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DLN: 93493133028746

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

 \blacktriangleright Information about Form 990 and its instructions is at $\underline{\textit{www.IRS.gov/form990}}$

OMB No 1545-0047

Open to Public

Inspection

A Fo	r the	2014 cal	endar year, or tax year beginn	ing 07-01-2014 , and ending 06-30-	2015			
B Ch	eck ıf a	pplicable	C Name of organization Advanced Technology Internation			D Employ	yer iden	tification number
┌ Add	ress ch	nange	<i>3.</i>	ai		57-10	67151	
┌ Na	me cha	nge	% JULIA A MARTIN Doing business as			-		
┌ Init	al retu	rn	-					
Fin				f mail is not delivered to street address) Rooi	m/suite	E Telepho	ne numb	er
ret	urn/ten	mınated	315 SIGMA DRIVE			(843)	760-3	201
M Am	ended	return	City or town, state or province, or SUMMERVILLE, SC 29486	ountry, and ZIP or foreign postal code		1		204 662 402
☐ Apı	olication	n pending	SOMMERVILLE, SC 25400			G Gross re	eceipts \$	384,662,492
			F Name and address of p		H(a) Is th	nis a group	return 1	for
			CHRISTOPHER R VAN MI 315 SIGMA DRIVE	ETRE	subo	ordinates?		Γ Yes Γ No
			SUMMERVILLE,SC 2948	33	H(b) Are	all subordıı	nates	┌ Yes ┌ No
						ıded?	iaces	, 165, 110
I Ta	x-exen	npt status	▼ 501(c)(3)	◀ (insert no)	If "N	lo," attach	a lıst ((see instructions)
J W	ebsite	e: ► WW	W SCRA ORG		H(c) Gro	up exempti	on num	nber ►
K For	n of or	ganization	Corporation Trust Associa	tion ☐ Other ►	L Year of f	ormation 199	98 M 9	State of legal domicile SC
	rt I		mary	dell'i	_ rear or r	omadon 15.	,,,,	state of legal dofficie. Se
			-	sion or most significant activities				
		See Sch	-	sion of most significant activities				
8								
ᅙ								
Governance	2	Check th	nis box 🛏 if the organization	discontinued its operations or dispos	ed of more than	25% of its	net ass	sets
Ġ J			,					
26				rning body (Part VI, line 1a)			3	11
Activities			·	s of the governing body (Part VI, line	•		4	7
₹				n calendar year 2014 (Part V, line 2a			5	0
ą				fnecessary)			6	
				Part VIII, column (C), line 12			7a	0
	B	Net unie	lated business taxable income	e from Form 990-T, line 34		or Year	7 b 	Current Year
	8	Contri	hutions and grants (Part VIII	line 1h)		OI Teal	0	Current rear
9	9			, line 2g)		273,194,1		384,547,189
Rayenue	10							115,303
걆	11		revenue (Part VIII, column (A	100,7 958,3		0		
	12		, , ,	L1 (must equal Part VIII, column (A)	, line	<u> </u>		
				<u> </u>		274,253,3		384,662,492
	13			irt IX, column (A), lines 1–3)			0	0
	14			t IX, column (A), line 4)			0	0
88	15	5-10)		oyee benefits (Part IX, column (A), lin	les		0	0
Expenses	16a	Profes	sional fundraising fees (Part I		0	0		
÷	Ь	Total fu	ndraising expenses (Part IX, column	(D), line 25) ▶ 0	_			
ш	17	Other	evnences (Part IV column (A), lines 11a-11d, 11f-24e)		269,322,2	70	378,804,027
	18			nust equal Part IX, column (A), line 2		269,322,2		378,804,027
	19			ne 18 from line 12		4,931,0		5,858,465
* o			<u>'</u>			ng of Currer	-+	
Net Assets or Fund Balances						Year		End of Year
3.5	20		assets (Part X, line 16)			157,183,8	_	141,707,675
38	21					137,169,9		117,835,796
	22			ct line 21 from line 20		20,013,8	377	23,871,879
	rt II	_	ature Block					
				examined this return, including accom omplete Declaration of preparer (oth				
			nowledge					
		Th	**		I.			
Sigr		***** Signa	** iture of officer	2016-05-10 Date				
Her		'	Martın CFO					
			or print name and title					
			rint/Type preparer's name	Preparer's signature		eck l ıf	PTIN	727
Paid	t	<u> </u>	Irm's name ► BDO USA LLP	Mike Sorrells		f-employed m's EIN 🟲	P000017	131
Pre	pare	r						
	On		ım's address 🟲 8401 GREENSBORO	DRIVE SUITE 800	Ph	one no (703)	893-06	00

MCLEAN, VA 22102 May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

4e Total program service expenses ► 372,565,004

Part IV Checklist of Required Schedule
--

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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^{\square}	9		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
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	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional "D"	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 108			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		.,,
С	If Yes, to line 5a or 5b, did the organization file Form 8886-17	5c		
	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		1110

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

Check if Schedule O contains a response or note to a	v line in this Part VI						_	V
Check if Schedule O Contains a response of note to a	iy iiile iii tiiis rait vi 🔒							-I *

