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DLN: 93493135009412

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public

and ending 06-3  Inization ECHNOLOGY INTERNATIONAL  IS AS  Street (or P O box if mail is not delivered to street address)  ATIONAL BLVD  State or country, and ZIP + 4  IN, SC 29418  and address of principal officer  E SELF  ERNATIONAL BLVD  ESTON, SC 29418   Trust Solici () ★ (insert no) ★ 4947(a)(1) or ★ 52  Trust Association Other ★  Ganization's mission or most significant activities  the organization discontinued its operations or disp	H(a) Is this a g  H(b) Are all a  If "No,	57-106715  E Telephone nu (843) 760-4  G Gross receipts  group return for affiliates included? " attach a list (o exemption num	umber 4087 \$ 149,363,152   \$ Yes  No
street (or P O box if mail is not delivered to street address)  ATIONAL BLVD  state or country, and ZIP + 4  NN, SC 29418  and address of principal officer E SELF ERNATIONAL BLVD ESTON, SC 29418   501(c) ( )  (insert no )  4947(a)(1) or 522  Trust Association Other   ganization's mission or most significant activities  the organization discontinued its operations or disp	H(a) Is this ag  H(b) Are all a  If "No,  H(c) Group	57-106715  E Telephone nu (843) 760-4  G Gross receipts  group return for affiliates included? " attach a list (o exemption num	inber  4087  \$ 149,363,152   Ses <sup>7</sup> Yes  No  Yes  No  (see instructions)  nber ►
street (or P O box if mail is not delivered to street address) ATIONAL BLVD  state or country, and ZIP + 4 DN, SC 29418  and address of principal officer E SELF ERNATIONAL BLVD ESTON, SC 29418  501(c) ( )  (insert no )  4947(a)(1) or 52  Trust  Association Other   ganization's mission or most significant activities  the organization discontinued its operations or disp	H(a) Is this ag  H(b) Are all a  If "No,  H(c) Group	E Telephone nu (843) 760-4 G Gross receipts group return for affiliate affiliates included? " attach a list (	umber 4087 \$ 149,363,152  es² Yes  No  Yes  No  (see instructions) nber ►
state or country, and ZIP + 4  N, SC 29418  and address of principal officer E SELF ERNATIONAL BLVD ESTON, SC 29418   501(c) ( ) ( (insert no ) (4947(a)(1) or (52)  Trust (Association (Other))  ganization's mission or most significant activities  the organization discontinued its operations or disp	H(a) Is this ag  H(b) Are all a  If "No,  H(c) Group	(843) 760-4 <b>G</b> Gross receipts  group return for affiliate affiliates included? ," attach a list (	4087 \$ 149,363,152 es²  Yes  No
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and address of principal officer  E SELF  ERNATIONAL BLVD  ESTON, SC 29418   501(c) ( ) (insert no ) 4947(a)(1) or 522  Trust Association Other   ganization's mission or most significant activities  the organization discontinued its operations or disp	H(b) Are all a  If "No,  H(c) Group	group return for affiliate affiliates included? ," attach a list ( o exemption num	es? Yes V No Yes No (see instructions) nber ►
and address of principal officer E SELF ERNATIONAL BLVD ESTON, SC 29418   501(c) ( ) ( (insert no ) 4947(a)(1) or 522  Trust Association Other (a)  Ganization's mission or most significant activities  the organization discontinued its operations or disp	H(b) Are all a  If "No,  H(c) Group	affiliates included? ," attach a list ( o exemption num	
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ERNATIONAL BLVD ESTON, SC 29418     501(c) ( )   (Insert no )   4947(a)(1) or   522    Trust   Association   Other	If "No, H(c) Group	," attach a list ( exemption num	(see instructions) nber ►
STON, SC 29418  Sol(c) ( ) ◀ (insert no )	If "No, H(c) Group	," attach a list ( exemption num	(see instructions) nber ►
Trust Association Other Formula    ganization's mission or most significant activities    the organization discontinued its operations or disp	H(c) Group	exemption num	nber <b>►</b>
ganization's mission or most significant activities	<b>L</b> Year of form	nation 1998 M	State of legal domicile S
ganization's mission or most significant activities	<b>L</b> Year of form	nation 1998 M	State of legal domicile S
the organization discontinued its operations or disp	•		
the organization discontinued its operations or disp			
	posed of more than 25	% of its net as:	sets
bers of the governing body (Part VI, line 1a) .		3	
t voting members of the governing body (Part VI, I	ıne 1b)	4	
duals employed in calendar year 2010 (Part V, line	2a)	5	6
eers (estimate if necessary)		6	
, , , , , ,		7a	ı
s taxable income from Form 990-T, line 34		7b	(
	Prior	Year	Current Year
rants (Part VIII, line 1h)		0	(
enue (Part VIII, line 2g)	12	21,197,223	149,317,420
		35,399	45,73
		0	(
		21.232.622	149,363,152
			(
		-	
sing fees (Part IX, column (A), line 11e)		0	(
• • • • • • • • •	11	17,293,792	146,740,430
			146,740,430
		1,896,320	2,622,722
	Beginning		End of Year
, line 16)			73,371,858
t X, line 26)		56,959,590	
			01,006,/16
alances Subtract line 21 from line 20		9,682,420	61,066,716 12,305,142
	teers (estimate if necessary)	Prior rants (Part VIII, line 1h)	teers (estimate if necessary)

