

Form 990-T

Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2016

Open to Public Inspection for  
501(c)(3) Organizations OnlyDepartment of the Treasury  
Internal Revenue ServiceFor calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017► Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t)

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A  Check box if  
address changedName of organization (  Check box if name changed and see instructions.)D Employer identification number  
(Employees' trust, see  
instructions)

B Exempt under section

Print  
or  
Type

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

E Unrelated business activity codes  
(See instructions) 501(C)(3)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

505 TENTH STREET, N.W.

541900

City or town, state or province, country, and ZIP or foreign postal code

ATLANTA, GA 30332-0415

C Book value of all assets  
at end of year

129,764,030.

F Group exemption number (See instructions.)

► G Check organization type ►  501(c) corporation  501(c) trust  401(a) trust  Other trust

H Describe the organization's primary unrelated business activity. ► RESEARCH ACTIVITIES THROUGH PARTNERSHIPS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

►  Yes  No

If "Yes," enter the name and identifying number of the parent corporation. ►

J The books are in care of ► BARBARA ALEXANDER

Telephone number ► (404) 894-6962

## Part I Unrelated Trade or Business Income

(A) Income

(B) Expenses

(C) Net

1a	Gross receipts or sales	c Balance	1c	
b	Less returns and allowances		2	
2	Cost of goods sold (Schedule A, line 7)		3	
3	Gross profit. Subtract line 2 from line 1c		4a	
4a	Capital gain net income (attach Schedule D)		4b	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4c	
c	Capital loss deduction for trusts		5	93,806. STMT 1 93,806.
5	Income (loss) from partnerships and S corporations (attach statement)		6	
6	Rent income (Schedule C)		7	
7	Unrelated debt-financed income (Schedule E)		8	
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		9	
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		10	
10	Exploited exempt activity income (Schedule I)		11	
11	Advertising income (Schedule J)		12	
12	Other income (See instructions; attach schedule)		13	93,806. 93,806.
13	Total. Combine lines 3 through 12			

## Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)  
15 Salaries and wages  
16 Repairs and maintenance  
17 Bad debts  
18 Interest (attach schedule)  
19 Taxes and licenses  
20 Charitable contributions (See instructions for limitation rules)  
21 Depreciation (attach Form 4562)  
22 Less depreciation claimed on Schedule A and elsewhere on return  
23 Depletion  
24 Contributions to deferred compensation plans  
25 Employee benefit programs  
26 Excess exempt expenses (Schedule I)  
27 Excess readership costs (Schedule J)  
28 Other deductions (attach schedule)  
29 Total deductions. Add lines 14 through 28  
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  
31 Net operating loss deduction (limited to the amount on line 30)  
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32

RECEIVED  
B003 JAN 23 2018 OGDEN, UT 5,227.

SEE STATEMENT 2

28	2,300.
29	7,527.
30	86,279.
31	
32	86,279.
33	1,000.
34	85,279.

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68

**Part III Tax Computation**35 **Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ►  **See instructions and:**

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1)  (2)  (3) b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000) 

c Income tax on the amount on line 34

► 35c 17,245.

36 **Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or  Schedule D (Form 1041)

► 36

37 **Proxy tax.** See instructions

► 37

38 Alternative minimum tax

► 38

39 **Tax on Non-Compliant Facility Income.** See instructions

► 39

40 **Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies

► 40 17,245.

**Part IV Tax and Payments**

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

41a

b Other credits (see instructions)

41b

c General business credit. Attach Form 3800

41c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

e **Total credits.** Add lines 41a through 41d

► 41e

42 Subtract line 41e from line 40

► 42

17,245.

43 Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule)

► 43

44 **Total tax.** Add lines 42 and 43

► 44

17,245.

45a Payments: A 2015 overpayment credited to 2016

45a

5,354.

b 2016 estimated tax payments

45b

7,846.

c Tax deposited with Form 8868

45c

13,000.

d Foreign organizations: Tax paid or withheld at source (see instructions)

45d

e Backup withholding (see instructions)

45e

f Credit for small employer health insurance premiums (Attach Form 8941)

45f

g Other credits and payments:  Form 2439 \_\_\_\_\_ Form 4136 \_\_\_\_\_

Total ►

45g

► 46

26,200.

46 **Total payments.** Add lines 45a through 45g

► 47

11.

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ► 

► 48

48 **Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed

► 49

8,944.

49 **Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

► 50

0.

50 Enter the amount of line 49 you want: **Credited to 2017 estimated tax ► 8,944.** Refunded**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ►

Yes

No

X

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

Yes

No

X

53 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$

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

**Sign Here**

Signature of officer

Date

► VICE PRESIDENT

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

Title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMANDA ADAMS</b>	Preparer's signature <i>Amanda Adams</i>	Date 2018.01.10 20:28:54 -05'00'	Check <input type="checkbox"/> if self-employed	PTIN <b>P00748038</b>
	Firm's name ► <b>CHERRY BEKAERT LLP</b> 1075 PEACHTREE STREET NE, SUITE 2200 Firm's address ► <b>ATLANTA, GA 30309</b>		Firm's EIN ► <b>56-0574444</b>	Phone no. <b>404-209-0954</b>	

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7
3 Cost of labor	3		
4a Additional section 263A costs (attach schedule)	4a	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		X

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

## 1. Description of property

(1)	
(2)	
(3)	
(4)	

## 2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A) ►	Enter here and on page 1, Part I, line 7, column (B) ► 0.
Totals			0.	0.
Total dividends-received deductions included in column 8				0.

## Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations					
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

## Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10  
Enter here and on page 1, Part I, line 8, column (A)

Add columns 6 and 11  
Enter here and on page 1, Part I, line 8, column (B)

Totals

► 0.

## Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				

Enter here and on page 1, Part I, line 9, column (A)

Enter here and on page 1, Part I, line 9, column (B)

Totals

► 0.

## Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Enter here and on page 1, Part I, line 10, col (A)

Enter here and on page 1, Part I, line 10, col (B)

Enter here and on page 1, Part II, line 26

Totals

► 0.

## Schedule J - Advertising Income (see instructions)

## Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5))

► 0. 0.

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**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>► 0.</b>	<b>0.</b>				<b>0.</b>
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b>	<b>► 0.</b>	<b>0.</b>				<b>0.</b>
<b>Schedule K - Compensation of Officers, Directors, and Trustees</b> (see instructions)						
1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business			
(1)		%				
(2)		%				
(3)		%				
(4)		%				
<b>Total. Enter here and on page 1, Part II, line 14</b>	<b>►</b>					<b>0.</b>

Alternative Minimum Tax - Corporations

OMB No 1545-0123

► Attach to the corporation's tax return.  
► Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).

2016

Name	GEORGIA TECH RESEARCH CORPORATION		Employer identification number
			58-0603146
<p><b>Note:</b> See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).</p>			
1	Taxable income or (loss) before net operating loss deduction		1 85,279.
2	<b>Adjustments and preferences:</b>		2a
a	Depreciation of post-1986 property		2b
b	Amortization of certified pollution control facilities		2c
c	Amortization of mining exploration and development costs		2d
d	Amortization of circulation expenditures (personal holding companies only)		2e
e	Adjusted gain or loss		2f
f	Long-term contracts		2g
g	Merchant marine capital construction funds		2h
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2i
i	Tax shelter farm activities (personal service corporations only)		2j
j	Passive activities (closely held corporations and personal service corporations only)		2k
k	Loss limitations		2l
l	Depletion		2m
m	Tax-exempt interest income from specified private activity bonds		2n
n	Intangible drilling costs		2o
o	Other adjustments and preferences		3 85,279.
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o		
4	<b>Adjusted current earnings (ACE) adjustment:</b>		4a 85,279.
a	ACE from line 10 of the ACE worksheet in the instructions		4b 0.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions		4c
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount		
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. <b>Note:</b> You must enter an amount on line 4d (even if line 4b is positive)		4d 6,536.
SEE STATEMENT 3			
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT		4e 0.
6	Alternative tax net operating loss deduction. See instructions		5 85,279.
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions		6
8	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		7 85,279.
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-		8a 0.
b	Multiply line 8a by 25% (0.25)		8b 0.
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-		8c 40,000.
9	Subtract line 8c from line 7. If zero or less, enter -0-		9 45,279.
10	Multiply line 9 by 20% (0.20)		10 9,056.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions		11
12	Tentative minimum tax. Subtract line 11 from line 10		12 9,056.
13	Regular tax liability before applying all credits except the foreign tax credit		13 17,245.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		14 0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2016)

## Adjusted Current Earnings (ACE) Worksheet

► See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626	1	85,279.
2 ACE depreciation adjustment:		
a AMT depreciation	2a	
b ACE depreciation:		
(1) Post-1993 property	2b(1)	
(2) Post-1989, pre-1994 property	2b(2)	
(3) Pre-1990 MACRS property	2b(3)	
(4) Pre-1990 original ACRS property	2b(4)	
(5) Property described in sections 168(f)(1) through (4)	2b(5)	
(6) Other property	2b(6)	
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)	
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c	
3 Inclusion in ACE of items included in earnings and profits (E&P):		
a Tax-exempt interest income	3a	
b Death benefits from life insurance contracts	3b	
c All other distributions from life insurance contracts (including surrenders)	3c	
d Inside buildup of undistributed income in life insurance contracts	3d	
e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e	
f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f	
4 Disallowance of items not deductible from E&P:		
a Certain dividends received	4a	
b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(4)(A), Dec. 19, 2014, 128 Stat. 4043)	4b	
c Dividends paid to an ESOP that are deductible under section 404(k)	4c	
d Nonpatronage dividends that are paid and deductible under section 1382(c)	4d	
e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e	
f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	4f	
5 Other adjustments based on rules for figuring E&P:		
a Intangible drilling costs	5a	
b Circulation expenditures	5b	
c Organizational expenditures	5c	
d LIFO inventory adjustments	5d	
e Installment sales	5e	
f Total other E&P adjustments. Combine lines 5a through 5e	5f	
6 Disallowance of loss on exchange of debt pools	6	
7 Acquisition expenses of life insurance companies for qualified foreign contracts	7	
8 Depletion	8	
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9	
10 Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626	10	85,279.

GEORGIA TECH RESEARCH CORPORATION

58-0603146

FORM 990-T            INCOME (LOSS) FROM PARTNERSHIPS  
                          AND S CORPORATIONS

STATEMENT 1

DESCRIPTION	AMOUNT
AKROMETRIX, LLC	86,200.
VIRTUALLY BETTER, INC.	43.
INTERCAX, LLC	7,563.
 TOTAL TO FORM 990-T, PAGE 1, LINE 5	 93,806.

FORM 990-T            OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION	AMOUNT
ACCOUNTING FEES	2,300.
 TOTAL TO FORM 990-T, PAGE 1, LINE 28	 2,300.

STATEMENT(S) 1, 2, 3