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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
GEORGIA TECH FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 760 SPRING STREET NW | Room/suite

City or town, state or country, and ZIP + 4
ATLANTA, GA 30308

D Employer identification number
58-6043294

E Telephone number
(404) 894-5072

G Gross receipts $ 735,634,307

F Name and address of principal officer
JOHN B CARTER JR
760 SPRING ST NW SUITE 400
ATLANTA, GA 30308

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www gtf gatech edu

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1932 | **M** State of legal domicile GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROMOTE THE CAUSE OF HIGHER EDUCATION IN GEORGIA, TO RAISE AND RECEIVE FUNDS FOR THE SUPPORT OF GA TECH, AND TO AID GA TECH IN ITS DEVELOPMENT AS A LEADING EDUCATIONAL INSTITUTION

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	54
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	53
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	30
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	979,183
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	89,112,162	59,752,536
	9	Program service revenue (Part VIII, line 2g)	886,080	1,042,103
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,437,300	67,053,002
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,468,985	10,402,355
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	130,904,527	138,249,996
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	84,183,255	65,475,788
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,715,238	3,995,955
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶6,287,559		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	20,729,919	24,440,196
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	108,628,412	93,911,939
	19	Revenue less expenses Subtract line 18 from line 12	22,276,115	44,338,057

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,436,790,967	1,625,197,936
	21	Total liabilities (Part X, line 26)	438,376,891	455,883,875
	22	Net assets or fund balances Subtract line 21 from line 20	998,414,076	1,169,314,061

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-08
Signature of officer | Date

JOHN B CARTER JR PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ KPMG LLP				Firm's EIN ▶
Firm's address ▶ 401 COMMERCE STREET SUITE 1000 Nashville, TN 372192422				Phone no ▶ (615) 244-1602

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

IT IS THE MISSION OF THE GEORGIA TECH FOUNDATION, INC , TO 1 PROMOTE THE CAUSE OF HIGHER EDUCATION IN THE STATE OF GEORGIA, 2 RECEIVE AND MANAGE FINANCIAL DONATIONS RECEIVED BY THE FOUNDATION FOR SUPPORT AND ENHANCEMENT OF THE GEORGIA INSTITUTE OF TECHNOLOGY, 3 ASSIST THE GEORGIA INSTITUTE OF TECHNOLOGY IN ITS ROLE AS A LEADING EDUCATIONAL AND RESEARCH INSTITUTION

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 14,680,235 including grants of $ 14,680,235) (Revenue $ 311,454)

ACADEMIC AND RESEARCH PROGRAM SUPPORT THE FOUNDATION PROVIDES SUPPORT FOR MANY ACADEMIC PROGRAMS AND SOME RESEARCH PROGRAMS AT GEORGIA TECH THIS FUNDING INCLUDES FACULTY SUPPORT THROUGH ENDOWED CHAIRS AND PROFESSORSHIPS, CURRICULUM DEVELOPMENT, FACULTY GRANTS, LIBRARY SUPPORT AND RENOVATION AND CONSTRUCTION OF FACILITIES

4b (Code) (Expenses $ 18,975,582 including grants of $ 18,975,582) (Revenue $)

SCHOLARSHIPS AND FELLOWSHIPS THE FOUNDATION PROVIDES FUNDING FOR GRANTS, SCHOLARSHIPS, FELLOWSHIPS AND LOAN FUNDS FOR UNDERGRADUATE AND GRADUATE STUDENTS AT GEORGIA TECH THE OFFICE OF FINANCIAL AID AND ACADEMIC UNITS AT GEORGIA TECH SELECT THE RECIPIENTS OF THE SCHOLARSHIPS AND FELLOWSHIPS EXAMPLES OF TWO PROGRAMS FUNDED BY THE FOUNDATION ARE THE GEORGIA TECH PROMISE PROGRAM, WHICH IS A PROGRAM TO PROVIDE SCHOLARSHIPS FOR NEEDY STUDENTS AND THE GEORGIA TECH PRESIDENT'S SCHOLARSHIP PROGRAM, WHICH IS A SCHOLARSHIP PROGRAM FOR STUDENTS WITH EXCEPTIONAL MERIT

4c (Code) (Expenses $ 4,475,360 including grants of $ 4,475,360) (Revenue $)

ALUMNI ASSOCIATION THE FOUNDATION PROVIDES FUNDING FOR THE GEORGIA TECH ALUMNI ASSOCIATION, WHICH PROVIDES PROGRAMS FOR GEORGIA TECH ALUMNI AND STUDENTS

4d Other program services (Describe in Schedule O)

(Expenses $ 41,916,617 including grants of $ 27,344,611) (Revenue $ 730,649)

4e **Total program service expenses** ▶$ 80,047,794

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
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 I*	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 quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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	Yes	
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	Yes	
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		No
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? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
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? *If "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? *If "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? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," 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? *If "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	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "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? *If "Yes," complete Schedule N, Part II*	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	Yes	
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	Yes	
a	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** ☐ **No**			
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	Yes	
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? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

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

Check if Schedule O contains a response to any question in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	6			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	30			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	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		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	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		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** 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		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . .	1a 54			
b	Enter the number of voting members included in line 1a, above, who are independent . . .	1b 53			
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders? . . .		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . .		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . .	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	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	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . .	12c	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?			
a	The organization's CEO, Executive Director, or top management official . . .	15a	Yes	
b	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? . . .	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . .	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its 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 ☑ Upon request

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

MARK W LONG
760 SPRING ST NW SUITE 400
ATLANTA, GA 30308
(404) 894-8345

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

Check if Schedule O contains a response to any question in this Part VII . . . . ☑

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 per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

		(D)	(E)	(F)
1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	1,664,097	443,503	467,433

