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Department of the Treasury Internal Revenue Service

#### Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2011 calendar year, or tax year beginning JUL 1 and ending JUN 30 2012 Check if applicable C Name of organization D Employer identification number ADVANCED TECHNOLOGY INTERNATIONAL Name SCRA APPLIED R&D 57-1067151 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 5300 INTERNATIONAL BLVD. 843-760-4087 Amende 160,403,471, City or town, state or country, and ZIP + 4 G Gross receipts \$ Application N. CHARLESTON SC 29418 H(a) Is this a group return nendino F Name and address of principal officer: CHRISTOPHER R. VAN METRE for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.SCRA.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > M State of legal domicile: SC L Year of formation: 1998 Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. SCANNED MAY 0.9 2013. Check this box  $oldsymbol{\bot}$  if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 Ο. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 0. **Prior Year Current Year** 0 Contributions and grants (Part VIII, line 1h) 0. 149,317,420 160 327 441. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 70).

Other revenue (Part VIII, column (A), lines 5, 60, 8c, 9d, 10c, and 11e). 45,732. 76 030. 0 0. 149,363,152, Total revenue - add lines 8 through 11 (must equal Part VIII, 160,403,471. Grants and similar amounts paid (Part IX, column 4), lines 13) 0. 0. 0. 0. Benefits paid to or for members (Part IX, column (A) line 4) Salaries, other compensation, employee benefits (Part-IX, column) (A) 0. 0. 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 146 740 430 157 996 368. 146 740 430 157,996,368. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 2,622,722 2,407,103. Assets or Balances **Beginning of Current Year** End of Year 73,371,858, 108,635,824. Total assets (Part X, line 16) 94,550,132. 61 066 716 Total liabilities (Part X, line 26) e e Net assets or fund balances. Subtract line 21 from line 20 12,305,142. 14,085,692, 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 praparer (ottier than officer) is based on all information of which preparer has any knowledge. Stonature of Officer Sign A. MARTIN, TREASURER Here Type or print name and title PTIN Print/Type preparer's name Paid MICHAEL SORRELLS, CPA P00001737 Preparer Firm's name BDO USA 13-5381590 Firm's EIN 🗈 Use Only 7101 WISCONSIN AVE. SUITE 800

X Yes

Phone no. (301)654-4900

BETHESDA, MD 20814-4827

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

Form 990 (2011) ADVANCED TECHNOLOG
Part IV Checklist of Required Schedules

			Yes	No
	to the experimentary described in section E01(a)(2) or 4047(a)(1) (ather then a private foundation)?		162	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	х	
_	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		<del></del>
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<b>–</b>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		х
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			
Ū	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
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		X
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		х
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		_х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
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	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		_
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	i		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
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		Х
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
0	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Form	990 (	2011)
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# Form 990 (2011) ADVANCED TECHNOLOGY INTERNA Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23	Х	
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 through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	$\vdash$	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ZJa	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	05-		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		•
	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	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	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
24	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I			х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JE.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<del>"</del>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	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	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
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_	X 000 "	
		rom '	<b>990</b> (2	2011)

# Form 990 (2011) ADVANCED TECHNOLOGY INTERNATIONAL 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	69			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable ga	ming			
	(gambling) winnings to prize winners?			1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ms?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	•			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authonty ove	er, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		х
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.				
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	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	ne organizati	on solicit			
	any contributions that were not tax deductible?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts				
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provide	d to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required				
	to file Form 8282?	1 1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		10	7f		^
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are nitrations depart advised funds and section 500(a)(3) supporting arganizations.			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			_		
^		any une our	ig the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			00		
a	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
ь 10	Section 501(c)(7) organizations. Enter:			JU		$\vdash$
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
_	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12ь				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•				L
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
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				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		
				Form	990 (	(2011)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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			х
Sec	tion 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 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۲	-	
	more members of the governing body?	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<b>-</b> "		
_	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	- <del>''</del>		
	The governing body?	8a	×	
	Each committee with authority to act on behalf of the governing body?	8b	- <u>-</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u> </u>		
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )	<u> </u>		
	tion 211 office of the obstance in quantum about pointed by the internal resente body		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	х	
	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	Х	
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	Х	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►SC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fınar	cıal	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	·	
	JULIA MARTIN - 843-760-4087			
	5300 INTERNATIONAL BLVD., N CHARLESTON SC 29418			

#### 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

#### 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. 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.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

	1	T						1	1	
(A)	(B)			)) Pos	C)			(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week	offi	c, unle	ss pe id a d	rson trecto	ıs bot x/trus	th an stee)	compensation from	compensation	amount of other
	(describe	ě						the	from related organizations	compensation
	hours for	trustee or director		ŀ		20		organization	(W-2/1099-MISC)	from the
	related	tee or	trustee			eusati	ł	(W-2/1099-MISC)	, ,	organization
	organizations	E E	nal tr	ĺ	loyee	d mo				and related
	in Schedule	Individual	Institutional t	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHNNY G. BARNES	O)	Ĕ	Ę	[ <u></u>	- <del>2</del>	<u>∓</u> 5	Ē			<del></del>
CORPORATE DIRECTOR	3.00	x						11,962.	0.	0.
(2) LT.GEN, LAWRENCE P. FARRELL JR	7,55	<del> </del>	$\vdash$	┢	$\vdash$		$\vdash$	11,302.	•	٠.
CORPORATE DIRECTOR	3.00	<sub>x</sub>						7,601.	0.	0.
(3) V.ADM. ALBERT J. BACIOCCO, JR.		╀┈	╁╌	├─	$\vdash$		<del> </del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	
CORPORATE DIRECTOR	3.00	x						5,756.	0.	0.
(4) W. BRADFORD RIGDON		H	$\vdash$	$\vdash$	$\vdash$		$\vdash$			<u> </u>
CORPORATE DIRECTOR	3.00	x						6,998.	0.	0.
(5) MICHAEL F. MCGRATH, D.SC		Ħ	┢	├	-	-	-			
CORPORATE DIRECTOR	3.00	x			Ì			7,689.	0.	0.
(6) PAUL J. HOEPER		H	┢	$\vdash$	┢					
CORPORATE DIRECTOR	3.00	<sub>x</sub>						0.	0.	0.
(7) PAUL A. SCHNEIDER		┢┈	┢	$\vdash$		-				-
CORPORATE DIRECTOR	3,00	x						0.	0.	0.
(8) WILLIAM T. MAHONEY		t	t							•
CHAIRMAN	3.00	x		x			1	0.	463,943.	54,811.
(9) ROBERT G. KIGGANS	Ì		<del>                                     </del>					i		·····
VICE CHAIRMAN	3.00	x		x				0.	156,099.	0.
(10) JULIA A. MARTIN										
CFO, TREASURER	3.00	x		х				٥.	302,680.	47,674.
(11) RICHARD E. SELF										
PRESIDENT	40.00	x		x				٥.	310,713.	50,075.
(12) CHRISTOPHER R. VAN METRE										
PRESIDENT (5/12)	40.00	х		х				0.	184,531.	14,439.
(13) KEVIN P. CARPENTIER										
SR. VICE PRESIDENT	40.00				х			0.	210,485.	14,592.
(14) LARRY N. KARNS										
DIRECTOR	35,00		<u>L</u> .		L	х		0.	196,627.	0.
(15) CHARLES C. HOLCOMB										
VICE PRESIDENT	31.00					х	L	0.	176,329.	0.
(16) CHARLES W. MAYER			_							
DIRECTOR	34.00	L	乚		$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}$	х		0.	163,791.	0.
(17) MICHAEL A. GWYN										
VICE PRESIDENT	40.00	L_				х		0.	155,176.	
									-	= 000 (0044)

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Form 990 (2011)

