DLN: 93493192008470

OMB No. 1545-0047

2018

Return of Organization Exempt From Income Tax

Department of the Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

 \blacktriangleright Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

Open to Public Inspection

A Fo	or the	e 2019 c	alendar year, or tax year beginning 07-01-2018 $$, and ending 06-30	0-2019				
		pplicable:	C Name of organization		D Employ	yer iden	tification number	
		change	GEORGIA TECH FACILITIES INC		52-144	12293		
□ Nai		-	% KELLY MACARTHUR Doing business as			12293		
☐ Init			Doing business as					
		n/terminated I return	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	ite	E Telepho	ne numb	er	
		on pending	225 NORTH AVENUÈ LYMAN HALL		(404)	385-833	37	
			City or town, state or province, country, and ZIP or foreign postal code					
			ATLANTA, GA 303320257		G Gross r	eceipts \$	15,798,388	
			F Name and address of principal officer:	H(a) Is	this a group re	eturn fo	<u> </u>	
			Aisha Oliver-Staley		ubordinates?	ccarri ro	□Yes ☑ No	
			225 NORTH AVE NW ATLANTA, GA 30332	H(b) A	re all subordina	ites	☐ Yes ☐No	
[Tax	k-exer	npt status:			cluded?	11. 1 /		
			✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		"No," attach a roup exemption	•	•	
J W	ebsit	e:▶ WW	/W.GTFI.GATECH.EDU	11(0) G	roup exemption	1 Humbe		
7 -				L Year of f	formation: 1985	M Stat	te of legal domicile: GA	
€ Forn	n of oi	ganization	✓ Corporation ☐ Trust ☐ Association ☐ Other ►				y	
Pa	ırt I	Sum	mary					
			scribe the organization's mission or most significant activities:					
			OTE AND SUPPORT THE GEORGIA institute of technology via erecting suitab	le building	gs and other fa	cilities a	s needed to achieve	
Ce	<u> </u>	ne goals	of the institute.					
ja j	-							
leil	-							
Activities & Governance	2	Check thi	s box $ ightharpoonup$ if the organization discontinued its operations or disposed of m	ore than i	25% of its net	assets.		
ر ×و	3	Number o	of voting members of the governing body (Part VI, line 1a)			3	7	
တ်	4	Number o	of independent voting members of the governing body (Part VI, line 1b) $$.			4	. 5	
Ě	5	Total nun	nber of individuals employed in calendar year 2018 (Part V, line 2a)			5	5 0	
5	6	Total nun	nber of volunteers (estimate if necessary)			6		
ď.	7a	Total unr	elated business revenue from Part VIII, column (C), line 12			7	a (
	Ь	Net unrel	ated business taxable income from Form 990-T, line 34			7	b 0	
			·		Prior Year		Current Year	
	8	Contribut	ions and grants (Part VIII, line 1h)		23,146	.940	571,66	
Rəvenue	l		service revenue (Part VIII, line 2g)			12,515,938 14,625,		
Ϋ́	l	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)					
æ	l					,576	600,85	
	l		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			,205	15 700 200	
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		35,908		15,798,38	
	l		nd similar amounts paid (Part IX, column (A), lines 1–3).... paid to or for members (Part IX, column (A), line 4).......		164	,450	1,931,06	
	l		0					
æ	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)			0	(
Expenses	16 a	Professio	nal fundraising fees (Part IX, column (A), line 11e)			0	(
d x	Ь	Total fundr	raising expenses (Part IX, column (D), line 25) ▶0					
ŭ)	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,411	,793	12,851,00		
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,576	,243	14,782,06	
	19	Revenue	less expenses. Subtract line 18 from line 12		22,332	,416	1,016,32	
e Q				Begin	ning of Current	Year	End of Year	
Net Assets or Fund Balances								
SS Ba	20	Total ass	ets (Part X, line 16)		294,331	,729	447,415,43	
3 2	21	Total liab	ilities (Part X, line 26)		301,050	,100	407,031,569	
ΖŢ	22	Net asset	s or fund balances. Subtract line 21 from line 20		-6,718	,371	40,383,866	
	rt II		ature Block					
			erjury, I declare that I have examined this return, including accompanying f, it is true, correct, and complete. Declaration of preparer (other than offic					
any ki			1, it is true, correct, and complete. Declaration of preparer (other than one	.ei) is basi	ed on an inion	iation 0	willen preparer has	
		T.k						
		*****	re of officer		2020-07-15 Date			
Sign		Signati	are or officer		Date			
Here	:		S J PIERCE III TREASURER					
		Туре о	r print name and title					
		Р		ate 020-07- 1 5	Check if	PTIN P917393	249	
Paic	t			020 0/-13	self-employed	1 21/393		
Preparer Firm's name ► SMITH & HOWARD PC Firm's								
Use Only Firm's address ▶ 271 17TH STREET NW SUITE 1600						ne no. (404) 874-6244		
		· '			110. (404)	5,4 024		
			ATLANTA, GA 30363		l			
∕lay t	he IR	S discuss	this return with the preparer shown above? (see instructions) $\ . \ . \ .$. ⊻	Yes 🗆 No	

orm	990 (2018)					Page
Pa	till Statement of P	rogram Servic	e Accomplis	hments		
	Check if Schedule (O contains a respo	nse or note to a	any line in this Part III .		🗹
	Briefly describe the organi					
NSTE THE	RUMENTALITY OF THE BOAF	RD OF REGENTS (PPROPRIATE TO 1	OF THE STATE U THE NEEDS AND	NIVERSITY SYSTEM OF GOALS OF THE INSTITUTE.	PORT THE GEORGIA INSTITUTE C GEORGIA AND TO ERECT SUCH S JTE. GEORGIA TECH FACILITIES, UTE OF TECHNOLOGY.	UITABLE BUILDINGS AND
	Did the organization under	rtake any significa	nt program ser	vices during the year wh	nich were not listed on	
	the prior Form 990 or 990	-EZ?				🗌 Yes 🗹 No
	If "Yes," describe these ne	w services on Sch	iedule O.			
	Did the organization cease	conducting, or m	ake significant	changes in how it condu	cts, any program	
	services?					☐ Yes ☑ No
ı	Describe the organization's	s program service .(c)(4) organizatio	accomplishmer	to report the amount of	argest program services, as meas f grants and allocations to others,	
a	(Code: See Additional Data) (Expenses \$	14,509,142	including grants of \$	1,931,061) (Revenue \$	14,625,876)
b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
_						
d	Other program services (E (Expenses \$		ıle O.) uding grants of	\$) (Revenue \$)
e	Total program service e	expenses >	14.509.1	42		

Par	Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 2	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22		22		No
			orm 99	0 (2018)

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Par	Checklist of Required Schedules (continued)	1	V -	NI -
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes Yes	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	• ;		
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 15		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	<u> </u>

13b

13c

14a

14b

15

No

Nο

Form 990 (2018)