1 Briefly describe the organization's mission  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	Par		Statement of P			<b>lishments</b> Jestion in this Part I	· · · · · ·		F
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	1	Briefly o	describe the organ	nızatıon's mıssıon					
the prior Form 99 0 or 990-E27	SEE	SCHEDU	LE O						
the prior Form 99 0 or 990-E27									
the prior Form 99 0 or 990-E27									
Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  (Code ) (Expenses \$ 144,928,766 including grants of \$ ) (Revenue \$ 149,317,420)  TO ATTRACT HISH TECHNOLOGY INDUSTRY THROUGH THE ACQUISITION AND MANAGEMENT OF RRD CONTRACTS AND GRANKTS TO FACALITATE COLLABORATIC AMONG GOVERNMENT (AGRICLES, ACADEMIA, AND INDUSTRY IN GORBET OF 10 DEPTITY TECHNOLOGY SOLUTIONAL AND CEFFICIENCIES MORE THAN 98% OF ADVANCED TECHNOLOGY INTERNATIONAL'S EXPENSES FOR THE YEAR ENDED JUNE 30, 2011 WERE PROGRAM SERVICE RELATED  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	2						ar which were not liste		√ No
Services?  If "Yes," describe these changes on Schedule O  4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 50.1(c)(3) and 50.1(c)(4) organizations and section 49.47(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4a (Code ) (Expenses \$ 144,928,766 including grants of \$ ) (Revenue \$ 149,317,420 ) TO ATTRACT HIGH TECHNOLOGY INDUSTRY THROUGH THE ACQUISITION AND MANAGEMENT OF RRD CONTRACTS AND GRANTS TO FACILITATE COLLABORATIC AMONG GOVERNMENT AGENCIES, ACADEMIA, AND INDUSTRY IN ORDER TO IDENTIFY TECHNOLOGY SOLUTIONS WHICH CONTRIBUTE TO OPERATIONAL AND CERTIFICIES NORE THAN 98% OF ADVANCED TECHNOLOGY INTERNATIONAL'S EXPENSES FOR THE YEAR ENDED JUNE 30, 2011 WERE PROGRAM SERVICE RELATED  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )		If "Yes,"	describe these ne	ew services on Sc	hedule O				
Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 49.47(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4a (Code ) (Expenses \$ 144,928,766 mcluding grants of \$ ) (Revenue \$ 149,317,420)  TO ATTRACT HIGH TECHNOLOGY INDUSTRY THROUGH THE ACQUISITION AND MANAGEMENT OF RAD CONTRACTS AND GRANTS TO FACILITATE COLLABORATIC AMONG GOVERNMENT ACENCERS, ACADEMIA, AND DOLDSTRY IN ORDER TO IDENTIFY TECHNOLOGY SOLUTIONS WHITE CONTRIBUTE TO OPERATIONAL AND CO EFFICIENCES MORE THAN 98% OF ADVANCED TECHNOLOGY INTERNATIONAL'S EXPENSES FOR THE YEAR ENDED JUNE 30, 2011 WERE PROGRAM SERVICE RELATED  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule 0 )	3	services	5?			nt changes in how it o	onducts, any program		✓ No
Section 501(c)(3) and 501(c)(4) organizations and section 4947 (a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4a (Code ) (Expenses \$ 144,928,766 including grants of \$ ) (Revenue \$ 149,317,420)  TO ATTRACT HIGH TECHNOLOCY IXPUSTSY THROUGH THE ACQUISITION AND MANAGEMENT OF ARD CONTRACTS AND GRANTS TO FACILITATE COLLABORATIC AMONG GOVERNMENT ACENCIES, ACADEMIA, AND INDUSTRY IN ORDER TO IDENTIFY TECHNOLOCY SOLUTIONS WHICH CONTRIBUTE TO OPERATIONAL AND COEFFICIENCIES MORE THAN 98% OF ADVANCED TECHNOLOGY INTERNATIONAL'S EXPENSES FOR THE YEAR ENDED JUNE 30, 2011 WERE PROGRAM SERVICE RELATED  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule 0 )		If "Yes,"	describe these cl	hanges on Schedu	ile O				
TO ATTRACT HIGH TECHNOLOGY INDUSTRY THROUGH THE ACQUISITION AND MANAGEMENT OF R8D CONTRACTS AND GRANTS TO FACILITATE COLLABORATIC AMONG GOVERNMENT AGENCIES, ACADEMIA, AND INDUSTRY IN ORDER TO DENTIFY TECHNOLOGY SOLUTIONS WHICH CONTRIBUTE TO OPERATIONAL AND CEPTICLERCIES MORE THAN 98% OF ADVANCED TECHNOLOGY INTERNATIONALS EXPENSES FOR THE YEAR ENDED JUNE 30, 2011 WERE PROGRAM SERVICE RELATED  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	4	Section	501(c)(3) and 50	1(c)(4) organizati	ons and section	on 4947(a)(1) trusts	are required to report		
AMONG GOVERNMENT AGENCIES, ACADEMIA, AND INDUSTRY IN ORDER TO IDENTIFY TECHNOLOGY SOLUTIONS WHICH CONTRIBUTE TO OPERATIONAL AND CO EFFICIENCIES MORE THAN 98% OF ADVANCED TECHNOLOGY INTERNATIONAL'S EXPENSES FOR THE YEAR ENDED JUNE 30, 2011 WERE PROGRAM SERVICE RELATED  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O )	4a	(Code		) (Expenses \$	144,928,766	ıncludıng grants of \$	) (Reve	enue \$ 14	l9,317,420 )
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )		AMONG ( EFFICIEN	GOVERNMENT AGENCI NCIES MORE THAN 98'	ES, ACADEMIA, AND	NDUSTRY IN ORI	DER TO IDENTIFY TECHN	DLOGY SOLUTIONS WHICH (	CONTRIBUTE TO OF	PERATIONAL AND COST
4d Other program services (Describe in Schedule O )	4b	(Code		) (Expenses \$		including grants of \$	) (Reve	nue \$	)
4d Other program services (Describe in Schedule O )									
4d Other program services (Describe in Schedule O )									
4d Other program services (Describe in Schedule O )									
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4d Other program services (Describe in Schedule O )									
4d Other program services (Describe in Schedule O )									
4d Other program services (Describe in Schedule O )									
	<b>4</b> c	(Code		) (Expenses \$		including grants of \$	) (Reve	nue \$	)
					<u> </u>				
		Otherr	nrogram services	(Describe in Sch	edule O N				
(Expenses \$ including grants of \$ ) (Revenue \$ )	-ru		=			f \$	) (Revenue \$		)
4e Total program service expenses \$ 144,928,766			•						·

Part TV	Checklist of	Required	Schedules
4 1 2 2 2 2	CHECKHISE OF	reuun eu	<b>SCHEUUICS</b>

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$ ? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	rt IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	, , , , , , , , , , , , , , , , , , , ,			
	IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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		Νo
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	_ <del></del>

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check it Schedule O contains a response to any question in this Part V	•		<u>'                                    </u>	
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		+	es	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1			
2a	gaming (gambling) winnings to prize winners?	10	Y	'es	
L	return	2		ŀ	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	, <u>Y</u>	'es	
la	Did the organization have unrelated business gross income of \$1,000 or more during the				
h	year?	3a 3b	_		Νo
la .	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	$\perp$		Νo
b	If "Yes," enter the name of the foreign country 🕨				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50			
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	+		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
а	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a			No
	services provided to the payor?				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	+	$\dashv$	
	file Form 8282?	<b>7</b> c	+	-	No
	- · · · · · · · · · · · · · · · · · · ·	1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	:		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_		Νo
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ı		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
	Sponsoring organizations maintaining donor advised funds.		$\top$	$\neg$	
	Did the organization make any taxable distributions under section 4966?	9a			
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	$\longrightarrow$	
0 a	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
1	Section 501(c)(12) organizations. Enter				
	Gross income from members or shareholders	-			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128	<u>.                                    </u>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	138	,		
b	Enter the amount of reserves the organization is required to maintain by the states		+	$\dashv$	
c	In which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  136				
<b>4</b> a	Did the organization receive any payments for indoor tanning services during the tax year?	148	,		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14	-	$\dashv$	110
-					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

