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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

**2012**Open to Public  
Inspection**A For the 2012 calendar year, or tax year beginning****07/01, 2012, and ending****06/30, 2013****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

GEORGIA ADVANCED TECHNOLOGY VENTURES, INC.

## Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

225 NORTH AVENUE, LYMAN HALL

City, town or post office, state, and ZIP code

ATLANTA, GA 30332

**F** Name and address of principal officer

AISHA OLIVER-STALEY

225 NORTH AVE, LYMAN HALL ATLANTA, GA 30332-0257

**D** Employer identification number

58-2538285

**E** Telephone number

(404) 385-8337

**G** Gross receipts \$ 19,746,496.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☒ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶ N/A**I** Tax-exempt status☒ X

501(c)(3)

501(c) ( )

(insert no )

4947(a)(1) or

527

**J** Website. ▶ WWW.GATV.GATECH.EDU**K** Form of organization☒ X

Corporation

☐ Trust☐ Association☐ Other ▶**L** Year of formation 2000**M** State of legal domicile GA**Part I** Summary**1** Briefly describe the organization's mission or most significant activities

THE CORPORATION SUPPORTS THE GEORGIA INSTITUTE OF TECHNOLOGY TO FOSTER AND SUPPORT ECONOMIC DEVELOPMENT AND SCIENTIFIC RESEARCH IN THE STATE OF GEORGIA.

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)

3

7.

**4** Number of independent voting members of the governing body (Part VI, line 1b)

4

4.

**5** Total number of individuals employed in calendar year 2012 (Part V, line 2a)

5

0

**6** Total number of volunteers (estimate if necessary)

6

0

**7a** Total unrelated business revenue from Part VIII, column (C), line 12

7a

0

**b** Net unrelated business taxable income from Form 990-T, line 34

7b

0

**Revenue****8** Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

6,333,095.

1,823,587.

**9** Program service revenue (Part VIII, line 2g)

14,983,785.

17,164,965.

**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)

3,119.

2,378.

**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

99,057.

755,566.

**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

21,419,056.

19,746,496.

**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)

3,945,833.

4,262,997.

**14** Benefits paid to or for members (Part IX, column (A), line 4)

0

0

**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

0

0

**16a** Professional fundraising fees (Part IX, column (A), line 11e)

0

0

**b** Total fundraising expenses (Part IX, column (D), line 25)

0

**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

19,045,918.

19,119,404.

**18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

22,991,751.

23,382,401.

**19** Revenue less expenses Subtract line 18 from line 12

-1,572,695.

-3,635,905.

**20** Total assets (Part X, line 16)

125,398,440.

120,319,890.

**21** Total liabilities (Part X, line 26)

118,760,664.

117,621,359.

**22** Net assets or fund balances Subtract line 21 from line 20

6,637,776.

2,698,531.

**Part II** Signature Block

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

Sign  
Here

Signature of officer

Date

5/17/2014

Type or print name and title

James G. Fortner, Treasurer

Paid  
Preparer  
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

MARC AZAR

MAY 14 2014

P00746804

Firm's name ▶ SMITH &amp; HOWARD, P.C.

Firm's EIN ▶ 58-1250486

Firm's address ▶ 271 17TH STREET, SUITE 1600 ATLANTA, GA 30363

Phone no 404-874-6244

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

☒ X Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

JSA  
2E1010 1 000

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission

ATTACHMENT 1

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code ) (Expenses \$ 23,242,060. including grants of \$ 4,267,997 ) (Revenue \$ 17,920,531 )GEORGIA ADVANCED TECHNOLOGY VENTURES, INC. PROVIDED SUPPORT FOR  
TECHNOLOGY TRANSFER, COMMERCIALIZATION, ECONOMIC DEVELOPMENT, AND  
RELEVANT REAL ESTATE DEVELOPMENT FOR THE GEORGIA INSTITUTE OF  
TECHNOLOGY, INCLUDING THE ADVANCED TECHNOLOGY DEVELOPMENT CENTER  
(ATDC) INCUBATOR FACILITIES.**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 23,242,060.

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                       | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                                                                         | 1   | X  |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .                                                                                                                                                                                                         | 2   | X  |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .                                                                                                                      | 3   | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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 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 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .                                                    | 6   | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .                                                                                            | 7   | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .                                                                                                                                                         | 8   | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .            | 9   | X  |
| 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, VII, VIII, IX, or X as applicable                                                                                                                                                                     |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .                                                                                                                                                                       | 11a | X  |
| 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 | X  |
| 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 | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .                                                                                                                                                                                     | 11e | X  |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .                                                            | 11f | X  |
| 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .                                                                                                                                                       | 12a | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .                                                                           | 12b | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                                                                                                        | 13  | X  |
| 14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                            | 14a | X  |
| b 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 | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .                                                                                    | 15  | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, 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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .                                                                                            | 17  | X  |
| 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  | X  |
| 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  |
| 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .                                                                                                                                                                                                            | 20a | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .                                                                                                                                                                                              | 20b |    |

**Part IV Checklist of Required Schedules (continued)**

|                                                                                                                                                                                                                                                                                                                        | Yes   | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to 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 X  |    |
| 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    | X  |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .                                                      | 23 X  |    |
| 24 a 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   | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                          | 24b   |    |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                 | 24c   |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                    | 24d   |    |
| 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .                                                                                                           | 25a   | X  |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .                                        | 25b   | X  |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .                                                                    | 26    | X  |
| 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 of any of these persons? If "Yes," complete Schedule L, Part III . . . . . | 27    | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                        |       |    |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                    | 28a   | X  |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                 | 28b   | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .                                                                                     | 28c X |    |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                                                                  | 29    | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                  | 30    | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .                                                                                                                                                                                        | 31    | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .                                                                                                                                                                       | 32    | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .                                                                                                                      | 33 X  |    |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .                                                                                                                                                                  | 34 X  |    |
| 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                 | 35a   | X  |
| b If "Yes" to line 35a, 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   |    |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                                                                                  | 36 X  |    |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .                                                                             | 37    | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | 38 X  |    |

Form 990 (2012)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck 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. <b>1a</b> 9                                                                                                                                                                                            |     |    |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1b</b> 0                                                                                                                                                                                          |     |    |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <b>1c</b> X                                                                                                                  | X   |    |
| 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. <b>2a</b> 0                                                                                           |     |    |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). <b>2b</b>                                            |     |    |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? <b>3a</b>                                                                                                                                                                              |     | X  |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. <b>3b</b>                                                                                                                                                                           |     |    |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <b>4a</b>                                 |     | X  |
| b If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts                                                                                                                     |     |    |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <b>5a</b>                                                                                                                                                                      |     | X  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <b>5b</b>                                                                                                                                                            |     | X  |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? <b>5c</b>                                                                                                                                                                                                           |     |    |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? <b>6a</b>                                                                    |     | X  |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>6b</b>                                                                                                                               |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                                  |     |    |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <b>7a</b>                                                                                                                             |     | X  |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? <b>7b</b>                                                                                                                                                                             |     |    |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <b>7c</b>                                                                                                                                        |     | X  |
| d If "Yes," indicate the number of Forms 8282 filed during the year. <b>7d</b>                                                                                                                                                                                                          |     |    |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <b>7e</b>                                                                                                                                                             |     | X  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <b>7f</b>                                                                                                                                                                |     | X  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <b>7g</b>                                                                                                                                            |     |    |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b>                                                                                                                                          |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <b>8</b> |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                                      |     |    |
| a Did the organization make any taxable distributions under section 4966? <b>9a</b>                                                                                                                                                                                                     |     |    |
| b Did the organization make a distribution to a donor, donor advisor, or related person? <b>9b</b>                                                                                                                                                                                      |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                                                        |     |    |
| a Initiation fees and capital contributions included on Part VIII, line 12. <b>10a</b>                                                                                                                                                                                                  |     |    |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <b>10b</b>                                                                                                                                                                               |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                                                       |     |    |
| a Gross income from members or shareholders. <b>11a</b>                                                                                                                                                                                                                                 |     |    |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <b>11b</b>                                                                                                                                               |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>                                                                                                                                                        |     |    |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>                                                                                                                                                                                     |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                              |     |    |
| a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. <b>13a</b>                                                                              |     |    |
| 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. <b>13b</b>                                                                                                                 |     |    |
| c Enter the amount of reserves on hand. <b>13c</b>                                                                                                                                                                                                                                      |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? <b>14a</b>                                                                                                                                                                        |     | X  |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. <b>14b</b>                                                                                                                                                                 |     |    |