Se	ection A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11					
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	b Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		2		No			
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con		3	Yes				
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		No		
6	Did the organization have members or stockholders?			6		No		
7a	7a 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	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken during the					
а	a The governing body?							
b	b Each committee with authority to act on behalf of the governing body?							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No		
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Internal R	eveni	ıe Cod	e.)		
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		Νo		
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing	11a	Yes			
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 $$.			12a	Yes			
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give	12b	Yes			
c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done							
13	13 Did the organization have a written whistleblower policy?							
14	14	Yes						
15	Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of th							
а	a The organization's CEO, Executive Director, or top management official							
b	15b	Yes						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	orsim	ılar arrangement with a	16a	Yes			
b	If "Yes," did the organization follow a written policy or procedure requiring the organic participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16b	Yes			

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶SC
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ►JULIA A MARTIN
 - 315 SIGMA DRIVE

 - SUMMERVILLE, SC 29486 (843) 760-4087

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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, or 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

15	(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h an or/tr	chelle Highest compensated	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Canage			х						19,600	0	0
Name	(2) JOHNNY G BARNES	1 5	х						18,200	0	0
A			х						20,400	0	0
Name											
S MICHAEL F MCGRATH			х						18,100	0	0
Deard Director											
Name			Х						10,715	0	0
Deard Director	` '		v						18 950	0	0
NUCLE CHAIRMAN NUCL	Board Director	1	^						10,530	Ŭ	
STATE STAT			х						13,700	0	0
X											
X X X X X X X X X X			×		х				0	428,827	56,170
VICE CHAIRMAN 20 0 40 0 7 (10) CHRISTOPHER VAN METRE 40 0 X 0 285,779 48,565 48,565 40.0 X X X 0 285,779 48,565 48,565 40.0 X 0 243,547 16,399 48,565 40.0 X 0 243,547 16,399 48,765 40.0 X 0 243,547 16,399 48,765 40.0 X 0 243,547 16,399 48,765 40.0 X 0 212,240 18,702 18,702 40.0 X 0 212,240 18,702 18,702 18,702 18,702 18,702 18,702 18,702 18,702 18,702 18,702 18,702 18,702 18,702 18,702 18,702 18,702 18,702 18,702 18,702	(9) ROBERT KIGGANS								_		
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The image					V				0	212 164	25 909
X X X X X X X X X X			^		^				0	312,164	35,696
(12) KEVIN CARPENTIER 40 0 X 0 243,547 16,399 SR VICE PRESIDENT 0 0 X 0 212,240 18,702 (14) GERADINA PELTO 40 0 X 0 212,240 13,444 DIRECTOR 0 0 X 0 210,272 13,444			×		х				0	285,779	48,565
X 0 243,547 16,399 SR VICE PRESIDENT 0 0											
(13) RUSSEL KELLER 40 0 X 0 212,240 18,702 SR VICE PRESIDENT 0 0 X 0 212,240 18,702 (14) GERADINA PELTO 40 0 X 0 210,272 13,444 DIRECTOR 0 0 X 0 210,272 13,444						х			o	243,547	16,399
SR VICE PRESIDENT 0 0 X 0 210,272 13,444 DIRECTOR 0 0 0 0 210,272 13,444		40 0				×			0	212 240	18 702
DIRECTOR 0 0 210,272 13,444		0 0				Ĺ			ŭ	212,240	10,702
						x			0	210,272	13,444
	DIRECTOR	0 0									Form 990 (2014)

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

(A) Name and Title	(B) Average hours per week (list any hours for related	more pers	than on is	one bot	not box h ar	offic	er)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	MISC)	and related organizations
(15) MARTIN RYAN	40 0				х			0	203,408	28,160
VICE PRES , EXEC DIRECTOR (16) CHARLES MAYER	0 0 36 0									
DIRECTOR	0 0					х		0	175,339	(
(17) DENNIS THOMPSON SR VICE PRESIDENT	40 0					х		0	222,812	24,409
(18) BUDDY B MCALISTER SR PRINCIPAL ENGINEER	40 0					х		0	188,920	23,804
(19) PETER A JAMES DIRECTOR	37 0					х		0	181,326	(
(20) MARTIN G ETTLEMYER VICE PRESIDENT	40 0					х		0	173,727	28,550

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	١			
d	Total (add lines 1b and 1c)	٠	119,665	2,976,897	294,101

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLOGIC LLC, 26 SKY VIEW DRIVE AVON, CT 06001	SUBCONTRACTOR	28,552,540
ALLIANT TECHSYSTEMS INC, 4700 NATHAN LANE PLYMOUTH, MN 55442	SUBCONTRACTOR	40,498,467
GENERAL DYNAMICS OTS, 115 HART STREET NICEVILLE, FL 32578	SUBCONTRACTOR	20,247,983
SCIENCE APPLICATIONS INTE, 1710 SAIC DRIVE MCLEAN, VA 22102	SUBCONTRACTOR	19,436,903
UTRS INC, 951 N KINGS HIGHWAY SUITE 208 CHERRY HILL, NJ 08034	SUBCONTRACTOR	19,708,814
2 Total number of independent contractors (including but not limited to th	ose listed above) who received more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►128

