efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

DLN: 93493135035929 OMB No 1545-0047

Form 990
Department of the
Internal Revenue S

Activities & Governance

▶ Do not enter social security numbers on this form as it may be made public Open to Public Treasur ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Inspection Service For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018 C Name of organization GEORGIA TECH FACILITIES INC D Employer identification number B Check if applicable ☐ Address change 52-1442293 % KELLY MACARTHUR ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 225 NORTH AVENUE LYMAN HALL ☐ Application pending (404) 385-8337 City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA $\,$ 303320257 $\,$ **G** Gross receipts \$ 35,908,659 Name and address of principal officer H(a) Is this a group return for Aisha Oliver-Staley ☐Yes ☑No subordinates? 225 NORTH AVE NW H(b) Are all subordinates ATLANTA, GA 30332 ☐ Yes ☐No ıncluded? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW GTFI GATECH EDU L Year of formation 1985 M State of legal domicile GA K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO PROMOTE AND SUPPORT THE GEORGIA institute of technology via erecting suitable buildings and other facilities as needed to achieve the goals of the institute Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 4 5 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . 6 0 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) . 1,980,000 23,146,940 Program service revenue (Part VIII, line 2g) . 12,698,392 12,515,938 123,965 216,576 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 29,205 14,802,357 35,908,659 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 164,450 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 13,907,947 13,411,793 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 13,907,947 13,576,243 $\mathbf{19}$ Revenue less expenses Subtract line 18 from line 12 . 894.410 22,332,416 Net Assets or Fund Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 238,661,113 294,331,729 21 Total liabilities (Part X, line 26) . 267,711,900 301,050,100 22 Net assets or fund balances Subtract line 21 from line 20 -29,050,787 -6,718,371 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-05-15 Signature of officer Sign Here THOMAS J PIERCE III TREASURER Type or print name and title Print/Type preparer's name MARC AZAR Preparer's signature MARC AZAR Date PTIN Check \square ıf P91739349 Paid self-employed

Firm's name SMITH & HOWARD PC

Firm's address ► 271 17TH STREET NW SUITE 1600

ATLANTA, GA 30363

Preparer

Use Only

✓ Yes 🗆 No

Firm's EIN ▶

Phone no (404) 874-6244

Form	990 (2017)					Page 2
Par	t IIII Statement	of Program Servi	ce Accomplis	hments		
	Check If Sche	dule O contains a resp	onse or note to	any line in this Part III		🗹
1		organization's mission				
INST OTHE	RUMENTALITY OF THE ER FACILITIES AS MAY	BOARD OF REGENTS OF BE APPROPRIATE TO	OF THE STATE U	NIVERSITY SYSTEM OF	PORT THE GEORGIA INSTITUTE C GEORGIA AND TO ERECT SUCH S UTE GEORGIA TECH FACILITIES, IUTE OF TECHNOLOGY	UITABLE BUILDINGS AND
2	Did the organization	undertake any signific	ant program ser	vices during the year wi	nich were not listed on	
	the prior Form 990 o	or 990-EZ?				☐ Yes 🗹 No
	If "Yes," describe the	ese new services on Sc	hedule O			
3	Did the organization	cease conducting, or r	nake significant	changes in how it condu	ıcts, any program	
	services?	ese changes on Schedu				☐ Yes ☑ No
4	Section $501(c)(3)$ an		ons are required	to report the amount of	largest program services, as mea: f grants and allocations to others,	
4a	(Code) (Expenses \$	13,387,771	including grants of \$	164,450) (Revenue \$	12,515,938)
	See Additional Data				, , ,	
	-					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
	-					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
4d	Other program servi	ces (Describe in Sched	ule O)			-
	(Expenses \$	ınc	luding grants of	\$) (Revenue \$)
4e	Total program serv	vice expenses ▶	13,387,7	71		

or X as applicable

Checklist of Required Schedules

Section 501(c)(3) organizations.

Yes

Page 3

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

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5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

3

4 5 6

Yes

Yes

Yes

Yes

Yes

Yes

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

29

Page 4 Part IV Checklist of Required Schedules (continued) Yes

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a 20b

Yes

Yes

No

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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 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

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes,"

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

Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

22 23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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33

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35a

35h

36

37

Yes

Yes

Yes

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21

Nο Yes

Nο

orm !	990 (2017)			Page 5
Par	t 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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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		
3a	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		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?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
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		
	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		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
	Section 501(c)(7) organizations. Enter Initiation food and capital contributions included on Part VIII. June 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them)			
L2a	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
b	Enter the amount of reserves the organization is required to maintain by the states in	13a		
_	The organization is necessary to issue qualified feeding plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		140
	in res, has it lieu a rotti 720 to report these payments in No, provide an explanation in Schedule O		orm 00	0 (2017

orm	990 (2017)			Page 6				
Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	o" respo	nse to li					
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓				
Sec	ction A. Governing Body and Management		V	NI -				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3	Yes	No				
	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 Enter the number of voting members included in line 1a, above, who are independent 1b 5							
b		5						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person? .	n 3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		No				
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?	7a	Yes					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>ie Code</u>	-					
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110	103					
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	124	103					
	conflicts?	12b	Yes					
	Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official	15a		No				
b	Other officers or key employees of the organization	15b		No				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Sec	ction C. Disclosure	100						
	List the States with which a copy of this Form 990 is required to be filed▶							
	<u>GA</u>							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply							
19	Own website Another's website 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							
20	State the name, address, and telephone number of the person who possesses the organization's books and records KELLY MACARTHUR 221 UNCLE HEINIE WAY LYMAN HALL R ATLANTA, GA 30332 (404) 385-4055							
		 -	orm 00	0 (2017)				

 $\overline{\mathbf{V}}$

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

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- 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

Check this box if neither the organization no	r any related o	ganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related		ne bo	ox, ι n of or/t	t che unle: ficer rust	ss pers and a ee)	son	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	MISC)	related organizations
(1) Steven G Swant Director	1 0 39 0	х						0	364,993	162,647
(2) Rafael L Bras Director	1 0 39 0	Х						0	459,099	207,647
(3) Joseph P Irwin Director	1 0 39 0	Х						0	207,008	26,542
(4) Jack J Faussemagne Director	10	х						0	0	0
(5) James W Ray Director	1 0	x						0	0	0
(6) Stan Anderson Director	1 0 	х						0	0	0
(7) Jeni Bogdan Director	10	Х						0	0	0
(8) Tyler Gaines Director	10	x						0	0	0
(9) N Allen Robertson Director	10	х						0	0	0
(10) Aısha Oliver-Staley Executive Director	4 0 36 0			х				0	147,182	40,820
(11) James G Fortner Treasurer	4 0 36 0			х				0	229,746	58,328
(12) Jennifer Hubert Secretary	4 0 36 0			х				0	152,463	46,676
(13) Kelly MacArthur Assistant Treasurer	4 0			x				0	55,721	22,021
(14) Thomas James Pierce III Assistant Treasurer	4 0			х				0	156,473	49,178
(15) Deborah L Greene Former Officer	0 0						х	0	147,373	24,748
	40 0									

Name and Title

Part VII

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

Estimated

(E)

Reportable

(D)

Reportable

ARCHITECTS

Construction Service

Construction Service

Construction Service

Construction Service

Page 8

1,154,998

1,178,719

622,981

643,237

190,195

Form 990 (2017)

	Name and Title	hours per week (list any hours for related	than o	one b	ox, un off tor/t	unles ficer	and a	son	compo fro organiz	ortable ensation m the ation (W- 9-MISC)	compensation from related organizations (\) 2/1099-MISC	N-	amount o	of other sation the		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	9-M13C)	2/1099-MISC	, '	organizati relati organiza	ed		
				_												
		-														
	Sub-Total						<u> </u>					ľ				
	Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c)	•		٠.	٠.	•	▶ _			0	1,920,05	8	638,607			
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos			bove	e) who	rece	eived mo	re than \$:	100,000					
													Yes	No		
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k	ey e		oyee,		ghest cor	mpensated	d employee on	3	Yes			
4	For any individual listed on line 1a, is organization and related organization individual										m the	4	Yes			
5	Did any person listed on line 1a receiv services rendered to the organization									tion or inc	lividual for	5	163	No		
Se	ection B. Independent Contract	ors														
1	Complete this table for your five high from the organization Report comper											npens	sation			
	(A) Name and business address (B) Description of services												(C) Compensation			