Section A. Officers, Directors, Tru	istees, Key Ei	mple	oyee	es, a	ind l	High	est	Compensated Employ	ees (continued)				
(A)	(B) (C)							(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable		E:	stımat	ed
	hours per week					is bot or/trus		'	compensation	ı	ar	nount	
	(describe	$\vdash$	Γ	<u> </u>	Г	П		from	from related			other	
	hours for	trustee or directo						the organization	organizations (W·2/1099-MIS(			pens rom th	
	related	0 00	stee			rsate		(W-2/1099-MISC)	(** 2) 1033 141100	"		janiza	
	organizations	trust	al tru		ag.	adwo		, , , , , , , , , , , , , , , , , , , ,		l	-	d rela	
	ın Schedule	Individual	Institutional trustee	<u>ا</u>	Key employee	Highest compensated employee	듩				org	anızat	ions
	0)	Ē	listi	Officer	Key	声	Former						
(18) GERADINA PELTO						İ							
DIRECTOR	40.00	<u> </u>	L		<u> </u>	Х		0.	138,4	30.		9	,909.
			<u> </u>										
				l						ı			
				L	_	L							
				<u> </u>					·				
				$ldsymbol{le}}}}}}}}}$	匚	<u> </u>							
				l									
			<u> </u>		L	L				$\dashv$			
										Ì			
			Щ			$oxed{oxed}$			·	$\Box$			
					ł								
		<u> </u>			_					ightharpoonup	····		
				L	L_					_			
1b Sub-total		-	-					40,006.	2,458,8			215	<u>,434.</u>
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)						<u> </u>		40,006.	2,458,8			215	<u>,434.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	o re	eceived more than \$100	,000 of reportable				
compensation from the organization	·												26
										г		Yes	No
3 Did the organization list any former officer,		ıstee	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s		_			_			-		ŀ	3		X
4 For any individual listed on line 1a, is the su								-	the organization				
and related organizations greater than \$150										╌	4	Х	—
5 Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services		_		۱
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scheauk	e J I	or st	ICN	pers	son		<del></del>			5		X
· · · · · · · · · · · · · · · · · · ·									<b>*</b>				
Complete this table for your five highest co     the organization. Report components for									-	ensa	ation	rom	
the organization. Report compensation for	ine calendar y	eare	enali	ng v	vitn	or w	Itnir		/ear.				
(A) Name and business	address							(B) Description of s	ervices	Cc	)) amne	زز nsatic	ND.
SCIENCE APPLICATIONS INT'L							$\dashv$	2000111101101	5.7.000	<u> </u>	Jilipo	- Ioutic	
PO BOX 223058, PTTSBURGH, PA 15251							ļ	SUBCONTRACTOR			27	107	201
ALLIANT TECHSYSTEMS INC							一	DODUMINION				, 107	,281.
4700 NATHAN LANE, PLYMOUTH, MN 55442								SUBCONTRACTOR		12,415,776.			
GENERAL DYNAMICS OTS							一	- CONTINUE TOR		—	12	, -13	, , , , , .
115 HART STREET, NICEVILLE, FL 32578							674	,648.					
CLOGIC LLC							一		<del></del>			, , , , ,	, 5 - 5 -

Form **990** (2011)

6,130,560.

5,754,000.

Total number of independent contractors (including but not limited to those listed above) who received more than

IMPERIAL MACHINE & TOOL

26 SKYVIEW DRIVE, AVON, CT 06001

8 WEST CRISMAN ROAD, COLUMBIA, NJ 07832

\$100,000 of compensation from the organization

SUBCONTRACTOR

SUBCONTRACTOR

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Related or Total revenue Unrelated excluded from tax under exempt function business sections 512, 513, or 514 revenue revenue , Grants 1 a Federated campaigns b Membership dues c Fundraising events d Related organizations 1e e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 2 a GOVERNMENT CTRCT REV 541900 155,028,755 155,028,755 Program Service Revenue 5,298,686 COMMERCIAL CTRCT REV 541900 5,298,686 All other program service revenue 160,327,441 Total. Add lines 2a-2f Investment income (including dividends, interest, and 76,030 76,030. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (II) Personal (i) Real 6 a Gross rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) . 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c) See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue Total. Add lines 11a-11d 160,403,471 160,327,441 Total revenue. See instructions. 76,030. Form 990 (2011)

#### 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).

	Check if Schedule O contains a response to any question in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses						
1	Grants and other assistance to governments and				<del>, , , , , , , , , , , , , , , , , , , </del>						
	organizations in the United States. See Part IV, line 21										
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22										
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
	United States. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
	section 401(k) and section 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees):										
а	Management										
b	Legal .										
С	Accounting										
d	Lobbying <sub>.</sub>										
е	Professional fundraising services. See Part IV, line 17				<u> </u>						
f	Investment management fees	- <del> </del>									
g	Other			T1 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	· · · · · · · · · · · · · · · · · · ·						
12	Advertising and promotion										
13	Office expenses										
14	Information technology				<del></del>						
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses										
10	for any federal, state, or local public officials Conterences, conventions, and meetings	*******									
19 20	Interest				<del></del>						
21	Payments to affiliates				<del></del>						
22	Depreciation, depletion, and amortization										
23	Insurance										
24	Other expenses. Itemize expenses not covered		. "								
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
а	CONTRACT EXPENSES	148,091,988.	148,091,988.								
þ	O/HEAD ALLOC.FROM SCRA	4,408,926.	3,846,674.	562,252.							
С	G & A ALLOC, FROM SCRA	4,304,621.	1,461,744.	2,842,877.							
d	OCCUP.ALLOC.FROM SCRA	1,190,833.	978,315.	212,518.							
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	157,996,368.	154,378,721.	3,617,647.	0.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.			Ì							
	Check here if following SOP 98-2 (ASC 958-720)										

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Form **990** (2011)

			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	49,131,430.	2	80,533,335
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	19,222,332.	4	21,688,059
- 1	5	Receivables from current and former officers, directors, trustees, key			
- 1		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)		6	
2	7	Notes and loans receivable, net		7	458,020
Assets	8	Inventories for sale or use		8	
`	9	Prepaid expenses and deferred charges	894.	9	7,502
١.		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation 10b	<del> </del>	10c	
1.	11	Investments - publicly traded securities	1,017,202.	11	2,555,073
1	12	Investments - other securities. See Part IV, line 11	4,000,000.	12	3,393,835
1	13	Investments - program-related. See Part IV, line 11	2,000,000.	13	
1	14	Intangible assets		14	
1	15	Other assets. See Part IV, line 11		15	
	16		73,371,858.	16	108,635,824
	17	Total assets. Add lines 1 through 15 (must equal line 34)	20,657,796.		29,790,904
	18	Accounts payable and accrued expenses Grants payable	20,031,130:	17	25,750,504
	10 19		38,544,069.	18	63,521,355
		Deferred revenue	30,344,003.	19	03,321,333
	20	Tax-exempt bond liabilities		20	
ו פ	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D	<del></del>	21	
<u> </u>	22	Payables to current and former officers, directors, trustees, key employees,	.		
E		highest compensated employees, and disqualified persons. Complete Part	"		
١,	~~	of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>
	24	Unsecured notes and loans payable to unrelated third parties		24	
4	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	1 064 051		1 227 072
ر ا	-	Schedule D	1,864,851.	25	1,237,873
-	26	Total liabilities. Add lines 17 through 25	61,066,716.	26	94,550,132
		Organizations that follow SFAS 117, check here and complet	e		
Net Assets of Fulld Balaites		lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27	
8   3	28	Temporarily restricted net assets		28	
<b>}</b>   ²	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here		- 1	
5		complete lines 30 through 34.		1	
10 3	30	Capital stock or trust principal, or current funds	12,305,142.	30	14,085,692
8   3	31	Paid-in or capital surplus, or land, building, or equipment fund	. 0.	31	0
į   3	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0
-   3	33	Total net assets or fund balances	12,305,142.	33	14,085,692
3	34	Total liabilities and net assets/fund balances	73,371,858.	34	108,635,824