FORM 99		-						Page 9
Part V	100	Statement o	f Revenue ule O contains a respon	see or note to any li	ne in thic Dart VIII			_
		CHECK II SCHEU	are o contains a respon	ise of note to any n	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated cam	paigns 1a					
ants unts	ь	Membership du	es 1b					
Gra	С		ents 1c					
Contributions, Gifts, Grants and Other Similar Amounts	_							
	d	Related organiz	rations 1d					
s, (imi	e	Government grants	s (contributions) 1e					
ion r S	f		ons, gifts, grants, and 1f					
but the		similar amounts no						
ř O	g	1a-1f \$	ons included in lines					
Cont and	h	Total. Add lines	s 1a-1f	🗼	0			
				Business Code				
Program Serwce Revenue	2a	GOVERNMENT CTR	CT REV	541900	383,154,770	383,154,770		
же	ь	COMMERCIAL CTR	CT REV	541900	1,392,419			
.e Н	С				_,,	_,,		
rwc	d							
35	e							
ran.	f	All other progra	ım service revenue					
⊀૦લ	-							
<u>-</u>	g		s 2a – 2f		384,547,189			
	3		ome (including dividend ar amounts)		115,303			115,303
	4		tment of tax-exempt bond p		0			
	5	Royalties		🕨	0			
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income	0	0				
	d	or (loss) Net rental inco	me or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount	. ,	. ,				
		from sales of assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (los	s)		0			
	8a	Gross income f						
Other Revenue		events (not inc \$	luaing					
.≺ ⊕		of contributions	reported on line 1c)					
Ъе		See Part IV, lin	e 18 a					
ıer	b	Less direct ev	penses b					
d	c		(loss) from fundraising	events 🛌	0			
			rom gaming activities	<u>-</u>				
		See Part IV, lin						
	_		a					
	b		penses b		0			
		Gross sales of	loss) from gaming activ	vities				
	100	returns and allo						
			a					
	b		oods sold b					
	С		loss) from sales of inve		0			
	4 -	Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	c							
	d		ue [0			
	е	Total. Add lines	s 11a-11d	•	0			
	12	Total revenue.	See Instructions	🕨	384,662,492	384,547,189		115,303
					. , -			

	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)							
secui	Check if Schedule O contains a response or note to any line in this							
	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	3.150.1666	успана окранова				
2	Grants and other assistance to domestic individuals See Part IV, line 22	0						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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)							
а	Management	0						
b	Legal	0						
c	Accounting	0						
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)	0						
12	Advertising and promotion	0						
13	Office expenses	0						
14	Information technology	0						
15	Royalties	0						
16	Occupancy	0						
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	0						
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	0						
23	Insurance	0						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)							
а	CONTRACT EXPENSES	366,648,627	366,648,627					
b		6,521,389	2,137,876	4,383,513				
C	O/HEAD ALLOC FROM SCRA	3,804,987	2,467,321	1,337,666				
d	OCCUP ALLOC FROM SCRA	1,798,480	1,280,636	517,844				
е	All other expenses	30,544	30,544					
25	Total functional expenses. Add lines 1 through 24e	378,804,027	372,565,004	6,239,023	0			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)							

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this	Part X			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		98,137,673	1	77,127,790
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		49,008,681	4	49,556,946
	5	Loans and other receivables from current and former officers, dire key employees, and highest compensated employees Complete F Schedule L		0	_	0
ts	6	Loans and other receivables from other disqualified persons (as d section 4958(f)(1)), persons described in section 4958(c)(3)(B), employers and sponsoring organizations of section 501(c)(9) voluemployees' beneficiary organizations (see instructions) Complete Schedule L	and contributing intary		5	<u> </u>
Se				0	6	0
Assets	7	Notes and loans receivable, net		1,248,408	7	200,967
_	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		75,533	9	45,315
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b	o	10c	
	11	Investments—publicly traded securities		2,595,034	11	2,603,647
	12	Investments—other securities See Part IV, line 11		0	12	4,315,967
	13	Investments—program-related See Part IV, line 11		4,366,970	13	7,333,594
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		1,751,566	15	523,449
	16	Total assets. Add lines 1 through 15 (must equal line 34)		157,183,865	16	141,707,675
	17	Accounts payable and accrued expenses		49,455,027	17	74,266,469
	18	Grants payable		0	18	0
	19	Deferred revenue		85,678,262	19	41,012,066
	20	Tax-exempt bond liabilities		0	20	0
ue.	21	Escrow or custodial account liability Complete Part IV of Schedu	le D	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualified				
ab		persons Complete Part II of Schedule L		o	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties .		0	24	0
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part >				
		D		2,036,699	25	2,557,261
	26	Total liabilities. Add lines 17 through 25		137,169,988	26	117,835,796
S di		Organizations that follow SFAS 117 (ASC 958), check here ► 7	and complete			
μÇ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			27	
a la	28	Temporarily restricted net assets			28	
1 B	29	Permanently restricted net assets	• •		29	
Fund Balance	23	Organizations that do not follow SFAS 117 (ASC 958), check here			23	
or	22	complete lines 30 through 34.		20.040.077		00.074.070
ets	30	Capital stock or trust principal, or current funds		20,013,877	30	23,871,879
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
ή. Α	32	Retained earnings, endowment, accumulated income, or other fund	15	20,013,877	32	
Net	33	Total lightly and not posses (find balance			33	23,871,879
	34	Total liabilities and net assets/fund balances		157,183,865	34	141,707,675