(C)

Position (do not check more

ATLANTA, GA 303613500 New South Construction,

ATLANTA, GA 30309 Johnston Controls,

5757 N Green Bay Ave MILWAUKEE, WI 53209 Mann Mechanical Company Inc,

100 Pine Street

Skanska USA,

1180 West Peachtree Street Suite 7

AVONDALE ESTATES, GA 30002

55 Ivan Allen Jr Blvd Suite 600 ATLANTA, GA 30308

compensation from the organization ▶ 7

LORD AECK SARGENT ARCHITECTURE, 1175 PEACHTREE STREET NE STE 2400

(B)

Average

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

Part \	7 †					l	- D+ \/III					🗹
		Check If Schedule	O contains	a respo	onse or note to any	(A) Total rev)	Rela exe fun	B) ted or empt ction	(C) Unrelat busines	ed ss	(D) Revenue excluded from tax under sections
	1 a	Federated campaigns		1a				rev	enue			512-514
nts ints		Membership dues .		1b								
Gra not		Fundraising events .		1c								
<u>;</u>		d Related organizations	;	1d	371,940							
<u>ia</u> 55		Government grants (cont	tributions)	1e								
sins,	1	All other contributions, g and similar amounts not	ifts, grants,									
Contributions, Gifts, Grants and Other Similar Amounts	ġ	above Noncash contributions		1f	22,775,000							
Con	h	Total.Add lines 1a-1f			•	22.1	46,940					
					Business		40,940					
됩	2a	MANAGEMENT FEES				561000	1	28,535	12	8,535		
á	b REIMBURSEMENT OF PROGRAM EXPENSES				561000		33,377		3,377			
NC 6	С	RENTAL INCOME				531190	11,8	54,026	11,85	4,026		
₹	d			_								+
ran	e	All other program serv	ico rovonuo	_								
Program Service Revenue		Total.Add lines 2a-2f			12,5	515,938						
		Investment income (inc			nterest and other	T .				I		
	S	ımılar amounts)			•	<u> </u>	216,576					216,576
		Income from investmen				-		1				
	5 I	Royalties	(ı) Rea		▶ (II) Personal	<u> </u>		1			\longrightarrow	
	6a	Gross rents	(7)		(, . 5.55	1						
	h	Less rental expenses				-						
	_					_						
	C	Rental income or (loss)		0	(
	d	Net rental income or (loss)			1	C					
			(ı) Securit	ties	(II) Other							
	7a	Gross amount from sales of										
		assets other than inventory										
	b	Less cost or other basis and				1						
		sales expenses				4						
		Gain or (loss) Net gain or (loss)				4	C					
		Gross income from fun			<u> </u>	 						
nue		(not including \$ contributions reported		of								
S		See Part IV, line 18			0	_						
مج		Less direct expenses Net income or (loss) fr		ь	0	_						
Other Revenue		Gross income from gar			ents •	1		1				
Ō		See Part IV, line 19 .										
	h	Less direct expenses		a b	0	-						
		Net income or (loss) fr				_	C					
:	10a	Gross sales of inventor										
		returns and allowances		a	0							
	b	Less cost of goods sol	d	b	0	1						
	С	Net income or (loss) fr	om sales of	invent	cory ►		C					
		Miscellaneous Re			Business Code	1	20.20		20.205			
	11	amiscellaneous rev	ENUE				29,205)	29,205			
	b				-							
	c											
	_											
	d	All other revenue .										
	е	Total. Add lines 11a-1	.1d		•		29,205					
	12	Total revenue. See Ir	structions						10 545 140			246 576
					•		35,908,659	'I	12,545,143	<u> </u>		216,576 Form 990 (2017)

Part IX Statement of Functional Expenses

orm 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	164,450	164,450		
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, line 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)				
a Management	0			
b Legal	30,370		30,370	
c Accounting	60,600		60,600	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	9,621		9,621	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	193,750	193,750		
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	11,570,397	11,570,397		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	907,518	907,518		
23 Insurance	513,241	494,695	18,546	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a BOARD OF REGENTS FEE	20,774	20,774		
b REIMBURSED ADMIN COSTS-GA TECH	69,335		69,335	
c BROKER FEES/RATING AGENCY FEE	9,500	9,500		
d TRUSTEE FEES	26,687	26,687		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,576,243	13,387,771	188,472	0
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)				

Form **990** (2017)

12

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17

18

19

20

21

23

24

25

26

Liabilities 22 3.358.559

173.505.058

37.558.659

294.331.729

3,516,721

2,823,331

263,445,380

0

0

0

0

0

0

0

31.264.668

301,050,100

-34,299,801

27.581.430

-6,718,371

294.331.729

Form **990** (2017)

End of year

Page **11**

Check if Schedule O contains a response or note to any line in this Part IX .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets. Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

1	Cash-non-interest-bearing	0	1	0
2	Savings and temporary cash investments	9,796,171	2	68,393,408
3	Pledges and grants receivable, net	7,177,592	3	6,614,807
4	Accounts receivable net	0	4	0

Beginning of year

0

184.261.254

28,366,080

238,661,113

165,493

747.825

238,280,190

28.518.392

267,711,900

-37.302.739

8.251.952

-29,050,787

238.661.113

0 29

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34

Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 0 5 II of Schedule L

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net . 1.704.314

Assets 1.157.555 Inventories for sale or use . 8 3.937.143 3.743.683 9 Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other 4,558,559 10a basis Complete Part VI of Schedule D 1,200,000 3.418.559 b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities . 11

2	
5	27
200	28
_	29
2	
5	
2	30
ASSEIS	31
î	32
בו	33
2	34

			-									
5	Net unrealized gains (losses) on investments										5	
5	Donated services and use of facilities			•							6	
,	Investment expenses								•		7	
	Donard manual admiraturants									Г	0	

Form 990 (2017)

2a

2b

2c

3а

3b

Yes

Yes

Page **12**

No

No

Form 990 (2017)

Donated services and use of facilities	6				
Investment expenses	7				
Prior period adjustments	8				
Other changes in net assets or fund balances (explain in Schedule O)					
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))					
XIII Financial Statements and Reporting					

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

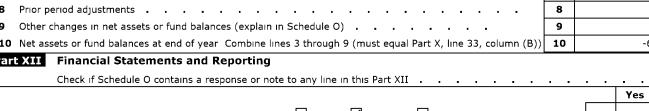
b Were the organization's financial statements audited by an independent accountant?

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?



9	Other changes in net assets or fund balances (explain in Schedule O)	9	i		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		-6	,718,371
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990				

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Additional Data

Software ID:

Software Version: EIN: 52-1442293

Name: GEORGIA TECH FACILITIES INC

Form 990 (2017)

Form 990, Part III, Line 4a:

GEORGIA TECH FACILITIES, INC PROVIDED FINANCING AND CONTRACTING SUPPORT FOR THE DESIGN AND CONSTRUCTION OF BUILDINGS AND OTHER FACILITIES AS APPROPRIATE TO MEET THE NEEDS AND GOALS OF THE GEORGIA INSTITUTE OF TECHNOLOGY GEORGIA TECH FACILITIES, INC LEASES THESE BUILDINGS AND OTHER FACILITIES TO THE GEORGIA INSTITUTE OF TECHNOLOGY

efile GRAPHIC print - DO NOT PROCES				OT PROCESS	As Filed Data -		DLN: 93	DLN: 93493135035929			
SC	HED	ULE A		Dublic C	harity Status	and Dub	lic Suppo)rt	OMB No 1545-0047		
	m 99		Coi		narity Status				2017		
9901	EZ)				4947(a)(1) nonexei	npt charitable	trust.		4 01/		
Denar	tment of	f the Treasury	▶ Int	formation about	Attach to Form 9 Schedule A (Form)	990 or 990-EZ)	and its instru	ctions is at	Open to Public		
Intern	al Rever	nue Service he organiza	tion		www.irs.go	v/form990.		Employer identifica	Inspection		
		CH FACILITIES							acion number		
Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
					t is (For lines 1 throu			CC IIIOCI GCCIONO.			
1		A church, c	onvention of	f churches, or ass	ocıatıon of churches d	escribed in sect i	on 170(b)(1)(A)(i).			
2		A school de	scribed in s e	ection 170(b)(1)(A)(ii). (Attach Sch	edule E (Form 99	0 or 990-EZ))				
3		A hospital o	or a coopera	tive hospital servi	ce organization descri	bed in section 1	.70(b)(1)(A)(i	ii).			
4			esearch orga and state		d in conjunction with a	a hospital describ	ed in section 1	70(b)(1)(A)(iii). Er	iter the hospital's		
5				ed for the benefit lete Part II)	of a college or univers	sity owned or ope	erated by a gove	ernmental unit describ	ped in section 170		
6		A federal, s	tate, or loca	l government or o	governmental unit des	cribed in sectio i	170(b)(1)(A)(v).			
7				ormally receives a)(vi). (Complete I	substantial part of its Part II)	support from a	governmental ui	nit or from the genera	I public described in		
8		A communi	ty trust desc	cribed in section	170(b)(1)(A)(vi) (Complete Part II)				
9					scribed in 170(b)(1)(e instructions Enter t				ege or university or a		
10		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)									
11		•			exclusively to test for	public safety Se	e section 509	(a)(4).			
12	✓	more public	ly supported	d organizations de	exclusively for the bei escribed in section 5(he type of supporting	09(a)(1) or sec	ion 509(a)(2)	. See section 509(a			
а	✓	Type I. A so	supporting on n(s) the pow	rganızatıon opera	ted, supervised, or co ppoint or elect a major	ntrolled by its su	pported organiz	ation(s), typically by			
b		Type II. A manageme	supporting on nt of the sup	organization supe	rvised or controlled in tion vested in the sam						
С		Type III f	unctionally	integrated. A su	ipporting organization				ed with, its		
d		functionally	integrated	The organization	A supporting organiz generally must satisficially, Sections A and	y a distribution re			, ,		
e		Check this	box if the or	ganization receive	ed a written determina	ation from the IR	S that it is a Ty	oe I, Type II, Type III	functionally		
f	Enter			non-functionally ii d organizations	ntegrated supporting	organization		1			
g g				-	pported organization(s)					
	(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No				
(A) GEOF	RGIA IN	ISTITUTE OF TE	CHNOLOGY	586002023	6	Yes		13,576,243	0		
Tota	ı		1					13,576,243			
		work Reduc	tion Act No	tice, see the Ins	structions for	Cat No 11285	: s	chedule A (Form 99	00 or 990-EZ) 2017		

instructions

	(Complete only if you che	cked the box o	on line 5, 7, 8, o	r 9 of Part I or i	f the organization	n failed to qual	ıfy under Part
	III. If the organization fa	ils to qualify un	ider the tests lis	ted below, pleas	se complete Part	· III.)	
S	ection A. Public Support		1	1			T
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
1	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	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						
	Calendar year	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(f)Total
	(or fiscal year beginning in) ▶	(4)2020	(5)2011	(0)2015	(4)2010	(6)2017	(1)10001
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income Do not include gain or						
10	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, e	tc (see instruction	ons)			12	•
	First five years. If the Form 990 is for			ard fourth or fifth	tay year as a sec		anization
	•	_			•	• • • • • •	_
_	check this box and stop here						
	ection C. Computation of Public						
	Public support percentage for 2017 (line			column (f))		14	
15	Public support percentage for 2016 Sch	edule A, Part II,	line 14			15	
16 a	33 1/3% support test—2017. If the	organization did i	not check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check this	box
	and stop here. The organization qualif	ies as a publicly s	supported organiza	ation			ightharpoons
b	33 1/3% support test-2016. If the	organization did	not check a box of	n line 13 or 16a, a	and line 15 is 33 1,	/3% or more, che	ck this
	box and stop here. The organization	qualifies as a pub	licly supported or	ranization			►□
173	10%-facts-and-circumstances test-				e 13. 16a. or 16b.	and line 14	
1/0	is 10% or more, and if the organization						
	in Part VI how the organization meets t						
	<u>-</u>			-			►□
	organization 10%-facts-and-circumstances test		rannization did ===	t chack a bay as !	no 12 165 166 -	or 17a and line	- -
b	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	•			toot The orga	addiii qaaiiiica c		▶□
	supported organization						

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	art III Support Schedule fo					_	_
	(Complete only if you o						er Part II. If
	the organization fails to ection A. Public Support	o quality under	the tests listed	pelow, please co	ompiete Part II.)	
	Calendar year						(0
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b Public support. (Subtract line 7c						
8	from line 6)						
Se	ection B. Total Support		l	L		l	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(0) 2013	(d) 2010	(e) 2017	(I) Iotai
9							
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13							
14	11, and 12) First five years. If the Form 990 is for	r the organization	ı n's fırst. second. tl	ı nırd. fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.
	check this box and stop here		,	,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	entage				
15	Public support percentage for 2017 (li			column (f))		15	
16	Public support percentage from 2016	Schedule A, Part I	II, line 15			16	
	ection D. Computation of Invest	ment Income	Percentage			<u> </u>	
17	Investment income percentage for 20			line 13, column (f	f))	17	
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	
	331/3% support tests—2017. If the			on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶□
	33 1/3% support tests—2016. If the	•					· —
,	not more than 33 1/3%, check this bo	-			*		▶□
20	Private foundation. If the organizati	-	-		· · · · · -		▶□
		and the control of					. —

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

No

No

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

No

No

No

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017

provide detail in Part VI.

answer line 10b below

10a

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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

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) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)

below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied

2 3a the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b 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 Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a 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 4b supervised by or in connection with its supported organizations 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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

No to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 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 5a amendment to the organizing document)

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 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

No Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) 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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 No

7 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 I of Schedule L (Form 990 or 990-EZ) 8 No

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	Supporting Organizations (continued)		·			
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	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		No		
b	A family member of a person described in (a) above?	11b		No		
	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		No		
S	Section B. Type I Supporting Organizations			T		
			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					
,	Did the example to energia for the benefit of any supported example to other than the supported example to that	_ 1	Yes	<u> </u>		
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			N		
	organization	2		No		
S	Section 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				
S	Section 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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		<u> </u>		
	Section E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct a	ions)				
	b The organization is the parent of each of its supported organizations. Complete line 3 below					
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)			
2	Activities Test Answer (a) and (b) below.		Yes	No		
	a 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.					
	 a 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? Provide details in Part VI. 	3a				
	b 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	36				

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 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)

Qualified set-aside amounts (prior IRS approval require								
Other distributions (describe in Part VI) See instructio	ns							
Total annual distributions. Add lines 1 through 6								
Distributions to attentive supported organizations to wh details in Part VI) See instructions	sive (provide							
Distributable amount for 2017 from Section C, line 6								
Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions) (i) (ii) (iii) Underdistributions Pre-2017 Amount for 2017								
	Other distributions (describe in Part VI) See instruction Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to whole details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Fycess Distributions Underdistributions					

details in Part VI) See instructions	Terraine organization is respons	sive (provide						
9 Distributable amount for 2017 from Section C, line 6	9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017					
1 Distributable amount for 2017 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions								
3 Excess distributions carryover, if any, to 2017								
а								
b From 2013								

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

Schedule A (Form 990 or 990-EZ) (2017)

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. **b** Excess from 2014. c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

Additional Data

Software ID: Software Version:

EIN: 52-1442293

Name: GEORGIA TECH FACILITIES INC.