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶8

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶0

Part VIII Statement of Revenue

Line	Description	Amount / Business Code / (i)	(ii)	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	Contributions, gifts, grants and other similar amounts						
1a	Federated campaigns . . 1a						
b	Membership dues 1b						
c	Fundraising events 1c						
d	Related organizations . . . 1d	940,670					
e	Government grants (contributions) 1e						
f	All other contributions, gifts, grants, and similar amounts not included above 1f	58,811,866					
g	Noncash contributions included in lines 1a-1f $	10,525,554					
h	**Total.** Add lines 1a-1f . . . . ▶			59,752,536			
	Program Service Revenue	Business Code					
2a	COST RECOVERIES	900099		311,454	311,454		
b	INVESTMENT FEE INCOME FROM RELATED ORGANIZATION	900099		730,649	730,649		
c							
d							
e							
f	All other program service revenue						
g	**Total.** Add lines 2a–2f . . . . ▶			1,042,103			
	Other Revenue						
3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶			17,344,992		-519,662	17,864,654
4	Income from investment of tax-exempt bond proceeds . . ▶			0			
5	Royalties . . . . ▶			766,211			766,211
		(i) Real	(ii) Personal				
6a	Gross Rents	13,785,705	774,189				
b	Less rental expenses	3,853,169	1,070,581				
c	Rental income or (loss)	9,932,536	-296,392				
d	Net rental income or (loss) . . . . ▶			9,636,144		-296,392	9,932,536
		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	642,159,535	9,036				
b	Less cost or other basis and sales expenses	592,454,302	6,259				
c	Gain or (loss)	49,705,233	2,777				
d	Net gain or (loss) . . . . ▶			49,708,010		1,795,237	47,912,773
8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 . . . a						
b	Less direct expenses . . . b						
c	Net income or (loss) from fundraising events . . ▶			0			
9a	Gross income from gaming activities See Part IV, line 19 . a						
b	Less direct expenses . . . . b						
c	Net income or (loss) from gaming activities . . . ▶			0			
10a	Gross sales of inventory, less returns and allowances . a						
b	Less cost of goods sold . . b						
c	Net income or (loss) from sales of inventory . . ▶			0			
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	**Total.** Add lines 11a–11d . . . . . . ▶			0			
12	**Total revenue.** See Instructions . . . ▶			138,249,996	1,042,103	979,183	76,476,174

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	65,475,788	65,475,788		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	950,163		950,163	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	2,279,081		2,279,081	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	245,795		245,795	
9	Other employee benefits	343,429		343,429	
10	Payroll taxes	177,487		177,487	
a	Fees for services (non-employees) Management	24,000		24,000	
b	Legal	57,792		57,792	
c	Accounting	231,862	1,000	230,862	
d	Lobbying	35,369	35,369		
e	Professional fundraising services *See Part IV, line 17* . .	0			
f	Investment management fees	2,442,310		2,442,310	
g	Other	30,893	38,345	-63,412	55,960
12	Advertising and promotion	0			
13	Office expenses	1,173,413	70,720	175,729	926,964
14	Information technology	87,146	42,249	44,897	
15	Royalties . .	0			
16	Occupancy	0			
17	Travel	410,686	10,063	71,944	328,679
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,522,048	2,665,703	256,071	600,274
20	Interest	11,320,227	11,202,506	117,721	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	75,878	86,249	-10,371	
23	Insurance	153,143		153,143	
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)				
a	REIMBURSEMENT TO GEORGIA TECH	4,371,308			4,371,308
b	FACULTY MOVING EXPENSES	295,731	291,357		4,374
c	MAINTENANCE AND REPAIRS	77,788		77,788	
d	MISCELLANEOUS	130,602	128,445	2,157	
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	93,911,939	80,047,794	7,576,586	6,287,559
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,600	1	900
	2	Savings and temporary cash investments		3,496,675	2	4,234,536
	3	Pledges and grants receivable, net		83,207,386	3	76,804,346
	4	Accounts receivable, net			4	
	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) Schedule L			6	
	7	Notes and loans receivable, net		1,063,176	7	1,005,251
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 80,338,181			
	b	Less accumulated depreciation	10b 15,970,359	63,666,149	10c	64,367,822
	11	Investments—publicly traded securities		704,583,840	11	854,805,058
	12	Investments—other securities See Part IV, line 11		395,078,669	12	438,949,943
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		185,692,472	15	185,030,080
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,436,790,967	16	1,625,197,936
Liabilities	17	Accounts payable and accrued expenses		6,195,536	17	7,683,617
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		153,922,249	20	150,405,103
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		278,259,106	25	297,795,155
	26	**Total liabilities.** Add lines 17 through 25		438,376,891	26	455,883,875
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		58,266,849	27	97,709,804
	28	Temporarily restricted net assets		491,145,026	28	594,241,553
	29	Permanently restricted net assets		449,002,201	29	477,362,704
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		998,414,076	33	1,169,314,061
	34	Total liabilities and net assets/fund balances		1,436,790,967	34	1,625,197,936

Part XI Reconcilliation of Net Assets

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	138,249,996
2	Total expenses (must equal Part IX, column (A), line 25)	2	93,911,939
3	Revenue less expenses Subtract line 2 from line 1	3	44,338,057
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	998,414,076
5	Other changes in net assets or fund balances (explain in Schedule O)	5	126,561,928
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	1,169,314,061

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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 the 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

SCHEDULE A
(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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEORGIA TECH FOUNDATION INC

Employer identification number
58-6043294

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☑ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	85,801,176	97,432,173	66,584,253	45,143,908	53,928,276	348,889,786
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	85,801,176	97,432,173	66,584,253	45,143,908	53,928,276	348,889,786
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)						4,497,894
6 **Public Support.** Subtract line 5 from line 4						344,391,892

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	85,801,176	97,432,173	66,584,253	45,143,908	53,928,276	348,889,786
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	92,552,796	74,892,728	32,911,426	33,334,382	32,416,581	266,107,913
9 Net income from unrelated business activities, whether or not the business is regularly carried on	83,902				975,605	1,059,507
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,570,526	1,472,301	728,289	41,206		3,812,322
11 **Total support** (Add lines 7 through 10)						619,869,528