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. [~
1	Total revenue (must equal Part VIII, column (A), line 12)	1		384,6	662,492
2	Total expenses (must equal Part IX, column (A), line 25)	2		378,8	304,027
3	Revenue less expenses Subtract line 2 from line 1	3		5,8	358,465
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		20,0	13,877
5	Net unrealized gains (losses) on investments	5			42,994
6	Donated services and use of facilities	6			
7	Investment expenses	7			-16,380
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-2,0	27,077
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		23,8	371,879
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. F
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	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	rate			
	☐ 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 oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

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As Filed Data -

DLN: 93493133028746

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total 1

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization **Employer identification number** Advanced Technology International 57-1067151 **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) 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iii) Type of (iv) Is the organization (v) A mount of (vi) A mount of organization organization listed in your governing monetary support other support (see (described on lines document? (see instructions) instructions) 1- 9 above or IRC section (see instructions)) Yes No (A) SOUTH CAROLINA RESEARCH 570736144 Yes 0 AUTHORITY

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts 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 VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶ □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 0 %

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18 Investment income percentage from 2013 Schedule A, Part III, line 17

19a 33 1/3% support tests—2014. 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—2013. 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

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

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		No
За	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below.	3a		No
Ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		No
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		No
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		No
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		No
Ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		No
l1	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		Νo
b	A family member of a person described in (a) above?	11b		Νo

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Νo

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		No
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
	ation E. Tuna III Functionally Integrated Comparting Organizations			
	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ь	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493133028746

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

3

3

► 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.

Supplemental Financial Statements

► Attach to Form 990.

Advanced Technology International

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** 57-1067151 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 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

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)? 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

A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

- the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.
- 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
- 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) Revenue included in Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- 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
- Revenue included in Form 990, Part VIII, line 1
- Assets included in Form 990, Part X

- Schedule D (Form 990) 2014

Par	t IIII Organizations Maintaining Co	llections of Ar	t, His	tori	cal Tr	easur	es, or O	the	Similar As	ssets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	neck a	any of t	the follo	wing that a	re a	significant us	e of its	
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams			
b	Scholarly research		e	Γ	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and expla	aın hov	w they	/ furthe	r the or	ganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit								ılar	_ v	 .
Dai	assets to be sold to raise funds rather than rt IV Escrow and Custodial Arrang								oc" to Form	Yes	No
Гa	Part IV, line 9, or reported an ar						answere	u i	25 (0 1 0 1 1 1 1	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interm	ediary	for c	ontrıbu	tions or	other ass	ets r	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follov	ving t	able		г				
							-		Aı	mount	
С	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, lın	ne 21,	for es	crow o	rcusto	dial accou	nt lıa	bility?	☐ Yes	∏ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	e expla	anatı	n has	been pr	ovided in F	art >	KIII		Γ
Pa	rt V Endowment Funds. Complete							_			
- -	Daniming of warmhalana	(a)Current year	(b))Prior y	/ear	b (c) Two	o years back	(d)	hree years back	(e)Four y	years back
1a L	Beginning of year balance							┢		 	
b	Contributions							┢		 	
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
f	and programs							\vdash			
q	End of year balance							+			
_	,	rent was and halan	l (lin	. 1		n (a)) h	ald an	<u> </u>			
2	Provide the estimated percentage of the cur	rent year end balan	ice (iin	ie Ig,	colum	n (a)) ne	eid as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🗠										
С	Temporarily restricted endowment										
За	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		-ation 1	+6-+-	ra bala		ministara	1 50 -	th a		
Зa	organization by	ssion of the organiz	24110111	LIIaL a	ne nero	ı anu au	IIIIIIStere	וטו ג	uile	Yes	No
	(i) unrelated organizations								3a	(i)	
	(ii) related organizations								3a	(ii)	
b	If "Yes" to 3a(II), are the related organization							•	3	Bb	
4	Describe in Part XIII the intended uses of the							1 1 .	F 000 D	- 1 7) / 1	
Pa	rt VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		tne o	rgan	izatior	n answe	erea Yes	το	Form 990, P	art IV, II	ine
	Description of property				a) Cost o	or other estment)	(b)Cost or basis (ot		(c) Accumula depreciation		Book value
1a	Land			+						_	
	Buildings						1			\neg	
	Leasehold improvements									\neg	
	Equipment									\neg	
	Other									\dashv	
	I. Add lines 1a through 1e (Column (d) must e			ımn (l	3) line	10(c))					

Part VII Investments—Other Securities. Con	nplete if the organization a	answered 'Yes' to Foi	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of v	
(including name of security)		Cost or end-of-year	market value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII Investments—Program Related. Co	omplete if the organization	n answered 'Yes' to F	orm 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of v	aluation
(a) Description of investment	(b) Book value	Cost or end-of-year	
(1) INTEGRATED BIOMETICS LLC	1,000,000	С	
(2) EKF DIAGNOSTICS HOLDINGS PLC	671,048	F	
(3) STEM PREMIER INC	183,481	С	
(4) CARBON CONVERSIONS LLC	5,479,065	С	
	▶ 7.333.594		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	. //		Form 990 Part X line 15
(a) Descr		,, a.c.,, 114 occ	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. Complete if the orga	inization answered 'Yes' to	o Form 990, Part IV,	line 11e or 11f. See
Form 990, Part X, line 25. (a) Description of liability	(b) Book walna		
-	(b) Book value		
Federal income taxes	0		
DUE TO SCRA	2,557,261		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			