**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. ☒ X**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                              | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 7                                                                                                                          |     |    |
| 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>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 4                                                                                                                            |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>                                            | X   |    |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . <b>3</b> |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>                                                                                                 |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>                                                                                                       |     | X  |
| <b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>                                                                                                                                                               |     | X  |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7a</b>                                                             | X   |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>                                                       |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                                    |     |    |
| <b>a</b> The governing body? . . . . . <b>8a</b>                                                                                                                                                                                             | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>                                                                                                                                           | X   |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . <b>9</b>     |     | X  |

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

|                                                                                                                                                                                                                                                                                                                            | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10a</b>                                                                                                                                                                                                                         |     | X  |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . <b>10b</b>                                                                     |     |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . <b>11a</b>                                                                                                                                                                      | X   |    |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                                      |     |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . <b>12a</b>                                                                                                                                                                                                    | X   |    |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12b</b>                                                                                                                                                          | X   |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . <b>12c</b>                                                                                                                                           | X   |    |
| <b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>                                                                                                                                                                                                                                    |     | X  |
| <b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>                                                                                                                                                                                                               |     | X  |
| <b>15</b> 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?                                                                                             |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . . . . <b>15a</b>                                                                                                                                                                                                                       |     | X  |
| <b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>                                                                                                                                                                                                                                          |     | X  |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                                                         |     |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16a</b>                                                                                                                                      | X   |    |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . <b>16b</b> |     | X  |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► GA

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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 organization ► AMY HERRON 221 UNCLE HEINIE WAY, LYMAN HALL RM 325 ATLANTA, GA 30332 404-385-8337

**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 ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A)<br>Name and Title                     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                           |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) STEVEN G. SWANT<br>DIRECTOR           | 1.00                                                                                       | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 307,589.                                                                  | 125,197.                                                                                      |
| (2) JAMES R. BORDERS<br>DIRECTOR          | 1.00                                                                                       | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) JOHN J. HUNTZ<br>DIRECTOR             | 1.00                                                                                       | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) SIG MOSLEY<br>DIRECTOR                | 1.00                                                                                       | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) STEVE W. CHADDICK<br>DIRECTOR         | 1.00                                                                                       | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) RAFAEL L. BRAS<br>DIRECTOR            | 1.00                                                                                       | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 390,149.                                                                  | 150,297.                                                                                      |
| (7) DENNIS C. LIOTTA<br>DIRECTOR          | 1.00                                                                                       | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) BEN T. RANEY II<br>DIRECTOR           | 1.00                                                                                       | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) MICHAEL C. CASSIDY<br>DIRECTOR        | 1.00                                                                                       | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) PATRICK J. MCKENNA<br>VICE PRESIDENT | 4.00                                                                                       |                                                                                                              |                       | X       |              |                              |        | 0                                                                    | 217,863.                                                                  | 45,460.                                                                                       |
| (11) JOHN MAJERONI<br>VICE PRESIDENT      | 4.00                                                                                       |                                                                                                              |                       | X       |              |                              |        | 0                                                                    | 224,590.                                                                  | 32,369.                                                                                       |
| (12) AISHA OLIVER-STALEY<br>SECRETARY     | 4.00                                                                                       |                                                                                                              |                       | X       |              |                              |        | 0                                                                    | 126,997.                                                                  | 37,346.                                                                                       |
| (13) STEPHEN R. FLEMING<br>PRESIDENT      | 4.00                                                                                       |                                                                                                              |                       | X       |              |                              |        | 0                                                                    | 212,161.                                                                  | 45,451.                                                                                       |
| (14) AMY E. HERRON<br>ASSISTANT TREASURER | 4.00                                                                                       |                                                                                                              |                       | X       |              |                              |        | 0                                                                    | 87,238.                                                                   | 37,753.                                                                                       |

| (A)<br>Name and title                                                      | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                            |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| 15) AMIR RAHNAMEY-AZAR<br>TREASURER                                        | 4.00                                                                                                            |                                                                                                                    |                       | X       |              |                                 |        | 0                                                                                   | 260,279.                                                                              | 56,379.                                                                                                            |
|                                                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>1b Sub-total . . . . . ▶</b>                                            |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        | 0                                                                                   | 1,566,587.                                                                            | 473,873.                                                                                                           |
| <b>c Total from continuation sheets to Part VII, Section A . . . . . ▶</b> |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        | 0                                                                                   | 260,279.                                                                              | 56,379.                                                                                                            |
| <b>d Total (add lines 1b and 1c) . . . . . ▶</b>                           |                                                                                                                 |                                                                                                                    |                       |         |              |                                 |        | 0                                                                                   | 1,826,866.                                                                            | 530,252.                                                                                                           |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

|   | Yes | No |
|---|-----|----|
| 3 |     | X  |
| 4 | X   |    |
| 5 |     | X  |

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address                                                                                                                                     | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| ATTACHMENT 2                                                                                                                                                         |                                |                     |
|                                                                                                                                                                      |                                |                     |
|                                                                                                                                                                      |                                |                     |
|                                                                                                                                                                      |                                |                     |
|                                                                                                                                                                      |                                |                     |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► | 5                              |                     |