12 Gross receipts from related activities, etc (See instructions) | 12 | 2,238,948

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) | 14 | 55 559 %

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 | 15 | 51 150 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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 in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 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

17 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2009** Schedule A, Part III, line 17	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 organization ▶☐

b **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 ▶☐

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

Part IV **Supplemental Information.** 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).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129014902

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
GEORGIA TECH FOUNDATION INC	58-6043294

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing Organization's Totals	**(b)** Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		35,369
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			35,369
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
LOBBYING EXPENDITURES	FORM 990, PART IV, LINE 4	LOBBYING EXPENSES ARE PAID BY THE GEORGIA TECH FOUNDATION AT THE REQUEST OF THE GEORGIA INSTITUTE OF TECHNOLOGY (GEORGIA TECH) FOR GEORGIA TECH'S ADVOCACY OF HIGHER EDUCATION HIGHLIGHTING GEORGIA TECH'S LEGISLATIVE PRIORITIES EXPENSES INCLUDE PAYMENTS FOR GOODS AND SERVICES UTILIZED IN THE HOSTING OF MEETINGS, CAMPUS VISITS, CAMPUS ATHLETIC EVENTS, AND PROMOTIONAL ITEMS WITH THE GEORGIA TECH LOGO

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
GEORGIA TECH FOUNDATION INC

Employer identification number
58-6043294

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶________

4 Number of states where property subject to conservation easement is located ▶________

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ________

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ________

(ii) Assets included in Form 990, Part X ▶ $ ________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ________

b Assets included in Form 990, Part X ▶ $ ________

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

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

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

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

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

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

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

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

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

	(a) Current Year	**(b)** Prior Year	**(c)** Two Years Back	**(d)** Three Years Back	**(e)** Four Years Back
1a Beginning of year balance	880,639,102	794,541,884	1,082,791,869		
b Contributions	29,845,676	23,579,756	16,755,869		
c Investment earnings or losses	183,425,325	113,938,022	-256,497,843		
d Grants or scholarships	14,319,385	12,917,753	11,466,625		
e Other expenditures for facilities and programs	28,940,780	31,865,043	30,225,392		
f Administrative expenses	6,379,312	6,637,764	6,815,994		
g End of year balance	1,044,270,626	880,639,102	794,541,884		

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

a Board designated or quasi-endowment ▶ 16 460 %

b Permanent endowment ▶ 83 540 %

c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land		2,552,671		2,552,671
b Buildings	31,314,942	38,066,386	14,278,530	55,102,798
c Leasehold improvements				
d Equipment		8,404,182	1,691,829	6,712,353
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				64,367,822

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other		
(A) INVESTMENTS IN PARTNERSHIPS	435,728,613	F
(B) MANAGED PERPETUAL TRUSTS	1,747,468	F
(C) CHARITABLE GIFT ANNUITY	1,473,862	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	438,949,943	

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

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

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

(a) Description	(b) Book value
(1) CHARITABLE REMAINDER TRUSTS	22,104,998
(2) CASH VALUE OF LIFE INSURANCE	2,888,018
(3) LEASE RECEIVABLE	155,205,163
(4) OTHER ASSETS	4,816,501
(5) INTEREST RECEIVABLE	15,400
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	185,030,080

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
COMMITMENT PAYABLE	10,260,389
PAYABLE TO AFFILIATES	92,606,861
LIFE INCOME INTEREST	12,298,555
REVOCABLE GIFT	39,813,554
DERIVATIVE FINANCIAL INSTRUMENTS	22,720,745
BONDS PAYABLE (TAXABLE)	95,020,832
GUARANTEE OF LINES OF CREDIT	24,911,219
LINES OF CREDIT	163,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	297,795,155

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
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	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	INCOME EARNED ON ENDOWMENTS IS USED TO SUPPORT GEORGIA INSTITUTE OF TECHNOLOGY THE INCOME FROM THE ENDOWMENT IS MOSTLY RESTRICTED TO CERTAIN PURPOSES BY THE DONORS THE USES INCLUDE STUDENT SUPPORT IN THE FORM OF SCHOLARSHIPS, FELLOWSHIPS (LOAN FUNDS TO MEET THEIR EDUCATIONAL EXPENSES), GRADUATE SUPPORT, AS WELL AS SUPPORT OF FACULTY IN THEIR TEACHING AND RESEARCH PROGRAMS THE ENDOWMENT SUPPORTS EACH OF THE SIX COLLEGES AND MANY PROGRAMS, INCLUDING THE LIBRARY, LECTURES, FACULTY RECRUITMENT, AND PROGRAM CURRICULUM DEVELOPMENT, AND FOR THE RENOVATION OF FACILITIES AND LABORATORIES
ASC TOPIC 740 (FIN48)	SCHEDULE D, PART X, LINE 2	THE FOUNDATION DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX POSITIONS THAT SHOULD BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENT FOR 2011 OR 2010

Additional Data

Software ID:
Software Version:
EIN: 58-6043294
Name: GEORGIA TECH FOUNDATION INC

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Amount
COMMITMENT PAYABLE	10,260,389
PAYABLE TO AFFILIATES	92,606,861
LIFE INCOME INTEREST	12,298,555
REVOCABLE GIFT	39,813,554
DERIVATIVE FINANCIAL INSTRUMENTS	22,720,745
BONDS PAYABLE (TAXABLE)	95,020,832
GUARANTEE OF LINES OF CREDIT	24,911,219
LINES OF CREDIT	163,000

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SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEORGIA TECH FOUNDATION INC

Employer identification number
58-6043294

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees or agents in region or independent contractors	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for region/investments in region
See Add'l Data					
3a Sub-total	0	0			96,024
b Total from continuation sheets to Part I	0	0			379,221,500
c Totals (add lines 3a and 3b)	0	0			379,317,524