Enter the amount of reserves the organization is required to maintain by the states in

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to	lines
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7		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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	2		No	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	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:			ı
	The governing body?	8a	Yes	
	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	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Coae	Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	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		
- Se	ection C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶			
	GA GA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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			
		F	orm 99	n (2018)

 \checkmark

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

Director 39.0	Check this box if neither the organization nor	arry related of	ganizat	ion c	omp	ens	ated a	ny c	urrent officer, direc	ctor, or trustee.	
Comparison below dotted Comparison below		Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a						Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
California Servicine X		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			related
X	` ′		Х						О	262,314	73,707
33 Activation 34 36 36 36 36 36 36 36			Х						0	260,815	33,119
According to the state of the	```		x						0	463,626	208,597
Solution			X						0	207,003	26,705
1.0	```		Х						0	0	0
1.0	```		Х						0	0	0
(8) Jeni Bogdan 1.0	` ′	1.0	Х						0	0	0
X		1.0	Х						0	0	0
X	```		Х						0	0	0
X 0 184,760 59,367					x				0	190,378	55,262
X 0 67,585 27,768 Assistant Treasurer 36.0 X 0 160,632 56,181 Treasurer 36.0 X 0 18,919 10,426					x				0	184,760	59,367
X 0 160,632 56,181					x				0	67,585	27,768
X 0 18,919 10,426					X				0	160,632	56,181
(15) Deborah L Greene 0.0 X 0 147,363 25,015	`	4.0			х				0	18,919	10,426
		0.0						х	0	147,363	25,015

Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other

week (list is both an office any hours director/true for related								from the organization (W-	from related organizations (W-	compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b Sub-Total c Total from continuation sheets to Pa						*				

1175 PEACHTREE STREET NE STE 2400

ATLANTA, GA 303613500

101 Marietta St NW Ste 2600 ATLANTA, GA 30303 Lusk Company,

95661 treasury center drive CHICAGO, IL 60694 Working Buildings Inc,

ATLANTA, GA 30309

1230 Peachtree Street NE 300 Prome

compensation from the organization ▶ 7

The Epsten Group,

2350 Justin Trail ALPHARETTA, GA 30004 Jones Lang LaSalle Americas Inc,

c.	Total from continuation sheets to Part VII, Section A ▶			
d.	Total (add lines 1b and 1c)	95		576,14
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 12 receive or accrue compensation from any unrelated organization or individual for	<u> </u>	103	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		
Se	ection B. Independent Contractors			
l	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of con	npensa	tion	

1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the c		sation
	(A) Name and business address	(B) Description of services	(C) Compensation
LORD	AECK SARGENT ARCHITECTURE,	ARCHITECTS	401,762

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

325,585

275,233

220,507

147,965

Form 990 (2018)

Commission Services

general contracting

Engineering Consult.

Investment Mgt

		(2018)							Page 9
Part	VIII	Statement of Revenu Check if Schedule O contain		onse or note to any	line in this Part	VIII			
		Greek if Schedule 9 contain	113 4 16350	anse of flote to diff	(A) Total revenue	Re e fr	(B) elated or exempt unction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	12	Federated campaigns	1a			<u> </u>	evenue		512 - 514
nts Ints		Membership dues	1b	<u> </u>					
Gra nou		Fundraising events	1c						
IS, (Related organizations	1d	571,661					
13. 13.		Government grants (contributions)		<u> </u>					
ns,	1	All other contributions, gifts, grant	-	<u> </u>					
er S		and similar amounts not included above	1f						
Contributions, Gifts, Grants and Other Similar Amounts	ġ	Noncash contributions include in lines 1a - 1f:\$	ed						
<u>ة ك</u>	_	h Total. Add lines 1a-1f		•	571,66	1			
<u>a</u>				Business	Code	594,896	504	000	
Ne M		MANAGEMENT FEES			561000			,896	
á l	_	REIMBURSEMENT OF PROGRAM EXP	PENSES		561000	524,505			
vice	C	RENTAL INCOME			531190	13,506,475	13,506	,4/5	
35	d								
am	е								+
Program Service Revenue	f	All other program service rever	nue.	14.4	525 976		<u> </u>		
•	g	Total. Add lines 2a-2f		>	525,876				
		Investment income (including di imilar amounts)		interest, and other	600	,851			600,851
		Income from investment of tax-		ond proceeds		0			
		Royalties				0			
		(i) F	Real	(ii) Personal					
	6a	Gross rents							
	b	Less: rental expenses							
	c	Rental income or (loss)	0	•	0				
	d	Net rental income or (loss) .			_	0			
		(i) Sec		(ii) Other					
	7a	Gross amount from sales of assets other than inventory							
	b	Less: cost or other basis and							
		sales expenses Gain or (loss)			_	0			
		Net gain or (loss) Gross income from fundraising		<u> </u>					
Other Revenue		(not including \$ contributions reported on line 1 See Part IV, line 18	of lc).	0					
Re	b	Less: direct expenses	. b	0]				
Jer.		Net income or (loss) from fund		ents 🕨	7	0			
5	9a	Gross income from gaming acti See Part IV, line 19	ivities.						
			а	0					
		Less: direct expenses		0					
		Net income or (loss) from gam	ing activit	ies •	7	0			
	IU	Gross sales of inventory, less returns and allowances	_	0					
	b	Less: cost of goods sold	a b	_					
	c	Net income or (loss) from sales	s of invent			0			
	11	Miscellaneous Revenue		Business Code	_				
		a							
	b	,							
			_						
	C								
	اب	All other revenue							
		Total. Add lines 11a-11d .	· 	•					
		Total revenue. See Instruction	ns			0			
		. Star Foreitadi Dee Ilisti uctio		•	15,798	3,388	14,625,876		600,851

Pant	Statement of Functional Expenses	
C	E04()(3) E04()(4) : !! ! ! ! !	All II I I I I I I I I I I I I I I I I I

orr	m 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other orga	nizations must comp	lete column (A).	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,931,061	1,931,061		
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			
	Fees for services (non-employees):				
ā	a Management	0			
ı	b Legal	95,845		95,845	
•	c Accounting	65,600		65,600	
	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 0)	0			
12	Advertising and promotion	0			
	Office expenses	12,723		12,723	
14	Information technology	0			
	Royalties	0			
16	Occupancy	193,750	193,750		
	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	9,551,309	9,551,309		
21	Payments to affiliates	0			
	Depreciation, depletion, and amortization	2,281,132	2,281,132		
	Insurance	516,117	495,959	20,158	
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 REIMBURSED ADMIN COSTS-GA TECH	78,598		78,598	
	b TRUSTEE FEES	25,657	25,657		
	c Broker fees/rating agency fee	20,774	20,774		
	d BOARD OF REGENTS (BOR) FEES	9,500	9,500		
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	14,782,066	14,509,142	272,924	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form **990** (2018)