Form	990 (2011) ADVANCED TECHNOLOGY INTERNATIONAL	57-10	67151	Pa	ige <b>12</b>			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	50,403	,471.			
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3		2,407	,103.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12,305	,142.			
5	Other changes in net assets or fund balances (explain in Schedule O)	5		<626	,553. <sub>&gt;</sub>			
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		4,085	,692.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				x			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			1				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O.	_					
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	,	х			
b	Were the organization's financial statements audited by an independent accountant?		2	, x				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?	•	2	x				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			<del>                                     </del>			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	ed on a						
	separate basis, consolidated basis, or both:			1				
	Separate basis Consolidated basis X Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	nale Audr	.					
	Act and OMB Circular A-133?		3	, x				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audıt		1	<del>                                     </del>			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3	, x	l			

Form **990** (2011)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

2011

Open to Public Inspection

Employer identification number

			ECHNOLOGY INTERNAT				_		57	-1067151
Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	zations mu	st complet	te this par	t.) See ins	tructions.		
The organ	nization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	oox)	,-		
1 🗀	A church, cor	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	).		
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)				•		
з 🗔			tal service organization	•		170(Б)(1)	(A)(iii).			
4 🗀	A medical res	search organization	operated in conjunction	with a hos	pital descr	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name.
	city, and stat	<del>-</del>	•		•				•	•
5 🗀	•		benefit of a college or ui	niversity o	wned or or	perated by	a govern	mental uni	t describe	ed in
-	=	(b)(1)(A)(iv). (Comple	=	,			3			
6 🗀			ent or governmental uni	t describe	d in sectio	n 170/b¥	1)(A)(v).			
7	•	-	eives a substantial part			, ,,		or from the	general r	oublic described in
		b)(1)(A)(vi). (Comple		or ito copp	, or 11 or 11 a	govonin	mar anni c	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gonorar	Subile decombed in
8 🗀	•		section 170(b)(1)(A)(vi).	(Complete	Part II )					
9 🗔			eives: (1) more than 33			rom contri	hutione n	nomborchi	n faas ar	nd arose receints from
0	•	-	nctions - subject to certa		• •		•		•	•
		•	axable income (less sect	•		•				_
		509(a)(2). (Complete	,		, nom bu	1311103363 1	acquired b	y tile orge	anzation e	iner danc do, 1375.
10			perated exclusively to te	st for nubl	ic safety S	See sectio	n 509(a)(	1)		
11 🗓	_	-	perated exclusively for the	-	-			-	v out the	numoses of one or
	•	•	ations described in secti		•				-	• •
			organization and comple				.). OCC <b>3C</b> (	)	ajjoj. One	ock trie box triat
	a X Type I		¬ ·		e III - Func		tegrated		d 🗔	Type III - Other
e X			at the organization is not	• •		•	•	r more dis		
دــــا ټ	-		han one or more publicly		-	-	-			
f		•	tten determination from t	• • •	•				<i>σ</i> (α)(1) Οι .	36011011 303(4)(2).
•	_	rganization, check th			acicio a ry	pe i, Type	ii, oi Typi	5 111		
g		_	organization accepted ar	nv aift or c	ontribution	from any	of the follo	owing ner	sons?	
9	•		lirectly controls, either al			•		• •		Yes No
		=	upported organization?	o	,00,00, 11,00	porcorio		(ii) a. 10 (	, 00.011,	11g(i) X
	•	• .	n described in (i) above?							11g(ii) X
	•	•	person described in (i) o		<u>-</u> ?					11g(iii) X
h		-	about the supported or	• •						1.18()
••		• · · · · · · · · · · · · · · · · · · ·		J	(-)-					
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did voi	notify the	(vi) is	the	(vii) Amount of
` '	anization	\"/=" <b>\</b> 	organization		sted in your		ion ın col.	organizátio (i) organiz	on in col.	support
3			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	[\','o'\gui\.\s	.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
SOUTH C	AROLINA					<u> </u>			<del>   </del>	
RESEARCE	H AUTHORITY	57-0736144	9	х		х		х		0.
			` <del>-</del>						1 1	
							}			
				1	<u> </u>			<del>                                     </del>	$\vdash$	
						<u> </u>	···	<del>                                     </del>	1 1	·
			1		<u> </u>				†       †	
Total	1					1		İ		0.
	Paperwork Re	duction Act Notice	, see the Instructions f	or			•	Schedul	e A (Forn	n 990 or 990-EZ) 2011

132021 01-24-12

Form 990 or 990-EZ.

#### 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.)

Se	ction A. Public Support		·	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
	Gifts, grants, contributions, and		13,2000	13,2000	12/2010	1	1.7 10101		
·	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-					† ·			
_	zation's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities					<u> </u>	<del></del>		
ŭ	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3					†	_		
5	The portion of total contributions				1	<u> </u>			
J	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	**								
	Public support. Subtract line 5 from line 4 ction B. Total Support			<u> </u>	<u> </u>	L	<del></del>		
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
	Amounts from line 4	(a) 2001	(6) 2000	(0) 2003	\u)2010	(6) 2011	(i) rotai		
8	Gross income from interest,		<del></del>		<del> </del>	<del> </del>			
0	•			ļ					
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
0	Net income from unrelated business	<del></del>		<del> </del>	<del> </del>				
9									
	activities, whether or not the								
10	business is regularly carried on		·		-				
10	Other income. Do not include gain								
	or loss from the sale of capital					,			
44	assets (Explain in Part IV.)  Total support. Add lines 7 through 10			<del> </del>					
	Gross receipts from related activities,	ata (aga mata at	l	L	<u> </u>	12	<u> </u>		
	First five years. If the Form 990 is for		•	rd fourth or fifth t	av voor on a contu		<del></del>		
13	organization, check this box and stop	-	s mst, second, um	ia, iourin, or initi t	ax year as a secur	)			
Se	ction C. Computation of Publ	ic Support Pe	rcentage				ـــا ج		
	Public support percentage for 2011 (	<del></del>		column (fl)		14	%		
	Public support percentage from 2010		-	00.0.7 (1,7)		15	<del>/6</del>		
	33 1/3% support test - 2011. If the o		•	n line 13, and line	14 is 33 1/3% or i	<del></del>			
	stop here. The organization qualifies				77.000 77070 01.1	more, erreen and be	<b>▶</b> □		
ŀ	33 1/3% support test - 2010. If the				d line 15 is 33 1/39	6 or more, check th	nis box		
	and stop here. The organization qual	•			2 10 .0 .0 .0	o o, moro, oncon a	<b>▶</b> □		
17:	10% -facts-and-circumstances tes				e 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 - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
١	more, and if the organization meets the	-							
	organization meets the "facts-and-cire						<b>▶</b> □		
18	Private foundation. If the organization		-	•					
		Sid fiot dricon a	JOX OIT III O TO, TO	a, 100, 170, 01 17		edule A (Form 990			

#### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to			İ		j	
	or expended on its behalf			1			
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						
b	3 received from disqualified persons 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 Sec	Public support (Subtract line 7c from line 6)						
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	, ,	, ,			<b>'</b>	<u> </u>
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						
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)			<u> </u>	<u> </u>		<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organi:	zation,
_	check this box and stop here					<del> </del>	
	ction C. Computation of Publ		<del></del>				
	Public support percentage for 2011 (	• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	%
	Public support percentage from 2010					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	111 (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from:	2010 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2011. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than :	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	n <b>d stop here.</b> The	organization qua	lifies as a publicly	supported organiz	ation .	▶□
b	33 1/3% support tests - 2010. If the	organization did r	ot check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che		•	•		•	. ▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u> </u>
1320	23 01-24-12				Scl	nedule A (Form 99	0 or 990-EZ) 2011