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ ____________

3 Enter total number of other organizations or entities . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☑ Yes	☐ No

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
SCHEDULE F, PART V		GEORGIA TECH FOUNDATION, INC ATTACHES ALL FOREIGN FILINGS TO FORM 990T, WHICH IS PAPER FILED WITH THE INTERNAL REVENUE SERVICE

Additional Data

Software ID:
Software Version:
EIN: 58-6043294
Name: GEORGIA TECH FOUNDATION INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	RESEARCH COLLABORATION	113
Central America and the Caribbean	0	0	Fundraising		361
Central America and the Caribbean	0	0	Program Services	DIPLOMACY	51
Central America and the Caribbean	0	0	Program Services	VARIOUS PROGRAMS	18,301
East Asia and the Pacific	0	0	Program Services	RESEARCH COLLABORATION	3,079
East Asia and the Pacific	0	0	Program Services	SYMPOSIUMS/CONFERENCES	452
East Asia and the Pacific	0	0	Fundraising		1,659
East Asia and the Pacific	0	0	Program Services	VARIOUS PROGRAMS	1,320
East Asia and the Pacific	0	0	Program Services	ACADEMIC	2,266
Europe (Including Iceland and Greenland)	0	0	Program Services	RESEARCH COLLABORATION	1,146
Europe (Including Iceland and Greenland)	0	0	Program Services	SYMPOSIUMS/CONFERENCES	408
Europe (Including Iceland and Greenland)	0	0	Fundraising		62,234
Europe (Including Iceland and Greenland)	0	0	Program Services	ACADEMIC	269
Middle East and North Africa	0	0	Program Services	RESEARCH COLLABORATION	99
Middle East and North Africa	0	0	Fundraising		1,315
North America	0	0	Program Services	RESEARCH COLLABORATION	541
North America	0	0	Program Services	ACADEMIC	2,410
South America	0	0	Program Services	VARIOUS PROGRAMS	344
South America	0	0	Program Services	ACADEMIC	197
Sub-Saharan Africa	0	0	Program Services	RESEARCH COLLABORATION	132
Sub-Saharan Africa	0	0	Program Services	VARIOUS PROGRAMS	399
Central America and the Caribbean	0	0	Investments		334,390,471
Europe (Including Iceland and Greenland)	0	0	Investments		44,829,957
East Asia and the Pacific	0	0	Investments		
Middle East and North Africa	0	0	Investments		
North America	0	0	Investments		
Russia and the Newly Independent States	0	0	Investments		
South America	0	0	Investments		
South Asia	0	0	Investments		
Sub-Saharan Africa	0	0	Investments		

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEORGIA TECH FOUNDATION INC

Employer identification number
58-6043294

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GEORGIA TECH ALUMNI ASSOCIATION 190 NORTH AVENUE ATLANTA,GA 30313	58-0634853	501(C)(3)	4,475,360				ALUMNI ASSOCIATION PROGRAM SUPPORT
(2) GEORGIA INSTITUTE OF TECHNOLOGY225 NORTH AVENUE ATLANTA,GA 30332	58-6002023	UNIV SYS OF GA	57,257,985				SCHOLARSHIPS, FELLOWSHIPS, AWARDS & OTHER
(3) GEORGIA TECH FACILITIES INC225 NORTH AVENUE ATLANTA,GA 30332	52-1442293	501(C)(3)	1,948,137				CONSTRUCTION PROJECTS/BUILDING GRANTS
(4) GEORGIA TECH FOUNDATION FUNDING CORPORATION760 SPRING ST NW STE 400 ATLANTA,GA 30308	58-2587017	501(C)(3)	1,168,083				CAPITAL PROJECTS
(5) GEORGIA TECH ATHLETIC ASSOCIATION 150 BOBBY DODD WAY ATLANTA,GA 30332	58-0622514	501(C)(3)	625,837				SCHOLARSHIPS

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶ 5

3 Enter total number of other organizations . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
MONITORING THE USE OF GRANT FUNDS	SCHEDULE I, PART I, LINE 2	GEORGIA TECH FOUNDATION, INC PROVIDES GRANTS TO GEORGIA INSTITUTE OF TECHNOLOGY AND OTHER AFFILIATED ORGANIZATIONS THAT SUPPORT THE GEORGIA INSTITUTE OF TECHNOLOGY THE USE OF THE FUNDS IS MONITORED TO ENSURE THAT THE GRANT IS USED FOR ITS ORIGINAL PURPOSE NO GRANTS ARE PROVIDED TO INDIVIDUALS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEORGIA TECH FOUNDATION INC