orm 9	90 ((2018)					Page 1:
Part 2	Χ	Balance Sheet					
		Check if Schedule O contains a response or no	te to any line in thi	s Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			0	1	C
:	2	Savings and temporary cash investments .		[68,393,408	2	141,623,822
:	3	Pledges and grants receivable, net			6,614,807	3	6,041,028
.	4	Accounts receivable, net		📙	0	4	2,750
	5	Loans and other receivables from current and f trustees, key employees, and highest compens Part II of Schedule L	ated employees. Co	omplete	0	5	0
		Loans and other receivables from other disqual section 4958(f)(1)), persons described in sectic contributing employers and sponsoring organiz voluntary employees' beneficiary organizations Part II of Schedule L	0	6	0		
Sel	7	Notes and loans receivable, net		<u> </u>	1,157,555	7	589,720
انت	8	Inventories for sale or use		-	0 740 000	8	0 550 407
	9	Prepaid expenses and deferred charges		<u> </u>	3,743,683	9	3,552,197
10	0a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,558,559			
	b	Less: accumulated depreciation	10b	1,200,000	3,358,559	10 c	3,358,559
1:	1	Investments—publicly traded securities .			0	11	0
1:	2	Investments—other securities. See Part IV, line	11		0	12	0
13	3	Investments—program-related. See Part IV, line	e 11		173,505,058	13	212,354,248
14	4	Intangible assets		[0	14	0
1!	5	Other assets. See Part IV, line 11		[37,558,659	15	79,893,111
10	6	Total assets. Add lines 1 through 15 (must equ	ual line 34)		294,331,729	16	447,415,435
17	7	Accounts payable and accrued expenses .			3,516,721	17	5,697,444
18	8	Grants payable			0	18	0
19	9	Deferred revenue			2,823,331	19	9,598,917
20	0	Tax-exempt bond liabilities			263,445,380	20	345,593,000
21 ري	1	Escrow or custodial account liability. Complete	Part IV of Schedule	D	0	21	0
abilities	2	Loans and other payables to current and forme key employees, highest compensated employee		, trustees,			
쓅		nersons Complete Part II of Schedule I			0	22	l

23

24

26

27 28

29

30

31

32

33 34

Net Assets or Fund Balances

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

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 .

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

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

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

0

0

31,264,668

301.050.100

-34.299.801

27,581,430

-6,718,371

294,331,729

23

24

25

26

27

28

30

31 32

33

34

0 29 0

0

46,142,208

407.031.569

30.691.020

9,692,846

40,383,866

447,415,435

Form **990** (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3h Form 990 (2018)

3a

No

Additional Data

Software ID:

Software Version:

Name: GEORGIA TECH FACILITIES INC.

EIN: 52-1442293

Form 990 (2018)

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.

efil	e GR	APHIC pri	<u> 1t - DO NO</u>	OT PROCESS	As Filed Data -				3493192008470
SCI	HED	ULE A		Public C	harity Status	and Dub	lic Sunna	ort	OMB No. 1545-0047
	m 99		Cor	mplete if the org	ganization is a secti 4947(a)(1) nonexei	on 501(c)(3) o npt charitable	rganization or trust.		2018
•		f the Treasury		▶ Go to <u>v</u>	Attach to Form 9 www.irs.gov/Form9				Open to Public Inspection
Nam:	e of tl	nue Service he organiza CH FACILITIES						Employer identifica	
JEOR	JIA IE							52-1442293	
	rt I				s (All organizations it is: (For lines 1 throu			ee instructions.	
ne o	rganiz		•		ociation of churches d		. ,	(A)/i)	
2		•		,)(A)(ii). (Attach Sch			Α)(ι).	
_						`	, ,	::>	
3		·	·	·	ce organization descri				
4		name, city,	and state:		d in conjunction with a				<u>.</u>
5		(b)(1)(A)	(iv). (Compl	lete Part II.)	of a college or univers		, -		ped in section 170
6		•	·		governmental unit des				
7	Ш	section 17	0(b)(1)(A)	(vi). (Complete I				nit or from the genera	il public described in
8			•		170(b)(1)(A)(vi). (,	•		
9					scribed in 170(b)(1)(e instructions. Enter t				ege or university or a
10		from activit investment	ies related t income and	o its éxempt func	(1) more than 331/3% tions—subject to certa ss taxable income (les nplete Part III.)	ain exceptions, a	nd (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ition organiz	zed and operated	exclusively to test for	public safety. Se	e section 509((a)(4).	
12	✓	more public	ly supported	d organizations de	exclusively for the be escribed in section 50 he type of supporting	09(a)(1) or se c	tion <mark>509(a)(2</mark>)	. See section 509(a	
а	✓	organizatio	n(s) the pow		ted, supervised, or co opoint or elect a major				
b		manageme	nt of the sup		rvised or controlled in ion vested in the sam nd C.				
C					ipporting organization				ed with, its
d		functionally	integrated.	The organization	 A supporting organiz generally must satisfer IV, Sections A and 	y a distribution r	and the second second second		. '.',
e		Check this	oox if the or	ganization receive	ed a written determina	ation from the IR	S that it is a Typ	oe I, Type II, Type III	functionally
f	Enter			,	ntegrated supporting	-		1	
g				-	pported organization(s				
		lame of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A) GEOR	GIA IN	ISTITUTE OF TE	CHNOLOGY	586002023	6	Yes		14,782,066	0
Tota			1					14,782,066	
		work Reduc	tion Act No	tice, see the Ins	structions for	Cat. No. 11285	S	schedule A (Form 99	

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	Section A. Public Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(4) 2017	(B) 2013	(6) 2010	(4) 2017	(0) 2010	(1) Total
1	Gifts, grants, contributions, and						
	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 The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4.						
9	ection B. Total Support						1
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c)2016	(d)2017	(e) 2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
٠	dividends, payments received on	1					
	securities loans, rents, royalties and	1					
	income from similar sources	1					
9	Net income from unrelated business						
-	activities, whether or not the	1					
	business is regularly carried on	1					
10	Other income. Do not include gain or						
	loss from the sale of capital assets	1					
	(Explain in Part VI.)						
11	Total support. Add lines 7 through						
	10					<u> </u>	
12	Gross receipts from related activities, e	tc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	the organization	's first, second, th	ird, fourth, or fifth	tax vear as a sec	tion 501(c)(3) or	anization.
	check this box and stop here	_		, ,	,	` ' ' ' '	,
	check this box and stop here	C D					
	ection C. Computation of Public						
	Public support percentage for 2018 (line					14	
15	Public support percentage for 2017 Sch	edule A, Part II, l	ine 14			15	
16a	33 1/3% support test—2018. If the	organization did r	not check the box	on line 13, and lin	e 14 is 33 1/3% oı	more, check this	box
	and stop here. The organization qualif						
b	33 1/3% support test—2017. If the						ck this
17a	box and stop here. The organization of 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets t	–2018. If the org meets the "facts	ganization did not -and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b box and stop he	, and line 14 •re. Explain	▶⊔
b	organization	: —2017. If the or	acts-and-circumst	ances" test, check	this box and sto	p here.	▶□