**Part VIII Statement of Revenue**

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

☒ X

|                                                                   |                                                                    |                                                                                                                                   | (A)<br>Total revenue                                                                                    | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|-------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1a                                                                 | Federated campaigns . . . . .                                                                                                     | 1a                                                                                                      |                                                    |                                         |                                                                           |
|                                                                   | b                                                                  | Membership dues . . . . .                                                                                                         | 1b                                                                                                      |                                                    |                                         |                                                                           |
|                                                                   | c                                                                  | Fundraising events . . . . .                                                                                                      | 1c                                                                                                      |                                                    |                                         |                                                                           |
|                                                                   | d                                                                  | Related organizations . . . . .                                                                                                   | 1d                                                                                                      | 308,498                                            |                                         |                                                                           |
|                                                                   | e                                                                  | Government grants (contributions) . .                                                                                             | 1e                                                                                                      | 1,300,000                                          |                                         |                                                                           |
|                                                                   | f                                                                  | All other contributions, gifts, grants,<br>and similar amounts not included above .                                               | 1f                                                                                                      | 215,089                                            |                                         |                                                                           |
|                                                                   | g                                                                  | Noncash contributions included in lines 1a-1f \$                                                                                  |                                                                                                         |                                                    |                                         |                                                                           |
|                                                                   | h                                                                  | <b>Total.</b> Add lines 1a-1f . . . . .                                                                                           |                                                                                                         | 1,823,587                                          |                                         |                                                                           |
| <b>Program Service Revenue</b>                                    | 2a                                                                 | RENTAL INCOME                                                                                                                     | Business Code                                                                                           | 531120                                             | 12,333,086                              | 12,333,086                                                                |
|                                                                   | b                                                                  | PROGRAM EXPENSE REIMBURSEMENT                                                                                                     |                                                                                                         | 541610                                             | 4,831,879                               | 4,831,879                                                                 |
|                                                                   | c                                                                  |                                                                                                                                   |                                                                                                         |                                                    |                                         |                                                                           |
|                                                                   | d                                                                  |                                                                                                                                   |                                                                                                         |                                                    |                                         |                                                                           |
|                                                                   | e                                                                  |                                                                                                                                   |                                                                                                         |                                                    |                                         |                                                                           |
|                                                                   | f                                                                  | All other program service revenue . . . . .                                                                                       |                                                                                                         |                                                    |                                         |                                                                           |
|                                                                   | g                                                                  | <b>Total.</b> Add lines 2a-2f . . . . .                                                                                           |                                                                                                         | 17,164,965                                         |                                         |                                                                           |
|                                                                   | <b>Other Revenue</b>                                               | 3                                                                                                                                 | Investment income (including dividends, interest, and<br>other similar amounts). ATTACHMENT 3 . . . . . |                                                    | 2,378                                   |                                                                           |
| 4                                                                 |                                                                    | Income from investment of tax-exempt bond proceeds . . . . .                                                                      |                                                                                                         | 0                                                  |                                         |                                                                           |
| 5                                                                 |                                                                    | Royalties . . . . .                                                                                                               |                                                                                                         | 0                                                  |                                         |                                                                           |
|                                                                   |                                                                    | (i) Real (ii) Personal                                                                                                            |                                                                                                         |                                                    |                                         |                                                                           |
| 6a                                                                |                                                                    | Gross rents . . . . .                                                                                                             |                                                                                                         |                                                    |                                         |                                                                           |
| b                                                                 |                                                                    | Less rental expenses . . . . .                                                                                                    |                                                                                                         |                                                    |                                         |                                                                           |
| c                                                                 |                                                                    | Rental income or (loss) . . . . .                                                                                                 |                                                                                                         |                                                    |                                         |                                                                           |
| d                                                                 |                                                                    | Net rental income or (loss) . . . . .                                                                                             |                                                                                                         | 0                                                  |                                         |                                                                           |
| 7a                                                                |                                                                    | Gross amount from sales of<br>assets other than inventory                                                                         | (i) Securities (ii) Other                                                                               |                                                    |                                         |                                                                           |
| b                                                                 |                                                                    | Less cost or other basis<br>and sales expenses . . . . .                                                                          |                                                                                                         |                                                    |                                         |                                                                           |
| c                                                                 |                                                                    | Gain or (loss) . . . . .                                                                                                          |                                                                                                         |                                                    |                                         |                                                                           |
| d                                                                 |                                                                    | Net gain or (loss) . . . . .                                                                                                      |                                                                                                         | 0                                                  |                                         |                                                                           |
| 8a                                                                |                                                                    | Gross income from fundraising<br>events (not including \$ of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a                                                                                                       |                                                    |                                         |                                                                           |
| b                                                                 |                                                                    | Less direct expenses . . . . .                                                                                                    | b                                                                                                       |                                                    |                                         |                                                                           |
| c                                                                 |                                                                    | Net income or (loss) from fundraising events . . . . .                                                                            |                                                                                                         | 0                                                  |                                         |                                                                           |
| 9a                                                                |                                                                    | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                             | a                                                                                                       |                                                    |                                         |                                                                           |
| b                                                                 |                                                                    | Less direct expenses . . . . .                                                                                                    | b                                                                                                       |                                                    |                                         |                                                                           |
| c                                                                 |                                                                    | Net income or (loss) from gaming activities . . . . .                                                                             |                                                                                                         | 0                                                  |                                         |                                                                           |
| 10a                                                               | Gross sales of inventory, less<br>returns and allowances . . . . . | a                                                                                                                                 |                                                                                                         |                                                    |                                         |                                                                           |
| b                                                                 | Less cost of goods sold . . . . .                                  | b                                                                                                                                 |                                                                                                         |                                                    |                                         |                                                                           |
| c                                                                 | Net income or (loss) from sales of inventory . . . . .             |                                                                                                                                   | 0                                                                                                       |                                                    |                                         |                                                                           |
| <b>Miscellaneous Revenue</b>                                      |                                                                    | <b>Business Code</b>                                                                                                              |                                                                                                         |                                                    |                                         |                                                                           |
| 11a                                                               | GAIN FROM ENVIRONMENTAL LIABILITY WRITE                            |                                                                                                                                   | 900099                                                                                                  | 616,448                                            | 616,448                                 |                                                                           |
| b                                                                 | MEMBERSHIP FEES                                                    |                                                                                                                                   | 541610                                                                                                  | 80,630                                             | 80,630                                  |                                                                           |
| c                                                                 | MISC INCOME                                                        |                                                                                                                                   | 900099                                                                                                  | 58,488                                             | 58,488                                  |                                                                           |
| d                                                                 | All other revenue . . . . .                                        |                                                                                                                                   |                                                                                                         |                                                    |                                         |                                                                           |
| e                                                                 | <b>Total.</b> Add lines 11a-11d . . . . .                          |                                                                                                                                   | 755,566                                                                                                 |                                                    |                                         |                                                                           |
| 12                                                                | <b>Total revenue.</b> See instructions . . . . .                   |                                                                                                                                   | 19,746,496                                                                                              | 17,920,531                                         |                                         | 2,378                                                                     |

**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).

Check if Schedule O contains a response to any question in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|                                                                                                                                                                                                                                            | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------|-------------------------------------------|--------------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.                                                                                                                                 | 4,262,997.            | 4,262,997.                         |                                           |                                |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22.                                                                                                                                                   | 0                     |                                    |                                           |                                |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.                                                                                                      | 0                     |                                    |                                           |                                |
| 4 Benefits paid to or for members.                                                                                                                                                                                                         | 0                     |                                    |                                           |                                |
| 5 Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                | 0                     |                                    |                                           |                                |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                           | 0                     |                                    |                                           |                                |
| 7 Other salaries and wages.                                                                                                                                                                                                                | 0                     |                                    |                                           |                                |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                      | 0                     |                                    |                                           |                                |
| 9 Other employee benefits.                                                                                                                                                                                                                 | 0                     |                                    |                                           |                                |
| 10 Payroll taxes.                                                                                                                                                                                                                          | 0                     |                                    |                                           |                                |
| 11 Fees for services (non-employees):                                                                                                                                                                                                      | 0                     |                                    |                                           |                                |
| a Management                                                                                                                                                                                                                               |                       |                                    |                                           |                                |
| b Legal                                                                                                                                                                                                                                    | 80,762.               | 80,762.                            |                                           |                                |
| c Accounting                                                                                                                                                                                                                               | 26,600.               | 26,600.                            |                                           |                                |
| d Lobbying                                                                                                                                                                                                                                 | 0                     |                                    |                                           |                                |
| e Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                 | 0                     |                                    |                                           |                                |
| f Investment management fees                                                                                                                                                                                                               | 0                     |                                    |                                           |                                |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                              | 32,240.               | 32,240.                            |                                           |                                |
| 12 Advertising and promotion.                                                                                                                                                                                                              | 0                     |                                    |                                           |                                |
| 13 Office expenses.                                                                                                                                                                                                                        | 529.                  |                                    | 529.                                      |                                |
| 14 Information technology.                                                                                                                                                                                                                 | 0                     |                                    |                                           |                                |
| 15 Royalties.                                                                                                                                                                                                                              | 0                     |                                    |                                           |                                |
| 16 Occupancy.                                                                                                                                                                                                                              | 3,092,596.            | 3,092,596.                         |                                           |                                |
| 17 Travel.                                                                                                                                                                                                                                 | 0                     |                                    |                                           |                                |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         | 0                     |                                    |                                           |                                |
| 19 Conferences, conventions, and meetings.                                                                                                                                                                                                 | 0                     |                                    |                                           |                                |
| 20 Interest.                                                                                                                                                                                                                               | 7,367,138.            | 7,367,138.                         |                                           |                                |
| 21 Payments to affiliates.                                                                                                                                                                                                                 | 0                     |                                    |                                           |                                |
| 22 Depreciation, depletion, and amortization.                                                                                                                                                                                              | 4,286,995.            | 4,286,995.                         |                                           |                                |
| 23 Insurance.                                                                                                                                                                                                                              | 149,953.              | 149,953.                           |                                           |                                |
| 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.)                                      |                       |                                    |                                           |                                |
| a <u>MANAGEMENT EXPENSES</u>                                                                                                                                                                                                               | 2,738,099.            | 2,673,099.                         | 65,000.                                   |                                |
| b <u>REPAIRS &amp; MAINTENANCE</u>                                                                                                                                                                                                         | 754,259.              | 754,259.                           |                                           |                                |
| c <u>WRITE OFF OF LEASE COMMISSIO</u>                                                                                                                                                                                                      | 410,303.              | 410,303.                           |                                           |                                |
| d <u>MISC. EXPENSES</u>                                                                                                                                                                                                                    | 105,573.              | 105,118.                           | 455.                                      |                                |
| e All other expenses                                                                                                                                                                                                                       | 74,357.               |                                    | 74,357.                                   |                                |
| 25 Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 23,382,401.           | 23,242,060.                        | 140,341.                                  |                                |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | 0                     |                                    |                                           |                                |