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

ADVANCED TECHNOLOGY INTERNATIONAL

Employer identification number 57-1067151

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		<u>.</u>
3	Aggregate grants from (dunng year)		
4	Aggregate value at end of year		<del>"</del>
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	·	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	d only
	for charitable purposes and not for the benefit of the donor	0 0	•
	impermissible private benefit?	, , , , ,	Yes No
Pai		ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or		cally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	janization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	g 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) abo	ve satisfy the requirements of section 170(h)(4	)(B)(ı)
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
	conservation easements		······································
Pai	t III Organizations Maintaining Collections of		r 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 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, 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		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Sche	dule D (Form 990) 2011 ADVANCED TE	CHNOLOGY INTERN	NATIONA	AL			:	57-10671	.51	Pag	ge <b>2</b>
Par		ollections of A	rt, His	torical Tr	easures, c	r Othe	r Simil	ar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	t are a sig	ınıfıcant	use of its	collection	ıtems	
	(check all that apply):										
а	Public exhibition	d	ı 🔲	Loan or exc	hange progra	ms					
b	Scholarly research	е		Other						_	
C	Preservation for future generations			<u>-</u>							
4	Provide a description of the organization's co	ollections and explai	n how th	ney further ti	he organizatio	on's exem	npt purpo	ose in Par	XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	stoncal trea	sures, or othe	er sımılar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran					Yes" to F	orm 990	, Part IV, I	ıne 9, or		_
	reported an amount on Form 990, Par	-		•							
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as:	sets not in	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:							
		·	_						Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIV.	, ,						-			
Pai		f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10	).				
-	•	(a) Current year	(b) P	rior year	(c) Two years	s back (d	d) Three y	ears back	(e) Four	years b	ack
1a	Beginning of year balance			•							
ь	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										_
	and programs	·									
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a	a)) held as:	<u> </u>					
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment ▶	%									
С	Temporanly restricted endowment ▶	<del></del>									
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd admınıste	red for the	e organi	zation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?					3ь		
4	Describe in Part XIV the intended uses of the	organization's ende	owment	funds.							
Pai	t VI Land, Buildings, and Equipm	i <b>ent.</b> See Form 990	), Part X	, line 10.							
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulate reciation		(d) Book	value	
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
e	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10(c).)						0.

Schedule D (Form 990) 2011

Part VII	Investments - Other Securities.	See Form 990, Part X,	line 12		
(a)	Description of security or category	(b) Book value		(c) Method of valua	
	(including name of security)		Co	st or end-of-year mar	ket value
1) Financial					
	eld equity interests				<del> </del>
(3) Other _					
(A)		<del> </del>		····	
(B)				·	
(C) (D)	·	<del>                                     </del>			
(E)				-	
(F)		<del></del>			
(G)		· · · · · · · · · · · · · · · · · · ·			
(H)					
(1)		<del></del>			
	must equal Form 990, Part X, col (B) line 12.)				<del></del>
	Investments - Program Related.	See Form 990, Part X.	line 13.		
	a) Description of investment type	(b) Book value		(c) Method of valua	ition:
	ay bescription of investment type	(b) Book value	Co	st or end-of-year mar	ket value
(1)					
(2)					
(3)					
(4)					<del> </del>
(5)					
(6)		<b>_</b>			
(7)		<del>- </del>			<del></del>
(8)				<u>-</u> -	
(9)					
(10)	The second Form COO Dort V and (D) line 40 \ \				
	must equal Form 990, Part X, col (B) line 13.)  Other Assets. See Form 990, Part X, lin	15		<del></del>	
I dit ix		a) Description			(b) Book value
(1)		- Joseph -		-	Con Value
(2)					<del></del>
(3)					
(4)	·				
(5)		· · · · · · ·		-	· -
(6)					
(7)					
(8)					
(9)					
(10)					
	nn (b) must equal Form 990, Part X, col (B) lii			<b></b>	
Part X	Other Liabilities. See Form 990, Part >	(, line 25.			
1.	(a) Description of liability		(b) Book value		
	ral income taxes		<u> </u>		
	TO SCRA		1,237,873.		
(3)					
(4)		· · · · · · · · · · · · · · · · · · ·			
(5)		· · · · · · · · · · · · · · · · · · ·	<del></del>		
(6)					
(7)	<del></del>				
(8)	· · · · · · · · · · · · · · · · · · ·				
(9)				-	
(10)				-	
(11) T-1-1 (Catum	(h) must save 5 000 C 1 V 1 5	051	1 007 050	1	
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) lu 740) Footnote in Part XIV, provide the text of the footnote	ne 25.) To the organization's financia	1,237,873. I statements that reports the organ	  Zation s liability for uncertain	in tax posmons under
132053	740).			<del></del>	<del></del>
01-23-12				Sch	edule D (Form 990) 2011

	edule D (Form 990) 2011 ADVANCED TECHNOLOGY INTERNATIONAL					57-106		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Aud	ited Finan	cial S	State	ments	3	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			16	0,403,471.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			15	7,996,368.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3				2,407,103.
4	Net unrealized gains (losses) on investments			4				<6,278.
5	Donated services and use of facilities			5				
6	Investment expenses			6				<14,110.
7	Pnor period adjustments			7			<del></del>	
8	Other (Describe in Part XIV.)			8				<606,165.
9	Total adjustments (net) Add lines 4 through 8			9				<626,553.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 art XII   Reconciliation of Revenue per Audited Financial Statements.		Mith Dovo	10	0- D	oturo.		1,780,550.
	<del></del>	ents	vitti nevel	iue p	er n		1.5	9,776,918.
1	Total revenue, gains, and other support per audited financial statements					1		770,318.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	۔م ا	1	-6	278.	<u> </u>		
a	Net unrealized gains on investments	2a		<del></del>	270.			
b	Donated services and use of facilities	2b						
C	Recoveries of prior year grants	2c	<del> </del>	<606	165			
đ	Other (Describe in Part XIV.)	<b>2</b> d		2000,	105.			-612 443
e	Add lines 2a through 2d					2e	16	<612,443.5
3	Subtract line 2e from line 1					3	16	0,389,361.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.	1	1.4	110			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	14,	110.			
b	Other (Describe in Part XIV.)	4b	1					14 110
c	Add lines 4a and 4b					4c	16	14,110.
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XIII Reconciliation of Expenses per Audited Financial Statem	ents	With Expe	nses	ner	5 Retur		0,403,471.
1	Total expenses and losses per audited financial statements	101110	TTTCT EXPO		PC.	1		7,996,368.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
a	Donated services and use of facilities	2a	1			1		
b	Prior year adjustments	2b	<del> </del>					
c	Other losses	2c						
d	Other (Describe in Part XIV.)	2d	+					
e	Add lines 2a through 2d		· <b></b>			2e		0
3	Subtract line 2e from line 1					3	15	7,996,368.
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	1 40	1					
	Other (Describe in Part XIV.)	4a 4b	1			]		
	Add lines 4a and 4b	40	.1			40		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					4c 5	15	7,996,368,
	rt XIV Supplemental Information		· · · · · · · · · · · · · · · · · · ·					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com							
PART	XI, LINE 8 - OTHER ADJUSTMENTS:		<del></del>					
UNRE	CALIZED LOSS ON MIT-RCF INVESTMENT	-606,	165.					
PART	XII, LINE 2D - OTHER ADJUSTMENTS:							
UNRE	CALIZED LOSS ON MIT-RCF INVESTMENT	-606,	165.					