Page 8

Schedule A (Form 990 or 990-EZ) 2017

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, 3h, 3c, 4h, 4c, 5a, 6, 9a, 9h, 9c, 11a, 11h, and 11c, Part IV, Section B, lines 1, and 2, Part IV, Section C, line 1

Facts And Circumstances Tost
instructions)
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
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 7, intes 1, 2, 35, 36, 15, 16, 34, 37, 36, 114, 115, and 116, fait 17, Section 5, intes 1 and 2, fait 17, Section 6, inte 1,

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

DLN: 93493135035929 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** GEORGIA TECH FACILITIES INC 52-1442293 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 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? ☐ Yes ☐ No 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? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) 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 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 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 ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on 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 on 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 on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2017

Par	t IIII	Organizations Maintaining Co	lections o	f Art,	Histori	cal T	reası	ires, or Othe	r Similar As	sets ('continued)
3		g the organization's acquisition, accessio s (check all that apply)	n, and other	records	, check	any of	the fo	llowing that are	a significant u	ise of it	s collection
а		Public exhibition			d		Loan	or exchange pro	ograms		
b		Scholarly research			e		Othe	r			
С		Preservation for future generations									
4	Provi Part :	de a description of the organization's co XIII	llections and	explain	how the	ey furtl	her the	e organization's	exempt purpo	se in	
5		ng the year, did the organization solicit ones to be sold to raise funds rather than to							mılar	□ Ye	es 🗆 No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ		on Fo	rm 000	Dart	T\/ li	no O or ropor	tod an amou	ınt on	Form 990 Part
		X, line 21.	vereu res	OII FO	יווו פפ	, rait	10, 11	ne 9, or repor	teu an annoc	iiic Oii i	roilli 990, Pait
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other II	nterme	diary for	contri	bution	s or other assets	s not	□ Y €	es 🗆 No
ь	If "Ye	es," explain the arrangement in Part XII:	and comple	te the f	ollowing	table			Α	mount	
c	Begir	nning balance						1c			
d	Addıt	ons during the year						1d			
е	Distri	butions during the year						1e			
f	Endır	ng balance						1f			
2 a	Dıd tl	he organization include an amount on Fo	orm 990, Part	t X, line	21, for	escrov	v or cu	stodial account	liability?	□ Ye	es 🗆 No
ь	If "Ye	es," explain the arrangement in Part XIII	Check here	of the e	ynlanati	on has	: heen	provided in Part	· XIII		
	rt V	Endowment Funds. Complete if						·			·· <u> </u>
			(a)Current			rior yea		(c)Two years back			(e)Four years back
1a	Beginn	ning of year balance	, ,	,					1,		
Ь	Contrib	butions									
С	Net inv	vestment earnings, gains, and losses									
d	Grants	or scholarships									
е		expenditures for facilities ograms									
f	Admın	istrative expenses									
g	End of	year balance									
2 a		de the estimated percentage of the curred designated or quasi-endowment	ent year end	balance	e (line 1	g, colu	mn (a)) held as	•		
b	Perm	anent endowment 🕨									
С	Temp	porarily restricted endowment >									
Ī		percentages on lines 2a, 2b, and 2c shou	ıld equal 100	%							
3a		here endowment funds not in the posses nization by	ssion of the o	rganıza	tion tha	t are h	eld an	d administered f	or the	_	Yes No
		nrelated organizations				•					a(i)
b	If "Y∈	related organizations	ns listed as re				. ?				a(ii) 3b
4		ribe in Part XIII the intended uses of the		n's endo	wment f	unds					
Pa	rt VI	Land, Buildings, and Equipme Complete if the organization answ		on Fo	-m 000	Dort	T\ / .	no 112 - Coo E	orm 000 Do	e+ V lu	no 10
	Descr	iption of property (a) Cost or ot (investment)	her basis		t or other	•					(d) Book value
	Land		0			3,3!	58,559				3,358,559
		ngs	0				00,000		1,200,000		0
		nold improvements					-				
		nent									
	Other										
		lines 1a through 1e (Column (d) must e	qual Form 99	90, Part	X, colur	nn (B)	, line :	10(c))	>		3,358,559

,	Investments—Other Securities. Complete	f the organiza	ition ansv	vered "Yes" on Form	990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		ethod of valuation d-of-year market value
 (1) Financial (2) Closely-h (3)Other 	l derivatives				
(A)					
(B)					
(C)					
(D)					_
(E)					
(F)					
(G)					
(H)					
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 12)	ı	•		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' or	n Form 990,	Part IV, lı	ne 11c. See Form 99	90, Part X, line 13.
	(a) Description of investment	(b) Book		(c) Me	ethod of valuation d-of-year market value
(1)DIRECT F	INANCING LEASES	17	3,505,058	2032 01 011	C C
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					_
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 13)	. 17	3,505,058		
Part IX	Other Assets. Complete if the organization answer (a) Description		rm 990, Pa	rt IV, line 11d See For	m 990, Part X, line 15 (b) Book value
<u> </u>	M RELATED PARTIES	.,			1,144,359
	SUANCE COST SUANCE DISCOUNT				25,941,038 11,247
(4) WORK IN					10,462,015
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col (B) line 15)	n answored '\		em 000 Part IV line	▶ 37,558,659
Part X	Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	n answered i	res on Fo	orm 990, Part IV, line	e lie or lir.
1.	(a) Description of liability		(b) B	ook value	
(1) Federal II				0	
	DND INTEREST DND ISSUANCE PREMIUMS			2,219,185 10,315,996	
	ABLE - TAXABLE			16,440,000	
DUE TO RELA	ATED PARTY			1,034,347	
CONTRACT R	RETAINAGE PAYABLE			1,255,140	
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the tex	t of the footnot	e to the or	31,264,668	tatements that reports the
	's liability for uncertain tax positions under FIN 48 (AS				s been provided in Part XIII 🗹
					Schedule D (Form 990) 2017

Add lines 4s and 4h

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Subtract line **2e** from line **1**

Other (Describe in Part XIII)

Subtract line 2e from line 1

Add lines 2a through 2d . .

Other (Describe in Part XIII)

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b

.

Part XI

2

b

c d

е

3

4

3

Schedule D (Form 990) 2017

2e

3

2e

3

Page 4

35,908,659

35,908,659

13,576,243

13,576,243

Schedule D (Form 990) 2017

·	Add liftes 4d and 4D	40		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
Par	art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a			
b	Prior year adjustments			

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

4a

4b

2c

2d

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b b Add lines **4a** and **4b** 4c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 13.576.243 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Return Reference Explanation

Page 5	chedule D (Form 990) 2017					
	ormation (continued)	Part XIII Supplemental Info				
	Explanation	Return Reference				

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 52-1442293

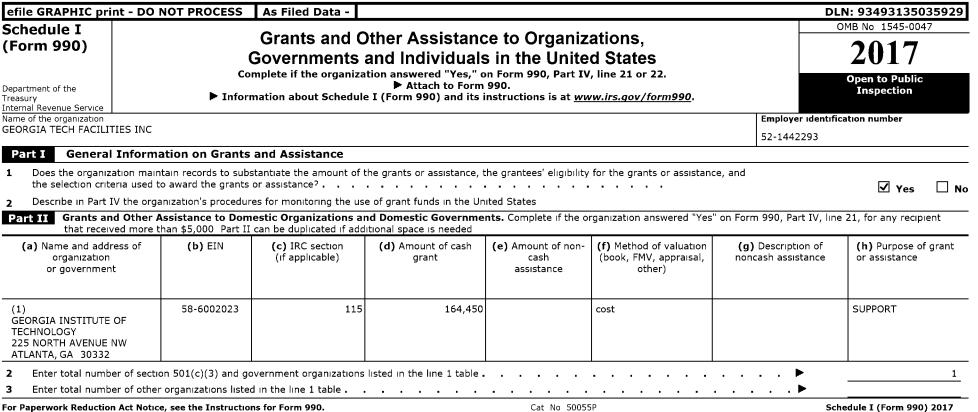
Name: GEORGIA TECH FACILITIES INC

Supplemental Information

Return Reference

	Explanation
--	-------------

The Organization has received a ruling from the Internal Revenue Service that it is exempt from Federal income tax under Section 501(a) as an organization described in Section 501(c)(3) of the Internal Revenue Code. The Organization annually evaluates all federal and st ate income tax positions. This process includes an analysis of whether these income tax positions the Organization takes meet the definition of an uncertain tax position under the Income Taxes Topic of the Financial Accounting Standards Codification. The Organization is no longer subject to tax examinations for tax years ending before June 30, 2015. During D ecember 2017, the President of the United States of America signed into law the Tax Cuts a nd Jobs Act. Under this Act, maximum corporate tax rates were reduced from a rate of 35% to a flat rate of 21%. There are other changes to the tax law that may affect the Organization, but the magnitude of such changes has not been determined. The Organization's tax lia bility for any potential unrelated business income tax should not be significant.