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

|                                                                     |                                                                                                                                                                                                                                                                                                                                | (A)<br>Beginning of year |              | (B)<br>End of year |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|--------------------|
| <b>Assets</b>                                                       | 1 Cash - non-interest-bearing                                                                                                                                                                                                                                                                                                  | 0                        | 1            | 0                  |
|                                                                     | 2 Savings and temporary cash investments                                                                                                                                                                                                                                                                                       | 2,416,694.               | 2            | 5,004,943.         |
|                                                                     | 3 Pledges and grants receivable, net                                                                                                                                                                                                                                                                                           | 1,526,128.               | 3            | 1,398,929.         |
|                                                                     | 4 Accounts receivable, net                                                                                                                                                                                                                                                                                                     | 42,762.                  | 4            | 63,189.            |
|                                                                     | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees<br>Complete Part II of Schedule L                                                                                                                                                        | 0                        | 5            | 0                  |
|                                                                     | 6 Loans and other 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) Complete Part II of Schedule L | 0                        | 6            | 0                  |
|                                                                     | 7 Notes and loans receivable, net                                                                                                                                                                                                                                                                                              | 0                        | 7            | 0                  |
|                                                                     | 8 Inventories for sale or use                                                                                                                                                                                                                                                                                                  | 0                        | 8            | 0                  |
|                                                                     | 9 Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                        | 70,982.                  | 9            | 16,266.            |
|                                                                     | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                          | 10a 140,480,073.         |              |                    |
|                                                                     | b Less accumulated depreciation                                                                                                                                                                                                                                                                                                | 10b 28,181,027.          | 118,987,125. | 10c 112,299,046.   |
|                                                                     | 11 Investments - publicly traded securities                                                                                                                                                                                                                                                                                    | 0                        | 11           | 0                  |
|                                                                     | 12 Investments - other securities See Part IV, line 11                                                                                                                                                                                                                                                                         | 0                        | 12           | 0                  |
|                                                                     | 13 Investments - program-related See Part IV, line 11                                                                                                                                                                                                                                                                          | 644,629.                 | 13           | 341,289.           |
|                                                                     | 14 Intangible assets                                                                                                                                                                                                                                                                                                           | 20,000.                  | 14           | 17,500.            |
|                                                                     | 15 Other assets See Part IV, line 11                                                                                                                                                                                                                                                                                           | 1,690,120.               | 15           | 1,178,728.         |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 125,398,440.                                                                                                                                                                                                                                                                                                                   | 16                       | 120,319,890. |                    |
| <b>Liabilities</b>                                                  | 17 Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                       | 5,710,132.               | 17           | 5,590,317.         |
|                                                                     | 18 Grants payable                                                                                                                                                                                                                                                                                                              | 0                        | 18           | 0                  |
|                                                                     | 19 Deferred revenue                                                                                                                                                                                                                                                                                                            | 3,325,891.               | 19           | 3,299,217.         |
|                                                                     | 20 Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                 | 0                        | 20           | 0                  |
|                                                                     | 21 Escrow or custodial account liability Complete Part IV of Schedule D                                                                                                                                                                                                                                                        | 0                        | 21           | 0                  |
|                                                                     | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L                                                                                                                                         | 0                        | 22           | 0                  |
|                                                                     | 23 Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                              | 105,206,933.             | 23           | 104,688,790.       |
|                                                                     | 24 Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                                | 0                        | 24           | 0                  |
|                                                                     | 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 Schedule D                                                                                                                                                        | 4,517,708.               | 25           | 4,043,035.         |
|                                                                     | 26 <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                                                                                                                                           | 118,760,664.             | 26           | 117,621,359.       |
| <b>Net Assets or Fund Balances</b>                                  | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.                                                                                                                                                                            |                          |              |                    |
|                                                                     | 27 Unrestricted net assets                                                                                                                                                                                                                                                                                                     | -4,022,721.              | 27           | -8,036,966.        |
|                                                                     | 28 Temporarily restricted net assets                                                                                                                                                                                                                                                                                           | 10,660,497.              | 28           | 10,735,497.        |
|                                                                     | 29 Permanently restricted net assets                                                                                                                                                                                                                                                                                           | 0                        | 29           | 0                  |
|                                                                     | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34                                                                                                                                                                                                      |                          |              |                    |
|                                                                     | 30 Capital stock or trust principal, or current funds                                                                                                                                                                                                                                                                          |                          | 30           |                    |
|                                                                     | 31 Paid-in or capital surplus, or land, building, or equipment fund                                                                                                                                                                                                                                                            |                          | 31           |                    |
|                                                                     | 32 Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                            |                          | 32           |                    |
|                                                                     | 33 <b>Total net assets or fund balances</b>                                                                                                                                                                                                                                                                                    | 6,637,776.               | 33           | 2,698,531.         |
| 34 <b>Total liabilities and net assets/fund balances.</b>           | 125,398,440.                                                                                                                                                                                                                                                                                                                   | 34                       | 120,319,890. |                    |

Form 990 (2012)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☐

|           |                                                                                                                         |           |             |
|-----------|-------------------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                                     | <b>1</b>  | 19,746,496. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                                      | <b>2</b>  | 23,382,401. |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                             | <b>3</b>  | -3,635,905. |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .                     | <b>4</b>  | 6,637,776.  |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .                                                                  | <b>5</b>  | -303,340.   |
| <b>6</b>  | Donated services and use of facilities . . . . .                                                                        | <b>6</b>  | 0           |
| <b>7</b>  | Investment expenses . . . . .                                                                                           | <b>7</b>  | 0           |
| <b>8</b>  | Prior period adjustments . . . . .                                                                                      | <b>8</b>  | 0           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                          | <b>9</b>  | 0           |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . . | <b>10</b> | 2,698,531.  |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> | X   |    |
| <b>3b</b> | X   |    |

Form **990** (2012)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

GEORGIA ADVANCED TECHNOLOGY VENTURES, INC.

Employer identification number

58-2538285

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

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

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a ☒ Type I    b ☐ Type II    c ☐ Type III-Functionally integrated    d ☐ Type III-Non-functionally integrated  
 e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐  
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     | X  |
| 11g(ii)  |     | X  |
| 11g(iii) |     | X  |

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|----------------------------------|
|                                    |          |                                                                                             | Yes                                                                    | No | Yes                                                             | No | Yes                                                        | No |                                  |
| (A) ATTACHMENT 1                   |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| (B)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| (C)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| (D)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| (E)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| <b>Total</b>                       |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    | 23,685,741.                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                  | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .                                                                                                   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                    |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                            |          |          |          |          |          |           |
| 4 <b>Total.</b> Add lines 1 through 3. . . . .                                                                                                                                                                 |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . . |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .                                                                                                                                                 |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                            | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 . . . . .                                                                                                                                                                          |          |          |          |          |          |                          |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                               |          |          |          |          |          |                          |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                           |          |          |          |          |          |                          |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .                                                                                               |          |          |          |          |          |                          |
| 11 <b>Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                |          |          |          |          |          |                          |
| 12 Gross receipts from related activities, etc (see instructions) . . . . .                                                                                                                              |          |          |          |          | 12       |                          |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                   | 14 | %                        |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                         | 15 | %                        |
| 16a <b>33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                          |    | <input type="checkbox"/> |
| b <b>33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                       |    | <input type="checkbox"/> |
| 17a <b>10%-facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .    |    | <input type="checkbox"/> |
| b <b>10%-facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . |    | <input type="checkbox"/> |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                                |    | <input type="checkbox"/> |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                        | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                  |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                  |          |          |          |          |          |           |
| 6 <b>Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                      |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| c Add lines 7a and 7b. . . . .                                                                                                                                                       |          |          |          |          |          |           |
| 8 <b>Public support</b> (Subtract line 7c from line 6) . . . . .                                                                                                                     |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                                       | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . . .                                                                                                                                                                                                      |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                                                        |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                                                                                                                 |          |          |          |          |          |           |
| c Add lines 10a and 10b . . . . .                                                                                                                                                                                                   |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .                                                                                            |          |          |          |          |          |           |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .                                                                                                                          |          |          |          |          |          |           |
| 13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .                                                                                                                                                                   |          |          |          |          |          |           |
| 14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                     |    |   |
|-----------------------------------------------------------------------------------------------------|----|---|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .                      | 16 | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                          |    |   |
|----------------------------------------------------------------------------------------------------------|----|---|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .                        | 18 | % |

19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

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

| SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS |            |                            |      | ATTACHMENT 1 |     |    |                         |
|----------------------------------------------------------------|------------|----------------------------|------|--------------|-----|----|-------------------------|
| (I) NAME OF SUPPORTED ORGANIZATION                             | (II) EIN   | (III) TYPE OF ORGANIZATION | (IV) |              | (V) |    | (VII) AMOUNT OF SUPPORT |
|                                                                |            |                            | YES  | NO           | YES | NO |                         |
| GEORGIA INSTITUTE OF TECHNOLOGY                                | 58-6002023 | 06                         | X    |              | X   |    | 23,685,741              |
| TOTAL AMOUNT OF SUPPORT                                        |            |                            |      |              |     |    | <u>23,685,741</u>       |

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

GEORGIA ADVANCED TECHNOLOGY VENTURES, INC.