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 IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 490 2
	(Complete only if you cl					to qualify und	ler Part II. If
	the organization fails to	qualify under t	the tests listed l	pelow, please co	mplete Part II.)		
Se	ection A. Public Support						_
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
J	from line 6.)						
Se	ection B. Total Support				•		•
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975. Add lines 10a and 10b.						
С 11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First five years. If the Form 990 is for	_			,		
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2018 (lin		•	, , ,		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr						·
17	Investment income percentage for 201	. 8 (line 10c, colur	nn (f) divided by	line 13, column (f))	17	
18	Investment income percentage from 20					18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□
20	Private foundation. If the organization						►□

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

Schedule A (Form 990 or 990-EZ) 2018

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

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

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

10a

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

Page 4

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

No

No

No

No

No

No

No

No

	cotion At Air Supporting Significations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1	Yes	

_	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	in section 509(a)(1) or (2).	2		No

	describe the designation. It instants and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	in section 509(a)(1) or (2).	2		No
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below.	3a		No
h	Did the organization confirm that each supported organization qualified under section 501(c)(4) (5) or (6) and satisfied			

	1		
	in section 509(a)(1) or (2).	2	No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below.	3a	No
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below.	4a		No
			$\overline{}$	

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below.	4a	No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

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

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

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

scn.	edule A (Form 990 or 990-EZ) 2018		F	Page 5
Pa	Int IV 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
С	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.	11 c		No
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit		103	
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		No
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations		<u> </u>	
_	// 11 3 3		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		
S	ection 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 instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru-	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.	20		
	 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.	3b		

instructions)

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
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		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrat	ed Type III supporting or	ganization (see

c Remainder. Subtract lines 4a and 4b from 4.

5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2018. 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 2019. Add lines 3j and 4c.

8 Breakdown of line 7: a Excess from 2014. **b** Excess from 2015. c Excess from 2016.

Additional Data

Software ID: Software Version:

EIN: 52-1442293

Name: GEORGIA TECH FACILITIES INC

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

(Form 990)

2

As Filed Data -

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. ► Attach to Form 990.

OMB No. 1545-0047

DLN: 93493192008470

Open to Public Inspection

Department of the Treasury ► Go to <u>www.irs.gov/Form990</u> for the latest information. Internal Revenue Service

lame of the organization	Employer identification number
EORGIA TECH FACILITIES INC	52-1442293
Organizations Maintaining Donor Advised Funds or Other Similar Fund Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	ls or Accounts.
(a) Donor advised funds	(b)Funds and other accounts
Total number at end of year	
Aggregate value of contributions to (during year)	
Aggregate value of grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the assets held in dono	r 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 charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpoprivate benefit?	ose conferring impermissible
art II Conservation Easements. Complete if the organization answered "Yes" on F	
Purpose(s) of conservation easements held by the organization (check all that apply).	, , , , , , , , , , , , , , , , , , , ,
	f an historically important land area
	f a certified historic structure
	r a certified historic structure
☐ Preservation of open space	
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the easement on the last day of the tax year.	e form of a conservation Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	. 2b
Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
Number of conservation easements modified, transferred, released, extinguished, or terminated tax year ▶	by the organization during the
Number of states where property subject to conservation easement is located >	
Does the organization have a written policy regarding the periodic monitoring, inspection, handl and enforcement of the conservation easements it holds?	ing of violations, Yes No
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcin	ng conservation easements during the year
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 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 e balance sheet, and include, if applicable, the text of the footnote to the organization's financial sthe organization's accounting for conservation easements.	xpense statement, and
Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Other Similar Assets.
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or research provide, in Part XIII, the text of the footnote to its financial statements that describes these iter	in furtherance of public service,
If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statistical treasures, or other similar assets held for public exhibition, education, or research in 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 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶\$
b Assets included in Form 990, Part X	
r Panerwork Peduction Act Notice can the Instructions for Form 990	

Part	100	Organizations Ma	aintaining Col	lections of A	Art, Histor	ical T	reasu	ires, o	r Other	Similar As	ssets (cor	ntinued)	
3		the organization's acq (check all that apply):		n, and other re	cords, check	any of	the fo	llowing t	that are a	significant (use of its co	ollection	
а		Public exhibition			d		Loan	or exch	ange prog	grams			
b		Scholarly research			e		Other	r					
c		Preservation for future	e generations										
4		e a description of the	_	lections and ex	plain how th	ney furt	her the	e organiz	zation's e	xempt purpo	se in		
5	During	g the year, did the organics to be sold to raise fur									☐ Yes		lo
Part	IV	Escrow and Cust Complete if the ord X, line 21.			n Form 99	0, Part	: IV, li	ne 9, o	r reporte	ed an amou	unt on For	m 990,	Part
1a	Is the include	organization an agent ed on Form 990, Part 3	, trustee, custodi X?	an or other inte	ermediary fo	r contri	ibution:	s or oth	er assets	not 	☐ Yes		lo
b	If "Ye	s," explain the arrange	ement in Part XIII	and complete	the following	n tahle:				Δ	mount		_
c		ning balance		·		_			1c		····ouric		_
d	_	ons during the year .							1d				_
е		outions during the year							1e				_
f		palance							1f				_
.	•									Lilia. o	п.,		_
2a 		e organization include								·	_	⊔ n	10
		s," explain the arrange			•								
Par	τν	Endowment Fund	as. Complete if	(a)Current ye		Prior yea				(d)Three year		•)Four yea	re book
la P	Beainni	ng of year balance .		(a) Current ye	edi (D)	PITOL Yea	11	(C) TWO y	ears Dack	(d)Three yea	ars back (e	rour yea	IIS DACK
	-	utions											
		estment earnings, gair	ns and losses										
		or scholarships	·										
		xpenditures for facilities											
		grams											
f A	dminis	strative expenses .											
g E	nd of	year balance											
2	Provid	e the estimated perce	ntage of the curre	ent year end ba	alance (line 1	lg, colu	ımn (a))) held a	ıs:				
а	Board	designated or quasi-e	ndowment >	,	,	•							
b		nent endowment >											
c	Tempo	 orarily restricted endov											
Ī		ercentages on lines 2a	***************************************	Id equal 100%									
3a	Are th	ere endowment funds	not in the posses	sion of the org	anization tha	at are h	eld and	d admin	istered fo	r the			
	-	zation by:										Yes	No
	• •	related organizations					• •				3a(i	-	<u> </u>
h		lated organizations .s" on 3a(ii), are the rel			uired on Sch	edula D					3a(ii	וי	
ь 4		be in Part XIII the inte	-								[30		<u> </u>
Part		Land, Buildings,			C.IGOWINGIL	. 41143.							
		Complete if the org			n Form 99	0, Part	: IV, li	ne 11a	. See Fo	rm 990, Pa	rt X, line	10.	
	Descrip	otion of property	(a) Cost or oth (investme) Cost or othe	er basis (other)	(c) Acc	cumulated o	depreciation	(d)	Book valu	ie
1a ∟	and .					3,3	58,559						3,358,559
	Building						00,000			1,200,000			. (
		old improvements				,-	•			, ,			
		ent											
u .	.40.PIII												

Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

Part VII	Investments—Other Securities. Complete in See Form 990, Part X, line 12.	f the organiza	ition answ	vered "Yes" on Form 9	90, Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value		od of valuation: of-year market value
	l derivatives				
(2) Closely-(3)Other	held equity interests	· · · ·			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Related.				
	Complete if the organization answered 'Yes' o (a) Description of investment	on Form 990, I (b) Book			, Part X, line 13.
					of-year market value
(1)DIRECT (2)	FINANCING LEASES	21	2,354,248		С
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		2,354,248		
Part IX	Other Assets. Complete if the organization answe (a) Description		rm 990, Pa	rt IV, line 11d. See Form	990, Part X, line 15. (b) Book value
(1) DUE FRO	DM RELATED PARTIES				2,438,161
	SSUANCE COST SSUANCE DISCOUNT				21,486,083
	N PROGRESS				55,964,912
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				79,893,111
Part X	Other Liabilities. Complete if the organizatio	n answered 'Y	es' on Fo		
1.	See Form 990, Part X, line 25. (a) Description of liability		(b) B	ook value	
	income taxes		(-,-	0	
ACCRUED B	OND INTEREST			2,135,052	
ACCRUED B	OND ISSUANCE PREMIUMS			23,231,395	
	ABLE - TAXABLE			15,770,000	
(5)	RETAINAGE PAYABLE			5,005,761	
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 25.)	<u> </u>		46,142,208	
	or uncertain tax positions. In Part XIII, provide the tex				
organization	's liability for uncertain tax positions under FIN 48 (AS	oc /40). Check	nere if the	text of the footnote has b	peen provided in Part XIII 🔽

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2c c d Other (Describe in Part XIII.) 2d е 2e 15,798,388

Page 4

15,798,388

14,782,066

14,782,066

14.782.066

Schedule D (Form 990) 2018

3

Subtract line **2e** from line **1** 3 3 4 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 . 4a 4b b

Add lines **4a** and **4b** 4c C 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part 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.

Total expenses and losses per audited financial statements 1 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . . . 2a 2b Prior year adjustments

Schedule D (Form 990) 2018

Part XI

3 4

2c C d

2d Other (Describe in Part XIII.) Add lines 2a through 2d . 2e

Subtract line 2e from line 1 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

Add lines **4a** and **4b**

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information

b 4c 5 5

Part XIII

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 See Additional Data Table

Page 5		chedule D (Form 990) 2018		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation			

Schedule D (Form 990) 2018

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, 2016.

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Note: To capture the full	content of this de	ocument, please se	lect landscape mode	e (11" x 8.5") whe	en printing.		1 -		
Schedule I		Grants and C	ther Assistand	e to Organiz	ations		<u>c</u>	MB No. 1545-00	47
(Form 990)		Governments	_	•		2018			
		น			2010				
Department of the Treasury Internal Revenue Service		Open to Public Inspection							
Name of the organization							Employer identific	ation number	
GEORGIA TECH FACILITIES INC							52-1442293		
Part I General Inform	nation on Grants	and Assistance							
the selection criteria used Describe in Part IV the organization	to award the grants ganization's procedur	or assistance? es for monitoring the use	e of grant funds in the Un	ited States.		·		☑ Yes	□ No
		estic Organizations ar can be duplicated if add		nts. Complete if the o	rganization answered "Yes	" on Form	990, Part IV, line	21, for any recip	ient
(a) Name and address of organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(g) Description of noncash assistance (h) Pu		f grant
(1) GEORGIA INSTITUTE OF TECHNOLOGY 225 NORTH AVENUE NW ATLANTA, GA 30332	58-6002023	115	1,931,061		cost			SUPPORT	
2 Enter total number of sec	tion 501(c)(3) and go	overnment organizations	listed in the line 1 table .				•		1
3 Enter total number of other	er organizations listed	d in the line 1 table					•		
For Paperwork Reduction Act Noti	ice, see the Instruction	ns for Form 990.		Cat. No. 5005	5P		Sch	edule I (Form 990) 2018

(6)

(7)

Explanation

Return Reference

GRANTS RESULT FROM A DELIBERATIVE PLANNING PROCESS INVOLVING THE OFFICERS AND BOARD MEMBERS OF THE ORGANIZATION. MONITORING OF THE Procedure for Monitoring and Use of Grant Funds PROCESS CONSISTS OF PERIODIC FINANCIAL AND OPERATIONAL REVIEW BY OFFICERS AND BOARD MEMBERS.

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	:a -		DLN: 934	9319	2008	470
Schedule J		С	ompensat	ion Informatio	n	OM	IB No.	1545-0	0047
(Fori	m 990)	For certain Office	2018						
			► Attacl	n to Form 990.				o Pul	
-	tment of the Treasury al Revenue Service	Go to www.iis.g	<i>00/ </i>	mistructions and the i	iatest information.			ectio	
	me of the organiz ORGIA TECH FACILIT				Emplo	yer identificat	ion nu	ımber	
- OLC	MOIA TECHT ACIEIT	ILS INC			52-144	2293			
Pa	rt I Questi	ons Regarding Compens	ation						
1 a		opiate box(es) if the organization ection A, line 1a. Complete Par						Yes	No
	☐ First-class	s or charter travel		Housing allowance or r	esidence for persona	l use			
	Travel for	companions		Payments for business	use of personal resid	dence			
	Tax idem	nification and gross-up paymen	ts 🔲	Health or social club du					
	☐ Discretion	nary spending account	Ш	Personal services (e.g.,	, maid, chauffeur, ch	ef)			
b		xes in line 1a are checked, did all of the expenses described ab				reimbursement	1b		
2		ation require substantiation pric					2		
	directors, truste	ees, officers, including the CEO/	Executive Directo	or, regarding the items cr	necked in line la?.				
3	organization's C	if any, of the following the filing EO/Executive Director. Check a ed organization to establish com	all that apply. Do	not check any boxes for	methods	II.			
	☐ Compens	ation committee		Written employment co	ontract				
	☐ Independ	ent compensation consultant		Compensation survey of	or study				
	☐ Form 990	of other organizations		Approval by the board	or compensation cor	nmittee			
4	During the year related organiza	, did any person listed on Form ation:	990, Part VII, Se	ection A, line 1a, with res	spect to the filing org	anization or a			
а	Receive a sever	ance payment or change-of-co	ntrol payment? .				4a		No
b	Participate in, o	r receive payment from, a supp	olemental nonqua	lified retirement plan? .			4b	Yes	
c		r receive payment from, an equ of lines 4a-c, list the persons ar					4c		No
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29) organizations	must complete lines	5-0				
5	For persons liste	ed on Form 990, Part VII, Section on the contingent on the revenues of:	on A, line 1a, did						
а	The organization	n?					5a		No
b	Any related org	anization?					5b		No
6	For persons liste	ed on Form 990, Part VII, Secti ontingent on the net earnings o		the organization pay or	accrue any				
а	The organization	n?					6a		No
b	=	anization?					6b		No
	· ·	6a or 6b, describe in Part III.							
7		ed on Form 990, Part VII, Secti escribed in lines 5 and 6? If "Ye					7		No
8	subject to the ir	nts reported on Form 990, Part nitial contract exception describ	ed in Regulations	section 53.4958-4(a)(3))? If "Yes," describe		8		No
9		8, did the organization also foll					9		140
For F	Panerwork Redi	uction Act Notice, see the In	structions for Fo	orm 990.	Cat. No. 50053T	Schedule J	(Form	990)	2018