#### **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, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

ADVANCED TECHNOLOGY INTERNATIONAL

Employer identification number

57-1067151

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			1
	First-class or charter travel Housing allowance or residence for personal us	se		
	Travel for companions Payments for business use of personal residen	ice		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			l
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			ĺ
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		L
2	Did the organization require substantiation pnor to reimbursing or allowing expenses incurred by all officers, directors	s,		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		Ĺ
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	s		Ì
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	,		ĺ
	establish compensation of the CEO/Executive Director Explain in Part III	1		ĺ
	Compensation committee Written employment contract	1		ł
	Independent compensation consultant	1		1
	Form 990 of other organizations  X Approval by the board or compensation comm	rttee		
				ĺ
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			ĺ
	organization or a related organization:			ĺ
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1		l
		1		
	Only section 501(c)(3) and 501(c)(4) organizations 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			ĺ
	contingent on the revenues of:	İ		
а	The organization?	5a		Х
b	Any related organization?	5b		х
	If "Yes" to line 5a or 5b, describe in Part III.	ļ	ļ	1
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the net earnings of:	ļ		1
а	The organization?	6a		х
b	Any related organization?	6b		х
	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			1
	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
LH/	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forn	n 990)	2011

Schedule J (Form 990) 2011 ADVANCED TECHNOLOGY INTERNATIONAL 57-1067151

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	W 2 and/or 1099 MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F)		
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	Compensation reported as deferred in prior Form 990		
	(1)	0.	0.	0.	0.	0.	0.	0.		
1 WILLIAM T. MAHONEY	(0)	222,630.	195,855.	45,458.	39,615.	15,196.	518,754.	Ö.		
	(0)	0.	0.	0.	0.	0.	0.	0.		
2 ROBERT G. KIGGANS	(ii)	79,200.	57,052.	19,847.	Ö.	0.	156,099.	0.		
	[0]	0.	0.	0.	0.	0.	0.	0.		
3 JULIA A. MARTIN	(11)	188,146.	102,780.	11,754.	29,849.	17,825.	350,354.	0.		
	[6]	0.	0.	0.	0.	0.	0.	0.		
4 RICHARD E. SELF CHRISTOPHER R. VAN	(0)	148,039.	117,216.	45,458.	30,050.	20,025.	360,788.	0.		
	(0)	0.	0.	0.	0.	0.	0.	0.		
5 METRE	(ii)	124,485.	36,985.	23,061.	10,423.	4,016	198,970.	0,		
	(0)	0.	0.	0.	0.	0	0.	0.		
6 KEVIN P. CARPENTIER	(iı)	138,841.	49,806.	21,838.	11,314.	3,278.	225,077.	0.		
	[0]	0.	0.	o.	0.	0.	0.	0.		
7 LARRY N. KARNS	(11)	130,457.	31,197.	34,973.	0.	0.	196,627.	0.		
	(0)	0.	0.	0.	0.	0.	0.	0.		
8 CHARLES C. HOLCOMB	(ii)	134,786.	34,449.	7,094.	0.	0.	176,329.	0,		
	(0)	0.	0.	0.	0.	0.	0.	0.		
9 CHARLES W. MAYER	(ii)	138,173.	25,168.	450.	0.	0.	163,791.	0.		
	[0]	0.	0.	0.	0.	0.	0.	0,		
10 MICHAEL A. GWYN	(11)	118,361.	24,973.	11,842.	9,378.	14,556.	179,110.	0.		
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12	(ii)									
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13	(0)									
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15	(ii)									
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Schedule J (Form 990) 2011

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2011

Open To Public Inspection

Name of the	organization	NCED TECH	int.ngv i	Марама Парама	ONAT.				:mpioyei :7-1067		ication r	umber
Part I						n 501(c)(4) organizatio	ns only).		1 1007	131		
						line 25a or 25b, or Fo			V, line 40	Db.		
1						(b) Description				(c) Con	ected?	
	(a) Name of dis	qualified pers	son	·			Yes	No				
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2 Enter th	ne amount of tax impo	osed on the c	organizatio	on manager	s or disqualif	ed persons during the	e vear un	der			<u> </u>	
section	•			,		ou persons dumig um	, ,		<b>▶</b> \$			
	ne amount of tax, if ar	ny, on line 2,	above, rei	mbursed by	y the organiza	ation			<b>▶</b> \$			
Part II	Loans to and/o	r From Int	erested	Persons	5.							
<del></del>		<del></del>				line 26, or Form 990-E				oroved	<del></del>	
	me of interested on and purpose	(b) Loan the organ		(c) Origi	nal principal nount	(d) Balance due		) In ault?	by bo	ard or	(g) W agree	
porse	in and parpose			$\dashv$				1		uttee?	<u> </u>	
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Part III	<b>Grants or Assis</b>	tance Ber	nefiting	Interest	ed Person	S.	<u> </u>		1			
	Complete if the orga		·=									
(a	) Name of interested				ionship betw	een interested person	and				d type o	f
					the or	ganization				assistar	nce	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