Schedule I (Form 990) 2017

PROCESS CONSISTS OF PERIODIC FINANCIAL AND OPERATIONAL REVIEW BY OFFICERS AND BOARD MEMBERS

of Grant Funds

efil	e GRAPHIC pr	int - DO NOT PROCESS As F	iled Dat	a -	DLN: 934	9313	35035	929
Sch	nedule J	Comp	ensat	ion Information	OM	IB No	1545-0	0047
(For	m 990)	For certain Officers, Di	irectors, T	rustees, Key Employees, and Hig	hest			
Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.								7
		•	▶ Attach	to Form 990.			17	
	tment of the Treasury al Revenue Service	► Information about S		(Form 990) and its instructions agov/form990.	is at •		to Pul ectio	
Nar	ne of the organiza				Employer identificat			
GEC	RGIA TECH FACILIT	IES INC			52-1442293			
Pa	rt I Questi	ons Regarding Compensation						
							Yes	No
1a		ppiate box(es) if the organization proving ection A, line 1a Complete Part III to						
	First-class	or charter travel		Housing allowance or residence for	personal use			
	_	companions	님	Payments for business use of perso				
		nification and gross-up payments	님	Health or social club dues or initiation				
	☐ Discretion	ary spending account		Personal services (e g , maid, chauf	reur, cher)			
b		kes in line 1a are checked, did the org ill of the expenses described above? If			nent or reimbursement	1b		
2		ation require substantiation prior to re			. 1-2	2		
	directors, truste	es, officers, including the CEO/Executi	ive Directo	r, regarding the items checked in line	e la?			
3		of any, of the following the filing organ			ne			
		EO/Executive Director Check all that d organization to establish compensat			n Part III			
		the second secon		Markey and a second as a second				
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations	H	Approval by the board or compensa	tion committee			
4		, did any person listed on Form 990, P	art VII So					
7	related organiza		ait vii, se	ction A, line 1a, with respect to the r	illing organization of a			
а	Receive a sever	ance payment or change-of-control pa	yment?			4a		No
b	Participate in, o	r receive payment from, a supplement	al nonqual	ıfıed retırement plan?		4b	Yes	
С	Participate in, o	r receive payment from, an equity-bas	sed comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and prov	ide the app	plicable amounts for each item in Part	: III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) orga	nizations	must complete lines 5-9				
5		ed on Form 990, Part VII, Section A, III		•				
	compensation c	ontingent on the revenues of						
а	The organization	٦٦				5a		No
b	Any related orga					5b		No
_	•	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A, li contingent on the net earnings of	ne 1a, did	the organization pay or accrue any				
a	The organization					6a		No
b	Any related orga					6b		No_
7	•	6a or 6b, describe in Part III	no 1 n - 4.4	the eventuation provide activities	al .			
7		ed on Form 990, Part VII, Section A, li escribed in lines 5 and 67 If "Yes," des			u	7		No
8		nts reported on Form 990, Part VII, pa nitial contract exception described in R			escribe	8		No
9	If "Yes" on line : 53 4958-6(c)?	3, did the organization also follow the	rebuttable	presumption procedure described in	Regulations section	9		140
Ear I	Danarwark Badı	ction Act Notice, see the Instructi	one for Ec	orm 990 Cat No 5	0053T Schedule 1	/Earn	- 000)	2017

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title	Ì	(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
Aısha Olıver-Staley Executive Director	(i)	0	0	0	0	0	0	0
	(ii)	147,182	0	0	23,910	16,910	188,002	0
2 James G Fortner Freasurer	(i)	0	0	0	0	0	0	0
	(ii)	229,746	0	0	36,731	21,597	288,074	0
3 Steven G Swant Director	(i)	0	0	0	0	0	0	0
	(ii)	364,498	0	495	139,948	22,699	527,640	0
Rafael L Bras Director	(i)	0	0	0	0	0	0	0
, 55501	(ii)	449,099	0	10,000	184,948	22,699	666,746	0
5 Deborah L Greene Former Officer	(i)	0	0	0	0	0	0	0
ormer Officel	(ii)	147,373	0	0	14,096	10,652	172,121	0
5 Jennifer Hubert Secretary	(i)	0	0	0	0	0	0	0
occi etai y	(ii)	152,463	0	0	24,769	21,907	199,139	0
7 Joseph P Irwin Director	(i)	0	0	0	0	0	0	0
S.I. CCCOI	(ii)	207,008	0	0	19,324	7,218	233,550	0
B Thomas James Pierce III Assistant Treasurer	(i)	0	0	0	0	0	0	0
,5515caric 11 cabulei	(ii)	156,473	0	0	25,668	23,510	205,651	0
	,							
	\vdash							
	\square							
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	Ш							
							Coh a dula	J (Form 990) 2017

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 Return Reference Explanation Rafael Bras, Provost and Executive Vice President for Academic Affairs of the Georgia Institute of Technology ("The Institute"), and a director of the Organization SCH J LINE 4B

Page **3**

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

and Steven G. Swant, Executive Vice President Administration and Finance of the Institute and a Director of the Organization, participated in a non-gualified supplemental retirement plan structured under IRS Section 415(m) Contributions to the plan in calendar year 2017 were funded by the Institute and are included

in amounts disclosed on Schedule J, Part II Column C "Retirement and Other Deferred Compensation"

efi	ile GRAPHIC prin	t - DO NOT	PROCESS As	Filed Data -										DLN: 9	3493	13503	5929
	hedule K orm 990)			 he organization ans	Information O wered "Yes" to Form , and any additional	990, Part I	V, line	24a. Prov		criptions,				2	No 154	7	
	artment of the Treasury		▶Informati	on about Schedule I	► Attach to Form 99® K (Form 990) and its		s is at v	vww.irs.g	ov/fori	n990.					en to P nspect		
Nam	e of the organization DRGIA TECH FACILITI	EC INC			•		_					Employ	er ident				
		L3 INC										52-144	12293				
Pa	art I Bond Iss		T	T	T								1		_		
	(a) Issuer nar	me	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(1)	escription	on of purpose	e	(g) De	feased	(h) beha ISSI	lf of		Pool ncing
												Yes	No	Yes	No	Yes	No
Α	DEVELOPMENT AUTI FULTON COUNTY	HORITY OF	58-1506878	999999999	04-01-2008	17,1	.70,000	REFUNDEI BUILD	D 1997E	BONDS FOR	RIBB		X		Х		X
В	DEVELOPMENT AUTI FULTON COUNTY	HORITY OF	58-1506878	359900UA3	07-31-2007	25,3	886,385	defeasanc	lefeasance escrow for north ave			Х		Х		Х	
С	DEVELOPMENT AUTI FULTON COUNTY	HORITY OF	58-1506878	359900ZF7	08-13-2009	16,2	299,275	refunded :		orth ave			Х		Х		Х
D	DEVELOPMENT AUTI FULTON COUNTY	HORITY OF	58-1506878	359900YP6	08-13-2009	68,6	93,197	refunded :	2008a a	nd 2008B bo	onds		Х		Х		Х
Pa	rt II Proceeds																
							A		Е			С				D	
1						8,057,000			0			13,705,	13,705,000 7,5			560,000	
							0 0				0 0						
3							17,186	186,682 27,099,433			16,299,275			68,693,197			
<u>4</u> 5								0		0				0			
6										0				0			
-							135,274 501,583		211,04			044			396,386		
8								0 174,307						0	0		
9								0 0						0	J 0		
10	Capital expenditure	es from proce	eds					0		0				0			0
11	Other spent procee	eds				17,034,726 24,710,494					16,088,231 67,7				796,811		
12								0		2				1			1
13	Year of substantial	completion .				19	99		2008			2008			2008		
						Yes	No	·	es	No		es	No		Yes		No
14				ng issue?		X				X		×			Х		
15				ding issue?			X		×				X				X
16						Х			X		:	×			Х		
17				d records to support the		×			X		;	×			Χ		
Pa	rt IIII Private B	usiness Us	е														
						Yes	A No		es	No	v	es C	No		Yes	D	No No
1	Was the organizati	on a partner i	in a partnership, or	a member of an LLC,	which owned property	res	X		c 5	X	, T	cs	X		res		X
2	Are there any lease	e arrangemen		n private business use			Х			Х			Х				X
For				ctions for Form 990	-	Ca	t No 50	1193F					Sc	hedule	K (Fo	rm 990)) 2017