Employer identification number
58-6043294

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ 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)			
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 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 ☐ Written employment contract ☐ 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 or a related organization			
a	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
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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**		No
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN B CARTER JR	(i)	339,805	0	20,913	24,500	6,740	391,958	0
	(ii)	0	0	0	0	0	0	0
(2) MARK W LONG	(i)	167,236	0	100	17,513	23,379	208,228	0
	(ii)	0	0	0	0	0	0	0
(3) DR G P PETERSON	(i)	0	0	0	0	0	0	0
	(ii)	431,445	0	12,058	219,324	11,054	673,881	0
(4) JAMES TAYLOR	(i)	225,788	161,163	100	23,400	18,345	428,796	0
	(ii)	0	0	0	0	0	0	0
(5) PATRICK LIU	(i)	117,836	75,330	100	12,500	22,124	227,890	0
	(ii)	0	0	0	0	0	0	0
(6) HERBERT BRUNSWICK JR	(i)	125,966	0	100	13,160	21,100	160,326	0
	(ii)	0	0	0	0	0	0	0
(7) JONATHAN KARCSH	(i)	146,712	58,768	100	15,000	2,134	222,714	0
	(ii)	0	0	0	0	0	0	0
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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
HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	SCHEDULE J, PART I, LINE 1 AND LINE 2	GEORGIA TECH FOUNDATION, INC PROVIDES JOHN B CARTER, JR A REIMBURSEMENT FOR THE BUSINESS EXPENSES AND THE DUES RELATED TO HIS MEMBERSHIP IN A SOCIAL CLUB THE BUSINESS EXPENSES ARE SUBSTANTIATED AND ARE REIMBURSED TO MR CARTER DIRECTLY THE DUES ARE ALSO REIMBURSED TO MR CARTER AND THE PERSONAL USE AMOUNT IS INCLUDED AS COMPENSATION ON HIS W-2
ESTABLISHMENT OF CEO/EXECUTIVE DIRECTOR COMPENSATION	SCHEDULE J, PART I, LINE 3	THE COMPENSATION COMMITTEE OF THE GEORGIA TECH FOUNDATION IS CHARGED WITH REVIEWING AND APPROVING COMPENSATION AND BENEFITS PROVIDED BY THE GEORGIA TECH FOUNDATION, INC THE COMPENSATION COMMITTEE IS COMPOSED OF THE FOUR BOARD OFFICERS OF THE GEORGIA TECH FOUNDATION, WHO ARE NOT COMPENSATED AND ARE NOT RELATED TO INDIVIDUALS WHOSE COMPENSATION IS UNDER REVIEW THE COMPENSATION COMMITTEE MAY HIRE COMPENSATION CONSULTANTS AND RELIES ON MARKET DATA IN ASSESSING REASONABLENESS OF COMPENSATION AND BENEFITS FOR THE PRESIDENT AND CHIEF OPERATING OFFICER AND THE SENIOR STAFF
SUPPLEMENTAL INFORMATION	SCHEDULE J, PART II	DR G P PETERSON IS THE PRESIDENT OF THE GEORGIA INSTITUTE OF TECHNOLOGY AS PRESIDENT HE SERVES AS AN EX-OFFICIO VOTING TRUSTEE OF THE GEORGIA TECH FOUNDATION THE GEORGIA INSTITUTE OF TECHNOLOGY, A UNIT OF THE UNIVERSITY SYSTEM OF GEORGIA, PROVIDES COMPENSATION TO DR PETERSON, AS REPORTED IN SCHEDULE J, PART II

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEORGIA TECH FOUNDATION INC

Employer identification number
58-6043294

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No	(i) Pool financing Yes	(i) Pool financing No
A	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1639487	359900WR4	06-11-2009	19,807,439	REAL ESTATE ACQUISITION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	19,807,439			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	0			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrow	0			
7	Issuance costs from proceeds	337,545			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	19,469,895			
10	Capital expenditures from proceeds	0			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2009			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

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

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEORGIA TECH FOUNDATION INC

Employer identification number
58-6043294

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . .				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes . . .				
8 Intellectual property . .				
9 Securities—Publicly traded	X	115	10,365,082	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ▶ (Charitable Trusts)	X	4	471,737	FMV
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEORGIA TECH FOUNDATION INC

Employer identification number
58-6043294

Identifier	Return Reference	Explanation
RELATED OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES	FORM 990, PART VI, SECTION A, LINE 2	TRUSTEES DEBORAH HARRIS AND H RONALD NASH, JR ARE SIBLINGS JOE W ROGERS AND FRANCES G ROGERS ARE HUSBAND/WIFE

Identifier	Return Reference	Explanation
ELECTED BOARD MEMBERS	FORM 990, PART VI, SECTION A, LINE 7A	THE GEORGIA TECH FOUNDATION, INC BYLAWS STATE THAT THE EX-OFFICIO VOTING TRUSTEES SHALL BE THE PRESIDENT OF GEORGIA INSTITUTE OF TECHNOLOGY, THE CHAIRMAN OF THE GEORGIA TECH ADVISORY BOARD, AND THE CHAIR, PAST CHAIR, AND CHAIR-ELECT OF THE GEORGIA TECH ALUMNI ASSOCIATION, INC

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 900, PART VI, SECTION B, LINE 11	THE TRUSTEES, DIRECTORS, AND OFFICERS OF GEORGIA TECH FOUNDATION, INC ARE GIVEN ACCESS TO ALL GEORGIA TECH FOUNDATION, INC 'S TAX RETURNS THROUGH A WEBSITE AND ASKED TO REVIEW AND PROVIDE ANY QUESTIONS AND COMMENTS BEFORE A CERTAIN DATE ANY QUESTIONS AND COMMENTS FROM THE BOARD MEMBERS ARE NOTED AND CHANGES ARE MADE TO THE RETURN AS APPROPRIATE ONCE ALL CHANGES HAVE BEEN MADE, AN UPDATED RETURN IS PROVIDED TO THE BOARD MEMBERS THROUGH THE SAME WEBSITE PRIOR TO THE RETURN BEING FILED

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12	THE BOARD OF DIRECTORS AND OFFICERS OF GEORGIA TECH FOUNDATION, INC ARE REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST WITH GEORGIA TECH FOUNDATION, INC THE AUDIT COMMITTEE OF GEORGIA TECH FOUNDATION, INC IS THEN CHARGED WITH REVIEWING ANY CONFLICTS OF INTEREST AND REPORTING THEM TO THE EXECUTIVE COMMITTEE IF ANY ACTION IS NECESSARY, THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR TAKING THE APPROPRIATE ACTION

