefly describe the organization's mission or most significant activities: TO SUPPOR	T GWINNETT TECHNICAL
	ᆲ	,	COLLEGE	
	Activities & Governance		Check this box 🕨 🔛 if the organization discontinued its operations or disposed of mo	
	١٥		Number of voting members of the governing body (Part VI, line 1a)	3 26
	8		Number of independent voting members of the governing body (Part VI, line 1b)	4 26
	ies		Total number of employees (Part V, line 2a)	
	<b>\E</b>		Total number of volunteers (estimate if necessary)	6 25
	Ac		Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.
		b	Net unrelated business taxable income from Form 990-T, line 34	
		_	RECEIVED	Prior Year Current Year 3,158,468. 1,573,571.
	9		Contributions and grants (Part VIII, line 1h)	2,802,500.
	Revenue	9	Program service revenue (Part VIII, line 2g)	56,886. 54,150.
	Re	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, A, and 7 MAY 2 4 2010  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<136,859.>
			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII COLUMNICA), line 12)	3,078,495. 4,430,221.
	_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,004,159. 5,956,897.
			Benefits paid to or for members (Part IX, column (A), line 4)	2700272030
	10	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	
	per		Total fundraising expenses (Part IX, column (D), line 25)	
	Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	64,056. 298,364.
			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,068,215. 6,255,261.
		19	Revenue less expenses. Subtract line 18 from line 12	2,010,280. <1,825,040.>
	Sec			Beginning of Year End of Year
<b>\(\text{\tin}\text{\tetx{\text{\tetx{\text{\text{\texi}\text{\texi}\text{\text{\texi}\text{\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi}\titt{\ti}\tintt{\texi{\texi{\texi{\texi{\texi}\texi{\texi</b>	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,242,220. 5,235,186.
<b>2010</b>	t Age	21	Total liabilities (Part X, line 26)	2,566,007. 403,737.
	캺	22	Net assets or fund balances. Subtract line 21 from line 20	6,676,213. 4,831,449.
≓ 80	P	art II		
			Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statemen and complete Declaration of preparer (other than officer) is based an all information of which preparer has any knowled	ts, and to the best of my knowledge and bellef, It is true, correct, lige
1			Haya Koth Kan II.	5/17/10
	Sig	n	1 my laur Dyfrag	Date
	He	re	Signature of officer	Date · J
Z			MARY BETH BYERLY, EXECUTIVE DIRECTOR	
2			Type or print name and title	Check if Preparer's Identifying number
SCANNED	Pai	d	Preparer's	Self- (see instructions)
W)	Pre	parer'		employed
	Use	Only	yours if self-employed). 1960 SATELLUTE BOULEVARD, SUITE 3600	EIN ►
			address and	Phone no. ► 770-995-8800
			DULUTH, GA. 30097	X Yes No

		Accomplishments (	50-21068/9 Page 2
1	GWINNETT TECH AND ITS S'	ATION EXISTS FOR THE SOLE P	
	INCLUDING SCHOLARSHIPS.		
3	the pnor Form 990 or 990-EZ?  If "Yes", describe these new services on Scheo	e signıficant changes ın how ıt conducts, any program	Yes X No
4	<del>-</del>	or each of the organization's three largest program sen	vices by expenses
	Section 501(c)(3) and 501(c)(4) organizations a allocations to others, the total expenses, and re-	nd section 4947(a)(1) trusts are required to report the evenue, if any, for each program service reported.	amount of grants and
4a	THE FOUNDATION'S EXEMPT FUNDS FOR THE SUPPORT OF OBJECTIVES OF GWINNETT GWINNETT TECH HAS OVER	199,761. including grants of \$ 5,954,5 PURPOSE IS TO GENRATE AND F PROGRAMS AND SERVICES TO TECHNICAL COLLEGE, A TWO-YE 20,000 STUDENTS AND THE ACH L AS OVERALL ARE MEASURABLE	PROVIDE ADDITIONAL ACHIEVE THE GOALS AND AR TECHNICAL COLLEGE. IEVEMENTS FROM
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$
<b>4</b> c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$
	Other program services. (Describe in Schedule		
<del></del> -		grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► \$	6,199,761. (Must equal Part IX, Line 25, c	Form <b>990</b> (2008)
83200			,

Part IV | Checklist of Required Schedules

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 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		
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		<u>X</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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	9		<u>X</u>
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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	11	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	12	X	<u> </u>
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	_	Х
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	14b		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			۱
	located outside the United States? If "Yes," complete Schedule F, Part II	15		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	16		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	<u> </u>	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	┞—	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<del> </del>	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	21	Х	<del> </del>
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		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.		1	.,
	If "No", go to question 25	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
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>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
<b>2</b> 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			17
	prior year? If "Yes," complete Schedule L, Part I	25b	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		l	
	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 substantial			1 37
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	000	X (2000)
		Form	990	(2008)

Form 990 (2008) GWINNETT TECH FOUNDATION,

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:			
а	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, Part IV	28a		Х
ь	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b	ĺ	х
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	ļ	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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 VI	37		X
		C	OOO.	

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 0 1a Ò 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 X (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 0 2a filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 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)? X 4a **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. X 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 c If "Yes," to guestion 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c  $\overline{\mathbf{x}}$ 6a Did the organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization provide goods or services in exchange for any guid pro quo contribution of more than \$75? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c to file Form 8282? 7d d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal  $\overline{\mathbf{x}}$ 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f X 7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? X h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 8 excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: N/A 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

Form **990** (2008)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2008)

GWINNETT TECH FOUNDATION, INC

58-2106879

Pa

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

<u>Sec</u>	tion 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,									
	processes, or changes in Schedule O. See instructions.									
	Enter the number of voting members of the governing body  Enter the number of voting members that are independent  1b 26		ĺ	[						
_										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		<del>-</del>							
_	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			v						
	of officers, directors or trustees, or key employees to a management company or other person?	3 4		$\frac{x}{x}$						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  Did the organization become aware during the year of a material diversion of the organization's assets?	5		$\frac{\mathbf{x}}{\mathbf{x}}$						
5 6	Does the organization have members or stockholders?	6		$\frac{x}{x}$						
7a										
, a	governing body?									
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b		$\frac{x}{x}$						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
	by the following:									
а	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		<u>X</u>						
Sec	tion B. Policies		<b>V</b>	11.						
	Described to the second of a first work as less 0.16 Mars to less 10.	12a	Yes	No						
	Does the organization have a written conflict of interest policy? If "No," go to line 13	120	**							
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		х						
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			<del></del>						
С	In Schedule O how this is done	12c	х							
13	Does the organization have a written whistleblower policy?	13	Х							
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.	l	<u> </u>							
а	The organization's CEO, Executive Director, or top management official?	15a		X						
b	Other officers or key employees of the organization?	15b		X						
	Describe the process in Schedule O. (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	<u> </u>		لـــا						
	taxable entity during the year?	16a	<u> </u>	X						
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		1							
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	15:	<b> </b> -							
	exempt status with respect to such arrangements?	16b	<u> </u>	Щ.						
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed GA	for								
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 public inspection. Indicate how you make these available. Check all that apply.	101								
	X 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 interest policy, a	nd fina	ancial							
-	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	tion:	_							
	SHEILA BROOKSHAW - 770-962-7580									
gasan	5150 SUGARLOAF PKWY., LAWRENCEVILLE, GA 30043-5702		000	(0000)						
83200 12-18	08 08	Form	990	(2008)						