_Se	ction A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax									
Id	year									
b	Enter the number of voting members included in line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No						
5										
6										
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes							
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the									
	year by the following									
а	The governing body?	8a	Yes							
b	Each committee with authority to act on behalf of the governing body?	8b	Yes							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No						
	ection B. Policies (This Section B requests information about policies not required by the Internal									
<u></u>	venue Code.)		Yes	No						
102	Does the organization have local chapters, branches, or affiliates?	10a	165	No						
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		110						
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b								
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes							
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes							
13	Does the organization have a written whistleblower policy?	13	Yes							
14	Does the organization have a written document retention and destruction policy?	14	Yes							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Yes							
	Other officers or key employees of the organization	15b	Yes							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )									
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?										
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the									
	organization's exempt status with respect to such arrangements?	16b								
Se	ection 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 Form 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 V Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 JULIA MARTIN 5300 INTERNATIONAL BLVD

N CHARLESTON, SC 29418 (843)760-4087

# 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 Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours		tion ( that a	che		II		<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) V ADM ALBERT J BACIOCCO JR DIRECTOR	1 00	х						4,254	0	0
(2) LTGEN LAWRENCE P FARRELL JR DIRECTOR	1 00	х						6,596	0	0
(3) JOHNNY G BARNES DIRECTOR	1 00	х						3,970	0	0
(4) W BRADFORD RIGDON DIRECTOR	1 00	х						6,205	0	0
(5) MICHAEL F MCGRATH D SC DIRECTOR	1 00	х						7,671	0	0
(6) WILLIAM T MAHONEY CHAIRMAN	1 00	х		х				0	375,492	49,014
(7) ROBERT G KIGGANS VICE CHAIRMAN	1 00	х		х				0	217,104	3,320
(8) RICHARD E SELF PRESIDENT	40 00	х		х				103,792	171,883	43,405
(9) JULIA A MARTIN CFO/TREASURER	1 00	х		Х				0	272,938	44,099
(10) KEVIN P CARPENTIER SR VICE PRESIDENT	40 00				Х			89,194	117,929	13,573
(11) CHRISTOPHER R VAN METRE VP ATI	40 00				Х			70,894	107,268	12,580
(12) MICHAEL A GWYN VP ATI	40 00					Х		68,625	93,577	23,718
(13) CHARLES C HOLCOMB VP ATI	34 00					х		76,540	95,868	0
(14) AMBROSE SCHWALLIE VP ATI	38 00					Х		98,400	138,714	0
(15) LARRY N KARNES DIRECTOR	36 00					х		87,318	100,350	0
(16) RUSSEL C KELLER VP ATI	40 00					х		71,779	89,499	24,532

Form 990 (2010)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(4)	(B)			C)					(D)	<b>(E)</b>	Т	(F)	1
	Name and Title	Average		tion	(che		II		Rep	ortable	Reportable		Estima	ited
		per	1	that a	арріу Л	/) 	<u>Ι</u> ω –		fro	m the	from related		amount o compens	sation
		week (describe	오를	<u> </u>		줐					_		from t organizati	
		hours for			Ω	9	9 6 8 6	77			MISC)		relate organiza	
		related	호블	) Na	햩		B	Ē					0.9424	
		in		Trus	-	), 66	SE S							
		Schedule O)	#i	မ်			at ed							
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-														
1b						•		•						
								<u> </u>		695 238	1 780 62	2		214,241
							above		receive	,				11,211
_	•	_						,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
													Yes	No
3						ey e	mploy •	ee, o	r highes • • •	t compens:	ated employee	3		No
4														
	individual	ations greater t	nan \$1:	•	•	•	es, cc	• •	ete Schea • •	uie ) for sud • • •	:n	4	Yes	
5			-				-		_		r individual for	_		NI -
	<b>3</b>		,					,						<u> </u>
				- لـ ــ	د د د						***			
		n the organization		ınaep	ena	ent o	contra	ctors	that rec	eived more				
		( <b>A)</b> me and business ad	dress							Descr			(C Comper	
that apply)  compensation from the organization for related organizations in schedule of the organization from the organizations in schedule of the organization from the organization from the organization from the organizations of the organization of the organization of the organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a² If Y'es," complete Schedule 1 for such individual is complete Schedule 1 for such individual is compensation from the organization and other compensation from the organization organization and other compensation from the organization org						29	,368,920							
	ICE APPLICATIONS INT'L													

(A) Name and business address	(B) Description of services	(C) Compensation
ALLIANT TECHSYSTEMS INC 4700 NATHAN LANE PLYMOUTH, MN 55442	SUBCONTRACTOR	29,368,920
SCIENCE APPLICATIONS INT'L PO BOX 223058 PTTSBURGH, PA 15251	SUBCONTRACTOR	24,322,466
BAE SYSTEMS 4800 EAST RIVER ROAD MINNEAPOLIS, MN 55421	SUBCONTRACTOR	9,191,078
CLOGIC LLC 26 SKYVIEW DRIVE AVON, CT 06001	SUBCONTRACTOR	8,486,170
GENERAL DYNAMICS OTS 115 HART STREET NICEVILLE, FL 32578	SUBCONTRACTOR	6,040,711
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

\$100,000 in compensation from the organization ►87

Form 99						Pag	e <b>9</b>
Party	***	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns					
Program Service Revenue		GOVERNMENT CTRCT REV  COMMERCIAL CTRCT REV  All other program service revenue  Total. Add lines 2a-2f	541900 541900	148,028,627 1,288,793 149,317,420			
	4 5 6a b	Investment income (including dividends, interest and other similar amounts)	(II) Personal	45,732			45,732
	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)  Net gain or (loss)	(II) Other				
Other Revenue	b c 9a b c 10a b c	(not including  \$ of contributions reported on line 1c) See Part IV, line 18	Business Code				
	12	Total revenue. See Instructions		149,363,152	149,317,420	0 m <b>990</b> (20	