Identifier	Return Reference	Explanation
REVIEW OF OFFICER COMPENSATION	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE GEORGIA TECH FOUNDATION IS CHARGED WITH REVIEWING AND APPROVING COMPENSATION AND BENEFITS PROVIDED BY THE GEORGIA TECH FOUNDATION, INC THE COMPENSATION COMMITTEE IS COMPOSED OF THE FOUR BOARD OFFICERS OF THE GEORGIA TECH FOUNDATION, WHO ARE NOT COMPENSATED AND ARE NOT RELATED TO INDIVIDUALS WHOSE COMPENSATION IS UNDER REVIEW THE COMPENSATION COMMITTEE MAY HIRE COMPENSATION CONSULTANTS AND RELIES ON MARKET DATA IN ASSESSING REASONABLENESS OF COMPENSATION AND BENEFITS FOR THE PRESIDENT AND CHIEF OPERATING OFFICER AND THE SENIOR STAFF THE COMPENSATION COMMITTEE OF GEORGIA TECH FOUNDATION CONTEMPORANEOUSLY DOCUMENTS THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION OF THESE INDIVIDUALS THIS PROCESS WAS LAST UNDERTAKEN BY THE COMPENSATION COMMITTEE DURING THE FISCAL YEAR ENDED JUNE 30, 2011

Identifier	Return Reference	Explanation
DOCUMENTS AVAILABLE TO THE PUBLIC	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE POSTED TO THE GEORGIA TECH FOUNDATION, INC WEBSITE THE FORM 990 AND FORM 990-T OF GEORGIA TECH FOUNDATION, INC ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
INTEREST IN VARIOUS CHARITABLE REMAINDER TRUST	SCHEDULE R, PART IV	GEORGIA TECH FOUNDATION, INC SERVES AS TRUSTEE AND HAS A REMAINDER INTEREST IN VARIOUS CHARITABLE REMAINDER UNI-TRUST AND CHARITABLE REMAINDER ANNUITY TRUSTS THESE TRUSTS HAVE BEEN DISCLOSED ON SCHEDULE R, PART IV GEORGIA TECH FOUNDATION, INC DOES NOT RECEIVE A FEE TO ADMINISTER THE TRUSTS AND DOES NOT RECEIVE A K-1 ASSOCIATED WITH THESE TRUSTS ONLY THE INCOME BENEFICIARIES RECEIVE A K-1 AND HAVE AN INTEREST IN THE INCOME THE SHARE OF TOTAL ASSETS WAS CALCULATED BY DETERMINING THE ASSETS HELD IN THE TRUST AND REMOVING THE LIABILITY NOTED IN THE TRUST AGREEMENT THIS AMOUNT IS AN ESTIMATE

Identifier	Return Reference	Explanation
SIGNIFICANT PROGRAM SERVICES UNDERTAKEN DURING THE YEAR	FORM 990, PART III, LINE 2	SEE FORM 990, PART III, LINE 4C

Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	GEORGIA TECH FOUNDATION, INC PROVIDES GENERAL SUPPORT TO THE GEORGIA INSTITUTE OF TECHNOLOGY AND ITS AFFILIATED ORGANIZATIONS THE GENERAL SUPPORT PROVIDES FUNDS FOR EDUCATIONAL AND VARIOUS OTHER ACTIVITIES

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	THE AMOUNT REPORTED ON PART XI, LINE 5 CONSISTS OF THE FOLLOWING AMOUNTS UNREALIZED GAIN (122,967,332) ACTUARIAL GAIN (3,527,112) INCREASE IN CASH SURRENDER VALUE (67,484) -------------- TOTAL FORM 990, PART XI, LINE 5 (126,561,928)

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME HUBERT L HARRIS, JR TITLE PAST CHAIR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LAWTON M NEASE, III TITLE CHAIR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHARLES D MOSELEY TITLE VICE CHAIR-CHAIR ELECT HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME L THOMAS GAY TITLE TRUSTEE HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES R LIENTZ, JR TITLE TREASURER HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DR G P PETERSON TITLE TRUSTEE HOURS 30

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN B CARTER, JR TITLE PRESIDENT/COO HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARK W LONG TITLE SECRETARY/CFO HOURS 3

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GEORGIA TECH FOUNDATION INC

Employer identification number
58-6043294

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) THE FIFTH STREET HOTEL LLC 760 SPRING ST NW STE 400 ATLANTA, GA 30308 58-6043294	HOLDING COMP	GA	4,946,754	39,877,195	GTF INC
(2) TECHNOLOGY SQUARE LLC 760 SPRING ST NW STE 400 ATLANTA, GA 30308 58-6043294	HOLDING COMP	GA	7,405,832	142,664,771	GTF INC
(3) CYPRESS ACADEMY LLC 760 SRPING ST NW STE 400 ATLANTA, GA 30308 26-3042898	HOLDING COMP	GA	0	4,895,804	GTF INC
(4) MIDTOWN OPERA LLC 760 SPRING ST NW STE 400 ATLANTA, GA 30308 58-6043294	HOLDING COMP	GA	36,732	0	GTF INC

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(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	(g) Section 512(b)(13) controlled organization Yes	No
(1) GEORGIA TECH FOUNDATION FUNDING CORP 760 SPRING ST NW SUITE 400 ATLANTA, GA 30308 58-2587017	FINANCING	GA	501(C)(3)	11A	GTF INC		
(2) GEORGIA TECH FOUND REAL ESTATE HOLDING 760 SPRING ST NW SUITE 400 ATLANTA, GA 30308 58-1948026	REAL ESTATE	GA	501(C)(2)	N/A	GTF INC		
(3) GEORGIA INSTITUTE OF TECHNOLOGY 225 NORTH AVENUE ATLANTA, GA 30332 58-6002023	EDUCATION	GA	N/A	N/A	NA		

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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 organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
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)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		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 relationships and transaction thresholds

(a) Name of other organization	**(b)** Transaction type(a-r)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) GEORGIA TECH FOUNDATION FUNDING CORPORATION	E	24,911,219	
(2) GEORGIA INSTITUTE OF TECHNOLOGY	B	57,257,985	
(3) GEORGIA TECH FOUNDATION FUNDING CORPORATION	B	1,168,083	
(4) GEORGIA TECH FOUNDATION FUNDING CORPORATION	C	940,700	
(5) GEORGIA INSTITUTE OF TECHNOLOGY	O	5,806,857	
(6)			