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

#### 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. [T] a.

(A)	(B)	Γ		-	C)			(D)	(E)	(F)
Name and Title	Average	١,,		Posi				Reportable	Reportable	Estimated
	hours per week	director	nstitutional trustee	C all		Highest compensated D	<u> </u>	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
		È	last	ğ	χę.	15 E	퉏			
GEORGE ANTI-OHENE		.,	İ						0.	•
TRUSTEE	<del> </del>	X	├	⊢	<u> </u>	╄	⊢	0.		0.
SHARON J. BARTELS SECRETARY & TRUSTEE		x	l	x				0.	0.	0.
ELIZABETH BELDEN		╇	$\vdash$	┡	-		-	· · ·		
TRUSTEE		X					j	0.	0.	0.
VICTORIA CHACON	<del></del>	╇	├	$\vdash$	-	⊢	├			
TRUSTEE		x		l				0.	0.	0.
JIM CULLINAN	_ <del>                                    </del>	<del>  ^</del>	╁	╁─	┢	$\vdash$	┢			
TRUSTEE		$ \mathbf{x} $			l	1		0.	0.	0.
GERALD DAVIDSON		⇈	$\vdash$	H	┢	T	<u> </u>	<del></del>		
TRUSTEE	J	X	]		J	1	j	0.	0.	0.
CHARLENE FANG		1	Г		Г	T	Г			
TRUSTEE		$ \mathbf{x} $			1			0.	0.	0.
LARRY H. GARRETT			Π	T			Г	ļ		
TRUSTEE		X				_	L	0.	0.	0.
AMY GREINER								_		_
TRUSTEE		X	$ldsymbol{oxed}$	↓_	ᆫ	↓_		0.	0.	0.
MARIA HALL		l	1							
TRUSTEE		x	┞.	╙	<u> </u>	╄	<u> </u>	0.	0.	0.
MICHAEL HARGIS	- 1	\ <u></u>		1	1	ļ				_
TRUSTEE		X	┡	-	┝	↓_	├-	0.	0.	0.
MARTIN HOLLIS	1	x			l		1	0.	0.	0.
TRUSTEE BUCKY JOHNSON		┢	├—	├	╀	╀	⊬	·	<u></u>	
TRUSTEE	İ	x				!		0.	0.	0.
MANI KRISHNASWAMY	<del></del> -	╇	⊢	-	╁─	╁╴	╁	- 0.		
TRUSTEE	ł	X	1	ŀ	l	ļ	l	0.	0.	0.
ALICIA MCCART	<del></del>	<del>  ^</del>	┢	$\vdash$		╁	╁			
TRUSTEE		x	1					0.	0.	0.
ZACK MILLS		†==	$\vdash$	1	$\vdash$	1	Т	<u> </u>		
TRUSTEE		$ _{\mathbf{X}}$						0.	0.	0.
BUD MINGLEDORFF			1	$\vdash$	T		Γ			
TRUSTEE		x	ł		1			0.	0.	0.

832007 12-18-08

Form 990 (2008)

Form 990 (2008)

Part VII Section A. Officers, Directors, Tru		mple	уее			High	est		ees (continued)	
(A) Name and title	(B) Average hours	(c		Pos	C) ition that	app	oly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SEAN MURPHY TRUSTEE		x						0.	0.	0.
CATHY P. NICHOLS TRUSTEE	_	х						0.	0.	0.
JOHANNES PALSSON TREASURER & TRUSTEE		x		x				0.	0.	0.
JOHN E. ROBERTSON TRUSTEE		x						0.	0.	0.
BHARAT SHAH TRUSTEE		х						0.	0.	0.
BRUCE SIMMONS TRUSTEE		x						0.	0.	0.
MARK SINGLETON CHAIRMAN & TRUSTEE		х		х				0.	0.	0.
BOB SMITH TRUSTEE		x						0.	0.	0.
WENDY M. TAPP TRUSTEE		х						0.	0.	0.
MARK TIBBETTS TRUSTEE		x						0.	0.	0.
1b Total						▶		0.	0.	0.
2 Total number of individuals (including those compensation from the organization	e in 1a) who re	Celv	ed n	nore	tha	ın \$1	00,	.000 in reportable	<b>•</b>	0
3 Did the organization list any former officer,			, ke	y en	nplo	уөө,	or	highest compensated e	mployee on	Yes No
line 1a? If "Yes," complete Schedule J for s  For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	le c				n an	d ot		the organization	4 X
5 Did any person listed on line 1a receive or the organization? If "Yes," complete Sched	accrue compe	nsat	ion 1						rices rendered to	5 X
Section B. Independent Contractors		porc								
Complete this table for your five highest countered the organization.  NONE	mpensated in	dep	ende	ent o	cont	ract	ors	that received more than	\$100,000 of compens	sation from
(A) Name and business	address							(B) Description of s	services (	(C) Compensation
2 Total number of independent contractors ( from the organization ►  SEE SCHEDILE I-2 FOR	0									Form <b>990</b> (2008)

c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 4430221. 2802500. Ō. 54,150. Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e Form 990 (2008) 2008.05060 GWINNETT TECH FOUNDATION, I 4IMORS\_1

d All other revenue

Total. Add lines 11a-11d

11 a

832009 02-02-09

#### Part IX | Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and		, <u>-</u>		
	organizations in the U.S. See Part IV, line 21	5,956,897.	5,956,897.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages .				
8	Pension plan contributions (include section 401(k)			-	
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	16,730.		16,730.	
d	Lobbying .				
е					
f	Investment management fees				
g	Other				
12	Advertising and promotion .				
13	Office expenses	36,320.		36,320.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	61,242.	61,242.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	87,455.	86,689.	766.	
23	Insurance	<2,753.	> <2,753.	>	
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.)  WRITE-OFF BOND ISSUANCE	72,683.	72,683.		<del></del>
	REPAIRS & MAINTENANCE	14,061.	14,061.		<del></del>
D	UNCOLLECTIBLE PLEDGES	10,850.	10,850.		
С	BANK CHARGES	1,746.	92.	1,654.	
d	DUES & SUBSCRIPTIONS	30.	32.	30.	
θ				- 30.	
_ T	All other expenses	6,255,261.	6,199,761.	55,500.	
<u>25</u>	Total functional expenses. Add lines 1 through 24f	0,255,201.	0,133,701.	33,300.	<u> </u>
26	Joint Costs. Check here  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			<u> </u>	Form <b>990</b> (20