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Α	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21										
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										
а	Fees for services (non-employees) Management										
b	Legal										
C	Accounting										
d	Lobbying										
е	Professional fundraising services See Part IV, line 17										
f	Investment management fees										
g	Other										
12	Advertising and promotion										
13	Office expenses										
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										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance										
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)										
а	CONTRACT EXPENSES	137,547,043	137,547,043								
b	G & A ALLOC FROM SCRA	4,205,572	2,510,308	1,695,264							
c	O/HEAD ALLOC FROM SCRA	3,956,709	3,956,709								
d	OCCUP ALLOC FROM SCRA	795,268	738,767	56,501							
е	IT ALLOCATION FROM SCRA	235,838	175,939	59,899							
f	All other expenses										
25	Total functional expenses. Add lines 1 through 24f	146,740,430	144,928,766	1,811,664	0						
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Pa	rt X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	46,240,542	2	49,131,430
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	19,881,086	4	19,222,332
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees  Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers, and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions)			
緩		Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
<	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	19,209	9	894
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	501,173	11	1,017,202
	12	Investments—other securities See Part IV, line 11		12	4,000,000
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	66,642,010	16	73,371,858
	17	Accounts payable and accrued expenses .	19,100,621	17	20,657,796
	18	Grants payable		18	
	19	Deferred revenue	36,523,197	19	38,544,069
	20	Tax-exempt bond liabilities		20	
မ	21	Escrow or custodial account liability		21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Lia		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	1,335,772	25	1,864,851
	26	Total liabilities. Add lines 17 through 25	56,959,590	26	61,066,716
Balances		Organizations that follow SFAS 117, check here ► and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
89	28	Temporarily restricted net assets		28	
뒫	29	Permanently restricted net assets		29	
or Fund		Organizations that do not follow SFAS 117, check here ► ✓ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	9,682,420	30	12,305,142
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
A.	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
Net	33	Total net assets or fund balances	9,682,420	33	12,305,142
2	34	Total liabilities and net assets/fund balances	66,642,010	34	73,371,858

Pal	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		149,3	363,15		
2	Total expenses (must equal Part IX, column (A), line 25)	2			146,740,430		
3	3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,6	582,42		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			,		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		12,3	305,14		
Par	Table 1 The Check of Schedule O contains a response to any question in this Part XII			৮			
1	Accounting method used to prepare the Form 990			Yes	No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes			
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		<b>2</b> c	Yes			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ssued					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes			

**Employer identification number** 

### 1: 93493135009412

OMB No 1545-0047

2040

Open to Public Inspection

## **SCHEDULE A**

Name of the organization

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

ADVANCED TECHNOLOGY INTERNATIONAL 57-1067151

		instructions))	Yes	No	Yes	No	Yes	No			
supported organization	EIŃ	lines 1- 9 above or IRC section <b>(see</b>	your gover documer	rning nt?	col (ı) of support	ť?	col (1) orga in the U s	S ?			unt of port
(i) Name of	(ii)	(iii) Type of organization (described on	(iv) Is the organization col (i) list	on in	(v) Dıd you not organızatı	•	(vi) Is the organizatio			-	vii)
		ig illioilliation about	the supporte	a organizati							
-	•	led entity of a perso ng information about		., .,				Ľ	11g(iii)	)	No
-	•	er of a person descri			hove?			⊢	11g(ii)		No
		governing body of th			tion?				11g(i)		No
-		rectly or indirectly c	•		-	persons desc	cribed in (ii)	_	44 (**	Yes	No
fo	llowing persons?										
		2006, has the organi	zation accep	ted any gift	or contribution	on from any o	of the				'
<b>f</b> If		received a written de	etermination	from the IRS	5 that it is a 1	Гуре I, Туре	II or Type II	:I supp	orting	organız	ation,
ot	• –	ox, I certify that the on managers and otl	_		-	·-	•			-	
or th	ne or more publicle ne box that descri a	ganized and operated ly supported organiz bes the type of supp <b>b</b> Type I	ations descri orting organi I <b>c</b>	ibed in secti ization and c Type III	on 509(a)(1) omplete lines - Functionall	or section 5 s 11e throug ly integrated	09(a)(2) Se h 11h <b>d</b>	e <b>sectio</b>	<b>on 509</b> Type II	( <b>a)(3).</b> [I - Oth	Check ner
<u>-</u>	n organization org	ganized and operated	d exclusively	to test for p	ublic safety	See <b>section</b> !	509(a)(4).				
	• • • • • •	janızatıon after June				•		-			
		oss investment inco									
		ities related to its ex									
_	•	at normally receives			-	-	utions, memb	ership	fees. a	and aro	SS
_		described in section		<b>A)(vi)</b> (Com	nplete Part II	)					
de	escribed in	at normally receives  A)(vi) (Complete P		l part of its s	support from	a governmer	ntal unit or fro	m the o	genera	l public	:
<b>6</b>	federal, state, or	local government or	government	al unit desci	rıbed ın <b>secti</b>	on 170(b)(1)	(A)(v).				
	=	A)(iv). (Complete P	_		•	•					
5	n organization op	erated for the benefi	t of a college	or universit	y owned or o	perated by a	governmenta	ıl unıt d	lescrib	ed in	
	medical research ospital's name, ci	n organization operat ty, and state	ted in conjun	ction with a	hospital desc	cribed in <b>sect</b>	ion 170(b)(1	)(A)(ii	i). Ent	er the	
3 <u> </u>	hospital or a coo	perative hospital se	rvice organiz	atıon descrı	bed in <b>sectio</b> i	n 170(b)(1)(	A)(iii).				
<b>2</b>	school described	in <b>section 170(b)(1</b>	. <b>)(A)(ii).</b> (At	tach Schedu	ıle E)						
1	church, conventi	on of churches, or as	ssociation of	churches de	escribed in <b>se</b>	ection 170(b)	)(1)(A)(i).				
		e foundation becaus			•			ou a ou	5110		
Part I	Reason for Pu	blic Charity Sta	tus (All ord	anizations	must comp	olete this pa	art.) See ins	struction	ons		
							10, 100, 10				

(i) Name of supported organization	(ii) EIN	organization (described on lines 1- 9 above or IRC section (see	Is the organization in col (i) listed in your governing document?		Did you notify the organization in col (i) of your support?		Is the organization in col (i) organized in the U S ?		(vii) A mount of support
		inst ruct ions))	Yes	No	Yes	No	Yes	No	
(A) SOUTH CAROLINA RESEARCH AUTHORITY	570736144	9	Yes		Yes		Yes		0
Total									0

# Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	ection A. Public Support		and to quanty t			out complete	
	endar year (or fiscal year beginning						
Care	in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	<b>I</b> I.			
	endar year (or fiscal year beginning						
	ın) <b>&gt;</b>	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	Total support (Add lines 7						
	through 10)					<u> </u>	
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and <b>stop here</b>						<b>►</b>
	-tiC Ct-tiC DI	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, check	
_	and <b>stop here.</b> The organization qua						<b>▶</b> □
b	<b>33 1/3% support test—2009.</b> If the				5a, and line 15 is 3	33 1/3% or more,	- <del>-</del>
	box and <b>stop here.</b> The organization				45.46		<b>►</b>
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	<b>►</b> □
D	<b>10%-facts-and-circumstances test-</b> 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	<b>▶</b> □

organization

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**▶**□

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493135009412

OMB No 1545-0047

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### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