Par		evenue per Audited Financial Stat vered 'Yes' to Form 990, Part IV, line 1		is with Revenue	рег к	eturn Complete i
L		er support per audited financial statements			1	
	Amounts included on line 1 bu	ıt not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of f	acılıtıes	2b			
С	Recoveries of prior year grant	s	2c			
t	Other (Describe in Part XIII)		2d			
•	Add lines 2a through 2d .				2e	
	Subtract line ${f 2e}$ from line ${f 1}$.				3	
	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
3	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
2	Add lines 4a and 4b				4c	
	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12).		5	
art		xpenses per Audited Financial Sta		nts With Expense	s per	Return. Comple
		swered 'Yes' to Form 990, Part IV, line				T
	·	raudited financial statements			1	
		it not on Form 990, Part IX, line 25	1 -	I		
1		acılıtıes	2a			
)	· -		2b			
0			2c			
d	Other (Describe in Part XIII)		2d			
9	<u>-</u>				2e	
					3	
		0, Part IX, line 25, but not on line 1:		ı		
3	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
)	Other (Describe in Part XIII)		4b			
2					4c	
		nd 4c. (This must equal Form 990, Part I, lin	e 18)		5	
	Supplemental Inf					
art		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
	Return Reference	Explanation				

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493133028746

Employer identification number

57-1067151

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Advanced Technology International

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

"Yes" to Form 990, Par			ne United States. Co	omplete if the organiza	ation answered
For grantmakers. Does the cand other assistance, the grants or a used to award the grants or a cand other assistance.	organization m antees' eligibili	aıntaın record ty for the grar	nts or assistance, and	the selection criteria	┌ Yes ┌ No
2 For grantmakers. Describe in assistance outside the United		ganızatıon's pı	rocedures for monitorii	ng the use of its grant	s and other
3 Activites per Region (The follow	ung Part I, line 3	table can be du	uplicated if additional spa	ice is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Europe (Including Iceland and Greenland)		-	Investments		671,048
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I					671,048
c Totals (add lines 3a and 3b)					671,048
For Paperwork Reduction Act Notice, see	the Instructions	for Form 990.	Cat I	No 50082W Schedu	le F (Form 990) 2014

Schedule F (Form 990) 2014

Pa				izations or Entitie ved more than \$5,0		•	9		to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2				ed above that are ro or counsel has pro					
3	Enter total num	nber of other or	ganizations or ent	ities					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	<u>r</u>	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	굣	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	V	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	▽	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Γ	Yes	<u>~</u>	Νo

Schedule F (Form 990) 2014

Additional Data

Software ID: Software Version:

EIN: 57-1067151

Name: Advanced Technology International

Schedule F (Form 990) 2014

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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DLN: 93493133028746

OMB No 1545-0047

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. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization Advanced Technology International **Employer identification number**

57-1067151

Pa	rt I Questions	Regarding Compensation	n			
					Yes	No
La			ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First-class or c	harter travel	Housing allowance or residence for personal use			
	Travel for comp	anions	Payments for business use of personal residence			
	Tax idemnificat	ion and gross-up payments	Health or social club dues or initiation fees			
	Discretionary s	pending account	Personal services (e g , maid, chauffeur, chef)			
b			rganızatıon follow a wrıtten policy regardıng payment or escribed above? If "No," complete Part III to explain	1b		
2			reimbursing or allowing expenses incurred by all cutive Director, regarding the items checked in line 1a?	2		
3	organization's CEO/	Executive Director Check all th	nization used to establish the compensation of the hat apply Do not check any boxes for methods sation of the CEO/Executive Director, but explain in Part III			
	Compensation of	committee	Written employment contract			
		mpensation consultant	Compensation survey or study			
	Form 990 of oth	ner organizations	Approval by the board or compensation committee			
4	During the year, did or a related organiza		Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance	e payment or change-of-control	payment?	4a		No
b	Participate in, or rec	ceive payment from, a suppleme	ntal nonqualified retirement plan?	4b		No
С			ased compensation arrangement?	4c		No
	·		rovide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501	(c)(4), and 501(c)(29) organiza	tions must complete lines 5-9.			
5		n Form 990, Part VII, Section A ngent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organiza	ation?		5b		No
	If "Yes," to line 5a c	or 5b, describe in Part III				
5		n Form 990, Part VII, Section A ngent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organiza	ation?		6b		Νo
	If "Yes," to line 6a c	or 6b, describe in Part III				
7		n Form 990, Part VII, Section A libed in lines 5 and 6? If "Yes," o	, line 1a, did the organization provide any non-fixed describe in Part III	7		No
3			paid or accured pursuant to a contract that was n Regulations section 53 4958-4(a)(3)? If "Yes," describe	_		
_				8		No
J	If "Yes" to line 8, di		e rebuttable presumption procedure described in Regulations	ا ا		

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)(1)-(111) 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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