·Schedule L (Form 990 or 990-EZ) 2011

(A) Name of interested person  (B) Heatingtoner patreem transaction of transaction of transaction of transaction of transaction of transaction of transaction of transaction of transaction of transaction of transactions.  ROBERT G. KIGGARS  RO DIRECTOR ALSO SE  (S1,574, EM FY2012, X X X X X X X X X X X X X X X X X X X		ered "Yes" on Form 990, Part IV, line 28a, 28		(d) December of	(e) Sha	aring of
ROBERT G. KIGGANS  EO DIRECTOR ALSO SE  651,574. IN FY2012, X  Part V Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: ROBERT G. KIGGANS  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  EO DIRECTOR ALSO SERVED AS A DIRECTOR OF INTERNATIONAL TECHNEGROUP.  (D) DESCRIPTION OF TRANSACTION: IN FY2012, ATI AND ITI, A SUBCONTRACTOR  TO ATI, ENGAGED IN ARM'S LENGTH TRANSACTIONS UNDER A SUBCONTRACT	(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	zation's nues?
Part V Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: ROBERT G, KIGGANS  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  EO DIRECTOR ALSO SERVED AS A DIRECTOR OF INTERNATIONAL TECHNEGROUP.  (D) DESCRIPTION OF TRANSACTION: IN FY2012, ATI AND ITI, A SUBCONTRACTOR  TO ATI, ENGAGED IN ARM'S LENGTH TRANSACTIONS UNDER A SUBCONTRACT	DODEDE C RICCING	PO DIDECTOR ALCO CE	651 57A	TN EV2012	Yes	
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: ROBERT G. KIGGANS  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  EO DIRECTOR ALSO SERVED AS A DIRECTOR OF INTERNATIONAL TECHNEGROUP.  (D) DESCRIPTION OF TRANSACTION: IN FY2012, ATI AND ITI, A SUBCONTRACTOR  TO ATI, ENGAGED IN ARM'S LENGTH TRANSACTIONS UNDER A SUBCONTRACT	ROBERT G. RIGGANS	EO DIRECTOR ABSO SE	031,374	µN F12012,	+	
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SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: ROBERT G. KIGGANS  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  EO DIRECTOR ALSO SERVED AS A DIRECTOR OF INTERNATIONAL TECHNEGROUP.  (D) DESCRIPTION OF TRANSACTION: IN FY2012, ATI AND ITI, A SUBCONTRACTOR  TO ATI, ENGAGED IN ARM'S LENGTH TRANSACTIONS UNDER A SUBCONTRACT	• •		on Cabadula I. (aaa	unata intigana)		
(A) NAME OF PERSON: ROBERT G. KIGGANS  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  EO DIRECTOR ALSO SERVED AS A DIRECTOR OF INTERNATIONAL TECHNEGROUP.  (D) DESCRIPTION OF TRANSACTION: IN FY2012, ATI AND ITI, A SUBCONTRACTOR  TO ATI, ENGAGED IN ARM'S LENGTH TRANSACTIONS UNDER A SUBCONTRACT	Complete this part to provide addit	tional information for responses to questions	s on Schedule L (see	instructions).	<del></del>	•
(A) NAME OF PERSON: ROBERT G. KIGGANS  (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  EO DIRECTOR ALSO SERVED AS A DIRECTOR OF INTERNATIONAL TECHNEGROUP.  (D) DESCRIPTION OF TRANSACTION: IN FY2012, ATI AND ITI, A SUBCONTRACTOR  TO ATI, ENGAGED IN ARM'S LENGTH TRANSACTIONS UNDER A SUBCONTRACT	SCH L PART IV BUSINESS TRANSACTION	IS INVOLVING INTERESTED PERSONS:				
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  EO DIRECTOR ALSO SERVED AS A DIRECTOR OF INTERNATIONAL TECHNEGROUP.  (D) DESCRIPTION OF TRANSACTION: IN FY2012, ATI AND ITI, A SUBCONTRACTOR  TO ATI, ENGAGED IN ARM'S LENGTH TRANSACTIONS UNDER A SUBCONTRACT						<del></del>
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(D) DESCRIPTION OF TRANSACTION: IN FY2012, ATI AND ITI, A SUBCONTRACTOR TO ATI, ENGAGED IN ARM'S LENGTH TRANSACTIONS UNDER A SUBCONTRACT						
TO ATI, ENGAGED IN ARM'S LENGTH TRANSACTIONS UNDER A SUBCONTRACT	EO DIRECTOR ALSO SERVED AS A DIRECTO	OR OF INTERNATIONAL TECHNEGROUP.				
TO ATI, ENGAGED IN ARM'S LENGTH TRANSACTIONS UNDER A SUBCONTRACT	(D) DESCRIPTION OF TRANSACTION: IN F	Y2012 ATI AND ITI A SUBCONTRAC	TOR			
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AGREEMENT BETWEEN THE TWO ENTITIES.	TO ATI, ENGAGED IN ARM'S LENGTH TRAN	SACTIONS UNDER A SUBCONTRACT				
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	AGREEMENT BETWEEN THE TWO ENTITIES.					
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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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization **Employer identification number** ADVANCED TECHNOLOGY INTERNATIONAL 57-1067151 FORM 990 PART VI SECTION A LINE 3: THROUGH WRITTEN AGREEMENTS BETWEEN ADVANCED TECHNOLOGY INTERNATIONAL (ATI) AND THE RELATED ORGANIZATION SOUTH CAROLINA RESEARCH AUTHORITY (SCRA), ATI HAS DELEGATED CERTAIN MANAGEMENT DUTIES TO THE EMPLOYEES OF SCRA. ATI HAS AN EMPLOYEE LEASE AGREEMENT IN PLACE WITH SCRA WHEREBY ATI LEASES ITS EMPLOYEES FROM SCRA INCLUDING MANAGEMENT PERSONNEL. SCRA IS THE EMPLOYER AND ASSIGNS THE EMPLOYEES TO ATI THROUGH THE AGREEMENT. THE AGREEMENT CLEARLY IDENTIFIES THE ROLES AND RESPONSIBILITIES OF BOTH ATI AND SCRA. FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION AMENDED ITS BY-LAWS EFFECTIVE APRIL 19, 2012, TO INCLUDE PROVISION FOR ADDITIONAL ALLOWING FOR A BOARD OF DIRECTORS CONSISTING OF NO LESS THAN NINE AND NO MORE THAN ELEVEN DIRECTORS. FORM 990, PART VI. SECTION A. LINE 7A: "4.1 POWER AND COMPOSITION MANAGEMENT OF ATI SHALL BE VESTED IN A BOARD OF DIRECTORS CONSISTING OF NO LESS THAN NINE AND NO MORE THAN ELEVEN DIRECTORS. WITH THE ACTUAL NUMBER THEREOF BEING FIXED BY THE BOARD OF DIRECTORS FROM TIME TO TIME. THE MEMBERS OF THE BOARD OF DIRECTORS SHALL CONSIST OF: (I) THE CHIEF EXECUTIVE OFFICER OF SCRA WHO SHALL BE A VOTING EX OFFICIO MEMBER OF THE BOARD THE CHIEF FINANCIAL OFFICER OF SCRA WHO SHALL BE A VOTING EX OFFICIO MEMBER OF THE BOARD, (III) THE PRESIDENT OF ATI, AND (IV) NO LESS THAN SIX AND NO MORE THAN EIGHT PERSONS APPOINTED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OF SCRA BASED UPON THE NOMINATIONS SUBMITTED BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS OF ATI WHO ARE SERVING ON THE BOARD AT THAT GIVEN TIME, WITH SUCH ACTUAL NUMBER SET AT (A) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

132211 01-23-12

4.1(I) AND (II) ABOVE SHALL SERVE ON THE BOARD OF DIRECTORS FOR AS LONG AS

HE OR SHE SHALL HOLD THE RESPECTIVE POSITION WITH SCRA. EACH MEMBER OF THE

BOARD OF DIRECTORS NOTED IN SECTION 4.1(IV) SHALL SERVE A TERM OF THREE

YEARS OR UNTIL HIS OR HER SUCCESSOR SHALL BE DULY APPOINTED AND QUALIFIED.

HOWEVER, THE RESIGNATION OR REMOVAL OF THE PRESIDENT SHALL RESULT IN THE

AUTOMATIC RESIGNATION OR REMOVAL OF SUCH PERSON FROM THE BOARD OF

DIRECTORS. EACH MEMBER OF THE BOARD OF DIRECTORS SHALL BE ELIGIBLE TO SERVE

NO MORE THAN FOUR CONSECUTIVE TERMS. BOARD MEMBER TERM EXPIRATIONS WILL BE STAGGERED SUCH THAT APPROXIMATELY ONE THIRD OF THEM EXPIRE ANNUALLY. AS

4.2 TERMS OF OFFICE EACH MEMBER OF THE BOARD OF DIRECTORS NOTED IN SECTION

The state of the s

EACH TERM NEARS COMPLETION, THE CHAIRMAN WILL DETERMINE WHETHER TO RENEW

THE DIRECTOR TERM FOLLOWING A DISCUSSION OF EVALUATION RESULTS AND

RECOMMITMENT WITH THE MEMBER. THE NOMINATING AND GOVERNANCE COMMITTEE CHAIR

132212 01-23-12

FORM 990, PART VI, SECTION A, LINE 7B: "4.1 POWER AND COMPOSITION

PROCESS CONTINUING UNTIL A NOMINEE IS APPOINTED."

INVOLVING A BOARD POSITION DESIGNATED IN SECTION 4.1(IV). THE EXECUTIVE

COMMITTEE OF THE BOARD OF TRUSTEES OF SCRA MAY, WITH OR WITHOUT CAUSE,

DECLINE TO APPOINT ANY SUCH NOMINEE. IN WHICH CASE THE MEMBERS OF THE BOARD

OF DIRECTORS OF ATI WHO ARE SERVING ON THE BOARD AT THAT GIVEN TIME SHALL

NOMINATE ANOTHER PERSON FOR SUCH BOARD POSITION, WITH SUCH NOMINATION

Schedule O (Form 990 or 990-EZ) (2011)

- 4.2 TERMS OF OFFICE EACH MEMBER OF THE BOARD OF DIRECTORS NOTED IN SECTION
- 4.1(I) AND (II) ABOVE SHALL SERVE ON THE BOARD OF DIRECTORS FOR AS LONG AS