832010 12-18-08

Form **990** (2008)

Pai	τX	Balance Sneet							
			-		(A) Beginning of year			B) of year	
	1	Cash - non-interest-bearing		<del> </del>		1			
	2	Savings and temporary cash investments	•		1,573,082.	2	3.1	43,3	356.
	3	Pledges and grants receivable, net			2,108,187.	3		$\frac{1}{67}, \frac{1}{6}$	
	4	Accounts receivable, net			2,200,201	4		<del>• , , ,</del>	<del>, , , , , ,</del>
	5	Receivables from current and former officers, d	lirectors	tristees kev		<del>                                     </del>			
		employees, or other related parties. Complete I		· · · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5			
	6	Receivables from other disqualified persons (as							
		4958(f)(1)) and persons described in section 49							
		Part II of Schedule L	<i>ن</i> ارت)ات	AD). Complete		6			
<sub>s</sub>	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use		• •		8			
As	9	Prepaid expenses and deferred charges				9			-
		Land, buildings, and equipment: cost basis	10a	20,910.		<u> </u>			
		Less: accumulated depreciation. Complete	1.55	20/220					
		Part VI of Schedule D	10b	18,609.	5,347,042.	10c		2.3	301.
	11	Investments - publicly traded securities			139,591.	11	1	$\frac{-7}{21,8}$	396
	12	Investments - other securities. See Part IV, line	11			12		<u> </u>	
	13	Investments · program-related. See Part IV, line	<del></del>	13					
	14	Intangible assets		14					
	15	Other assets. See Part IV, line 11	74,318.	15			0.		
	16	Total assets. Add lines 1 through 15 (must equ	9,242,220.	16	5,2	35,1	186		
	17	Accounts payable and accrued expenses			10,228.	17		02,6	
Liabilities	18	Grants payable		18					
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities	•		2,547,000.	20			
	21	Escrow account liability. Complete Part IV of Se	chedule	Đ D		21			
	22	Payables to current and former officers, director	ors, trus	stees, key employees,		· ·		_	
abi	]	highest compensated employees, and disquali	fied per	rsons. Complete Part II					
=		of Schedule L				22			
	23	Secured mortgages and notes payable to unre		23					
	24	Unsecured notes and loans payable		24					
	25	Other liabilities. Complete Part X of Schedule D	)		8,779.	25			083
	26	Total liabilities. Add lines 17 through 25			2,566,007.	26	4	03,	<u> 737</u>
		Organizations that follow SFAS 117, check I	nere 🕨	► X and complete		1			
nces		lines 27 through 29, and lines 33 and 34.							
JC B	27	Unrestricted net assets			3,398,934.			67,2	
3al	28	Temporanly restricted net assets			3,277,279.	28	4,0	64,2	<u> 238 </u>
ᅙ	29	Permanently restricted net assets				29			
Ξ		Organizations that do not follow SFAS 117,	check l	here 🕨 📖 and					
ò	ì	complete lines 30 through 34.				l			
ets	30	Capital stock or trust principal, or current fund	s.			30			
Net Assets or Fund Bala	31	Paid-in or capital surplus, or land, building, or e	quipme	ent fund		31			
et	32	Retained earnings, endowment, accumulated i	ncome,	, or other funds	6 6 6 6 6 6 6 6	32		24	440
~	33	Total net assets or fund balances			6,676,213.	33		$\frac{31}{25}$	
г —	34	Total liabilities and net assets/fund balances	<u> </u>		9,242,220.	34	5,2	35 <u>,</u> 1	T86
Pa	rt XI	Financial Statements and Reporting	9					Yes	No
				. ( <del>V</del> )	7 04			103	+
1		ounting method used to prepare the Form 990:			☐ Other			<del> </del> -	X
		e the organization's financial statements compile		-	accountant?		2a 2b	+x	+^
		e the organization's financial statements audited 'es" to lines 2a or 2b, does the organization have	•	•	insibility for aversiaht of th	e audi	<del></del>	+ *	+
C		es" to lines 2a or 2b, does the organization have ew, or compilation of its financial statements and				e auul	',   2c	x	1
3~			<del>  ^</del> `	+					
38		result of a federal award, was the organization r and OMB Circular A-133?	equired	i to undergo an addit of ad	iono do sociloraria are omi	910 / 101	3a		x
h		end OMB Circular A-133? 'es," did the organization undergo the required a	udit or a	audits?			3b	_	† <u> </u>
		,		<u>-</u>					1

832011 12-18-08

#### **SCHEDULE A**

Department of the Treasury

Name of the organization

Internal Revenue Service

(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.

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

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

			T TECH FOUND						58	-2106	879	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) (see ins	tructions)				
The organ	ization is not a	a private foundation	because it is: (Please ch	eck only o	ne organiz	ation.)	•					
1 🔲	A church, co	nvention of churches	s, or association of church	ches desc	nbed in se	ction 170	(b)(1)(A)(i)					
2 🔲	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospr	tal service organization of	described	in section	170(b)(1)(	<b>A)</b> (iii). (At	tach Sche	dule H )			
4	A medical res	search organization of	operated in conjunction	with a hos	pital descr	nbed in se	ction 170	(b)(1)(A)(iii	i). Enter th	e hospital	's nam	10.
	city, and stat		•						•			
5 X	• .		benefit of a college or ur	niversity o	wned or or	erated by	a governi	mental uni	t describe	d in		
	_	(b)(1)(A)(iv). (Comple	<del>-</del>									
6			ent or governmental unit	t describe	d in sectio	n 170(b)(1	IXAYv).					
7 🗂		•	eives a substantial part					or from the	general n	ublic desc	ribed :	ın
• —	_	(b)(1)(A)(vi). (Comple	•	0. 113 GGPP	, o. c o	govonino		2 11 OIII 11 O	gonora, p	<b>ab</b> iio <b>a</b> 050		
8 🗀			ection 170(b)(1)(A)(vi).	(Complete	Port II \							
9 🗔	•		eives: (1) more than 33 1	•		rom contri	butions n	ambarchu	n fees an	d aross ro	ceinte	from
э <u> </u>	-	•	nctions - subject to certa					-		-		
			axable income (less sect									
		509(a)(2). (Complete		lion 511 ta	ix) iroini bu	311103303	acquired b	y ii le orga	ilization a	iter Julie 3	, ist	3.
10 🖂			perated exclusively to te	at far aubl	io onfoty S	Soo sootio	n E00/a)/	1) (see ins	ta ictions\			
11			perated exclusively for the								of one	~
''	_		-									Oi
	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											
. [	a Type		- /			•	•	r mara dias				
e			at the organization is not									
			han one or more publicly						(a)(1) or s	ection 509	/(a)(c).	
f			tten determination from t	tne ins tha	atitisa iy	рет, туре	ii, or Type	9 111				
_		rganization, check th				. f	-falsa fall					ш
g			organization accepted ar								Yes	No
			lirectly controls, either al	ione or tog	jetner with	persons c	iescribed	in (ii) and (i	iii) below,	44~(3)	105	No
	_		upported organization?				•			11g(i)	├	<del>                                     </del>
	•	•	n described in (i) above?		-0		•	•		11g(ii)	├	<del>                                     </del>
		=	person described in (i) o					•		11g(iii)	Ь	<u> </u>
h	Provide the i	rollowing information	about the organizations	tne organ	lization suj	oports.						
		τ	(iii) Type of	Viva In Aba		(u) Did vo	. notification		tho I	_		
	of supported	(ii) EIN	organization		organization sted in your		u notity the ion in col.	lorganizatio	on in col. [	(vii) Am		ıf
orga	anization		(described on lines 1-9		document?		support?	(i) organiz U.S.	ed in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No No			
		<del> </del>	(acc manuchona))		110							
		<del> </del>	<u> </u>	<del> </del>	-			<del>                                     </del>	<del>                                     </del>			
		-		<del> </del>	<del>                                     </del>		<del>                                     </del>	<del> </del>	<del>}                                    </del>	<del></del>		
			-	<b> </b>			<u> </u>	<del> </del>	├──┼			
		ļ		<del> </del>	-		<u></u>	<u> </u>	$\vdash \vdash$			
		1		1	l			l				
								ļ	<b> </b>			
				ŀ			1					
Total		<u> </u>	L	L			L	<u> </u>	Щ.			
LHA For I	Privacy Act a	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for l	Form 990.	į	Schedul	e A (Form	1 990 or 99	10-EZ	2008