Part III Supplemental Information

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

the second contract and parties and addition	AND THE STATE OF T
Return Reference	Explanation
	ADVANCED TECHNOLOGY INTERNATIONAL (ATI) IS A FULLY CONTROLLED AFFILIATE OF THE SOUTH CAROLINA RESEARCH AUTHORITY (SCRA) COMPENSATION FOR ATI'S EMPLOYEES (WHO ARE LEASED FROM SCRA), INCLUDING THAT OF OFFICERS AND KEY EMPLOYEES, IS SET BY THE PERFORMANCE AND COMPENSATION COMMITTEE OF THE SCRA BOARD OF TRUSTEES SCRA ENGAGES AN INDEPENDENT CONSULTANT WHO ADVISES THE SCRA PERFORMANCE AND COMPENSATION COMMITTEE REGARDING COMPARABLE INDUSTRY COMPENSATION INFORMATION FOR THE OFFICERS AND KEY EMPLOYEES OF ATI COMPENSATION IS REVIEWED BY THE COMMITTEE TWICE ANNUALLY, REVIEWS INCLUDE BENCHMARKING AGAINST INDUSTRY DATA TO ENSURE COMPETITIVENESS AND REASONABLENESS OF COMPENSATION AT ALL LEVELS OF THE ORGANIZATION

Schedule J (Form 990) 2014

Additional Data

Software ID: **Software Version:**

EIN: 57-1067151

Name: Advanced Technology International

(C) Retirement and

(D) Nontaxable

(F) Compensation in

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (E) Total of columns

(A) Name and Title	(i) Base Compensation	of w-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred in prior Form 990
WILLIAM T MAHONEY,	(I)	0	0	0	0	0	0
CHAIRMAN	(II) 241,66	5 139,722	47,440	39,012	17,158	484,997	0
CHRISTOPHER VAN METRE,	(I)	0	0	0	0	0	0
PRESIDENT	(II) 185,51	5 79,337	47,311	29,328	6,570	348,062	
JULIA A MARTIN, CFO,	(I)	0	0	0	0	0	0
TREASURER	(II) 195,58	4 74,131	16,064	29,779	18,786	334,344	
KEVIN CARPENTIER, SR	(I)	0	0	0	0	0	0
VICE PRESIDENT	(II) 149,84	52,556	41,151	13,351	3,048	259,946	0
RUSSEL KELLER, SR VICE	(I)	0	0	0	0	0	0
PRESIDENT	(II) 135,36	7 34,884	41,989	13,210	6,392	231,842	0
GERADINA PELTO,	(I)	0	0	0	0	0	0
DIRECTOR	(II) 149,06	7 44,545	16,660	11,463	1,981	223,716	0
MARTIN RYAN, VICE	(I)	0	0	0	0	0	0
PRES, EXEC DIRECTOR	(II) 156,46	9 37,780	9,159	12,108	16,052	231,568	0
CHARLES MAYER,	(I)	0	0	0	0	0	0
DIRECTOR	(II) 172,11	3,229	0		0	175,339	0
DENNIS THOMPSON, SR	(I)	0	0	0	0	0	0
VICE PRESIDENT	(II) 154,98	3 44,222	23,607	12,464	11,945	247,221	0
BUDDY B MCALISTER, SR	(I)	0	0	0	0	0	0
PRINCIPAL ENGINEER	(II) 106,36	5 35,412	47,142	10,930	12,874	212,724	
PETER A JAMES, DIRECTOR	(I) (II) 161,72	0 8 11,407	0 8,191	0	0	0 181,326	0 0
MARTIN G ETTLEMYER, VICE PRESIDENT	(I) (II) 160,47	0 0 4,000	0 9,254	0 11,520	0 17,030	0 202,277	0

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DLN: 93493133028746

Employer identification number

57-1067151

OMB No 1545-0047

2014

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SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Advanced Technology International

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

	57-106/151
Return Reference	Explanation
FORM 990, PART I, LINE 1	DESCRIPTION OF THE ORGANIZATION'S MISSION ADVANCED TECHNOLOGY INTERNATIONAL (ATI) IS TO BE FORMED FOR SCIENTIFIC, EDUCATIONAL, AND/OR CHARITABLE PURPOSES, AND/OR FOR THE PURPOSE OF LESSENING THE BURDENS OF GOVERNMENT, WITHIN THE MEANING OF IRC SECTION 501(C)(3) AND IN THIS CONNECTION (A) TO PROMOTE SCIENTIFIC, EDUCATIONAL AND CHARITABLE ENDEAVORS, AND ENDEAVORS DIRECTED AT LESSENING THE BURDENS OF GOVERNMENT (B) TO TAKE AND HOLD BY BEQUEST, DEVISE, GIFT, GRANT, PURCHASE, LEASE OR OTHERWISE ANY PROPERTY, REAL, PERSONAL, TANGIBLE OR INTANGIBLE, OR ANY UNDIVIDED INTEREST THEREIN, WITHOUT LIMITATION AS TO AMOUNT OR VALUE, TO SELL, CONVEY, OR OTHERWISE DISPOSE OF ANY SUCH PROPERTY AND ANY INTEREST THEREIN AND TO INVEST, REINVEST, OR DEAL WITH THE PRINCIPAL OR THE INCOME THEREOF IN SUCH MANNER AS, IN THE JUDGMENT OF THE DIRECTORS, WILL BEST PROMOTE THE PURPOSES OF ATI WITHOUT LIMITATION, EXCEPT SUCH LIMITATIONS, IF ANY, AS MAY BE CONTAINED IN THE INSTRUMENT UNDER WHICH SUCH PROPERTY IS RECEIVED, ATI'S ARTICLES OF INCORPORATION, THE BYLAWS OF ATI, OR ANY LAWS APPLICABLE THERETO (C) TO DO ANY OTHER ACT OR THING INCIDENTAL TO OR CONNECTED WITH THE FOREGOOING PURPOSES OR IN ADVANCEMENT THEREOF, BUT NOT FOR THE PECUNIARY PROFIT OR FINANCIAL GAIN OF ITS DIRECTORS OR OFFICERS EXCEPT AS PERMITTED UNDER THE LAWS OF SOUTH CAROLINA RELATING TO NON-PROFIT CORPORATIONS IN FURTHERANCE OF ITS CORPORATE PURPOSES, ATI SHALL HAVE ALL GENERAL POWERS ENUMERATED IN THE SOUTH CAROLINA NONPROFIT CORPORATION ACT OF 1994 (OR THE CORRESPONDING PROVISION OF ANY SUBSEQUENT LAW)