Part II

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 Aisha Oliver-Staley (i) Executive Director 190,378 (ii) 37,996 17,266 245,640 2 James G Fortner (i) Director 262,314 22,273 51,434 336,021 (ii) 3 Steven G Swant (i) Director (Through 07/2018) 260,815 19,409 13,710 293,934 (ii) 4 Rafael L Bras (i) Director 453,626 10,000 185,410 23,187 672,223 (ii) 5 Deborah L Greene (i) Former Officer 147,363 14,096 10,919 172,378 (ii) 6 Jennifer Hubert (i) Secretary 184,760 36,833 22,534 244,127 (ii) 7 Joseph P Irwin (i) Director (through 02/2019) 207,003 19,324 7,381 233,708 (ii) 8 Thomas James Pierce III (i) Treasurer 160,632 31,998 24,183 216,813 (ii)

Schedule J (Form 990) 2018	Page 3									
Part III Supplemental Information										
Provide the information, explanation, or	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 ("Institute") participated in a non-qualified supplemental retirement plan structured under IRS Section 415(m). Contributions to the plan in calendar year 2018, if any, were funded by the Institute and are included in amounts disclosed on Schedule J, Part II Column C: "Retirement and Other Deferred Compensation."									

I (Form 990) 2018

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047 2018

DLN: 93493192008470

Schedule K

(Form 990)

Department of the Treasury Internal Revenue Service ▶ Attach to Form 99 For to www.irs.qov/Form990 for						r the latest information.								Open to Public Inspection mployer identification number					
	ne of the organization ORGIA TECH FACILITIES INC											•	tificatio	n numbe	er				
											52-144	42293							
Pa	Bond Issues	(L) T FIN	(-) CHCID #	(4) 5-6-1	(-) [(6) D		:		(-) D-	e	(1-)	0	(:)	DI			
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(1) U	escript	ion of purpose	e	(g) De	reased	(h) On behalf of issuer		(i) Pool financing				
											Yes	No	Yes	No	Yes	No			
Α	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	999999999	04-01-2008	17,	170,000	REFUNDEI BUILD	D 1997	B BONDS FOR	RIBB		Х		Х		X			
В	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900UA3	07-31-2007	25,	386,385	defeasanc	e escro	w for north a	ve		Х		Х		Х			
С	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900ZF7	08-13-2009	16,	299,275	1	refunded 2008D north ave apartment				Х		Х		Х			
D	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900YP6	08-13-2009	68,	693,197	refunded 2008a and 2008B bonds			nds		Х		Х		Х			
Pa	Proceeds																		
_	American of house and making d					A B				С			D						
1	Amount of bonds retired					9,047	·					13,870,	,000	10,985,000					
	Amount of bonds legally defease						0 0						0	0					
3	Total proceeds of issue					17,186,682 27,099,479					16,299,		, ,						
4	Gross proceeds in reserve funds						0 0						0			0			
5 6	Capitalized interest from proceed						0 0									0			
7	Proceeds in refunding escrows . Issuance costs from proceeds .					125	9			211.04			044			0			
8	Credit enhancement from proces					135	5,274 501,583			,				+					
9	Working capital expenditures fro						0 174,307												
10	Capital expenditures from proce						0 0			,				-					
11	Other spent proceeds			· · ·		17,034	0 0			16,088,231				0 0					
12	Other unspent proceeds					17,034	0		24,710,494 116	, ,			,231 67,796,811 0 102						
13	Year of substantial completion .				1	999		20	008				2008		102				
					Yes	No	. •	es ZC	No.	Ye	2008 es No			Yes		No			
	Were the bonds issued as part o	f a current refunding	issue?		X	1 .,,	<u> </u>		X					X					
15	Were the bonds issued as part o					X		X	-			X		-					
16	<u>'</u>	roceeds been made?		X			X		>	(+	X						
17	Does the organization maintain proceeds?	adequate books and i	records to support th	ne final allocation of	Х			X			<			Х					
Pa	art III Private Business Us		-				<u> </u>				ı								
	_					A		l	В		C			D					
١.			, , , ,		Yes	No	Y	'es	No	Ye	es	No		Yes		No			
1	Was the organization a partner i	n a partnership, or a	member of an LLC,	which owned property		1 x			x			X				Χ			

Are there any lease arrangements that may result in private business use of bond-financed

financed by tax-exempt bonds? . . .

Χ

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

hedge with respect to the bond issue?

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

Schedule K (Form 990) 2018

b

C

d

6

8a

Part IV

b

C

Arbitrage

Yes

Χ

Yes

Χ

Χ

Schedule K (Form 990) 2018

D

Page 2

No

Χ

Χ

Χ

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No

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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)

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 nongualified bonds of

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

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Yes

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No

Explanation

Issue date of 2008 Bonds is April 1, 2008. 2008 bonds refunded 1997B Bonds. Issue date of 1997B bonds is December 11, 1997. 1997B financed the Institute for

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

Yes

No

Yes

Χ

Page 3

Χ

Nο

D

Nο

Yes

eds invested in a guaranteed investment contract

X

X

0

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

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

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?

Schedule K (Form 990) 2018

(GIC)?

period?

Part V

Part VI

Arbitrage (Continued)

requirements of section 148? . . .

Return Reference

SCHEDULE K, PAGE 1, BOND A

Return Reference	Explanation
SCHEDULE K, PAGE 1, BOND B	The difference between issue price and total proceeds equals \$1,711,233 for interest earnings on Escrow Fund and \$1,861 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. The difference between issue price and total proceeds of \$101 is investment income. 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 \$28,254 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. The difference between issue price and total proceeds of \$23 is investment income.