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2012

Open to Public  
Inspection

Employer identification number

58-2538285

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

|                                                                                                                                                                                                                                                                                 | (a) Donor advised funds | (b) Funds and other accounts                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| 1 Total number at end of year . . . . .                                                                                                                                                                                                                                         |                         |                                                          |
| 2 Aggregate contributions to (during year) . . . . .                                                                                                                                                                                                                            |                         |                                                          |
| 3 Aggregate grants from (during year) . . . . .                                                                                                                                                                                                                                 |                         |                                                          |
| 4 Aggregate value at end of year . . . . .                                                                                                                                                                                                                                      |                         |                                                          |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .                                                            |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

|                                                                                              |                                                                              |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space                                          |                                                                              |

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

|                                                                                                                                                      | Held at the End of the Tax Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements . . . . .                                                                                                   | 2a                              |
| b Total acreage restricted by conservation easements . . . . .                                                                                       | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .                                                       | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2012

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

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

- a ☐ Public exhibition d ☐ Loan or exchange programs  
b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
c ☐ Preservation for future generations

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . . ☐

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

|                                                            | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c 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 current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

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

| Description of property                                                                                  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|----------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                        |                                      | 18,328,531.                     |                              | 18,328,531.    |
| b Buildings . . . . .                                                                                    |                                      | 121,104,146.                    | 27,354,678.                  | 93,749,468.    |
| c Leasehold improvements . . . . .                                                                       |                                      |                                 |                              |                |
| d Equipment . . . . .                                                                                    |                                      | 1,047,396.                      | 826,349.                     | 221,047.       |
| e Other . . . . .                                                                                        |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). . . . . |                                      |                                 |                              | 112,299,046.   |

Schedule D (Form 990) 2012

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

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                     |                |                                                             |
| (2) Closely-held equity interests . . . . .                             |                |                                                             |
| (3) Other _____                                                         |                |                                                             |
| (A) _____                                                               |                |                                                             |
| (B) _____                                                               |                |                                                             |
| (C) _____                                                               |                |                                                             |
| (D) _____                                                               |                |                                                             |
| (E) _____                                                               |                |                                                             |
| (F) _____                                                               |                |                                                             |
| (G) _____                                                               |                |                                                             |
| (H) _____                                                               |                |                                                             |
| (I) _____                                                               |                |                                                             |

Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶

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

| (a) Description of investment type | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|------------------------------------|----------------|-------------------------------------------------------------|
| (1)                                |                |                                                             |
| (2)                                |                |                                                             |
| (3)                                |                |                                                             |
| (4)                                |                |                                                             |
| (5)                                |                |                                                             |
| (6)                                |                |                                                             |
| (7)                                |                |                                                             |
| (8)                                |                |                                                             |
| (9)                                |                |                                                             |
| (10)                               |                |                                                             |

Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶

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

| (a) Description | (b) Book value |
|-----------------|----------------|
| (1)             |                |
| (2)             |                |
| (3)             |                |
| (4)             |                |
| (5)             |                |
| (6)             |                |
| (7)             |                |
| (8)             |                |
| (9)             |                |
| (10)            |                |

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶

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

| 1. (a) Description of liability                                     | (b) Book value |
|---------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                            |                |
| (2) TENANT DEPOSIT                                                  | 358,858.       |
| (3) NOTE PAYABLE TO GTFI                                            | 3,684,177.     |
| (4)                                                                 |                |
| (5)                                                                 |                |
| (6)                                                                 |                |
| (7)                                                                 |                |
| (8)                                                                 |                |
| (9)                                                                 |                |
| (10)                                                                |                |
| (11)                                                                |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | 4,043,035.     |

2 FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. ☒ X

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |                                                                               |           |             |
|----------|-------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements      | <b>1</b>  | 19,746,496. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12            |           |             |
| <b>a</b> | Net unrealized gains on investments                                           | <b>2a</b> |             |
| <b>b</b> | Donated services and use of facilities                                        | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants                                               | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII)                                                 | <b>2d</b> |             |
| <b>e</b> | Add lines 2a through 2d                                                       | <b>2e</b> |             |
| <b>3</b> | Subtract line 2e from line 1                                                  | <b>3</b>  | 19,746,496. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b              | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII)                                                 | <b>4b</b> |             |
| <b>c</b> | Add lines 4a and 4b                                                           | <b>4c</b> |             |
| <b>5</b> | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | <b>5</b>  | 19,746,496. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |                                                                                |           |             |
|----------|--------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                     | <b>1</b>  | 23,685,741. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25               |           |             |
| <b>a</b> | Donated services and use of facilities                                         | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments                                                         | <b>2b</b> |             |
| <b>c</b> | Other losses                                                                   | <b>2c</b> | 303,340.    |
| <b>d</b> | Other (Describe in Part XIII)                                                  | <b>2d</b> |             |
| <b>e</b> | Add lines 2a through 2d                                                        | <b>2e</b> | 303,340.    |
| <b>3</b> | Subtract line 2e from line 1                                                   | <b>3</b>  | 23,382,401. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:             |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII)                                                  | <b>4b</b> |             |
| <b>c</b> | Add lines 4a and 4b                                                            | <b>4c</b> |             |
| <b>5</b> | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | <b>5</b>  | 23,382,401. |

**Part XIII Supplemental Information**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

ASC 740

FORM 990, SCHEDULE D, PART X, LINE 2

GATV IS A NOT-FOR-PROFIT CORPORATION AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO INCOME TAXES ARE REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE CONSOLIDATED SUBSIDIARIES ARE ORGANIZED AS SINGLE-MEMBER LIMITED LIABILITY COMPANIES (LLC'S) AND ARE NOT LIABLE FOR INCOME TAXES ON THEIR TAXABLE INCOME. INSTEAD, GATV, AS THE SOLE-MEMBER, IS LIABLE FOR INCOME TAXES, IF ANY, ON THE LLC'S TAXABLE INCOME. THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A PROVISION OR LIABILITY FOR INCOME TAXES.

THE ORGANIZATION ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS THE ORGANIZATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION. THE ORGANIZATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR TAX YEARS ENDING BEFORE JUNE 30, 2010.

SCHEDULE I  
(Form 990)

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

GEORGIA ADVANCED TECHNOLOGY VENTURES, INC.

Employer identification number

58-2538285

OMB No. 1545-0047

2012

Open to Public  
Inspection

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1    | (a) Name and address of organization or government                                  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|-------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1)  | GEORGIA INSTITUTE OF TECHNOLOGY<br>225 NORTH AVENUE NW ATLANTA, GA 30332            | 58-6002023 | 115                           |                          | 2,700,000                         | COST                                                  | LOOMIS PROP                            | SEE PART IV                        |
| (2)  | GLOBAL CENTER FOR MEDICAL INNOVATIONS, INC.<br>575 14TH STREET NW ATLANTA, GA 30318 | 26-4723391 | 501(C)(3)                     | 1,358,498                |                                   | COST                                                  |                                        | SEE PART IV                        |
| (3)  | GEORGIA TECH FOUNDATION<br>760 SPRING STREET NW, SUITE 400                          | 58-6043294 | 501(C)(3)                     | 204,499                  |                                   | COST                                                  |                                        | SEE PART IV                        |
| (4)  |                                                                                     |            |                               |                          |                                   |                                                       |                                        |                                    |
| (5)  |                                                                                     |            |                               |                          |                                   |                                                       |                                        |                                    |
| (6)  |                                                                                     |            |                               |                          |                                   |                                                       |                                        |                                    |
| (7)  |                                                                                     |            |                               |                          |                                   |                                                       |                                        |                                    |
| (8)  |                                                                                     |            |                               |                          |                                   |                                                       |                                        |                                    |
| (9)  |                                                                                     |            |                               |                          |                                   |                                                       |                                        |                                    |
| (10) |                                                                                     |            |                               |                          |                                   |                                                       |                                        |                                    |
| (11) |                                                                                     |            |                               |                          |                                   |                                                       |                                        |                                    |
| (12) |                                                                                     |            |                               |                          |                                   |                                                       |                                        |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 3
- 3 Enter total number of other organizations listed in the line 1 table ..... 3

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

Schedule I (Form 990) (2012)

JSA

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**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| 1                               |                          |                          |                                   |                                                       |                                        |
| 2                               |                          |                          |                                   |                                                       |                                        |
| 3                               |                          |                          |                                   |                                                       |                                        |
| 4                               |                          |                          |                                   |                                                       |                                        |
| 5                               |                          |                          |                                   |                                                       |                                        |
| 6                               |                          |                          |                                   |                                                       |                                        |
| 7                               |                          |                          |                                   |                                                       |                                        |

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

PROCEDURES FOR MONITORING USE OF GRANT FUNDS

GRANTS RESULT FROM A DELIBERATIVE PLANNING PROCESS INVOLVING THE OFFICERS

AND BOARD MEMBERS OF THE ORGANIZATION. MONITORING OF THE PROCESS CONSISTS

OF PERIODIC FINANCIAL AND OPERATIONAL REVIEW BY OFFICERS AND BOARD

MEMBERS.