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C

Part IV

Arbitrage

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

No rebate due?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

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Yes

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Schedule K (Form 990) 2017

Page 2

	bond-financed property?					L
ь	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	Х				
С	Are there any research agreements that may result in private business use of bond-financed property?	Х		×	X	×

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No

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Yes

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SCHEDULE K, PAGE 1, BOND A December 11, 1997 1997B financed the Institute for Bioengineering and Bioscience building on campus The

Schedule K (Form 990) 2017

period?

Part V

Part VI

Return Reference

Arbitrage (Continued)

requirements of section 148? . . .

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

		Yes	No	Yes	No	
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X	
b	Name of provider	0		0		0

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Issue date of 2008 Bonds is April 1, 2008 2008 bonds refunded 1997B Bonds Issue date of 1997B bonds is

difference between issue price and total proceeds of \$16,682 44 is interest earnings earned on U.S. T-Bill

Explanation

Yes

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Yes

Yes

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No

No

Yes

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Page 3

No

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Yes

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Yes

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No

Return Reference	Explanation
SCHEDULE K, PAGE 1, BOND B	The difference between issue price and total proceeds equals \$1,711,233 15 for interest earnings on Escrow Fund and \$1,747 16 for interest earnings on Cost of Issuance Fund Schedule K, Page 1, Bond C Issue date of 2009B-2 Bonds is August 13, 2009 2009B-2 bonds refunded 2008D bonds 2008D bonds refunded 2007C bonds Issue date of 2007C bonds is August 9, 2007 2007C financed educational facilities for Georgia State University Schedule K, Page 1, Bond D Date of issue 2009A and 2009B is August 13, 2009 2009A refunded 2008A bonds and 2009B refunded 2008B bonds 2008A refunded 2005A - Date of issue of 2005A is November 15, 2005 and financed certain costs of an electrical substation 2008B Bonds refunded 2007B - date of issue on 2007B is August 9, 2007 and financed certain costs of the North Avenue Apartments SCHEDULE K, PAGE 2, BOND A The 2010A bonds financed the construction of the Carbon Neutral Energy Solutions Lab, the North Avenue Dining facilities, and improvements to the GATV 14th ST facility. The difference between issue price and total proceeds of \$28,240.78 is investment income.

Return Reference	Explanation
SCHEDULE K, PAGE 2, BOND B	Issue date of 2010B bonds is June 23, 2010 These bonds refunded the 2008C bonds. For those 2008C bonds, the issue date was April 23, 2008 2008C refunded 1997A Bonds - issue date of 1997A Bonds is December 11, 1997 1997A Bonds refunded 1992A and 1992B Bonds - issue date February 20, 1992 and financed construction and/or purchase of the Wardlaw, Habersham, Success Center facilities

Return Reference	Explanation
schedule K, page 2, bond c	DATE OF ISSUE OF 2010C BONDS IS August 26, 2010 and financed renovation and improvement for the Academy of Medicine. The difference between issue price and total proceeds of \$5,800.79 is investment income schedule K, page 2 bond D date of issue of 2013 bonds is September 11, 2013. These bonds refunded the 2003 bonds. For those 2003 bonds, the issue date was August 21, 2003 and financed construction of the family housing complex. The difference between issue price and total proceeds of \$477.00 is investment income schedule k, page 3 bond A date of issue of 2014 bonds is May 01, 2014. These bonds refunded the 2004 bonds. For those 2004 bonds, the issue date was June 29, 2004 and financed construction of the molecular science facility.

efi	le GRAPHIC print	- DO NOT	PROCESS As	Filed Data -										DLN: 9	3493	13503	5929
	hedule K orm 990)			ne organization ans	Information of twered "Yes" to Form s, and any additional	990, Part I	[V, line	24a. Pro		scriptions,				2	No 154	7	
	artment of the Treasury		▶Informatio	on about Schedule I	► Attach to Form 990 K (Form 990) and its		s is at <u>v</u>	vww.irs.	.gov/for	<u>m990</u> .					en to P nspect		
Nam	e of the organization RGIA TECH FACILITIE	S INC									E	Employ	er ident	ification	numbe	r	
											5	52-144	2293				
Pa	(a) Issuer nam		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f)	Descripti	on of purpose	• (g) Def	feased	(h) beha	lf of		Pool ncing
											 	Yes	No	rssi Yes	No	Yes	No
A	DEVELOPMENT AUTH FULTON COUNTY	ORITY OF	58-1506878	359900G27	06-23-2010	28,0	041,103	const of	cnes, na	a-dınıng, 14th	n st		Х		Х		Х
В	DEVELOPMENT AUTH FULTON COUNTY	ORITY OF	58-1506878	359900J40	06-23-2010	10,5	539,841	REFUND	ED 2008	C BONDS			Х		Х		Х
С	DEVELOPMENT AUTH	HORITY OF	58-1506878	99999999	08-26-2010	5,4	100,000	Ren & ı	mprov fo	or acad of me	ed		Х		Х		X
D	DEVELOPMENT AUTH	ORITY OF	58-1506878	3599004P9	09-11-2013	62,3	311,058	REFUND	ED 2003	BONDS			Х		Х		Х
Pa	rt II Proceeds																<u> </u>
							A		E	3		С				D	
1							7,140	,000		3,980,000			1,377,	620		10,7	780,000
		<u> </u>						0		0				0			0
3							28,069	` 		10,539,858			5,405,	801		62,3	311,535
<u>4</u> 5							007	0 7 1 7 6		0			220	727			0
- 6							99/	7,176		0			230,	333			
-							555	5,539		189,841			102,	000			517,808
8								0		0			102,	0			0
9							127	7,459		0			42,	229			0
10	Capital expenditure	s from proce	eds				25,651	,804		0			5,000,	000			0
11	Other spent procee	ds						0		10,350,000				0		61,6	593,250
12								3		0				0			1
13	Year of substantial	completion .				20	012		19	94		201	2			2006	
						Yes	No		Yes	No	Yes	5	No		Yes		No
14				g issue?			X		Х				Х	\perp	Х		
15		·		ding issue?			X			Х			X				X
16		· ·				X			Х		Х				Х		
17	proceeds?		<u> </u>	records to support t		X			X		Х				Х		
Pa	rt IIII Private Bu	isiness Us	e				A	Т		3		С		<u> </u>		D	
						Yes	A No	,	Yes	No No	Yes		No	+	Yes		No
1	financed by tax-exe	empt bonds?	<u> </u>	<u></u>			Х			Х			Х				X
2		arrangemen	ts that may result i	n private business use			×			х			X				X
For				tions for Form 990		Са	t No 50)193F					Sc	hedule	K (Fo	rm 990)) 2017

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Part IV

Arbitrage

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Schedule K (Form 990) 2017

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Yes

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Yes

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Page 2

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nongualified bonds of

counsel to review any research agreements relating to the financed property?

organization, or a state or local government

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

property?.........

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

No rebate due?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Schedule K (Form 990) 2017

Return Reference

SCHEDULE K, PAGE 2(1),

PART IV. LINE 2C

period?

Part V

Part VI

Arbitrage (Continued)

the GIC satisfied?

requirements of section 148? . . .