Return Reference	Explanation
schedule K, page 2, bond c	Date of Issue of 2019 Bonds is April 17, 2019 and financed renovation and improvement for the Campus Center. the difference between issue price and total proceeds of \$477,314 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 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. schedule k, page 3 bond B The difference between issue price and total proceeds equals \$585,713 for interest earned on cost of issuance fund.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Supplemental Information on Tax-Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

OMB No. 1545-0047 2018

DLN: 93493192008470

Open to Public

▶ Attach to Form 990.

Department of the Treasury

Schedule K

(Form 990)

	nal Revenue Service		▶Go to <u>www.</u>	<u>irs.gov/Form990</u> for	the latest	informat	tion.						Inspect		
	e of the organization DRGIA TECH FACILITIES INC									1 '	oyer iden	tificatio	n numbe	r	
										52-1	442293				
P	Pri I Bond Issues	(I-) I 5751	(-) CHOTE "	(4) 5-4	(-) T			6 D- 111			\-£ !	71.3	\ O:-	<i>(</i> ''\	D!
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	(1	ד) Descripti	on of purpose	(g) [efeased	beh.	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900G27	06-23-2010	28,	041,103	const	of cnes, na	a-dining, 14th	st	Х		Х		Х
В	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900J40	06-23-2010	10,	539,841	REFUN	NDED 2008	C BONDS		Х		Х		Х
С	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	36005FCT0	04-17-2019	112,	197,476	Campu	us Center			Х		Х		Х
D	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	3599004P9	09-11-2013	62,	311,058	REFUN	NDED 2003	BONDS		Х		Х		Х
P	rt II Proceeds	,	ı							<u> </u>					
						A		I	3		С			D	
1	Amount of bonds retired					8,260	,000		4,550,000			0		13,8	350,000
2	Amount of bonds legally defease						0		0			0			0
3	Total proceeds of issue					28,069	,344		10,539,864		112,974	,790		62,3	311,535
4	Gross proceeds in reserve funds						0		0			0			0
5	Capitalized interest from procee	ds				996	,576		0		733,	,990			0
6	Proceeds in refunding escrows.						0		0			0			0
7	Issuance costs from proceeds .					555	,539		189,841		1,274	,997		(517,808
8	Credit enhancement from proces						0		0			0			0
9	Working capital expenditures fro					127	,459		0			0			0
10	Capital expenditures from proce					26,312	,138		0		262	,038			0
11	Other spent proceeds						0		10,350,000			0		61,6	593,250
12	Other unspent proceeds						13		0		110,965	,803			0
13	Year of substantial completion .				20	012		19	94					2006	
					Yes	No		Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part o	of a current refunding	issue?			Х		Χ			Х		Х		
15	Were the bonds issued as part o	of an advance refundi	ng issue?			Х			Х		Х				Χ
16	Has the final allocation of procee	eds been made?			Х			Х			Х		Х		
17	Does the organization maintain proceeds?	<u> </u>			Х			Х		Х			Х		
P	rt III Private Business Us	е				_									
					Yes	A No		Yes	No No	Yes	C No		Yes	D	No
1	Was the organization a partner i	in a partnership, or a	member of an LLC,	which owned property	163			163		162			165		
				' ' '		l x	ı		l x l		1 X	- 1		- 1	Χ

Are there any lease arrangements that may result in private business use of bond-financed

financed by tax-exempt bonds? . . .

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

Exception to rebate?

hedge with respect to the bond issue?

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

Term of hedge 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

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)

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 nongualified bonds of

Schedule K (Form 990) 2018

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b

C

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8a

Part IV

b

C

Arbitrage

Yes

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Yes

Χ

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Schedule K (Form 990) 2018

D

Page 2

No

Χ

Χ

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No

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Are there any management or service contracts that may result in private business use of 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?

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

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

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Yes

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Yes

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No

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:

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Χ

Yes

No

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Yes

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Nο

D

Nο

Yes

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Page 3

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Χ

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

08/18/2011 Bond C: 03/17/2014 schedule K, page 2(3), part iv, line 2c Bond A: 10/30/2014

Schedule K (Form 990) 2018

(GIC)?

period?

Part V

Part VI

LINE 2C

Arbitrage (Continued)

requirements of section 148? . . .

Return Reference

SCHEDULE K, PAGE 2(1), PART IV.

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

DLN: 93493192008470 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** GEORGIA TECH FACILITIES INC 52-1442293 Part I **Bond Issues** (g) Defeased (i) Pool (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (h) On behalf of financing issuer Yes No Yes No Yes No 60,258,250 REFUNDED 2004 BONDS Χ Х Χ DEVELOPMENT AUTHORITY OF 58-1506878 3599005N3 05-01-2014 **FULTON COUNTY** DEVELOPMENT AUTHORITY OF 58-1506878 36005FBH7 03-28-2018 36,885,065 Construction of Dalney Parking Χ Χ **FULTON COUNTY** Part ${f II}$ Proceeds В C 5,240,000 0 2 60,258,250 37,470,778 5 1,377,221 6 7 196,650 627,714 8 9 10 29,091,436 11 60,061,600 12 6,375,455 13 2007 2019 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ Х 14 Were the bonds issued as part of an advance refunding issue? Χ Χ 15 Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of Χ Χ Part 🏻 **Private Business Use** В Δ C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Х Are there any lease arrangements that may result in private business use of bond-financed Χ Cat. No. 50193E Schedule K (Form 990) 2018 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Part IV

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Arbitrage

Page **2**

D

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Schedule K (Form 990) 2018

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Yes

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

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

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

Penalty in Lieu of Arbitrage Rebate?

If "No" to line 1. did the following apply?

Exception to rebate?

hedge with respect to the bond issue?

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

Were gross proceeds invested in a guaranteed investment contract

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

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

Page 3

No

103	110	163	140	5
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Schedule K (Form 990) 2018