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 58-6043294
Name: GEORGIA TECH FOUNDATION INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
DOROTHYDANIEL BLITCH CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6406222	TRUST	GA	GTF INC	T	0	31,374	48 989 %
E DENNIS HUTHNANCE CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6402775	TRUST	GA	GTF INC	T	0	47,010	45 958 %
EDWARD E DAVID JR CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6424657	TRUST	GA	GTF INC	T	0	43,987	64 899 %
ERNEST A FORT CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6424633	TRUST	GA	GTF INC	T	0	87,491	44 932 %
ERNEST C RIETH CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6430055	TRUST	GA	GTF INC	T	0	43,872	58 008 %
EUGENE M CLARY CRUT #3 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6283779	TRUST	GA	GTF INC	T	0	75,465	54 553 %
F WILLIAM SCOTT CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6331557	TRUST	GA	GTF INC	T	0	66,983	77 371 %
FRANCISCO ROBLES CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 77-6266329	TRUST	GA	GTF INC	T	0	270,145	28 049 %
GEORGE F SMITH CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6359021	TRUST	GA	GTF INC	T	0	167,394	75 271 %
GEORGE REYNOLDS CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6430056	TRUST	GA	GTF INC	T	0	35,342	39 585 %
GOLDIN FAMILY CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 90-0231335	TRUST	GA	GTF INC	T	0	302,550	51 807 %
GTF POOLED INCOME FUND 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6093829	TRUST	GA	GTF INC	T	0	613,353	88 172 %
HAROLDGERALDINE HARRISON CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6291314	TRUST	GA	GTF INC	T	0	218,403	76 633 %
JAMES HOLMES CRT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 77-6260003	TRUST	GA	GTF INC	T	0	92,075	41 427 %
JAMES F BEALL CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6162695	TRUST	GA	GTF INC	T	0	160,002	52 503 %
JAMES P POOLE CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6258823	TRUST	GA	GTF INC	T	0	238,705	100 000 %
JESSIERALPH PRIES CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6406224	TRUST	GA	GTF INC	T	0	46,898	79 453 %
L TRAVIS BRANNON CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6205049	TRUST	GA	GTF INC	T	0	71,585	61 456 %
LEHRER CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 20-6482542	TRUST	GA	GTF INC	T	0	38,325	31 557 %
MILTCAROLYN STEWART CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 77-6270177	TRUST	GA	GTF INC	T	0	6,101,630	71 125 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
MILTCAROLYN STEWART CRAT I 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 77-6250226	TRUST	GA	GTF INC	T	0	2,471,609	71 069 %
MILTCAROLYN STEWART CRAT II 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 77-6250655	TRUST	GA	GTF INC	T	0	2,124,695	70 444 %
P FRANK HAGERTY CRAT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6417304	TRUST	GA	GTF INC	T	0	0	0 %
RICHARD A GUTHMAN CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6331541	TRUST	GA	GTF INC	T	0	98,925	55 329 %
SUSAN BYRD MERRILL CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6413122	TRUST	GA	GTF INC	T	0	31,372	43 278 %
BUFORDSHEILA SMITH CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 77-6274679	TRUST	GA	GTF INC	T	0	47,906	36 946 %
ROBERTJAMES DONEGAN CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 77-6250652	TRUST	GA	GTF INC	T	0	138,758	41 389 %
THEODORESTHER DE VRIES CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6354946	TRUST	GA	GTF INC	T	0	135,444	74 376 %
VERA WATSON KEISLING TRUST 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6447006	TRUST	GA	GTF INC	T	0	3,265	21 294 %
WEITNAUER CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 58-6291313	TRUST	GA	GTF INC	T	0	118,802	67 789 %
WILLIAM C BURGESS CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 77-6256158	TRUST	GA	GTF INC	T	0	71,207	26 370 %
ALFRED S SHENG CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 30-6277511	TRUST	GA	GTF INC	T	0	298,594	61 832 %
DAVIDBONNIE PERDUE CRUT 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308 77-6274675	TRUST	GA	GTF INC	T	0	151,627	29 435 %
GEORGIA TECH CHARITABLE LIFE INC 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30309 58-1609015	INSURANCE SER	GA	GTF INC	C	0	0	0 %

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Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Department of the Treasury
Internal Revenue Service (99)

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
GEORGIA TECH FOUNDATION INC	GENERAL DEPRECIATION	58-6043294

Part I **Election To Expense Certain Property Under Section 179**
Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	$ 500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	$ 2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶☐		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	21	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☑ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☑ **No**

(a) Type of property (list vehicles first)	**(b)** Date placed in service	**(c)** Business/ investment use percentage	**(d)** Cost or other basis	**(e)** Basis for depreciation (business/investment use only)	**(f)** Recovery period	**(g)** Method/ Convention	**(h)** Depreciation/ deduction	**(i)** Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 . **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 . . . . **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		**(b)** Vehicle 2		**(c)** Vehicle 3		**(d)** Vehicle 4		**(e)** Vehicle 5		**(f)** Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles) . . .												
31 Total commuting miles driven during the year .												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use? .												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	**(b)** Date amortization begins	**(c)** Amortizable amount	**(d)** Code section	**(e)** Amortization period or percentage	**(f)** Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report . .				**44**	

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
GEORGIA TECH FOUNDATION INC	RENTAL INCOME	58-6043294

Part I Election To Expense Certain Property Under Section 179
Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	$ 500,000
2 Total cost of section 179 property placed in service (see instructions)	2	523,703
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	$ 2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	500,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29	7			
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7			8	
9 Tentative deduction Enter the **smaller** of line 5 or line 8			9	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562			10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)			11	500,000
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11			12	
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	13			

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	483,820
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	3,596

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	189,955
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶☐		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28			21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions			22	677,371
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23			