Name of the organization  ADVANCED TECHNOLOGY INTERNATIONAL	Employer identification number 57-1067151
HE OR SHE SHALL HOLD THE RESPECTIVE POSITION WITH SCRA. EACH MEMBER OF THE	
BOARD OF DIRECTORS NOTED IN SECTION 4.1(IV) SHALL SERVE A TERM OF THREE	
YEARS OR UNTIL HIS OR HER SUCCESSOR SHALL BE DULY APPOINTED AND QUALIFIED.	
HOWEVER, THE RESIGNATION OR REMOVAL OF THE PRESIDENT SHALL RESULT IN THE	
AUTOMATIC RESIGNATION OR REMOVAL OF SUCH PERSON FROM THE BOARD OF	
DIRECTORS. EACH MEMBER OF THE BOARD OF DIRECTORS SHALL BE ELIGIBLE TO SERVE	
NO MORE THAN FOUR CONSECUTIVE TERMS. BOARD MEMBER TERM EXPIRATIONS WILL BE	
STAGGERED SUCH THAT APPROXIMATELY ONE THIRD OF THEM EXPIRE ANNUALLY. AS	
EACH TERM NEARS COMPLETION, THE CHAIRMAN WILL DETERMINE WHETHER TO RENEW	
THE DIRECTOR TERM FOLLOWING A DISCUSSION OF EVALUATION RESULTS AND	
RECOMMITMENT WITH THE MEMBER. THE NOMINATING AND GOVERNANCE COMMITTEE CHAIR	
WILL SUPPORT THE BOARD CHAIRMAN ASSESSMENT OF THE DIRECTOR	
PERFORMANCE.	
	- 1
4.3 VACANCY ANY VACANCY OCCURRING ON THE BOARD OF DIRECTORS INVOLVING A	
BOARD POSITION DESIGNATED IN SECTION 4.1(I)SHALL BE FILLED, AS NOTED IN	
SECTION 3.3 ABOVE, BY THE APPOINTMENT BY THE EXECUTIVE COMMITTEE OF THE	<del> </del>
BOARD OF TRUSTEES OF SCRA OF AN INTERIM SUCCESSOR TO FILL SUCH BOARD	
POSITION, ANY VACANCY OCCURRING ON THE BOARD OF DIRECTORS INVOLVING A BOARD	· · · · · · · · · · · · · · · · · · ·
POSITION DESIGNATED IN SECTION 4.1 (II) SHALL BE FILLED, AS NOTED IN	
SECTION 3.3, BY THE APPOINTMENT OF AN INTERIM SUCCESSOR BY THE CHAIRMAN OF	
THE BOARD TO FILL SUCH BOARD POSITION. ANY APPOINTED INTERIM SUCCESSOR	****
SHALL SERVE ON THE BOARD OF DIRECTORS UNTIL THE SUCCESSOR CHIEF EXECUTIVE	
OFFICER OR CHIEF FINANCIAL OFFICER, AS APPROPRIATE, OF SCRA TAKES OFFICE.	
ANY VACANCY OCCURRING ON THE BOARD OF DIRECTORS INVOLVING A BOARD POSITION	
DESIGNATED IN SECTION 4.1(IV) SHALL BE FILLED BY THE APPOINTMENT BY THE	
EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OF SCRA, BASED UPON THE	
NOMINATION BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS OF THE	

28

CONFLICT WITH SOUTH CAROLINA RESEARCH AUTHORITY'S (SCRA) VP OF HUMAN

THE GOVERNING BOARD OR COMMITTEE FOR REVIEW. ATI KEY EMPLOYEES ARE

CONFLICT EXISTS AND DISCLOSE ANY SUCH POTENTIAL CONFLICTS OF INTEREST TO

REQUIRED TO SUBMIT AN ANNUAL DISCLOSURE FORM IDENTIFYING POTENTIAL AREAS OF

KEY EMPLOYEE POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY

Schedule O (Form 990 or 990-EZ) (2011)

RESOURCES.

NET UNREALIZED LOSSES ON INVESTMENTS:

-6,278.

INVESTMENT EXPENSES:

-14,110.

UNREALIZED LOSS ON MIT-RCF INVESTMENT

-606,165. Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization  ADVANCED TECHNOLOGY INTERNATIONAL	Employer identification number 57-1067151
PROFIT OR FINANCIAL GAIN OF ITS DIRECTORS OR OFFICERS EXCEPT AS	
PERMITTED UNDER THE LAWS OF SOUTH CAROLINA RELATING TO NON-PROFIT	
CORPORATIONS. IN FURTHERANCE OF ITS CORPORATE PURPOSES, ATI SHALL HAVE	
ALL GENERAL POWERS ENUMERATED IN THE SOUTH CAROLINA NONPROFIT	
CORPORATION ACT OF 1994 (OR THE CORRESPONDING PROVISION OF ANY	
SUBSEQUENT LAW).	
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	/ ABA
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Related Organizations ete if the organization answered  Attach to Form 990.		ine 33, 34, 35, 36,	or 37.			201 Open to P Inspect	1 Public
Name of the organization	ED TECHNOLOGY I	INTERNATIONAL				Ε	mployer ider 57-106715		umber
Part I Identification of Disregarded	f Entities (Complet	e if the organization answered "Yes	s" to Form 990, Part IV, line 3	3)					
(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	(e) me End of year		Dire	(f) ct controllin entity	lg
			-						
Part II Identification of Related Tax organizations during the tax y		ations (Complete if the organization	answered "Yes" to Form 990	D, Part IV, line 34 b	ecause it had one	or more	related tax-	exempt	
(a) Name, address, and El of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	g con	(g) 512(b)(13) strolled strly?
					501(c)(3))			Yes	No
57-0736144 1000 CATAWBA STREET	<del></del>	-							
SC 29201	,,	RESEARCH & DEVELOPMENT	SOUTH CAROLINA	501(C)(3)	LINE 9	N/A			x
TECHNOLOGY MANAGEMENT COMPANY - 5300 INTERNATIONAL BLVD	- 57-1088989				LINE 11,		•		
N. CHARLESTON, SC 29418		TO SUPPORT SCRA	SOUTH CAROLINA	501(C)(3)	TYPE 1	N/A			х
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 ADVANC	ED TECHNOLOGY IN	rernatio	NAL							57-10671	51		Page
Part III Identification of Related Or organizations treated as a part of the part III Identification of Related Organizations are part III Identification of Related Organizations are part III Identification of Related Organizations are part III Identification of Related Organizations are part III Identification of Related Organization of Re	ganizations Taxable a artnership during the ta	asa Partn xyear)	ership (Complete if	the organi	zation answe	ered "Yes" to Form	990, Part IV, line 3	34 be	cause	it had one or mo	re rela	ted	
(a)	(b)	(c)	(d)		(e)	(f)	(g)	()	1)	(1)	(i)	1	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded for	nant income , unrelated, rom tax under	Share of total income	end-of-year a	f-year ate alloc		Code V UBI amount in box 20 of Schedule	mana partn	ging er?	Percentage ownership
		country)		sections	512-514)			Yes	No	K 1 (Form 1065)	Yes	No	
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Part IV Identification of Related Or organizations treated as a co	proporation or trust duni	as a Corp	year)	mpiete ii t	ne organizat	ion answered "Yes	to Form 990, Par	t IV, I	ine 34	Decause it nad c	ne or	mon	e related
(a)			(b)		(c)	(d)	(e)		(1)	- (:	g)		(h)
Name, address, and EIN of related organization			Primary activ	vrty	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)		hare o incor	me end-c	re of of year sets	F	Percentage ownership
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P Reimbursement paid by related organization(s) for expenses
 Other transfer of cash or property to related organization(s)
 Other transfer of cash or property from related organization(s)

Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1	Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		х
ь	Gift, grant, or capital contribution to related organization(s)	1b		х
c	Gift, grant, or capital contribution from related organization(s)	1c		x
d	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e	х	
				I
f	Sale of assets to related organization(s)	1f		х
g	Purchase of assets from related organization(s)	1g		х
h	Exchange of assets with related organization(s)	1h		х
•	Lease of facilities, equipment, or other assets to related organization(s)	11		х
J	Lease of facilities, equipment, or other assets from related organization(s)	1j		х
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		х
	Performance of services or membership or fundraising solicitations by related organization(s)	11	х	
m	s Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	х	
n	Sharing of paid employees with related organization(s)	1n	Х	
0	Reimbursement paid to related organization(s) for expenses	10	х	ŀ