## Schedule A (Form 990 or 990-EZ) 2008 GWINNETT TECH FOUNDATION, INC 58-21068 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 1.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						<del></del>
	membership fees received. (Do not						
	include any "unusual grants.")	2,195,625.	2,341,559.	800,714.	3,158,468.	1,573,571.	10,069,937.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					i	
	furnished by a governmental unit to						
	the organization without charge			000 514			
	Total. Add lines 1 - 3	2,195,625.	2,341,559.	800,714.	3,158,468.	1,573,571.	10,069,937.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	Ì				;	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
_	``						5,818,234.
	Public Support. Subtract line 5 from line 4 ction B. Total Support						4,251,703.
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	2,195,625.	2,341,559.	800,714.	3,158,468.	1,573,571.	10,069,937.
	Gross income from interest,	2,133,023.	2,341,333.	000,711.	3,230,200.	1,373,371.	10,003,337.
•	dividends, payments received on						
	securities loans, rents, royalties			1	п		
	and income from similar sources	43,596.	95,739.	59,243.	56,886.	54,150.	309,614.
9	Net income from unrelated business	43,330.	20,1000	33,2431	30,000	34,130.	303,011
9	activities, whether or not the				.II		
	•						
10	business is regularly carried on Other income. Do not include gain			<del></del>	<del></del>		
10	or loss from the sale of capital	1					
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	<del></del>			· · · · · · · · · · · · · · · · · · ·		10,379,551.
	Gross receipts from related activities	etc. (see instructu	ons)			12 3	,183,542.
	First five years. If the Form 990 is fo			d. fourth, or fifth ta	ax vear as a sectio		,,
	organization, check this box and stop	=					
Se	ction C. Computation of Pub		rcentage				
14	Public support percentage for 2008 (	line 6, column (f) d	vided by line 11, o	column (f))		14	40.96 %
	Public support percentage from 2007					15	47.52 %
16a	33 1/3% support test - 2008. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	١ .			$\triangleright \mathbf{X}$
b	33 1/3% support test - 2007. If the	organization did no	t check a box on i	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			▶∟」
17a	10% -facts-and-circumstances tes	t - 2008. If the org	anization did not d	check a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and <b>stop h</b>	i <b>ere.</b> Explain in Pa	rt IV how the orgar	nization
	meets the "facts-and-circumstances"	_					▶∟⅃
t	10% -facts-and-circumstances tes	t - 2007. If the org	anization did not d	check a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t		·		•		,
	organization meets the "facts-and-cir		-				▶⊨
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	edule A (Form 990	or 990-EZ) 2008

Pa	rt III   Support Schedule for (	Organizations	Described in	Section 509(a	<b>)(2)</b> (Complete only	If you checked the b	ox on line 9 of Part I.)			
_	ction A. Public Support									
Cal	endar 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.")	ļ		<u> </u>		<b> </b>				
2	Gross receipts from admissions, merchandise sold or services per-					ļ	]			
	formed, or facilities furnished in									
	any activity that is related to the									
_	organization's tax-exempt purpose	ļ. <del></del>		<del>                                     </del>						
3	Gross receipts from activities that									
	are not an unrelated trade or bus- iness under section 513									
	Tax revenues levied for the organ-		<del> </del>	<u> </u>		<del> </del> -	<del> </del>			
-	ization's benefit and either paid to									
	or expended on its behalf									
5	The value of services or facilities	<u> </u>	<del>                                     </del>	<del> </del>	<del> </del>	<del></del>	<del> </del>			
·	furnished by a governmental unit to					1				
	the organization without charge			l						
6	Total. Add lines 1 · 5	<del></del>	<del> </del>	<del></del>						
-	Amounts included on lines 1, 2, and		<u> </u>				<del></del>			
	3 received from disqualified persons									
t	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	]								
•	Add lines 7a and 7b									
	Public support (Subtract line 7c from line 6)									
Se	ction B. Total Support									
Cal	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
-	Amounts from line 6									
10	Gross income from interest, dividends, payments received on	ł	}			}				
	securities loans, rents, royalties									
	and income from similar sources		ļ	ļ						
t	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975	ļ	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>			
	Add lines 10a and 10b  Net income from unrelated business	<del></del>	<u> </u>	<del></del>		<del> </del>	<del> </del>			
• •	activities not included in line 10b,									
	whether or not the business is regularly carried on									
12	Other income. Do not include gain		<del></del>	<del></del>	<del></del>	<del></del>	<del> </del>			
	or loss from the sale of capital					İ				
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)		<del>                                     </del>		<del>                                     </del>	<del> </del>	<del>                                     </del>			
	First five years. If the Form 990 is fo	r the organization	's first, second, thi	rd, fourth, or fifth t	tax vear as a secti	on 501(c)(3) organi	zation.			
	check this box and stop here	0. ga <u></u>	o o., oooo,		,		▶□			
Se	ction C. Computation of Publ	ic Support Pe	ercentage	<del></del>	·					
	Public support percentage for 2008 (			column (f))		15	%			
16	Public support percentage from 2007	7 Schedule A, Par	t IV-A, line 27g			16	%			
Se	ction D. Computation of Inve	stment Incom	ne Percentage	)						
17	Investment income percentage for 20	008 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%			
18	Investment income percentage from	2007 Schedule A,	Part IV-A, line 27h	1 ,	•	18	%			
198	a 33 1/3% support tests - 2008. If the	organization did i	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not			
	more than 33 1/3%, check this box a	ind stop here. The	e organizatıon qua	lifies as a publicly	supported organiz	zation	▶□			
ı	33 1/3% support tests - 2007. If the	organization did	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore 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	on did not check a	box on line 14, 19	a, or 19b, check t			<u>▶</u> ∟			
					\$	hedule A (Form 99	20 or 000-E71 2008			