► Attach to Form 990. ► See separate instructions.

	the organization TECHNOLOGY INTERNATIONAL		Employer identification number						
DVANCED	TECHNOLOGY INTERNATIONAL		57-	1067151					
art I			unds	or Accounts	. Complet	e if the			
	organization answered "Yes" to Form 99	(a) Donor advised funds		( <b>b</b> ) Funds and o	ther accoun	nts			
Tota	I number at end of year	(a) Bollot davised lands	'	(b) i anas ana o	tiler decou	1103			
	regate contributions to (during year)								
	regate grants from (during year)								
	regate value at end of year								
Did t	the organization inform all donors and donor advi		nor adv	ısed					
	s are the organization's property, subject to the				Yes	No			
	the organization inform all grantees, donors, and I only for charitable purposes and not for the ben								
	erring impermissible private benefit		,		☐ Yes	┌ No			
rt II	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	n 990, Part I\	/, lıne 7.				
-	oose(s) of conservation easements held by the oi								
_	Preservation of land for public use (e g , recreati			-	-	3			
	Protection of natural habitat	Preservation of a	certifie	d historic struc	ture				
ı	Preservation of open space								
	uplete lines 2a-2d if the organization held a quali	fied conservation contribution in the form	ofaco	onservation					
ease	ement on the last day of the tax year			Held at the	End of the	Voar			
Tota	Il number of conservation easements		2a	rield at the	Lila of the	i cai			
	il acreage restricted by conservation easements		2b						
	ber of conservation easements on a certified his		2c						
	ber of conservation easements included in (c) a	• •	2d						
	ber of conservation easements modified, transfe	• •		l organization	during				
	taxable year 🛌	rred, released, extinguished, or terminate	La by Ci	ic organization	during				
	·								
	nber of states where property subject to conserva								
	s the organization have a written policy regarding rcement of the conservation easements it holds?		dling of	violations, and	│ │ Yes	┌ No			
Staff	f and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easen	nents d	uring the year 🖡	<b>-</b>				
A mo	ount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s durın	g the year 🟲 \$ _					
	s each conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No			
bala	art XIV, describe how the organization reports conce sheet, and include, if applicable, the text of th	he footnote to the organization's financia	•	•					
rt III	Organizations Maintaining Collection Complete if the organization answered '		or Ot	her Similar	Assets.				
art, l	e organization elected, as permitted under SFAS historical treasures, or other similar assets held ide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch ın fu			 !,			
histo	e organization elected, as permitted under SFAS orical treasures, or other similar assets held for pinde the following amounts relating to these items	oublic exhibition, education, or research i							
(i) <sub>R</sub>	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$					
(ii)	Assets included in Form 990, Part X			<u></u>					
	e organization received or held works of art, histo	orical treasures, or other similar assets fo	or finan	cial gain, provi	de the				
	wing amounts required to be reported under SFA			3,					

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	<b>IIII</b> Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	tori	cal Ir	<u>easur</u>	es, or (	tner	Similar A	Assets	(cor	tinued)
3	Using the organization's accession and other items (check all that apply)	records, check an	y of th	ie foll	owing	hat are	a signific	ant us	e of its colle	ection		
а	Public exhibition		d	Γ	Loan	or excha	ange prog	rams				
b	Scholarly research		e	Γ	Other	=						
С	Preservation for future generations											
4	Provide a description of the organization's co	llections and expla	ın hov	v the	/ furthe	r the or	ganızatıo	n's ex	empt purpos	e ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	ΓYe	es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	ed "Ye	es" to Form	1 990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	tions or	other as	sets n	ot	ΓYe	es	∏ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ıng ta	able		ſ			<b>0</b>		
_	Da manana balana a							1-		Amount		
d C	Additions during the year						ŀ	1c 1d				
d	Additions during the year						ŀ					
e f	Distributions during the year							1e				
f 2-	Ending balance		- 212				Į	1f				<u> </u>
2a	Did the organization include an amount on Fo		e 217							Γ Y€	es	∏ No
	If "Yes," explain the arrangement in Part XIV		222	o = -	d IIVa	c" to F	2rm 000	Do -4	· T\/ line 4/	`		
Par	t V Endowment Funds. Complete	(a)Current Year		Were Prior \			Years Back		hree Years Bac		our Yea	ars Back
1a	Beginning of year balance	(4)-411-111	(-)	,, ,,,,,,		(0)		1 (-7.		(-)		
ь	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation 1	that a	re held	d and ad	mınıstere	d for t	:he	٦,	Yes	No
	(i) unrelated organizations $\ldots$								3	Ba(i)		
	(ii) related organizations								. 3	a(ii)		
	If "Yes" to 3a(II), are the related organization	·						•		3b		
4	Describe in Part XIV the intended uses of th					00 P	1.37 1	4.0				
Pair	t VI Investments—Land, Buildings	s, and Equipme	<u>nτ. 5</u>	$\Box$		•				Т		
	Description of investment				sis (inve	or other estment)	(b)Cost o basis (o		(c) Accumu depreciati		( <b>d)</b> Bo	ok value
<b>1</b> a L	and											
b E	Buildings											
c L	easehold improvements		•	$\vdash$								
	Equipment		•									
	Other		•				1					
									▶			

Investments—Other Securities. See	orm 990, Part X, line 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	<u>e</u>
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other	4 000 000		_
(A) MIT-RCF	4,000,000		C
Table (California (b) abouted a soul form 2000, Bart V, and (B) for 12.)	4 000 000		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	4,000,000		
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Method of valuation	•
		Cost or end-of-year market value	<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
	e 15.	(b) Book valu	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	е
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book valu	e
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion	(b) Book valu	e
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  (b) Should equal Form 990, Part X, col.(B) line 1:	e 15. tion  5.)		e
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion  5.) , line 25.		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) Amount		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25.		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X	E 15. tion  5.) , line 25. (b) Amount		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) Amount		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) Amount		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) Amount		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) Amount		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) Amount		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) Amount		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) Amount		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) Amount		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) Amount		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) Amount		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) Amount		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) Amount		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) Amount		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) Amount		e