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

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

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

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☑ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☑ **No**

(a) Type of property (list vehicles first)	**(b)** Date placed in service	**(c)** Business/ investment use percentage	**(d)** Cost or other basis	**(e)** Basis for depreciation (business/investment use only)	**(f)** Recovery period	**(g)** Method/ Convention	**(h)** Depreciation/ deduction	**(i)** Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 .						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		**(b)** Vehicle 2		**(c)** Vehicle 3		**(d)** Vehicle 4		**(e)** Vehicle 5		**(f)** Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles) . .												
31 Total commuting miles driven during the year .												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use? .												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	**(b)** Date amortization begins	**(c)** Amortizable amount	**(d)** Code section	**(e)** Amortization period or percentage	**(f)** Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report . .				44	

Additional Data

Software ID:
Software Version:
EIN: 58-6043294
Name: GEORGIA TECH FOUNDATION INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HUBERT L HARRIS JR PAST CHAIR	10	X		X				0	0	0
LAWTON M NEASE III CHAIR	10	X		X				0	0	0
CHARLES D MOSELEY VICE CHAIR-CHAIR ELECT	10	X		X				0	0	0
PAMELA W ARLOTTO TRUSTEE	10	X						0	0	0
RICHARD A BEARD III TRUSTEE	10	X						0	0	0
JAMES W BOWYER TRUSTEE	10	X						0	0	0
JOHN F BROCK III TRUSTEE	10	X						0	0	0
J RANDALL CARROLL TRUSTEE	10	X						0	0	0
STEVE W CHADDICK TRUSTEE	10	X						0	0	0
MARCUS J DASH TRUSTEE	10	X						0	0	0
KATHLEEN S DAY TRUSTEE	10	X						0	0	0
JOHN K DEWBERRY TRUSTEE	10	X						0	0	0
L THOMAS GAY TRUSTEE	10	X						0	0	0
FRANCIS S GODBOLD TRUSTEE	10	X						0	0	0
MARION B GLOVER JR TRUSTEE	10	X						0	0	0
GARY T JONES TRUSTEE	10	X						0	0	0
DEBORAH N HARRIS TRUSTEE	10	X						0	0	0
H BRUCE MCEVER TRUSTEE	10	X						0	0	0
H RONALD NASH JR TRUSTEE	10	X						0	0	0
DAVID A PERDUE JR TRUSTEE	10	X						0	0	0
SHERYL S PRUCKA TRUSTEE	10	X						0	0	0
JOE W ROGERS JR TRUSTEE	10	X						0	0	0
E ROE STAMPS IV TRUSTEE	10	X						0	0	0
C MEADE SUTTERFIELD TRUSTEE	10	X						0	0	0
HOWARD T TELLEPSEN JR TRUSTEE	10	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALBERT S THORNTON JR TRUSTEE	1 0	X						0	0	0
G WILLIAM KNIGHT TRUSTEE	1 0	X						0	0	0
JANICE N WITTSCHIEBE TRUSTEE	1 0	X						0	0	0
STEPHEN P ZELNAK JR TRUSTEE	1 0	X						0	0	0
ROBERT A MILTON TRUSTEE	1 0	X						0	0	0
THOMAS E NOONAN TRUSTEE	1 0	X						0	0	0
FRANCES G ROGERS TRUSTEE	1 0	X						0	0	0
JOHN S MARKWALTER JR TRUSTEE	1 0	X						0	0	0
ROBERT A ANCLIEN TRUSTEE	1 0	X						0	0	0
RODNEY C ADKINS TRUSTEE	1 0	X						0	0	0
RONALD W ALLEN TRUSTEE	1 0	X						0	0	0
KENNETH G BYERS JR TRUSTEE	1 0	X						0	0	0
JOSEPH W EVANS TRUSTEE	1 0	X						0	0	0
SHERMAN J GLASS JR TRUSTEE	1 0	X						0	0	0
LAWRENCE P HUANG TRUSTEE	1 0	X						0	0	0
JAMES R LIENTZ JR TREASURER	1 0	X	X					0	0	0
DR G P PETERSON TRUSTEE	10 0	X						0	443,503	230,378
ALFRED P WEST JR TRUSTEE	1 0	X						0	0	0
C DEAN ALFORD EX OFFICIO TRUSTEE	1 0	X						0	0	0
JOHN C BACON TRUSTEE	1 0	X						0	0	0
DAVID D FLANAGAN EX OFFICIO TRUSTEE	1 0	X						0	0	0
RONALD L JOHNSON TRUSTEE	1 0	X						0	0	0
THOMAS H MULLER JR TRUSTEE	1 0	X						0	0	0
GREGORY J OWENS TRUSTEE	1 0	X						0	0	0
N ALLEN ROBERTSON TRUSTEE	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
KAREN C THURMAN TRUSTEE	1 0	X						0	0	0
G NILES BOLTON TRUSTEE	1 0	X						0	0	0
ALFREDO TRUJILLO TRUSTEE	1 0	X						0	0	0
CHRISTOPHER W KLAUS TRUSTEE	1 0	X						0	0	0
JOHN B CARTER JR PRESIDENT/COO	37 0			X				360,718	0	31,240
MARK W LONG SECRETARY/CFO	37 0			X				167,336	0	40,892
JAMES TAYLOR CHIEF INVESTMENT OFFICER	40 0				X			387,051	0	41,745
PATRICK LIU DIRECTOR OF INVESTMENTS	40 0					X		193,266	0	34,624
HERBERT BRUNSWICK JR DIR - SYSTEMS AND REPORTING	40 0					X		126,066	0	34,260
SCOTT JENKS DIR - TRAINING AND USER SRVC	40 0					X		110,632	0	21,124
JONATHAN KARCSH DIRECTOR OF INVESTMENTS	40 0					X		205,580	0	17,134
MICHELLE JONES ASSISTANT CONTROLLER	40 0					X		113,448	0	16,036