### **Schedule D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that

OMB No 1545-0047 Inspection

Employer identification number

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	GWINNETT TECH FOUN		58-2106879
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(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 advis	sed funds
•	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		
J	for charitable purposes and not for the benefit of the donor		· — —
Pai			
		<del></del>	art IV, iii le 7.
1	Purpose(s) of conservation easements held by the organizat		As South a second and bound a second
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	Preservation of certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified con-	servation contribution in the form of a con	servation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic st	ructure 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, re	eleased, extinguished, or terminated by the	e organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, violations, a	nd
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	and enforcing easements during the year	<b>&gt;</b>
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense	e statement, and balance sheet, and
•	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pai	t III Organizations Maintaining Collections	of Art. Historical Treasures, or C	ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
12	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	•	
	the footnote to its financial statements that describes these		she control, provide, are arriver, and text or
h	If the organization elected, as permitted under SFAS 116, to		ace sheet works of art, historical treasures
U	or other similar assets held for public exhibition, education,	•	
	these items:	of research in fartherance of public service	s, provide the fellowing amounts relating to
			•
	(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 tre		ai gain, provide
	the following amounts required to be reported under SFAS	1 16 relating to these items:	<b>.</b> .
а	Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
b	Assets included in Form 990, Part X		<b>&gt;</b> \$
			Out that the same and
LHA	For Privacy Act and Paperwork Reduction Act Notice, se	e the Instructions for Form 990.	Schedule D (Form 990) 2008

832051 12-23-08

Schedule D (Form 990) 2008

Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)		
Part X Other Liabilities. See Form 990, Part X, line 25.		
(a) Description of liability	(b) Amount	
Federal income taxes		
HELD FOR / DUE TO AFFILITATE	1,083.	
<del></del>		
<u> </u>		

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) 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.

1,083.

SCHEDULE I (Form 990) Grants and Other Assistance to Organizations,										545-0047
			Govern	ments, and Individ	tuals in the U.S.				200	28
Department of the Treasury Internal Revenue Service		► Comp	lete if the organization	on answered "Yes Attach to For		ert IV, lines 21 or 22			Open to Inspec	
Name of the organization	GWINNETT	TECH FOUN	DATION, INC					Employer	identification 58 - 21 (	
L	mation on Grants a									
cntena used to awa	rd the grants or assi	stance?	e amount of the grants		_	ty for the grants or as	sistance, and the sele	ction	Yes	X No
			tonng the use of grant d Organizations in the			annation annuared "	Yon" on Form 900. Bar	t IV Ima 21	for one	
			•			*	•			▶ □
									Purpose of g or assistance	
GWINNETT TECHNICAL 5150 SUGARLOAP PKWY LAWRENCEVILLE, GA 3		58-2106879	501(C)(3)	615,981.	5,338,594.	COST, NET BOOK	CHILD DEVELOPMENT CENTER BUILDING			
	of section 501(c)(3) a of other organization nd Paperwork Redu	s	<u>-</u>	for Form 990.				Sche	dule I (Form	1 990) 2008

Schedule	(Form 990) 2008 GWINNETT TECH					58-2106879 Page
Part III	Grants and Other Assistance to Individuals in the Use Schedule I 1 (Form 990) if additional space is no	United States, Con	nplete if the organi	zation answered "Yes	on Form 990, Part IV, line 22	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
			<del></del>			
						· · · · · · · · · · · · · · · · · · ·
Part IV	Supplemental Information. Complete this part to p	provide the information	n required in Part	l, line 2, and any othe	r additional information	
		<del> </del>	<u> </u>		<del></del>	
_						
	<del></del>					
832102 12-	18-08		22			Schedule I (Form 990) 200

, •

#### **SCHEDULE J-2** (Form 990) 1

#### **Continuation Sheet for Form 990**

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Name of the Organization Employer Identification number GWINNETT TECH FOUNDATION, INC 58-2106879 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) (B) (C) (D) (E) Name and Title Average **Position** Reportable Reportable **Estimated** (check all that apply) hours compensation compensation amount of from per from related other week the organizations compensation Highest compensated employee (W-2/1099-MISC) Individual trustee or director organization from the (W-2/1099-MISC) organization Institutional trustee and related (ey employee organizations Officer J. ALVIN WILBANKS X TRUSTEE 0. 0. 0. DOUG WREN 0. TRUSTEE X 0 0. MARY BETH BYERLY 0. 0. EXECUTIVE DIRECTOR X 0

832201 12-18-08

Schedule J-2 (Form 990) 2008

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

## SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

#### **NonCash Contributions**

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

GWINNETT TECH FOUNDATION, INC

Employer identification number 58-2106879

Part T Types of Property (a) (c) (d) Check if Number of Revenues reported on Method of determining applicable Form 990, Part VIII, line 1g contributions revenues Art · Works of art 2 Art - Historical treasures Art - Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution (histonc structures) Qualified conservation contribution (other) 14 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 75,092.COST BASIS EDUCATIONAL M 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X 30a the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization here or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II. 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2008

Schedule M (Fo	m 990	2008	2M TI	NINETT T	ECH F	עלאוסט	ATION, INC			58-21068/9	Page 2
Part II SI	upple:	<b>mental</b> l plete this p	Infor	mation. Cor r any addition	nplete this al informat	part to	provide the informatio	n required by	Part I, lin	nes 30b, 32b, and 33.	
							FOUNDATION				
5025022				COLOIL	(2).		1001121112011	TIGICIO	11111	HC10HB	
CONTRIBU	TOR	ON A	LI	STING O	F NON	-CAS	H DOANATION	s			
	<u>-</u>				<del>.</del>		<del></del>				<del></del>
							<del></del>		_		
<del></del>		<del></del>			<u></u>						
	-									<del></del>	
							<del></del>	<del></del>			
											· ·
<del></del>							<u>-</u>				
<u></u>											
		_				_					
									_	<del></del>	
. · <del></del>							<del></del>				
					-		<del></del>				
				<del></del>							
				<del></del>							
										<u></u>	
				<del>-</del>							
								<del></del>			
											_