	nts	XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	Par
149,363,152	1	Total revenue (Form 990, Part VIII, column (A ), line 12)	1
146,740,430	2	Total expenses (Form 990, Part IX, column (A), line 25)	2
2,622,722	3	Excess or (deficit) for the year Subtract line 2 from line 1	3
	4	Net unrealized gains (losses) on investments	4
	5	Donated services and use of facilities	5
	6	Investment expenses	6
	7	Prior period adjustments	7
	8	Other (Describe in Part XIV)	8
0	9	Total adjustments (net) Add lines 4 - 8	9
2,622,722	10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
rn	er Retui	Reconciliation of Revenue per Audited Financial Statements With Revenue p	Par
149,363,152	1	Total revenue, gains, and other support per audited financial statements	1
		A mounts included on line 1 but not on Form 990, Part VIII, line 12	2
		Net unrealized gains on investments	а
		Donated services and use of facilities	b
		Recoveries of prior year grants	C
		Other (Describe in Part XIV)	d
0	2e	Add lines <b>2a</b> through <b>2d</b>	e
149,363,152	3	Subtract line <b>2e</b> from line <b>1</b>	3
		A mounts included on Form 990, Part VIII, line 12, but not on line 1	4
		Investment expenses not included on Form 990, Part VIII, line 7b . 4a	а
		Other (Describe in Part XIV) 4b	b
0	4c	Add lines <b>4a</b> and <b>4b</b>	c
149,363,152	5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5
	per Ret	Reconciliation of Expenses per Audited Financial Statements With Expenses	
146,740,430	1	Total expenses and losses per audited financial statements	1
		Amounts included on line 1 but not on Form 990, Part IX, line 25	2
		Donated services and use of facilities	а
		Prior year adjustments	b
		Other losses	c
		Other (Describe in Part XIV) 2d	d
0	2e	Add lines 2a through 2d	e
146,740,430	3	Subtract line <b>2e</b> from line <b>1</b>	3
		A mounts included on Form 990, Part IX, line 25, but not on line 1:	4
		Investment expenses not included on Form 990, Part VIII, line 7b 4a	а
		Other (Describe in Part XIV) 4b	b
		· · · · · · · · · · · · · · · · · · ·	
0	4c	Add lines <b>4a</b> and <b>4b</b>	C

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

Identifier Return Reference Explanation Department of the Treasury

Name of the organization

Internal Revenue Service

DLN: 93493135009412

**Employer identification number** 

OMB No 1545-0047

**Compensation Information** Schedule J (Form 990)

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

ADV	VANCED TECHNOLOGY INTERNATIONAL 57-1067151			
Pa	art I Questions Regarding Compensation			
			Yes	Νo
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			
	First-class or charter travel  Housing allowance or residence for personal use  Payments for business use of personal residence			
	Travel for companions  Payments for business use of personal residence  Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
	y Posterionary Spending account y Personar Services (e.g., maid, endancar, ener)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		100	
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply			
	✓ Compensation committee			
	☑ Independent compensation consultant ☑ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization			
7	or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	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 only must complete lines 5-9.			
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			
	The organization?	5a		No
b	Any related organization?	5b		Νo
_	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	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		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	incentive reportable		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) WILLIAM T MAHONEY	(I) (II)	0 208,676	0 125,189	0 41,627	0 35,013	0 14,001	_	(
(2) ROBERT G KIGGANS	(ı) (ıı)	0 119,474	0 73,813	0 23,817	0 2,966	0 354	0 220,424	(
(3) RICHARD E SELF	(I) (II)	75,313 65,046	0 85,504	28,479 21,333	7,022 15,150	11,804 9,429		(
(4) JULIA A MARTIN	(ı) (ıı)	0 177,179	0 84,447	0 11,312	0 27,873	0 16,226	1	(
(5) KEVIN P CARPENTIER	(ı) (ıı)	62,830 60,783	14,863 45,362	11,501 11,784	5,236 5,016	1,631 1,690		(
(6) CHRISTOPHER R VAN METRE	(ı) (ıı)	60,525 56,222	0 42,400	10,369 8,646	5,016 3,816	1,884 1,864		(
(7) MICHAEL A GWYN	(ı) (ıı)	62,642 53,831	0 34,452	5,983 5,294	3,995 4,344	8,368 7,011		(
(8) CHARLES C HOLCOMB	(I) (II)	66,986 60,489	0 32,895	9,554 2,484	0	0	1	(
(9) AMBROSE SCHWALLIE	(1) (11)	98,400 98,714	0 40,000	0 0	0 0	0 0		(
(10) LARRY N KARNES	(I) (II)	76,437 65,137	0 18,792	10,881 16,421	0 0	0	87,318 100,350	(
(11) RUSSEL C KELLER	(I) (II)	61,852 55,176	0 25,529	9,927 8,794	5,090 8,381	6,593 4,468		(
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Schedule J (Form 990) 2010 Page **3** 

### Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	· ·	SOCIAL CLUB DUES WERE PAID ON BEHALF OF OR REIMBURSED TO CERTAIN KEY EMPLOYEES PER COMPANY POLICY, ALL AMOUNTS WERE PROPERLY INCLUDED IN TAXABLE INCOME PER IRS GUIDELINES

Schedule J (Form 990) 2010

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As Filed Data -

DLN: 93493135009412

2010

Open to Public
Inspection

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization
ADVANCED TECHNOLOGY INTERNATIONAL

**Employer identification number** 

57-1067151

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3		THROUGH WRITTEN AGREEMENTS BETWEEN ADVANCED TECHNOLOGY INTERNATIONAL (ATI) AND THE RELATED ORGANIZATION SOUTH CAROLINA RESEARCH AUTHORITY (SCRA), ATI HAS DELEGATED CERTAIN MANAGEMENT DUTIES TO THE EMPLOYEES OF SCRA ATI HAS AN EMPLOYEE LEASE AGREEMENT IN PLACE WITH SCRA WHEREBY ATI LEASES ITS EMPLOYEES FROM SCRA, INCLUDING MANAGEMENT PERSONNEL SCRA IS THE EMPLOYER AND ASSIGNS THE EMPLOYEES TO ATI THROUGH THE AGREEMENT THE AGREEMENT SCRA