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

Return Reference	Explanation	
FORM 990, PART VI, SECTION A, LINE 7A	SEE LATER SCHEDULE O NOTE WHICH ADDRESSES BOTH QUESTION 7A AND 7B	

Return Reference	Explanation	
FORM 990, PART VI, SECTION A, LINE 7B	SEE LATER SCHEDULE O NOTE WHICH ADDRESSES BOTH QUESTION 7A AND 7B	

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

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

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

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS	UNREALIZED LOSS ON carbon conversions inc investment -1,392,438 UNREALIZED LOSS ON stem premier investment -347,314 UNREALIZED LOSS ON Ekf diagnostics plc investment -287,325 Total to line 9 - 2,027,077

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

Return Reference	· ·					
FORM 990, PART VI, LINES 7A AND 7B	4 1 Power and Composition Management of ATI shall be vested in a Board of Directors consisting of no less than nine and no more than eleven directors, with the actual number thereof being fixed by the Board of Directors from time to time. The members of the Board of Directors shall consist of (i) the Chief Financial Officer of SCRA who shall be a voting ex officio member of the Board, (ii) the Chief Financial Officer of SCRA who shall be a voting ex officio member of the Board, (iii) the President of ATI, and (iv) no less than six and no more than eight persons appointed by the Executive Committee of the Board of Trustees of SCRA based upon the normations submitted by the affirmative vote of a majority of the members of the Board of Trustees of SCRA based upon the normations submitted by the affirmative vote of a majority of the members of the Board of Trustees of SCRA are viving on the Board at that given time, with such actual number set at (a)six if the full Board is set at end inectors, and (o) eight if the full Board is set at eleven directors on any person normated to serve on the Board of Directors of ATI pursuant to Section 1(iv), the Executive Committee of the Board of Trustees of SCRA may, with or without cause, decline to appoint any such normer, in which case the members of the Board of Directors of ATI who have serving on the Board of that given time shall normate another person for such Board position, with such normation process continuing until a normace is appointed. Members of the Board shall be eligible to be appointed as officers of ATI, and the President must be a member of the Board except in the case of an interm President appointed under Section 33(b). The Executive Committee of the Board of Trustees of SCRA may remove any member of the Board of Directors appointed pursuant to Section 41(ii) and (ii) above shall serve on the Board of Directors noted in Section 41(ii) and (iii) above shall serve on the Board of Directors noted in Section 41(ii) and (iii) above shall serve on the Board of					

Return Reference	Explanation
FORM 990, PART III, LINE 1	ADVANCED TECHNOLOGY INTERNATIONAL (ATI) IS TO BE FORMED FOR SCIENTIFIC, EDUCATIONAL, AND/OR CHARITABLE PURPOSES, AND/OR FOR THE PURPOSE OF LESSENING THE BURDENS OF GOVERNMENT, WITHIN THE MEANING OF IRC SECTION 501(C)(3) AND IN THIS CONNECTION (A) TO PROMOTE SCIENTIFIC, EDUCATIONAL AND CHARITABLE ENDEAVORS, AND ENDEAVORS DIRECTED AT LESSENING THE BURDENS OF GOVERNMENT (B) TO TAKE AND HOLD BY BEQUEST, DEVISE, GIFT, GRANT, PURCHASE, LEASE OR OTHERWISE ANY PROPERTY, REAL, PERSONAL, TANGIBLE OR INTANGIBLE, OR ANY UNDIVIDED INTEREST THEREIN, WITHOUT LIMITATION AS TO AMOUNT OR VALUE, TO SELL, CONVEY, OR OTHERWISE DISPOSE OF ANY SUCH PROPERTY AND ANY INTEREST THEREIN AND TO INVEST, REINVEST, OR DEAL WITH THE PRINCIPAL OR THE INCOME THEREOF IN SUCH MANNER AS, IN THE JUDGMENT OF THE DIRECTORS, WILL BEST PROMOTE THE PURPOSES OF ATI WITHOUT LIMITATION, EXCEPT SUCH LIMITATIONS, IF ANY, AS MAY BE CONTAINED IN THE INSTRUMENT UNDER WHICH SUCH PROPERTY IS RECEIVED, ATTS ARTICLES OF INCORPORATION, THE BYLAWS OF ATI, OR ANY LAWS APPLICABLE THERETO (C) TO DO ANY OTHER ACT OR THINS INCIDENTAL TO OR CONNECTED WITH THE FOREGOING PURPOSES OR IN ADVANCEMENT THEREOF, BUT NOT FOR THE PECUNIARY PROFIT OR FINANCIAL GAN OF ITS DIRECTORS OR OFFICERS EXCEPT AS PERMITTED UNDER THE LAWS OF SOUTH CAROLINA RELATING TO NON-PROFIT CORPORATIONS IN FURTHERANCE OF ITS CORPORATE PURPOSES, ATI SHALL HAVE ALL GENERAL POWERS ENUMERATED IN THE SOUTH CAROLINA NON-PROFIT CORPORATION ACT OF 1994 (OR THE CORRESPONDING PROVISION OF ANY SUBSEQUENT LAW) NOTWITHSTANDING THE FOREGOING, (I) THE FUNDS OR ASSETS OF ATI SHALL HOSE DISTRIBUTED OR OTHERWISE MADE AVAILABLE TO ANY ORGANIZATION OR BITTITY OTHER THAN THE SOUTH CAROLINA RESEARCH AUTHORITY ("SCRA"), UNLESS SUCH FUNDS OR ASSETS ARE TRANSFERRED OR EXCHANGED IN RETURN FOR GOODS OR SERVICES OF EQUAL VALUE OR UNLESS SUCH FUNDS OR ASSETS ARE DISTRIBUTED OR OTHERWISE MADE AVAILABLE IN BURDENS OF GOVERNMENT, QUALIFYING AS EXEMPT UNDER THE AFOREMENTIONED PROVISIONS OF THE INTERNAL REVENUE CODE, (II) ATHAS BEEN ORGANIZE