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

2012

Open to Public  
Inspection

Name of the organization

GEORGIA ADVANCED TECHNOLOGY VENTURES, INC.

Employer identification number

58-2538285

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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 contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2012

**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.

| (A) Name and Title  | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------------------|
|                     | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                         |
| PATRICK J. MCKENNA  |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |
| 1 VICE PRESIDENT    | (i) 217,863.                                       | 0                                   | 0                                   | 32,040.                                        | 13,420.                 | 263,323.                        |                                                         |
| JOHN MAJERONI       |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |
| 2 VICE PRESIDENT    | (i) 224,590.                                       | 0                                   | 0                                   | 32,189.                                        | 180.                    | 256,959.                        |                                                         |
| AISHA OLIVER-STALEY |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |
| 3 SECRETARY         | (i) 126,997.                                       | 0                                   | 0                                   | 21,925.                                        | 15,421.                 | 164,343.                        |                                                         |
| STEVEN G. SWANT     |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |
| 4 DIRECTOR          | (i) 307,189.                                       | 0                                   | 400.                                | 109,888.                                       | 15,309.                 | 432,786.                        |                                                         |
| STEPHEN R. FLEMING  |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |
| 5 PRESIDENT         | (i) 212,161.                                       | 0                                   | 0                                   | 31,328.                                        | 14,123.                 | 257,612.                        |                                                         |
| RAFAEL L. BRAS      |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |
| 6 DIRECTOR          | (i) 380,149.                                       | 0                                   | 10,000.                             | 134,888.                                       | 15,409.                 | 540,446.                        |                                                         |
| AMIR RAHNAMAY-AZAR  |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |
| 7 TREASURER         | (i) 260,279.                                       | 0                                   | 0                                   | 34,888.                                        | 21,491.                 | 316,658.                        |                                                         |
| 8                   |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |
| 9                   |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |
| 10                  |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |
| 11                  |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |
| 12                  |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |
| 13                  |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |
| 14                  |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |
| 15                  |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |
| 16                  |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

SCH. J, LINE 4B

RAFAEL BRAS, PROVOST AND EXECUTIVE VICE PRESIDENT FOR ACADEMIC AFFAIRS OF THE GEORGIA INSTITUTE OF TECHNOLOGY, AND STEVEN G. SWANT, EXECUTIVE VICE PRESIDENT ADMINISTRATION AND FINANCE OF THE GEORGIA INSTITUTE OF TECHNOLOGY PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN STRUCTURED UNDER IRS SECTION 415(M). CONTRIBUTIONS TO THE PLAN IN CALENDAR YEAR 2012 WERE FUNDED BY GEORGIA INSTITUTE OF TECHNOLOGY AND ARE INCLUDED IN AMOUNTS DISCLOSED ON SCHEDULE J, PART II COLUMN C: DEFERRED COMPENSATION.

**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

**2012**

**Open To Public  
Inspection**

Name of the organization

GEORGIA ADVANCED TECHNOLOGY VENTURES, INC.

Employer identification number

58-2538285

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|---------------------------------------------------------------|--------------------------------|----------------|----|
|     |                                 |                                                               |                                | Yes            | No |
| (1) |                                 |                                                               |                                |                |    |
| (2) |                                 |                                                               |                                |                |    |
| (3) |                                 |                                                               |                                |                |    |
| (4) |                                 |                                                               |                                |                |    |
| (5) |                                 |                                                               |                                |                |    |
| (6) |                                 |                                                               |                                |                |    |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                          |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| Total . . . . . ▶ \$          |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
| (1)                           |                                                                 |                          |                        |                           |
| (2)                           |                                                                 |                          |                        |                           |
| (3)                           |                                                                 |                          |                        |                           |
| (4)                           |                                                                 |                          |                        |                           |
| (5)                           |                                                                 |                          |                        |                           |
| (6)                           |                                                                 |                          |                        |                           |
| (7)                           |                                                                 |                          |                        |                           |
| (8)                           |                                                                 |                          |                        |                           |
| (9)                           |                                                                 |                          |                        |                           |
| (10)                          |                                                                 |                          |                        |                           |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                | Yes                                     | No |
| (1) CARDIOMEMS                | CARDIOMEMS/GATV DIRECTOR                                        | 2,391,252                 | RENT PAID TO GATV              |                                         | X  |
| (2)                           |                                                                 |                           |                                |                                         |    |
| (3)                           |                                                                 |                           |                                |                                         |    |
| (4)                           |                                                                 |                           |                                |                                         |    |
| (5)                           |                                                                 |                           |                                |                                         |    |
| (6)                           |                                                                 |                           |                                |                                         |    |
| (7)                           |                                                                 |                           |                                |                                         |    |
| (8)                           |                                                                 |                           |                                |                                         |    |
| (9)                           |                                                                 |                           |                                |                                         |    |
| (10)                          |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information**

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

PART VI, LINE 1

A DIRECTOR OF CARDIOMEMS IS A BOARD MEMBER OF GATV.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

GEORGIA ADVANCED TECHNOLOGY VENTURES, INC.

Employer identification number

58-2538285

PART VI, QUESTIONS #2

SIG MOSLEY AND JAMES R. BORDERS HAVE A BUSINESS RELATIONSHIP OUTSIDE OF  
GATV.

PART VI, QUESTION #6-#7

THE PRESIDENT OF THE GEORGIA INSTITUTE OF TECHNOLOGY APPOINTS THE BOARD  
OF GEORGIA ADVANCED TECHNOLOGY VENTURES.

PART VI #11

THE SECRETARY OF GATV EMAILS A DRAFT OF THE FORM 990 TO THE BOARD OF  
DIRECTORS FOR THEIR REVIEW PRIOR TO FILING WITH THE IRS. IF THE REVIEW  
RESULTS IN ANY CHANGES, THE REVISED FORM 990 IS DISTRIBUTED TO THE BOARD  
PRIOR TO FILING.

PART VI #12C

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO EACH MEMBER OF  
THE BOARD OF DIRECTORS AND TO ALL OFFICERS OF THE ORGANIZATION AND  
OFFICERS OF ANY LIMITED LIABILITY COMPANY FORMED BY THE ORGANIZATION  
INCLUDING THOSE OFFICERS AND /OR DIRECTORS EMPLOYED BY THE GEORGIA  
INSTITUTE OF TECHNOLOGY IN POSITIONS OF SIGNIFICANT RESPONSIBILITY FOR  
THE ACTIVITIES OF THE ORGANIZATION. THE CONFLICT OF INTEREST POLICY  
REQUIRES EACH DIRECTOR AND OFFICER ANNUALLY (1) TO REVIEW THE POLICY AND  
(2) TO DISCLOSE ANY POSSIBLE PERSONAL, FAMILIAL, OR BUSINESS  
RELATIONSHIPS THAT REASONABLY COULD GIVE RISE TO A CONFLICT OF INTEREST

|                                            |                                |
|--------------------------------------------|--------------------------------|
| Name of the organization                   | Employer identification number |
| GEORGIA ADVANCED TECHNOLOGY VENTURES, INC. | 58-2538285                     |

INVOLVING THE ORGANIZATION OR THE GEORGIA INSTITUTE OF TECHNOLOGY; AND

(3) TO ACKNOWLEDGE BY HIS OR HER SIGNATURE THAT HE OR SHE IS IN ACCORDANCE WITH THE LETTER AND SPIRIT OF THE POLICY. DISCLOSURE FORMS ARE DISTRIBUTED AND COLLECTED BY THE SECRETARY OF THE ORGANIZATION WHO PROVIDES ANY POSITIVE RESPONSES TO THE AUDIT COMMITTEE OR THE BOARD OF DIRECTORS IN EXECUTIVE SESSION AS APPROPRIATE. DIRECTORS AND OFFICERS ARE REQUESTED TO DISCLOSE SUBSTANTIVE RELATIONSHIPS THAT THEY OR MEMBERS OF THEIR FAMILY MAINTAIN WITH ORGANIZATIONS THAT DO BUSINESS WITH THE ORGANIZATION, THE GEORGIA INSTITUTE OF TECHNOLOGY, OR ANY RELATED OR AFFILIATED ORGANIZATION, OR WHICH OTHERWISE COULD BE CONSTRUED TO POTENTIALLY AFFECT THEIR INDEPENDENT, UNBIASED JUDGMENT IN LIGHT OF THEIR DECISION-MAKING AUTHORITY OR RESPONSIBILITY. DIRECTORS OR OFFICERS WHO HAVE DECLARED OR HAVE BEEN FOUND TO HAVE A CONFLICT OF INTEREST REFRAIN FROM CONSIDERATION OF PROPOSED TRANSACTIONS UNLESS FOR SPECIAL REASONS THE BOARD REQUESTS INFORMATION OR INTERPRETATION. PERSONS WITH THE CONFLICTS DO NOT VOTE, PARTICIPATE IN DISCUSSION, OR BE PRESENT AT THE TIME OF THE VOTE. ANY PROPOSED TRANSACTION IN WHICH A CONFLICT OF INTEREST HAS BEEN DECLARED OR FOUND TO EXIST MUST BE APPROVED BY A MAJORITY OF THE DISINTERESTED MEMBERS OF THE BOARD OR THE APPROPRIATE COMMITTEE OF THE BOARD AFTER DISCLOSURE OF THE CONFLICT OF INTEREST.