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		"41 POWER AND COMPOSITION MANAGEMENT OF ATI 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 SCRA WHO SHALL BE AN EX OFFICIO MEMBER OF THE BOARD, (III) THE CHIEF EXECUTIVE OFFICER OF SCRA WHO SHALL BE AN EX OFFICIO MEMBER OF THE BOARD, (III) THE CHIEF EXECUTIVE OFFICER OF SCRA WHO SHALL BE AN EX OFFICIO MEMBER OF THE BOARD, (III) THE CHIEF PERSONS AND OF ATI AND (V) NO LESS THAN THREE AND NO MORE THAN FIVE PERSONS APPOINTED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTESS OF SCRA BASED UPON THE NOWNATION OF ATI 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 AS SET AT SEVEN DIRECTORS, (B) FOUR IF THE FULL BOARD AS SET AT BEIGHT DIRECTORS, AND (C) FIVE IF THE FULL BOARD IS SET AT SINE DIRECTORS, (B) FOUR IF THE FULL BOARD AS SET AT BEIGHT DIRECTORS, AND (C) FIVE IF THE FULL BOARD OF DIRECTORS OF ATI THE BOARD OF TRUSTESS OF SCRA MAY, WITH OR WITHOUT CAUSE, DECLINE TO ARPOINT ANY SUCH NOMINET. IN WHICH CASE THE MEMBERS OF THE BOARD OF TRUSTESS OF SCRA MAY, WITH OR WITHOUT CAUSE, DECLINE TO A PROINT ANY SUCH NOMINET. IN WHICH CASE THE MEMBERS OF THE BOARD OF DIRECTORS OF ATI THAN OR THE THE ACTUAL OR THE MEMBERS OF THE BOARD OF DIRECTORS OF A THE PROPERTY OF THE SOURD SHALL BE LIGIBLE TO BE APPOINTED AS OFFICERS OF ATI AND THE PRESCON FOR SUCH BOARD SHALL BE LIGIBLE TO BE APPOINTED AS OFFICERS OF ATI AND THE PRESCON FOR SUCH BOARD SHALL BE LIGIBLE TO BE APPOINTED AS OFFICERS OF ATI AND THE PRESCON FOR SUCH BOARD OF TIRESTESS OF SCRA MAY. WITH OR WITHOUT NOTICE 4 2 THEM OF OFFICE CACH MEMBER OF THE BOARD OF DIRECTORS OF ATI AND THE PRESCON FOR SUCH BOARD OF THE BOARD SHALL BE LIGIBLE TO SECTION 4 1(V). AT WILL, WITHOUT CAUSE AND WITHOUT NOTICE 4 2 THEM OF OFFICE ACH MEM

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		"4.1 POWER AND COMPOSITION MANAGEMENT OF ATI SHALL BE VESTED IN A BOARD OF DIRECTORS CONSISTING OF NO LESS THAN SEVEN AND NO MORE THANNINE DIRECTORS, WITH THE ACTUAL NUMBER THEREOF BING FIXED BY THE BOARD OF DIRECTORS FROM TIME TO TIME. THE MEMBERS OF THE BOARD OF DIRECTORS SHALL CONSIST OF (I) THE CHIEF FUNDANCIAL OFFICER OF SCRA WHO SHALL BE AN EX OFFICIO MEMBER OF THE BOARD, (II) THE CHIEF FUNDANCIAL OFFICER OF SCRA WHO SHALL BE AN EX OFFICIO MEMBER OF THE BOARD, (III) THE CHIEF OFFERATINS OFFICER OF SCRA, OR HIS DESIGNEE, WHO SHALL BE AN EX OFFICIO MEMBER OF THE BOARD, (III) THE CHIEF OFFERATINS OFFICER OF SCRA, OR HIS DESIGNEE, WHO SHALL BE AN EX OFFICIO MEMBER OF THE BOARD, (III) THE CHIEF OFFERATINS OFFICER OF SCRA, AND SHALL BE AN EX OFFICIO MEMBER OF THE BOARD OF TRUSTESE OF SCRA BASED UPON THE NOMINATIONS SUBMITTED BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS OF ATI WHO ARE SERVING ON THE BOARD OF DIRECTORS, (II) FOUR IT THE FULL BOARD IS SET AT SEVEN DIRECTORS, (II) FOUR IT THE FULL BOARD IS SET AT BOHT DIRECTORS, AND (IC) FIVE IT THE FULL BOARD IS SET AT SEVEN DIRECTORS, (II) FOUR IT THE FULL BOARD IS SET AT BOHT DIRECTORS, AND (IC) FIVE IT THE FULL BOARD IS SET AT SEVEN DIRECTORS, (II) FOUR IT THE FULL BOARD IS SET AT BOHT DIRECTORS, AND (IC) FIVE IT THE FULL BOARD IS SET AT SEVEN DIRECTORS, WITH RESPECT TO ANY PERSON NOMINATED TO SERVE ON THE BOARD OF DIRECTORS OF A TIL INVALUANT TO SECTION 41 (IV)). THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTESS OF DIRECTORS OF A TIL INVALUANT TO SECTION 41 (IV). THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF A TIL INVALUANT TO SECTION 41 (IV). THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTESS OF SEAR MAY, WITH OR WITHOUT CAUSE, DECLINE TO APPOINT ANY SUCH NOMINATE INVALUANT ON SECTION 41 (IV) AT WILL AND MINATE ANOTHER PERSON FOR SUCH BOARD OF THE BOARD AND SECTION 31 (IV). THE EXECUTIVE COMMITTEE OF THE BOARD AT THAT GAY IN THE SECOND TO SECTION 41 (IV). AND (III) ABOVE SHALL BE ELICIBLE TO SERVE ON THE BOARD OF DIRECTOR

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		PRIOR TO SUBMISSION TO THE IRS, ATI'S AUDIT COMMITTEE AND CFO/TREASURER REVIEW THE 990 IN DETAIL THE AUDIT COMMITTEE REPORTS THE RESULTS OF THIS REVIEW TO THE FULL BOARD OF DIRECTORS, AND THE 990 IS MADE AVAILABLE TO THE BOARD PRIOR TO SUBMISSION TO THE IRS