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

part iv. line 2c Bond A 10/30/2014

Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		×	
Name of provider	0		0		0

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Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Explanation Bond A 02/14/2014 Bond B 02/14/2014 Bond C 04/27/2010 Bond D 04/27/2010 schedule K, page 2(2), part IV,

line 2c Bond A 06/06/2014 Bond B 08/18/2011 Bond C 02/14/2014 Bond D 03/17/2014 schedule K, page 2(3),

Nο

Yes

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Yes

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Page 3

No

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efile GRAPHIC print - DO	NOT PROCESS A	As Filed Data -									DLN: 9	34931	L3503	5929
Schedule K	9	unnlemental	Information o	n Tay ₋ F	vem	nt R	onds				ОМВ	No 154	5-0047	
(Form 990)		the organization ans	swered "Yes" to Form s, and any additional i	990, Part 1	[V, line :	24a. Pı		scriptions,			2	201	7	
Department of the Treasury Internal Revenue Service	▶Informa	tion about Schedule	► Attach to Form 990 K (Form 990) and its		s is at и	vww.ir:	s.gov/for	m990.				en to Pu		
Name of the organization									Emplo	yer iden		n numbe		
GEORGIA TECH FACILITIES INC									52-14	42293				
Part I Bond Issues														
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f	f) Descripti	on of purpose	(g) De	efeased	beha	On alf of uer		Pool ncing
									Yes	No	Yes	No	Yes	No
A DEVELOPMENT AUTHORITY FULTON COUNTY	OF 58-1506878	3599005N3	05-01-2014	60,2	258,250	REFUN	IDED 2004	BONDS		X		X		X
B DEVELOPMENT AUTHORITY FULTON COUNTY	OF 58-1506878	36005FBH7	03-28-2018	36,8	385,065	Constr	uction of D	alney Parkıng		Х		Х		Х
Part II Proceeds									I					
					A		E	3	C				D	
1 Amount of bonds retired .					4,095	,000		0						
2 Amount of bonds legally of						0		0						
3 Total proceeds of issue .					60,258	,250		37,018,309						
4 Gross proceeds in reserve						0		0						
5 Capitalized interest from p						0		0						
6 Proceeds in refunding esc						0		0						
7 Issuance costs from proce					196	,650		627,714						
8 Credit enhancement from						0		0						
Working capital expenditure						0		0						
10 Capital expenditures from						0		3,460,931						
Other spent proceeds .					60,061	,600		0						
Other unspent proceeds .						1		32,929,664						
13 Year of substantial comple	euon		• •		007		20		V	- N-			ı	NI -
14 Were the bonds issued as	nort of a current refund	ding issue?		Yes	No	<u>'</u>	Yes	No	Yes	No		Yes		No
	<u> </u>			Х				Х						
15 Were the bonds issued as	<u> </u>				X			Х						
16 Has the final allocation of				X				Х						
Does the organization ma	ıntaın adequate books a	nd records to support t	the final allocation of	X			X							
proceeds?		<u> </u>												
					Α		E	<u> </u>	C				D	
				Yes	No		Yes	No	Yes	No		Yes	Ĺ	No
Was the organization a pa financed by tax-exempt b	onds?				×			Х						
2 Are there any lease arrangementy?	gements that may result	t in private business us · · · · ·	e of bond-financed		X			Х						
For Panerwork Reduction Act			<u> </u>	Ca	t No. 50	1193F				S	hedul	e K (For	m 990	1) 2017

9

C

Part IV

Arbitrage

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

			A		В	'	C	L)
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		×		×				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		×		×				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		•		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								

5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government				
6	Total of lines 4 and 5				
7	Does the bond issue meet the private security or payment test?	Х	Х		
8a	Has there been a sale or disposition of any of the bond-financed property to a				ĺ

5	unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.				
6	Total of lines 4 and 5				
7	Does the bond issue meet the private security or payment test?	Х	Х		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.	Х	x		

No

Χ

Χ

Χ

Α

Yes

Χ

Χ

Χ

Χ

Χ

Yes

Χ

В

Χ

No

Χ

Χ

Χ

Χ

Χ

Х

Yes

C

No

Yes

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No

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

requirements of section 148? . . .

Schedule K (Form 990) 2017

period?

Part V

No

No

D

Yes

Schedule K (Form 990) 2017

Yes

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Yes

Yes

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Nο

No

Χ

Х

Yes

Yes

No

No

Yes

No

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135035929 OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990 or 990-Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. EZ) ▶ Attach to Form 990 or 990-EZ. Open to Public ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Department of the Treasury Inspection www.irs.gov/form990. Name of the organization **Employer identification number** GEORGIA TECH FACILITIES INC 52-1442293 990 Schedule O, Supplemental Information Explanation Return Reference PART VI #7 THE PRESIDENT OF THE GEORGIA INSTITUTE OF TECHNOLOGY APPOINTS THE BOARD OF GEORGIA TECH FA CILITIES, INC. PART VI #11 AN OFFICER OF THE ORGANIZATION EMAILS A DRAFT OF THE FORM 990 T O THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING WITH THE IRS IF THE REVIEW RESU LTS IN ANY CHANGES, THE REVISED FORM 990 IS DISTRIBUTED TO THE BOARD PRIOR TO FILING Part VI #12c THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO EACH MEMBER OF THE BOAR D OF DIRECTORS AND TO ALL OFFICERS OF THE ORGANIZATION THE ORGANIZATION HAS NO EMPLOYEES BUT THE CONFLICT OF INTEREST POLICY IS INTENDED TO SERVE AS GUIDANCE FOR ALL PERSONS EMPLO YED BY THE GEORGIA INSTITUTE OF TECHNOLOGY IN POSITIONS OF SIGNIFICANT RESPONSIBILITY FOR THE ACTIVITIES OF THE ORGANIZATION THE CONFLICT OF INTEREST POLICY REQUIRES EACH DIRECTOR AND OFFICER ANNUALLY (1) TO REVIEW THE POLICY AND (2) TO DISCLOSE ANY POSSIBLE PERSONAL. FAMILIAL, OR BUSINESS RELATIONSHIPS THAT REASONABLY COULD GIVE RISE TO A CONFLICT OF INTER EST INVOLVING THE ORGANIZATION OR THE GEORGIA INSTITUTE OF TECHNOLOGY, AND (3) TO ACKNOWLE DGE BY HIS OR HER SIGNATURE THAT HE OR SHE IS IN ACCORDANCE WITH THE LETTER AND SPIRIT OF THE POLICY DISCLOSURE FORMS ARE DISTRIBUTED AND COLLECTED BY THE EXECUTIVE DIRECTOR OF TH E ORGANIZATION WHO PROVIDES ANY POSITIVE RESPONSES TO THE AUDIT COMMITTEE OR THE BOARD OF DIRECTORS IN EXECUTIVE SESSION AS APPROPRIATE DIRECTORS AND OFFICERS ARE REQUESTED TO DIS CLOSE SUBSTANTIVE RELATIONSHIPS THAT THEY OR MEMBERS OF THEIR FAMILY MAINTAIN WITH ORGANIZ ATIONS THAT DO BUSINESS WITH THE ORGANIZATION. THE GEORGIA INSTITUTE OF TECHNOLOGY. OR ANY RELATED OR AFFILIATED ORGANIZATION, OR WHICH OTHERWISE COULD BE CONSTRUED TO POTENTIALLY AFFECT THEIR INDEPENDENT, UNBIASED JUDGMENT IN LIGHT OF THEIR DECISION-MAKING AUTHORITY OR RESPONSIBILITY DIRECTORS OR OFFICERS WHO HAVE DECLARED OR HAVE BEEN FOUND TO HAVE A CONF LICT OF INTEREST REFRAIN FROM CONSIDERATION OF PROPOSED TRANSACTIONS UNLESS FOR SPECIAL RE ASONS THE BOARD REQUESTS INFORMATION OR INTERPRETATION PERSONS WITH THE CONFLICTS DO NOT VOTE, PARTICIPATE IN DISCUSSION, OR BE PRESENT AT THE TIME OF THE VOTE. ANY PROPOSED TRANS ACTION IN WHICH A CONFLICT OF INTEREST HAS BEEN DECLARED OR FOUND TO EXIST MUST BE APPROVE D BY A MAJORITY OF THE DISINTERESTED MEMBERS OF THE BOARD OR THE APPROPRIATE COMMITTEE OF THE BOARD AFTER DISCLOSURE OF THE CONFLICT OF INTEREST. THE CONFLICT OF INTEREST POLICY PR ECLUDES THE CORPORATION FROM ENTERING INTO ANY DESIGN OR CONSTRUCTION CONTRACT OR AGREEMEN T WHERE A DIRECTOR OR OFFICER, OR AN ORGANIZATION WITH WHICH A DIRECTOR OR OFFICER HAS A B USINESS RELATIONSHIP, IS IN A DIRECT CONTRACTUAL RELATIONSHIP WITH THE CORPORATION