Composition of Assets   Composition of Assets   Composition of Assets								
Name of the or	GWINNET		DATION, INC				58-2	ntification number
	idation, Termination, or Disso e is needed	lution. Complete the	s part if the organization a	answered "Yes" to Form 9	990, Part IV, line 31, or	Form 990-EZ, line 36 Us	se Schedule N-	I if additional
	Description of asset(s) Inbuted or transaction Expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address	of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
					!			····
•								
b Become a c Become a d Receive,	I any officer, director, trustee, of a director or trustee of a successan employee of, or independent a direct or indirect owner of a story become entitled to, compensantization answered "Yes" to an	ssor or transferee org t contractor for, a suc uccessor or transfere sation or other similar	anization? ccessor or transferee orga e organization? payments as a result of l	the organization's liquidat				Yes No  2a

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

Sche	dule N (Form 990 or 990-EZ) 2008 GWI	NNETT TECH	FOUNDATION,	INC	58-210687	9			P.	age 2
Part	I Liquidation, Termination, or Dissol	ution (continued)								
	Note. If the organization distributed all of	its assets during the	tax year, then Form 990	), Part X, column (B) shoul	d equal -0-				Yes	No
3	Did the organization distribute its assets in	n accordance with its	s governing instrument(s	)? If "No," describe in Par	t III			3		
<b>4a</b>	Did the organization request or receive a	determination letter f	rom EO Determinations	that the organization's exe	mpt status was tem	ninated?		48		
ь	(If "Yes," provide the date of the letter	·	)							
5a	Is the organization required to notify the a	ttomey general or ot	her appropriate state of	ficial of its intent to dissolv	e, liquidate, or termi	nate?		5a		
ь	If "Yes," did the organization provide such	notice?						5b		
6	Did the organization discharge or pay all le	iabilities in accordant	ce with state laws?					6		
7 <b>a</b>	Did the organization have any tax-exempt	bonds outstanding	during the year?					7a		
ь	Did the organization discharge or defease	tax exempt bond lia	bilities in accordance wi	th the Internal Revenue C	ode and state laws?			7b		
С	If "Yes," describe in Part III how the organ	nization defeased or o	otherwise settled these	labilities If "No," explain li	Part III					
Part	Sale, Exchange, Disposition, or Oth Form 990-EZ, line 36 Use Schedule N			nization's Assets Compl	ete this part if the ore	ganization answered	d "Yes" to Form 990,	Part IV, lir	ө 32, с	or
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and ad	ddress of recipient	recip tax-exer	section ent(s) (if npt) or ty entity	
THE	POUNDATION HAD LEASED A					GWINNETT TECHI	CAL COLLEGE, MEM			
BUIL	DING TO THE COLLEGE, THE	j		TRANSPERRED AT NET	İ	5150 SUGARLOAP	PARKWAY	İ		
COLL	EGE CHOSE TO PREPAY THAT LEASE	12/19/08	5,258,921,	BOOK VALUE.	58-2106879	LAWRENCEVILLE	GA 30043	501(C)(:	3)	
_										
									-	_
2 a b c d	Did or will any officer, director, trustee, or Become a director or trustee of a success Become an employee of, or independent Become a direct or indirect owner of a su Receive, or become entitled to, compensi If the organization answered "Yes" to any	sor or transferee orga contractor for, a suc- ccessor or transferee ation or other similar	anization? cessor or transferee org e organization? payments as a result of	the organization's signific		·	edule N (Form 990 o	2a 2b 2c 2d 2r Form 9	Yes	X X X X

#### SCHEDULE O (Form 990)

#### **Supplemental Information to Form 990**

Department of the Treasury Internal Revenue Service ➤ 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.

2008 Open to Public Inspection

Name of the organization

GWINNETT TECH FOUNDATION, INC

Employer identification number 58-2106879

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE FOUNDATION HAD LEASED A BUILDING TO THE COLLEGE. THE COLLEGE CHOSE

TO PREPAY THAT LEASE DURING THE YEAR, AND THE RELATED BUILDING, ETC.

HAVE BEEN TRANSFERRED TO THE COLLEGE. ALL OTHER SUPPORT SERVICES FOR

THE COLLEGE REMAIN THE SAME.

FORM 990, PART VI, SECTION A, LINE 2: THE BOARD OF TRUSTEES IS COMPOSED

OF BUSINESS, GOVERNMENT, AND COMMUNITY LEADERS IN THE LOCAL AREA. DUE TO

THE EXTENSIVE INVOLVEMENT OF THESE COMMUNITY LEADERS IN BUSINESS AND OTHER

COMMUNTY AFFAIRS, THE TRUSTEES MAY HAVE NORMAL BUSINESS RELATIONSHIPS THAT

MIGHT BE EXPECTED OF LEADERS IN A SUBURBAN COMMUNITY. HOWEVER, THESE

BUSINESS RELATIONSHIPS SHALL BE CONDUCTED AT ARMS' LENGTH, PURSUANT TO

NORMAL BUSINESS TERMS AND THE FOUNDATION'S CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 RETURN IS PRESENTED TO
THE BOARD BEFORE FILING, IF POSSIBLE, OTHERWISE IT IS PRESENTED TO THE
BOARD AS SOON AS POSSIBLE.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS

ACKNOWLEDGED AND SIGNED WHEN A OFFICER OR TRUSTEE BEGINS THEIR POSITION

WITH THE FOUNDATION. MONITORING IS ACHIEVED THROUGH THE POLICY'S

REQUIREMENT TO BRING TO THE ATTENTION OF THE BOARD OR THE EXECUTIVE

COMMITTEE ANY AND ALL BUSINESS OR OTHER RELATIONSHIPS THAT COME UNDER THE

PURVIEW OF THE POLICY.

FORM 990, PART VI, SECTION C, LINE 18: THE FOUNDATION MAKES ITS EXEMPT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

#### SCHEDULE O (Form 990)

#### **Supplemental Information to Form 990**

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

Name of the organization **Employer identification number** GWINNETT TECH FOUNDATION, INC 58-2106879 STATUS DETERMINATION LETTER AVAILABLE TO THE PUBLIC ALONG WITH ITS TAX RETURNS UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND WILL SOON BE AVAILABLE ON THE FOUNDATION'S WEBSITE. FORM 990, PART XI, LINE 2C: THE PROCESS BY WHICH THE BOARD APPROVES THE AUDITOR AND REVIEWS THE AUDITED FINANCIALS HAS NOT CHANGED SINCE THE PRIOR YEAR.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Attach to F	Relate	organizations the	s and Unrelated Partnerships at answered "Yes" to Form 99 ate instructions.		34, 35, 36, or 37.		OMB No. 1545-0047  2008  Open to Public Inspection
Name of the organization		TECH FOUNDATION	. INC				Employer ide	ntification number
Part I Identificat	Ion of Disregarded Entit		v, 114C	-			30-21	00073
——————————————————————————————————————								
	(A) ne, address, and EIN disregarded entity	(E Primary	=	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of year asse	nts Dur	(F) ect controlling entity
GWINNETT TECH FO	UNDATION II, LLC						<del> </del>	
	ITY - SINGLE MEMBER KWY, LAWRENCEVILLE,	<del></del>	-	GEORGIA	<2,688,435.	32,116	5.	
			-					
Part II Identificat	ion of Related Tax-Exen	npt Organizations		<u></u>				
	(A) ne, address, and EIN related organization	(E Primary	•	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if sectio 501(c)(3))		(F) rect controlling entity
<del>-</del>								