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DLN: 93493133028746

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Advanced Technology International **Employer identification number**

57-1067151

Part I	Identification of Disregarded	Entities Complete i	f the organization ansi	swered "Yes" on f	Form 990, Part IV, line 33.

	<u> </u>		•	•	
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) STAGE 2 CAPITAL ASSOCIATES LLC 315 SIGMA DRIVE SUMMERVILLE, SC 29486	PROG EQTY INV	SC		2,181,022	ATI

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

(a) Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section (13) coi enti	512(b) ntrolled
						Yes	No
(1) SOUTH CAROLINA RESEARCH AUTHORITY 1000 CATAWBA STREET COLUMBIA, SC 29201 57-0736144	R&D	SC	501(C)(3)	LINE 9	N/A		No
	SUPPORT SCRA	SC	501(C)(3)	LINE 11	SCRA		No

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

			<u> </u>	-								
(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		ownership	
	<u> </u>	<u> </u>	<u> </u>	31.,		Yes	No		Yes	No		
	PROG EQTY INV	SC		NONE						No	73 000 %	
315 SIGMA DRIVE SUMMERVILLE, SC 29486 36-4813668												
			•									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i Section (b)(contro entr	n 512 13) olled
								Yes	No
(1) ADVANCED TECHNOLOGY VENTURES INC	ADV MAT DEVEL	SC		С	591,059	1,209,779	100 000 %	Yes	
315 SIGMA DRIVE SUMMERVILLE, SC 29486 46-3323330									

Schedule R (Form 990) 2014		F	Page 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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		Ye	s No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Ye	s
c Gift, grant, or capital contribution from related organization(s)	1c	Ye	s
d Loans or loan guarantees to or for related organization(s)	1d	Ye	s
e Loans or loan guarantees by related organization(s)	1e	Ye	s
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 <u>j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
Performance of services or membership or fundraising solicitations for related organization(s)	11	Ye	s
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	ı Ye	s
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Ye	s
o Sharing of paid employees with related organization(s)	10	Ye	s
p Reimbursement paid to related organization(s) for expenses	1р	Ye	s
q Reimbursement paid by related organization(s) for expenses	1q	Ye	s
r Other transfer of cash or property to related organization(s)	1r	+	
s Other transfer of cash or property from related organization(s)	1s		No

2	If the answer to any of the above is "Yes	" see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	
---	---	---	--

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ADVANCED TECHNOLOGY VENTURES INC	В	4,315,967	ACTUAL BKS/REC
(2) ADVANCED TECHNOLOGY VENTURES INC	D	523,449	ACTUAL BKS/REC
(3) ADVANCED TECHNOLOGY VENTURES INC	L	187,936	ACTUAL BKS/REC
(4) ADVANCED TECHNOLOGY VENTURES INC	N	268,489	ACTUAL BKS/REC
(5) ADVANCED TECHNOLOGY VENTURES INC	0	1,211,671	ACTUAL BKS/REC
(6) ADVANCED TECHNOLOGY VENTURES INC	Q	1,218,250	ACTUAL BKS/REC

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	, , , , , , , , , , , , , , , , , , ,
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	\neg	,		⊣ '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	 				_
/		 .	<u> </u>							

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

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Additional Data

Software ID:

Software Version:

EIN: 57-1067151

Name: Advanced Technology International

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved
ADVANCED TECHNOLOGY VENTURES INC	В	4,315,967	ACTUAL BKS/REC
ADVANCED TECHNOLOGY VENTURES INC	D	523,449	ACTUAL BKS/REC
ADVANCED TECHNOLOGY VENTURES INC	L	187,936	ACTUAL BKS/REC
ADVANCED TECHNOLOGY VENTURES INC	N	268,489	ACTUAL BKS/REC
ADVANCED TECHNOLOGY VENTURES INC	0	1,211,671	ACTUAL BKS/REC
ADVANCED TECHNOLOGY VENTURES INC	Q	1,218,250	ACTUAL BKS/REC