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

	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							
<u>(1)</u>											
(2)											
(3)											
(4)											
(5)											
(6)											

35

Schedule R (Form 990) 2011

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#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)	(b)	(c)	(d)	(e) Are all	(1)	(g)	(1	1)	(1)	(i)	{k}
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are all partners se	Share of	Share of	Dispr	opor	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General c	Percentage
of entity		(state or foreign	(related, unrelated,	501(c)(3)	total	end-of year	lion	nate tions 2	amount in box 20	managini nartner?	ownership
,		country)	Lunder section 512-514)	, UIUS /	ıncome	assets	Yes		(Form 1065)		1
			brider section one orry	Yes No	· · · · · · · · · · · · · · · · · · ·		Yes	No	(101111 1000)	Yes NO	<del> </del>
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Schedule R (Form 990) 2011

### Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

OMB No 1545-1709

		are app				_1			
• If you a	re filing for an Automatic 3-Month Extension, comple	ete only Pa	art I and check this box				×		
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	xtension, o	complete only Part II (on page 2 of	this for	m).				
	implete Part II unless you have already been granted					m 8868.			
	c filing (e-file). You can electronically file Form 8868 if						oration		
required to	o file Form 990-T), or an additional (not automatic) 3-mo	onth extens	sion of time. You can electronically f	ile Form	1 88	68 to request an e	extension		
	file any of the forms listed in Part I or Part II with the ex		•			•			
	Benefit Contracts, which must be sent to the IRS in page	•	•						
	irs.gov/efile and click on e-file for Charities & Nonprofits		,			<b>g</b>	,		
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded)					
A corpora	tion required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and	comple	te				
Part I only	,						-		
All other c	orporations (including 1120-C filers), partnerships, REN	AICs, and t	rusts must use Form 7004 to reques	t an ex	tens	sion of time			
to file ınco	me tax returns.								
Type or	Name of exempt organization or other filer, see instru	uctions		Emplo	Employer identification number (EIN)				
print					. ,				
	ADVANCED TECHNOLOGY INTERNATIONAL			x	x 57-1067151				
File by the due date for	Number, street, and room or suite no. If a P.O box, s	see instruc	tions.	Social	ocial security number (SSN)				
filing your	5300 INTERNATIONAL BLVD.								
eturn See Instructions	City, town or post office, state, and ZIP code. For a f	oreign add	ress, see instructions.						
	N. CHARLESTON, SC 29418	_	·						
Enter the I	Return code for the return that this application is for (file	e a separa	te application for each return)				. 0 1		
Application	on	Return	Application				Return		
s For		Code	Is For			Code			
orm 990		01	Form 990-T (corporation)		07				
orm 990-	BL	02	Form 1041-A		08				
orm 990-	EZ	01	Form 4720		09				
orm 990-	PF	04	Form 5227		10				
orm 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11		
	T (trust other than above)	06	Form 8870				12		
	JULIA MARTIN					***************************************			
▶ The bo	oks are in the care of > 5300 INTERNATIONAL BL	VD N	CHARLESTON SC 29418						
	one No ▶ 843-760-4087	<del></del>	FAX No ▶	,					
	rganization does not have an office or place of busines	s in the Ur	·						
	s for a Group Return, enter the organization's four digit			f this ıs	for	the whole group.	check this		
oox 🕨 🛚	If it is for part of the group, check this box	٦							
1 ireq	uest an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time	until					
			tion return for the organization name		e. T	he extension			
ıs fo	r the organization's return for:	•	· ·						
▶[	calendar year or								
▶[	x tax year beginning JUL 1 2011	, an	d endingJUN_302012						
		<del></del> '	<u> </u>			-			
2 If the	e tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return I	Final ret	tum				
	Change in accounting period								
	g g								
3a If the	s application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	nter the tentative tax less any	1	$\neg$				
	refundable credits See instructions	,	,	3	a	\$	n		
	s application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and		+	<del></del>			
	nated tax payments made Include any prior year overp	•		31	,	\$	Λ		
	ince due. Subtract line 3b from line 3a. Include your pa			3	+	<u> </u>	0.		
	sing EFTPS (Electronic Federal Tax Payment System)	-		34		\$	^		
	f you are going to make an electronic fund withdrawal v				_	<del></del>	tnictions		
	r Privacy Act and Paperwork Reduction Act Notice,			007	<u> </u>	Form 8868 (R			
	and a speciment beautiful wet would	200 111201	ICHOHO.			1 OHH 6000 (F	6V 1-2012)		

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Form 886	8 (Rev 1-2012)					Page 2			
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box		x x			
	ly complete Part II if you have already been granted an a	-			3868	-			
	are filing for an Automatic 3-Month Extension, complete								
Part II				al (no co	ppies need	ed).			
<b></b>					<del></del>	<del></del>			
Type or	Type or Name of exempt organization or other filer, see instructions  Enter filer's identifying number, see instruct  Employer identification number (E								
print	l man and an an an an an an an an an an an an an				(2007)				
File by the ADVANCED TECHNOLOGY INTERNATIONAL X 57-1067151									
due date for	curity number	(SSN)							
filing your return See	DUI FORM TAXINDADA PARTICIPANT DATE					` '			
City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
	N. CHARLESTON, SC 29418	Ū							
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1			
			,			<u></u>			
Applicati	on	Return	Application			Return			
ls For		Code	Is For			Code			
Form 990	)	01							
Form 990	· · · · · · · · · · · · · · · · · · ·	02	Form 1041-A			08			
Form 990		01	Form 4720			09			
Form 990		04	Form 5227		·	10			
Form 990	P-T (sec 401(a) or 408(a) trust)	05	Form 6069	-		11			
	-T (trust other than above)	06	Form 8870	•		12			
STOP! Do	o not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	d Form 8868				
	JULIA MARTIN								
• The bo	ooks are in the care of > 5300 INTERNATIONAL BLV	7D N	CHARLESTON, SC 29418						
	none No. > 843-760-4087		FAX No. ▶						
	organization does not have an office or place of business	s in the Ur	nited States, check this box	···································		ightharpoonup			
	is for a Group Return, enter the organization's four digit			f this is foi	the whole gr	oup, check this			
<u>bo</u> x ▶ [	If it is for part of the group, check this box	and atta	ach a list with the names and EINs of	all memb	ers the extens	sion is for.			
4 I re	quest an additional 3-month extension of time until	MAY 15	, 2013						
5 For	calendar year, or other tax year beginning	лоъ 1, 2	, and endin	g JUN 3	0, 2012				
	he tax year entered in line 5 is for less than 12 months, o	heck reas	on' Initial return	Final r	eturn	<del></del>			
	Change in accounting penod								
7 Sta	ate in detail why you need the extension								
ADI	DITIONAL TIME IS REQUIRED TO GATHER THE IN	FORMATI	ON NEEDED FOR A						
COL	MPLETE AND ACCURATE RETURN.								
_									
8a If th	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any						
nor	nrefundable credits. See instructions.			8a	\$	0.			
b If th	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated						
tax	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid								
pre	previously with Form 8868					0.			
c Ba	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using								
_ EF	TPS (Electronic Federal Tax Payment System). See instr	-	8c	\$	0.				
	Signature and Verificat	tion mu	st be completed for Part II	only.					
Under pen	nalties of perjury, I declare that I have examined this form, includ	ling accom	panying schedules and statements, and t	o the best o	f my knowledge	and belief,			
it is true, c	correct, and complete, and that I apraulthorized to prepare this for	orm.			1	1/2012			
Signature	► /If Many for Title ►	CPA		Date	► 1/25	100-			
					Form 68	368 (Rev. 1-2012)			