PART VI, QUESTION #19

GATV'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE FINANCIAL SERVICES PAGE OF THE GEORGIA INSTITUTE OF TECHNOLOGY'S WEBSITE. GATV'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

Name of the organization

GEORGIA ADVANCED TECHNOLOGY VENTURES, INC.

Employer identification number

58-2538285

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

THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY AS A  
 SUPPORTING ORGANIZATION TO AND FOR THE BENEFIT OF THE GEORGIA  
 INSTITUTE OF TECHNOLOGY TO FOSTER AND SUPPORT EDUCATION AND  
 SCIENTIFIC RESEARCH AND ECONOMIC DEVELOPMENT THROUGHOUT THE STATE OF  
 GEORGIA BY PROMOTING THE STATE OF GEORGIA FOR THE DEVELOPMENT OF NEW  
 HIGH TECHNOLOGY RESEARCH AND INDUSTRY WITHIN THE STATE OF GEORGIA.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>                                                                    | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| C&W CONTRACTING SERVICES<br>1395 S. MARIETTA PKWY, BLDG 300, STE 110<br>MARIETTA, GA 30067 | CONSTRUCTION                   | 160,449.            |
| JS THOMAS SERVICE<br>4085 NINE MCFARLAND DRIVE<br>ALPHARETTA, GA 30004                     | REPAIRS, MAINTENANCE           | 123,149.            |
| WALDEN SECURITY<br>P.O. BOX 742189<br>ATLANTA, GA 30374                                    | SECURITY                       | 237,211.            |
| WESTMONT<br>P.O. BOX 95661<br>CHICAGO, IL 60694-5661                                       | MANAGEMENT SERVICES            | 165,319.            |
| ABM JANITORIAL<br>3305 BRECKINRIDGE BLVD, SUITE 134<br>DULUTH, GA 30096                    | JANITORIAL SERVICES            | 114,914.            |

Name of the organization

GEORGIA ADVANCED TECHNOLOGY VENTURES, INC.

Employer identification number

58-2538285

ATTACHMENT 3FORM 990, PART VIII - INVESTMENT INCOME

| <u>DESCRIPTION</u> | (A)<br><u>TOTAL</u><br><u>REVENUE</u> | (B)<br><u>RELATED OR</u><br><u>EXEMPT REVENUE</u> | (C)<br><u>UNRELATED</u><br><u>BUSINESS REV.</u> | (D)<br><u>EXCLUDED</u><br><u>REVENUE</u> |
|--------------------|---------------------------------------|---------------------------------------------------|-------------------------------------------------|------------------------------------------|
| INTEREST INCOME    | 2,378.                                |                                                   |                                                 | 2,378.                                   |
| TOTALS             | <u>2,378.</u>                         |                                                   |                                                 | <u>2,378.</u>                            |

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

GEORGIA ADVANCED TECHNOLOGY VENTURES, INC. 58-2538285

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2012**

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

Open to Public  
Inspection

Name of the organization

GEORGIA ADVANCED TECHNOLOGY VENTURES, INC.

Employer identification number  
58-2538285

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                    | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) GATV, INC., VLP1, LLC<br>225 NORTH AVE, LYMAN HALL ATLANTA, GA 30332 58-2538285                    | REAL ESTATE             | GA                                               | 573,750.            | 14,105,370.               | GATV, INC.                       |
| (2) GATV, INC., VLP2, LLC<br>225 NORTH AVE, LYMAN HALL ATLANTA, GA 30332 58-2538285                    | REAL ESTATE             | GA                                               | 998,669.            | 5,814,186.                | GATV, INC.                       |
| (3) GATV, INC., VLP3, LLC<br>225 NORTH AVE, LYMAN HALL ATLANTA, GA 30332 58-2538285                    | REAL ESTATE             | GA                                               | 213,852.            | 8,197,079.                | GATV, INC.                       |
| (4) GATV, INC., TEP1, LLC<br>225 NORTH AVE, LYMAN HALL ATLANTA, GA 30332 58-2538285                    | REAL ESTATE             | GA                                               | -2,928,423.         | 34,506,723.               | GATV, INC.                       |
| (5) GATV, INC., TEP2, LLC<br>225 NORTH AVE, LYMAN HALL ATLANTA, GA 30332 58-2538285                    | REAL ESTATE             | GA                                               | -50.                | GATV, INC.                |                                  |
| (6) GATV, INC., GEORGIA TECH INNOVATION FUND<br>225 NORTH AVE, LYMAN HALL ATLANTA, GA 30332 58-2538285 | SEED FUNDING            | GA                                               | 49,523.             | 75,000.                   | GATV, INC.                       |

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

| (a)<br>Name, address, and EIN of related organization                                                     | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |
|-----------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|
| (1) GEORGIA INSTITUTE OF TECHNOLOGY<br>225 NORTH AVENUE NW ATLANTA, GA 30332 58-6002023                   | STATE UNIVER.           | GA                                               | 115                        | 6                                                   | N/A                              | X                                            |
| (2) GEORGIA TECH FACILITIES, INC<br>225 NORTH AVENUE NW ATLANTA, GA 30332 52-1442293                      | CONSTRUCTION            | GA                                               | 501(C)(3)                  | 5                                                   | N/A                              | X                                            |
| (3) SOUTHERN LIGHT RAIL, INC<br>225 NORTH AVENUE NW ATLANTA, GA 30332 30-0240711                          | NLR ACCESS              | GA                                               | 501(C)(3)                  | 7                                                   | N/A                              | X                                            |
| (4) GEORGIA TECH ATHLETIC ASSOCIATION<br>150 BODDY DODD WAY NW ATLANTA, GA 30332 58-0622514               | ATHLETICS               | GA                                               | 501(C)(3)                  | 7                                                   | N/A                              | X                                            |
| (5) HOME PARK LEARNING CENTER<br>225 NORTH AVENUE NW ATLANTA, GA 30332 58-2644893                         | CHILD CARE CT           | GA                                               | 501(C)(3)                  | 11A                                                 | N/A                              | X                                            |
| (6) GEORGIA TECH RESEARCH CORPORATION<br>505 10TH STREET ATLANTA, GA 30318 58-0603146                     | RESEARCH                | GA                                               | 501(C)(3)                  | 11C                                                 | N/A                              | X                                            |
| (7) GEORGIA TECH APPLIED RESEARCH CORPORATIO<br>430 TENTH ST NW, NORTH BLDG, ATLANTA, GA 30318 58-2374837 | RESEARCH                | GA                                               | 501(C)(3)                  | 11C                                                 | GT RSCH CORP                     | X                                            |

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

Schedule R (Form 990) 2012

JSA

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**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

GEORGIA ADVANCED TECHNOLOGY VENTURES, INC. 58-2538285

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2012**

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

Open to Public  
Inspection

Name of the organization

GEORGIA ADVANCED TECHNOLOGY VENTURES, INC.