30

Schedule R (Form 990) 2008

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

832161 12-23-08

58-2106879

Page 3

Schedule R (Form 990) 2008 GWINNETT TECH FOUNDATION, INC

Part V Transactions With Related Organizations

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

(A)	(B)	(C)	(D)	(E)	(F)			(H)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partner section 50 t(c)( organizations)	Share of end-of- year assets	Dispropo tionate allocation	Disproportionate allocations?  Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		eral or laging ther?	
		country)	Yes No		Yes N	(Form 1065)	Yes	No	
<u> </u>									
	1			1	li		ļ		
<u> </u>	Ì	•	1 1	ł	11		i i	i	
	1		1 1	1	<b>!</b> !			Ì	
	ĺ		1 1	1	1 1	1	i	į	
	1		Ì	1	1 1	1	ļ		
	1	1					1		
	1	ļ	1	İ	l i		ļ .		
	1								
·	1	{	1 1	<b>\</b>	1 1		[	1	
				1 -					
	1	J	<b>]</b>	]	<b>,</b> ,	<b>,</b>		,	
	1	ĺ			l Ì	İ			
	1								
	1	1			1 1		1		
	}	ł	1	1	1	į	1	1	
	<u> </u>								
			1 1					1	
	1	ł	1 1		1	1	ł	ł	
							ì		
								$\Gamma$	
	1	i	1	1	1	1	1	1	
<u> </u>			1 1						
	1		ļ .	_	<u> </u>				
				1				_	
	1								
	1			1	1				
	1			L			<u></u> [	<u> </u>	
						Sahadula B (East	- 000	1 20000	

Schedule R (Form 990) 2008

Department of the Treasury Internal Revenue Service (99)

# **Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

990

Attachment Sequence No 67

➤ See separate instructions. ► Attach to your tax return. Name(s) shown on return Business or activity to which this form relates Identifying number

GWINNETT TECH FOUNDAT	ION, INC		FOR	M_ 9	90	PAGE 1	)		58-2106879
Part I Election To Expense Certain Prop	erty Under Section 1	79 Note: If you	ı have any lıs	ted pr	operty,	, complete Pa	art V L	oefore ye	ou complete Part I
1 Maximum amount. See the instruction	ns for a higher limit	for certain bu	sinesses		_	. <u>-</u>		1	250,000.
2 Total cost of section 179 property pla-	ced in service (see	instructions)						2	
3 Threshold cost of section 179 propert	y before reduction	in limitation						3	800,000.
4 Reduction in limitation. Subtract line 3	from line 2 If zero	or less, ente	r -0-					4	
5 Dollar limitation for tax year Subtract line 4 from lin	ne 1 if zero or less, enter	-0- If married filir	ng separately, see	instruc	tions			5	
6 (a) Description of p	property		(b) Cost (busin	ess use	only)	(c) Ele	cted co	st	
									1
									i
7 Listed property. Enter the amount from	m line 29				7				
8 Total elected cost of section 179 prop	erty. Add amounts	s in column (c	), lines 6 and	7				8	
9 Tentative deduction. Enter the smalle	r of line 5 or line 8							9	
10 Carryover of disallowed deduction from									
11 Business income limitation. Enter the		•		•	ine 5			11	
12 Section 179 expense deduction. Add	•			ne 11	г			12	
13 Carryover of disallowed deduction to					13				
Note: Do not use Part II or Part III below for									
Part II Special Depreciation Allow	ance and Other D	epreciation	Do not inclu	de liste	ed pro	perty.)		<del></del>	
					_	_		1 !	
14 Special depreciation for qualified prop		ted property)	placed in sei	rvice d	luring t	he tax year		14	
15 Property subject to section 168(f)(1) e	lection				•			15	
16 Other depreciation (including ACRS)	A TOTAL TOTAL TOTAL							16	
Part III MACRS Depreciation (Do n	ot include listed p		instructions.	·)					<del></del>
	<del> </del>					<del></del>		1 4- 1	05 020
17 MACRS deductions for assets placed	•	•	-					17	85,820.
18 If you are electing to group any assets placed in section B - Asset							L	on Syst	<u>.                                    </u>
Section B - Asset	(b) Month and		depreciation	T		<del></del>	Clath	Jii Systi	<del></del>
(a) Classification of property	year placed in service		vestment use nstructions)	(6)	Recovery period	(e) Convent	ilon (f)	Method	(g) Depreciation deduction
19a 3-year property	_			L			_		<del></del>
b 5-year property				L			-		
c 7-year property				<u> </u>			_		
d 10-year property							_		
e 15-year property	_								
f 20-year property				<u> </u>			_		
g 25-year property					5 yrs.			S/L	
h Residential rental property	/				7.5 yrs.			S/L	
		<u> </u>		<del></del>	7.5 yrs.	<del></del>		S/L	
i Nonresidential real property				3	9 yrs.	MM	_	S/L	
	/	D	T V 11		- Ala-	MM MM		S/L	A
Section C - Assets	Placed in Service	During 2006	rax Year U	Sing ti	ne Aite	rnative Dep	recia		<u></u>
20a Class life		<u> </u>		<del>  _</del> _	<u> </u>			S/L	<del></del>
b 12-year	<del></del>	<del></del>			2 yrs.	1414		S/L	<del></del>
c 40-year  Part IV Summary (See instructions.)		L		4	0 yrs.	MM		S/L	<del></del>
				_		<del></del>		164	<del></del>
21 Listed property. Enter amount from lin	•	10 100	in column (-	ا مـم	line 04			21	
22 Total. Add amounts from line 12, lines	=							_	85,820.
Enter here and on the appropriate line				นงกร •	See in	Sir.		22	03,040.
23 For assets shown above and placed in	n service auring th	e current yea	, enter the						
portion of the basis attributable to sec	•	•			23				