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ADVANCED TECHNOLOGY INTERNATIONAL (ATI) OFFICERS AND BOARD DIRECTORS ARE REQUIRED TO EXECUTE ANNUALLY AN ANNUAL STATEMENT REGARDING CONFLICT OF INTEREST POLICY AFFIRMING THAT THEY HAVE READ AND UNDERSTOOD THE CONFLICT OF INTEREST POLICY FOR ATI OFFICERS AND DIRECTORS AND THE SCRA ETHICS AND COMPLIANCE HANDBOOK IN ADDITION, EACH DIRECTOR AND OFFICER IS TO COMPLETE, EXPEDITIOUSLY, THE DISCLOSURE OF POTENTIAL SIGNIFICANT CONFLICT OF INTEREST FORM WHEN A SPECIFIC POTENTIAL CONFLICT EXISTS AND DISCLOSE ANY SUCH POTENTIAL CONFLICTS OF INTEREST TO THE GOVERNING BOARD OR COMMITTEE FOR REVIEW ATI KEY EMPLOYEES ARE REQUIRED TO SUBMIT AN ANNUAL DISCLOSURE FORM IDENTIFY ING POTENTIAL AREAS OF CONFLICT WITH SOUTH CAROLINA RESEARCH AUTHORITY'S (SCRA) VP OF HUMAN RESOURCES KEY EMPLOYEE POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY HR, IF THE INITIAL DETERMINATION CONCLUDES THAT A POTENTIAL FOR CONFLICT OF INTEREST UNDER THE POLICY DOES EXIST, IT IS THEN REFERRED TO ATI'S PRESIDENT OR SCRA'S CEO WHO WILL ENSURE IT IS REVIEWED BY THE ATI BOARD OF DIRECTORS, AND IF DEEMED APPROPRIATE, THE EXECUTIVE COMMITTEE OF THE SCRA BOARD OF TRUSTEES IN ADDITION ATI AND SCRA HAVE IMPLEMENTED AN ORGANIZATIONAL ETHICS AND COMPLIANCE PROGRAM WHICH APPLIES TO ALL EMPLOYEES AND BOARD MEMBERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	ADVANCED TECHNOLOGY INTERNATIONAL (ATI) IS A FULLY CONTROLLED AFFILIATE OF THE SOUTH CAROLINA RESEARCH AUTHORITY (SCRA) COMPENSATION FOR ATI'S EMPLOYEES (WHO ARE LEASED FROM SCRA), INCLUDING THAT OF OFFICERS AND KEY EMPLOYEES, IS SET BY THE PERFORMANCE AND COMPENSATION COMMITTEE OF THE SCRA BOARD OF TRUSTEES 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 REVIEWED BY THE COMMITTEE TWICE ANNUALLY, REVIEWS INCLUDE BENCHMARKING AGAINST INDUSTRY DATA TO ENSURE COMPETITIVENESS AND REASONABLENESS OF COMPENSATION AT ALL LEVELS OF THE ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS FORMS 1023 AND 990 AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND DETAILED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST

ldentifier	Return Reference	Explanation
OVERSIGHT OF AUDIT	FORM 990, PART XI, LINE 2C	THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS

ldentifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATIONS MISSION	FORM 990, PART I AND PART III, LINE 1	ADVANCED TECHNOLOGY INTERNATIONAL (ATI) 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 INSTITUMENT UNDER WHICH SUCH PROPERTY IS RECEIVED, ATT'S ARTICLES OF INCORPORATION, THE BYLAWS OF ATI, 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, ATI SHALL HAVE ALL GENERAL POWERS ENUMERATED IN THE SOUTH CAROLINA NONPROFIT CORPORATION ACT OF 1994 (OR THE CORRESPONDING PROVISION OF ANY SUBSEQUENT LAW)

Identifier	Return Reference	Explanation
	FORM 990, PART IX, STATEMENT OF FUNCTIONAL EXPENSES	THROUGH WRITTEN AGREEMENTS BETWEEN ADVANCED TECHNOLOGY INTERNATIONAL (ATI) AND THE RELATED ORGANIZATION SOUTH CAROLINA RESEARCH AUTHORITY (SCRA), SCRA HAS AGREED TO PROVIDE VARIOUS SUPPORT SERVICES AND INFRASTRUCTURE TO ATI WHICH ARE CHARGED TO ATI THROUGH INTERCOMPANY ALLOCATIONS THE ALLOCATIONS ON PART IX REPRESENT THE EXPENSES INCURRED BY SCRA ON BEHALF OF ATI

DLN: 93493135009412

2010

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** 

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** ADVANCED TECHNOLOGY INTERNATIONAL

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

				57-1067151			
Part I Identification of Disregarded Entities (Con	nplete if the organizatio	n answered "Yes"	on Form 990, Par	t IV, line 33.)			
<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Orgor more related tax-exempt organizations during		f the organization	answered "Yes" o	n Form 990, Part	IV, line 34 becaus	e it had	one
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 51 contr organi	rolled ization
(1) SOUTH CAROLINA RESEARCH AUTHORITY						Yes	No
1000 CATAWBA STREET  COLUMBIA, SC 29201 57-0736144	RESEARCH & DEVELOPMENT	SC	501(C)(3)	LINE 9	N/A		No
(2) TECHNOLOGY MANAGEMENT COMPANY						+	<del>                                     </del>

5300 INTERNATIONAL BLVD TO SUPPORT SCRA LINE 11, TYPE 1 N/A SC 501(C)(3) N CHARLESTON, SC 29418 57-1088989 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2010

Part III Identifi because	ication of Relat it had one or mo	ed Organie	anizations Taxa ted organizations t	<b>ble as a Partner</b> reated as a partne	<b>ship</b> (Co ership du	mplete if ring the ta	the org ax year	ganızatıon ( r.)	answe	ered "\	es" on Fo	rm 990,	Part	IV, lır	ne 34																																																
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)  (f) Share of total income Share of total income		(f) (g) of total income Share of end-of- assets		(f) Share of total income				Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		Share of end-of-year		e of end-of-year alloca		ortionate	(i) Code V- amount in b Schedule (Form 10	ox 20 of K-1	x 20 of manag K-1 partne	ral or aging	<b>(k)</b> Percentage ownership
									Yes	No			Yes	No																																																	
Part IV Identifi	i <b>cation of Relat</b> because it had on	ed Orga e or mo	anizations Taxa ore related organiz	ble as a Corpora ations treated as a	tion or a corpora	Trust (Co	I omplete ust dur	e if the org ing the tax	anıza year	tion ar .)	nswered "\	es" on	<u>I</u> Form	990,	Part IV,																																																
Name, address, an	<b>(a)</b> d EIN of related organız	ration	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		( <b>d</b> ) Direct cor entri	ntrolling	(e) Type of el (C corp, S or trust	corp,	Share o	<b>(f)</b> f total income	Sha end-o	<b>j)</b> re of f-year sets		<b>(h)</b> Percentage ownership																																																

Part V Transactions With Related Organizations (Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)								
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No						
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related	d organizations listed in Part	ts II-IV?									
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity											
<b>b</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)  e Loans or loan guarantees by other organization(s)											
e Loans or loan guarantees by other organization(s)											
f Sale of assets to other organization(s)											
g Purchase of assets from other organization(s)											
h Exchange of assets			1h		No						
i Lease of facilities, equipment, or other assets to other organization(s)			1i		No						
j Lease of facilities, equipment, or other assets from other organization(s)	j Lease of facilities, equipment, or other assets from other organization(s)										
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)											
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											
• Reimbursement paid to other organization for expenses											
<b>p</b> Reimbursement paid by other organization for expenses			<b>1</b> p	Yes							
<b>q</b> Other transfer of cash or property to other organization(s)			<b>1</b> q		No						
r Other transfer of cash or property from other organization(s)			1r		No						
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including covered relat	cionships and transact	ion thresholds								
(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determing involved		ount						
(1)											
(2)											
(3)											
(4)											
(4)											
(5)											
<b>(6)</b>											

### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	No		Yes	No
									+	1
							$\vdash$		+	╁
									-	-
									+	-
										t

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010