Employer identification number

58-2538285

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                           | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) GATV, INC., VLP4, LLC<br>225 NORTH AVE, LYMAN HALL ATLANTA, GA 30332<br>58-2538285        | REAL ESTATE             | GA                                               | -119,830.           | 6,773,291.                | GATV, INC.                       |
| (2) GT REAL ESTATE SERVICES, LLC<br>225 NORTH AVE, LYMAN HALL ATLANTA, GA 30332<br>46-0538913 | REAL ESTATE             | GA                                               | -2,549,433.         | 137,333.                  | GATV, INC.                       |
| (3) -----                                                                                     |                         |                                                  |                     |                           |                                  |
| (4) -----                                                                                     |                         |                                                  |                     |                           |                                  |
| (5) -----                                                                                     |                         |                                                  |                     |                           |                                  |
| (6) -----                                                                                     |                         |                                                  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization                                   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|
| (1) GEORGIA TECH GLOBAL, INC<br>221 UNCLE HEINIE WAY NW ATLANTA, GA 30332<br>27-1010747 | GLOBAL SUPP.            | GA                                               | 501 (C) (3)                | 11A                                                 | N/A                              | Yes No X                                     |
| (2) -----                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |
| (3) -----                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |
| (4) -----                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |
| (5) -----                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |
| (6) -----                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |
| (7) -----                                                                               |                         |                                                  |                            |                                                     |                                  |                                              |

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

Schedule R (Form 990) 2012

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|--------------------------------|
|                                                          |                         |                                                              |                                     |                                                                                                         |                                 |                                        | Yes                                     | No |                                                                         |                                           |                                |
| (1) _____                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |                                |
| (2) _____                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |                                |
| (3) _____                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |                                |
| (4) _____                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |                                |
| (5) _____                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |                                |
| (6) _____                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |                                |
| (7) _____                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |                                |

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

| (a)<br>Name, address, and EIN of related organization                                   | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp, or<br>trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Per-<br>centage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |
|-----------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|---------------------------------------|-------------------------------------|-------------------------------------------------------|
| (1) GEORGIA TECH COSTA RICA<br>SAN PEDRO, MONTES DE OCA, DE LA FUENTE DE LA SAN JOSE, C | EDU & RESEARCH          | CS                                                     | GT GLOBAL INC                       | C CORP                                                 |                                 |                                       |                                     | Yes No                                                |
| (2) GEORGIA TECH PANAMA FOUNDATION<br>MOSSFON BLDG, 2ND FLOOR, EAST 54T PANAMA CITY, PM | GLOBAL SUPPOR           | PM                                                     | GT GLOBAL INC                       | N/A                                                    |                                 |                                       |                                     |                                                       |
| (3) _____                                                                               |                         |                                                        |                                     |                                                        |                                 |                                       |                                     |                                                       |
| (4) _____                                                                               |                         |                                                        |                                     |                                                        |                                 |                                       |                                     |                                                       |
| (5) _____                                                                               |                         |                                                        |                                     |                                                        |                                 |                                       |                                     |                                                       |
| (6) _____                                                                               |                         |                                                        |                                     |                                                        |                                 |                                       |                                     |                                                       |
| (7) _____                                                                               |                         |                                                        |                                     |                                                        |                                 |                                       |                                     |                                                       |

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|                                                                                                  | Yes                                 | No                                  |
|--------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Gift, grant, or capital contribution to related organization(s)                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Gift, grant, or capital contribution from related organization(s)                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Loans or loan guarantees to or for related organization(s)                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Loans or loan guarantees by related organization(s)                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| f Dividends from related organization(s)                                                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| g Sale of assets to related organization(s)                                                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| h Purchase of assets from related organization(s)                                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| i Exchange of assets with related organization(s)                                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| j Lease of facilities, equipment, or other assets to related organization(s)                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| k Lease of facilities, equipment, or other assets from related organization(s)                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| l Performance of services or membership or fundraising solicitations for related organization(s) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| m Performance of services or membership or fundraising solicitations by related organization(s)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| o Sharing of paid employees with related organization(s)                                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| p Reimbursement paid to related organization(s) for expenses                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| q Reimbursement paid by related organization(s) for expenses                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| r Other transfer of cash or property to related organization(s)                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| s Other transfer of cash or property from related organization(s)                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| 2   | (a)<br>Name of other organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-----------------------------------|-------------------------------|------------------------|----------------------------------------------|
| (1) | GEORGIA INSTITUTE OF TECHNOLOGY   | M                             | 133,200.               | COST                                         |
| (2) | GEORGIA INSTITUTE OF TECHNOLOGY   | Q                             | 1,628,116.             | COST                                         |
| (3) | GEORGIA INSTITUTE OF TECHNOLOGY   | J                             | 6,486,480.             | COST                                         |
| (4) | GEORGIA INSTITUTE OF TECHNOLOGY   | B                             | 2,700,000.             | COST                                         |
| (5) |                                   |                               |                        |                                              |
| (6) |                                   |                               |                        |                                              |

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under section 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|-----------------------------------------|-------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------|----|------------------------------|------------------------------------|--------------------------------------|----|----------------------------------------------------------------|-------------------------------------|----|-----------------------------|
|                                         |                         |                                                  |                                                                                         | Yes                                                      | No |                              |                                    | Yes                                  | No |                                                                | Yes                                 | No |                             |
| (1) -----                               |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (2) -----                               |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (3) -----                               |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (4) -----                               |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (5) -----                               |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (6) -----                               |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (7) -----                               |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (8) -----                               |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (9) -----                               |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (10) -----                              |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (11) -----                              |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (12) -----                              |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (13) -----                              |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (14) -----                              |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (15) -----                              |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (16) -----                              |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |

**Part VII** **Supplemental Information**

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

REASON FOR 2ND EXTENSION

AN ATTEMPT TO OBTAIN INFORMATION NECESSARY FOR FILING A RETURN WAS REQUESTED IN A TIMELY FASHION, BUT THE INFORMATION WAS NOT FURNISHED IN SUFFICIENT TIME TO PERMIT THE TIMELY FILING OF THE RETURN, OR THE TAXPAYER PERSONALLY VISITED AN IRS OFFICE FOR THE PURPOSE OF SECURING INFORMATION OR ADVICE AND WAS UNABLE TO MEET WITH AN IRS REPRESENTATIVE

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

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

### **Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

#### Type or print

File by the  
due date for  
filing your  
return. See  
instructions

Name of exempt organization or other filer, see instructions

Employer identification number (EIN) or

GEORGIA ADVANCED TECHNOLOGY VENTURES, INC.

58-2538285

Number, street, and room or suite no. If a P.O. box, see instructions

Social security number (SSN)

225 NORTH AVENUE, LYMAN HALL

City, town or post office, state, and ZIP code. For a foreign address, see instructions

ATLANTA, GA 30332

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

| Application<br>Is For                    | Return<br>Code | Application<br>Is For    | Return<br>Code |
|------------------------------------------|----------------|--------------------------|----------------|
| Form 990 or Form 990-EZ                  | 01             | Form 990-T (corporation) | 07             |
| Form 990-BL                              | 02             | Form 1041-A              | 08             |
| Form 4720- (individual)                  | 03             | Form 4720                | 09             |
| Form 990-PF                              | 04             | Form 5227                | 10             |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05             | Form 6069                | 11             |
| Form 990-T (trust other than above)      | 06             | Form 8870                | 12             |

- The books are in the care of ► AMY HERRON

Telephone No ► 404 385-8337

FAX No ► 404 385-0809

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/17, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year 20      or
- ☒ tax year beginning 07/01, 20 12, and ending 06/30, 20 13

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
- ☐ Change in accounting period

|                                                                                                                                                                                       |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | 3a \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b \$ |
| c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.      | 3c \$ |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2013)

JSA

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

|                                                                                           |                                                                                          |                                         |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions | Enter filer's identifying number, see instructions                                       |                                         |
|                                                                                           | Name of exempt organization or other filer, see instructions                             | Employer identification number (EIN) or |
|                                                                                           | GEORGIA ADVANCED TECHNOLOGY VENTURES, INC.                                               | 58-2538285                              |
|                                                                                           | Number, street, and room or suite no. If a P.O. box, see instructions                    | Social security number (SSN)            |
|                                                                                           | 225 NORTH AVENUE, LYMAN HALL                                                             |                                         |
|                                                                                           | City, town, or post office, state, and ZIP code. For a foreign address, see instructions |                                         |
|                                                                                           | ATLANTA, GA 30332                                                                        |                                         |

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . **0 1**

| Application Is For                       | Return Code | Application Is For | Return Code |
|------------------------------------------|-------------|--------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          |                    |             |
| Form 990-BL                              | 02          | Form 1041-A        | 08          |
| Form 4720 (individual)                   | 03          | Form 4720          | 09          |
| Form 990-PF                              | 04          | Form 5227          | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069          | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870          | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **AMY HERRON**  
Telephone No **404 385-8337** FAX No **404 385-0809**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **N/A**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **05/15**, 20 **14**
- 5 For calendar year **2012**, or other tax year beginning **07/01**, 20 **12**, and ending **06/30**, 20 **13**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **ATTACHMENT 1**

|                                                                                                                                                                                                                                           |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions                                                                                 | <b>8a</b> \$ |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | <b>8b</b> \$ |
| <b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions                                                           | <b>8c</b> \$ |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶

Title ▶

Date ▶

Form 8868 (Rev. 1-2013)