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Yes

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No

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

Yes

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GEORGIA TECH FÃ	CILITIES		on		52-1442293	rication number
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PART VI #7	CILITIE O THE LTS IN VI #12c D OF E BUT TH YED B' THE A' AND O FAMILI EST IN DGE B THE PO E ORG DIREC CLOSE ATION RELAT AFFEC RESPC LICT O ASONS VOTE, ACTIO THE BO ECLUE T WHE	ES, INC. PART VI #11 AN OI BOARD OF DIRECTORS F ANY CHANGES, THE REVET THE ORGANIZATION'S COURECTORS AND TO ALL OF THE GEORGIA INSTITUT CTIVITIES OF THE ORGANIZATION'S RELATION OF THE ORGANIZATION OR OFFICE OR OFFICE OR OFFICE OR OFFICE OR OFFICE ORGANIZATION OR OFFICE ORGANIZATION OR OFFICE OR OFFICE ORGANIZATION OR ORGANIZATION OR OFFICE ORGANIZATION OR OFFICE ORGANIZATION OR OFFICE ORGANIZATION OR ORGANIZATION OR OFFICE ORGANIZATION OR OFFICE ORGANIZATION OR ORGANIZATION OR ORGANIZATION OR ORGANIZATION OR ORGANIZATION ORGANIZ	FICER OF THE ORGOR THEIR REVIEW POSED FORM 990 IS DONFLICT OF INTERESTED POLICY IS INTERESTED FOR THE OF IT POLICY IS INTENDED OF THE ORGONSHIPS THAT REASTION OR THE GEORGE THAT HE OR SHE IS ANY POSITIVE RESS ANY POSITIVE RESSION AS APPROPRIADISTION, OR WHICH INDIASED JUDGMEN OF OFFICERS WHO HOM CONSIDERATION OR INTERESTED MEMBER OFFICERS THAS INTERESTED MEMBER OF THE CONFLICT ON ENTERESTED MEMBER OF THE CONFLICT ON ENTERENT ON ORGANI	CHNOLOGY APPOINTS THE BINANIZATION EMAILS A DRAFT RIOR TO FILING WITH THE IRESTRIBUTED TO THE BOARD FOR POLICY APPLIES TO EACH REALIZATION. THE ORGANIZATION THE ORGANIZATION THE ORGANIZATION OF SIGNIFICAN LICT OF INTEREST POLICY RESONABLY COULD GIVE RISE TO SONABLY COULD GIVE RISE TO AND COLLECTED BY THE ESPONSES TO THE AUDIT CONTROLOGY. THE GEORGIA INSTITUTE OF THE RESONSES TO THE AUDIT CONTROLOGY. THE GEORGIA INSTITUTE OF THE RESONS WITH THE TIME OF THE VOTE OF PROPOSED TRANSACTICATION. PERSONS WITH AT THE TIME OF THE VOTE OF THE BOARD OR THE APPLICATION OF THE BOARD OR THE APPLICATION WITH WHICH A DIRECT UAL RELATIONSHIP WITH THE UAL RELATIONSHIP WITH THE UAL RELATIONSHIP WITH THE UAL RELATIONSHIP WITH THE PROPOSED TRANSACTION WITH WHICH A DIRECT UAL RELATIONSHIP WITH THE PROPOSED THE ADDITIONSHIP WITH THE UAL RELATIONSHIP W	OF THE FORM 99 S. IF THE REVIEW PRIOR TO FILING. MEMBER OF THE ATION HAS NO EM FOR ALL PERSOI IT RESPONSIBILIT QUIRES EACH D POSSIBLE PERSO TO A CONFLICT O TO T	TO T V RESU Part E BOAR MPLOYEES NS EMPLO TY FOR IRECTOR DNAL, DF INTER CKNOWLE IRIT OF ETOR OF TH E BOARD OF TED TO DIS H ORGANIZ Y, OR ANY TENTIALLY IORITY OR AVE A CONF E SPECIAL RE CTS DO NOT D TRANS E APPROVE IMITTEE OF OLICY PR T OR AGREEMEN R HAS A B

Return Explanation
Reference

990 Schedule O, Supplemental Information

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

Return Explanation

990 Schedule O, Supplemental Information

PART VI,	GTFI'S ARTICLES OF INCORPORATION, BYLAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON
#19	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

Part XI #8	51,445,387 Changes in policy related to investment sales-type leases 2,105,269 - Changes i
	n policy related to bond issuance costs/premiums 3,235,992 - Changes in revenue recognitio
	n under ASU 2014-09 46.104.126 =

990 Schedule O, Supplemental Information Return Explanation

Reference	
Part XI #9	Loss on Extinguishment of Debt: -\$18.211

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493192008470 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** GEORGIA TECH FACILITIES INC. 52-1442293 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. See Additional Data Table **(g)** Section 512(b) (a)
Name, address, and EIN of related organization (b) Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2018

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominan income(relate unrelated, excluded fror tax under sections 512 514)	ed, total income m	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		i) eral or aging ener?	(k) Percentag ownershi
					314)			Yes	No		Yes	No	
V Identification of Related Organiz because it had one or more related or						nization ans	wered "Yes	s" on F	orm 9	90, Part IV,	line	34	
		a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e)	vered "Yes (f) Share of total income	Share	(g) e of end- year assets	(1	ı) ntage	Se	(i) ection 512 3) control entity?
(a) Name, address, and EIN of	organizations treated as	a corporation	(c) .egal	st during th	(d) t controlling	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	ection 512 .3) control
(a) Name, address, and EIN of	organizations treated as	a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	ection 512 .3) control entity?
(a) Name, address, and EIN of	organizations treated as	a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	ection 512 .3) control entity?
(a) Name, address, and EIN of	organizations treated as	a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	ection 512 .3) control entity?
(a) Name, address, and EIN of	organizations treated as	a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	ection 512 .3) control entity?
(a) Name, address, and EIN of	organizations treated as	a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	ection 512 .3) control entity?
(a) Name, address, and EIN of	organizations treated as	a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	.3)

(1)GEORGIA INSTITUTE OF TECHNOLOGY

(2)GEORGIA INSTITUTE OF TECHNOLOGY

(3)GEORGIA INSTITUTE OF TECHNOLOGY

(4)GEORGIA INSTITUTE OF TECHNOLOGY

Exchange of assets with related organization(s).

Lease of facilities, equipment, or other assets to related organization(s) . . .

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

r Other transfer of cash or property to related organization(s) . . .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Name of related organization

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	La		No					
b Gift, grant, or capital contribution to related organization(s)	lb	Yes						
c Gift, grant, or capital contribution from related organization(s)	Lc `	Yes						
	a ·	Vac						

Page 3

No

No

No

No

No

No

No

1j

1k

11

1n

10

1r

1s Yes

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

1m Yes

1q Yes

Yes

		1	í I	i
ь	Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
C	Gift, grant, or capital contribution from related organization(s)	1 c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1 d	Yes	
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f	i [No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No

(b)

Transaction type (a-s)

q

Amount involved

22,583,587

78,598

2,470,718

1.931.061

COST

COST

COST

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	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	section 501(c)(3) , organizations?		(f) Share of total income	l end-of-year	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	990	0) 2018

chedule R (Fo	rm 990) 2018	Page	je 5							
Part VII	Supplemental Info	Information								
	Provide additional infor	mation for responses to questions on Schedule R (see instructions).								
Return Reference		Explanation								

CH

Software ID: Software Version:

EIN: 52-1442293

Name: GEORGIA TECH FACILITIES INC

Name: GEORGIA TECH FACILITIES INC Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations										
	Edwa Bassanah		115		1,17	Yes				
225 NORTH AVENUE NW ATLANTA, GA 30332 58-6002023	Edu&Research	GA		6	N/A		No			
	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						I				
	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		No			
MOSSFON BLDG 2ND FL EAST 54 ST PANAMA CITY PM						1				
	Global Suppor	СН	501(c)(3)	N/A	GEORGIA TECH		No			
88 Haidetong Nanshan District Shenzen						1				