Return Explanation

990 Schedule O, Supplemental Information

PART VI #19 GTFI'S ARTICLES OF INCORPORATION, BYLAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON REQUEST GTFI'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE LEGAL AFFAIRS AND RISK M ANAGEMENT PAGE OF THE GEORGIA INSTITUTE OF TECHNOLOGY'S WEBSITE

Return Explanation

990 Schedule O, Supplemental Information

REGENTS

ı	Reference	
1	PART VI,	THE ORGANIZATION HAS NO FULL-TIME EMPLOYEES KEY PERSONNEL IN SUPPORT OF THE ORGANIZATION
ı	#15	ARE GEORGIA TECH EMPLOYEES AND ARE SUBJECT TO THE COMPENSATION GUIDELINES OF THE BOARD OF

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -										DLN: 93493	135035	929
SCHEDULE R (Form 990)	> (Related C	_	swered "Yes	s" on Form	990, Part		-		37.		20	1545-004 17	17
Department of the Treasury Internal Revenue Service	•	· Information about S	chedule l	► Attach to R (Form 990)			s is at <u>www</u>	ı.irs.gov/i	form99	<u>o</u> .		Open t		c
Name of the organization GEORGIA TECH FACILITIES INC									Emp	loyer identif	ication	n number		
-1 .:0: .:					1 1154	–	000 5 :			442293				
Part I Identification	of Disregarded E	ntities Complete If t	ne organ	ization answ	erea "Yes	on Form	990, Part	IV, line 3	3.					
Name, address, and	(a) EIN (if applicable) of disr	egarded entity		(b) Primary a			c) nicile (state n country)	(d) Total inc	come	(e) End-of-year as	ssets	(1 Direct co ent	ntrolling	
Part II Identification of related tax-exer	of Related Tax-Ex		s Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I	/, line 34 be	cause	it had one or	more	
See Additional Data Table		<u> </u>	ı	(h)	1 ,	->	1 (4)	, I		(-)	I	(6)	1 /-	
Name, address, an	(a) d EIN of related organizati	on	Prim	(b) ary activity	Legal dom	c) nicile (state n country)	Exempt Cod			(e) harity status on 501(c)(3))	Dii	(f) rect controlling entity	Section (13) coi enti	512(b) ntrolled ty?
													Yes	No
For Paperwork Reduction Ac	t Notice, see the Ins	structions for Form 99	₹O.		Ca	t No 5013	35Y				Sch	edule R (Form	990) 20	17

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		Disprop alloca	tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or Figing ((k) Percent owners
								Yes	No		Yes	No	
												\perp	
												\top	
												+	
												\perp	
Identification of Related Organizates because it had one or more related o						ation answ	vered "Yes	" on Fo	orm 99	90, Part IV,	line .	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	L	(c) egal micile or foreign	Direct	(d) controlling Type entity (C co	(e) e of entity rp, S corp, r trust)	(f) Share of total Income		(g) of end-o year assets	of- Percei owne	ntage	[(13	(ı) tion 5) cont entity
												l v	es
		со	untry)									<u>_</u>	
		Со	untry)										
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		со	untry)									<u>+</u>	
		со	untry)										
		со	untry)									 - - -	
		со	untry)									 - - -	

(1)GEORGIA INSTITUTE OF TECHNOLOGY

(2)GEORGIA INSTITUTE OF TECHNOLOGY

(3)GEORGIA INSTITUTE OF TECHNOLOGY

(4)GEORGIA INSTITUTE OF TECHNOLOGY

Reimbursement paid by related organization(s) for expenses .

(a) Name of related organization

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Juring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity. Gift, grant, or capital contribution to related organization(s). Gift, grant, or capital contribution from related organization(s). Loans or loan guarantees to or for related organization(s). Loans or loan guarantees by related organization(s). Dividends from related organization(s). Sale of assets to related organization(s). Exchange of assets with related organization(s).		Pa	age 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		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Г		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1 a	3	No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	. 10	Yes	
		d Yes	
e Loans or loan guarantees by related organization(s)	16	2	No
f Dividends from related organization(s)	11	f	No
g Sale of assets to related organization(s)	19	<u>,</u>	No
	11	1	No
i Exchange of assets with related organization(s)	11	i T	No
j Lease of facilities, equipment, or other assets to related organization(s)	1	j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	114	-	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	\vdash	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1r	m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	11	n	No
	<u> </u>	+	+

		1 /	i '	1	
f	Dividends from related organization(s)	1 f		No	
g	Sale of assets to related organization(s)	1 g		No	
h	Purchase of assets from related organization(s)	1h		No	
i	Exchange of assets with related organization(s)	1 i		No	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No	
l Performance of services or membership or fundraising solicitations for related organization(s)					
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes		

o Sharing of paid employees with related organization(s) No Reimbursement paid to related organization(s) for expenses . . . |1p | Yes

(b)

Transaction

type (a-s)

m

q

(c)

Amount involved

23,013,106

69,335

2,275,744

164,450

COST

COST

COST

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

1q Yes

1r

Schedule R (Form 990) 2017

(d)

Method of determining amount involved

1s Yes

No

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) d, organizations?		nt Are all partners section 501(c)(3) organizations?		all partners Share of		(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
													_		
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017		

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017 Software ID:

Software Version:

EIN: 52-1442293

Name: GEORGIA TECH FACILITIES INC

Form 990, Schedule R, Part II - Identification of Related 1		ons					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
	Edu&Research	GA	115	6	N/A		No
225 NORTH AVENUE NW ATLANTA, GA 30332 58-6002023							
	Spon RESEARCH	GA	501(C)(3)	12C	georgia tech		No
505 tenth street ATLANTA, GA 30318 58-0603146							
	ECON DEVELOP	GA	501(C)(3)	12A	georgia tech		No
225 NORTH AVENUE NW ATLANTA, GA 30332 58-2538285							
	COM SERVICES	GA	501(C)(3)	7	georgia tech		No
225 NORTH AVENUE NW ATLANTA, GA 30332 30-0240711							
	ATHLETICS	GA	501(C)(3)	7	georgia tech		No
150 BOBBY DODD WAY NW ATLANTA, GA 30332 58-0622514							
	CHILD CARE CT	GA	501(C)(3)	12A	georgia tech		No
225 NORTH AVENUE NW ATLANTA, GA 30332 58-2644893							
	Spon RESEARCH	GA	501(C)(3)	12C	GEORGIA TECH		No
505 tenth street ATLANTA, GA 30318 58-2374837							
	EDUC SUPPORT	GA	501(C)(3)	12A	georgia tech		No
225 north avenue nw ATLANTA, GA 30332 27-1070747							
	MED DEVICE	GA	501(c)(3)	7	georgia tech		No
575 14TH STREET NW atlanta, GA 30318 26-4723391							
	GLOBAL SUPPOR	PM	501(c)(3)	N/A	GT GLOBAL	Yes	
MOSSFON BLDG 2ND FL EAST 54 ST PANAMA CITY PM							
	Edu & Researc	CS	501(c)(3)	N/A	GEORGIA TECH		No
SAN PEDRO MONTES DE OCA SAN JOSE CS							
	1	1	1				