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

_	ction A - Depreciation a					structio	ons for ii	inits it	r passeng	er autom	obiles.				
<u> 24</u> 2	Do you have evidence to s	support the bu	ısıness/investme	nt use cla	aimed?	<u> </u>	es L	No	24b If "Y	es," is th	e evide	nce writ	ten?	_ Yes _	<u> No</u>
	(a) Type of property (list vehicles first)	Date placed in service	(c) Business/ investment use percentag	e ot	(d) Cost or her basis		(e) Is for depri iness/inve use only	stment	(f) Recovery period	Meti	ention	Depre	(h) eciation uction	Elec sectio	(i) cted on 179 ost
25	Special depreciation all	owance for c	qualified listed (	oroperty	placed i	in servic	e dunn	g the t	ax year an	id					
	used more than 50% in	a qualified b	ousiness use .								25	<u> </u>	_		
26	Property used more that	ın 50% ın a c	qualified busine	ess use:											
			9/	ó											
			9/	6											
			9/	6											
27	Property used 50% or le	ess in a qual	ified business	use:											
		ļ	9/	6						S/L·					
			9	6						S/L ·				}	
			9/	6						S/L·				]	
28	Add amounts in column	n (h), lines 25	through 27. Er	nter her	e and on	line 21,	page 1				28			]	
29	Add amounts in column	ı (ı), lıne 26. E	Enter here and	on line	7, page 1		-				_		29		
If y	mplete this section for ve ou provided vehicles to y		by a sole prop	rietor, p		other '	more th	an 5%	owner,"				ing this s	section fo	or
tno —	se vehicles.		··			_									
				(:	a)	(I	b)	ł	(c)	(0	I)	(	e)	(1	)
30	Total business/investment	luring the	Vet	nicle	Veh	ncle	<u> </u>	ehicle	Veh	cle	Vel	nicle	Veh	icle	
	year (do not include comi							<u> </u>				├			
31	Total commuting miles	daven dunng	the year					<u> </u>		ļ		<b>├</b>		<u> </u>	
32	Total other personal (no	oncommuting	g) miles												
	driven							ļ				<u> </u>			
33	Total miles driven during	g the year.													
	Add lines 30 through 32	2			,					ļ.,					
34	Was the vehicle availab during off-duty hours?	ole for persor	nal use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used p	rımarily by a	more						1	† <del></del>					
•	than 5% owner or relate				) )		ļ	]		] ]		ļ	j	, ,	
36	Is another vehicle availa	•	onal ·				<u> </u>								
_	use?											<u> </u>			
			- Questions f	-	-										
	swer these questions to	determine if	you meet an e	xception	n to comp	oleting S	Section	B for v	ehicles us	ed by en	nployee	s who a	re not m	nore than	5%
_	ners or related persons.														
37	Do you maintain a writte employees?	en policy sta	tement that pro	ohibits a	all person	al use d	of vehicl	es, inc	luding cor	nmuting,	by you	r		Yes	No
38	Do you maintain a writte	en policv sta	tement that or	ohibits r	personal	use of v	ehicles.	excer	ot commut	ting, by v	our				$T^{-}$
	employees? See the ins		•												
39	Do you treat all use of v					-,-									
	Do you provide more th	-				nformat	ion from	n your	employee	s about					
-	the use of the vehicles,		•	-				-							
41	Do you meet the require	ements cond	eming qualifie	d autom	obile der	monstra	ition use	9?							
	Note: If your answer to								covered ve	ehicles.					
P	art VI Amortization				•										
	(a) Description o	of costs		(b) mortization		(C) Amortizat amount	ple		(d) Code section		(e) Amortiza	tion	A.	(f) mortization or this year	
42	Amortization of costs th	nat begins du		begins B tax vea	L ar:	antount					penod or per	-viiiage		, 000	
<u></u>					r			T	'			T			
	<del></del>				<u> </u>			<del>                                     </del>							
43	Amortization of costs th	nat began be	fore your 2008	tax vea	ar						_	43		1,	635
	Total. Add amounts in	-	-	•		report		_				44			635
_	252 11-08-08												F	orm <b>456</b>	2 (2008

# form **8868**(Rev April 2009) Department of the Treasury

Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form\		$\blacktriangleright$ $\mathbf{X}$
	t complete Part II unless you have already been granted an automatic 3-month extension on a previously fi		m 8868	
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed)			
A corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	plete		
Part I	only .			
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar ncome tax returns	exten	sion of time	
noted (not at you m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron atomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cours submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic firs gov/efile and click on e-file for Charities & Nonprofits	ically if	(1) you want that the control of the	ne additional
Type ( print	Name of Exempt Organization	Empl	oyer identifica	ation number
	GWINNETT TECH FOUNDATION, INC	5	8-21068	79
File by the due date filing you	Number, street, and room or suite no. If a P.O. box, see instructions.			
return S instructi	ee SISO BOOMEDOM INVITED TO BOX 1505			
Check	type of return to be filed (file a separate application for each return)			
	Form 990	227		
=	Form 990-PF			
Tel • If ti • If ti	SHEILA BROOKSHAW - 5150 SUGARLOAF PKWY be books are in the care of LAWRENCEVILLE, GA 30043-5702 be books are in the care of LAWRENCEVILLE, GA 30043-5702 be phone No 770-962-7580  FAX No. Description does not have an office or place of business in the United States, check this box in the interpretation of the group Return, enter the organization's four digit Group Exemption Number (GEN) . If the list is for part of the group, check this box and attach a list with the names and EINs of all	Is is fo	r the whole gro	▶ □ up, check this
	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un <a href="#">FEBRUARY 15, 2010</a> , to file the exempt organization return for the organization named a is for the organization's return for <a href="#">Employed a calendar year</a> or <a href="#">X tax year beginning JUL 1, 2008</a> , and ending JUN 30, 2009		The extension	
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in acc	ounting 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	2-	\$	
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	<b>.</b>	
	tax payments made Include any prior year overpayment allowed as a credit.	3b	\$	<u>.</u>
	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	\$	N/A
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879	EO for paymen	t instructions
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 88	68 (Rev. 4-2009)

823831 05-26-09

Form	8868 (Rev. 4-2009)				Page 2	
Note	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this be. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).		8868	•	X	
	rt II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies i	needed)			
Туре	Name of Exempt Organization	Emp	Employer identification number 58-2106879			
print	GWINNETT TECH FOUNDATION, INC	5				
File by extend due da filing the return instruc	Number, street, and room or suite no. If a P.O box, see instructions.	For IRS use only				
	See City, town or post office, state, and ZIP code. For a foreign address, see instructions					
Check type of return to be filed (File a separate application for each return):  X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870  Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069						
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	usly file	d Form 8	368.		
SHEILA BROOKSHAW - 5150 SUGARLOAF PKWY P.O. BOX 1505 -  • The books are in the care of ▶ LAWRENCEVILLE, GA 30043-5702  Telephone No.▶ 770-962-7580  • 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) If this is for the whole group, check this box ▶ If it is for part of the group has because the group has box ■ If it is for p						
5	For calendar year, or other tax year beginning, and ending	<u> JUN</u>	30,	<u> 2009</u>		
6	If this tax year is for less than 12 months, check reason Initial return Final return					
7	State in detail why you need the extension  THE TAXPAYER IS STILL WAITING FOR INFORMATION THAT IS  TO FILE A COMPLETE AND ACCURATE RETURN	NEC	ESSAR	Y IN	ORDER	
8a	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	8a	\$			
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					
	previously with Form 8868.	8b	\$			
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit				N/A	
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions  Signature and Verification	8c	\$		N/A	
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form.						
Signa	iture  Title  CM7	Date	<b>▶</b> 2	10 1	0	
	V SON Y SON			n <b>8868</b> (	Rev. 4-2009)	