DLN: 93493110013321

OMB No. 1545-0047

2019

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

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

		nue Service						
			alendar year, or tax year beginn C Name of organization	ning 07-01-2019 , and ending 06-3	0-2020			
		oplicable:	GEORGIA TECH FACILITIES INC			D Employer	identifica	tion number
		change	0/ MELLY MACADILLID			52-14422	.93	
	me cha tial reti	-	% KELLY MACARTHUR Doing business as			-		
		urn ı/terminated						
		return		il is not delivered to street address) Room/su	ıite	E Telephone	number	
		n pending	22E NORTH AVENUE LYMAN HALL	,		(404) 385	5-4055	
		,	City or town, state or province, count	ry and ZIP or foreign postal code		(101) 303	- 1033	
			ATLANTA, GA 303320257	ry, and 21 or foreign postar code				22.470
					1	G Gross recei	pts \$ 14,7.	23,170
			F Name and address of principal Tanesha Steward	officer:	H(a) Is t	this a group retu	rn for	
			225 NORTH AVE NW			oordinates?		□Yes 🗹 No
			ATLANTA, GA 30332			e all subordinates luded?	;	☐ Yes ☐No
Tax	x-exem	npt status:	✓ 501(c)(2)	nsert no.)		iuded? 'No," attach a list	t (see in	
1 147	- 1 24.			113ert 110.)		oup exemption n	•	stractions)
VV	ebsite	e:► ww	/W.GTFI.GATECH.EDU		1.(0) 610	oup exemption in	ullibei 🏲	
					I Voor of fo	rmation: 1985	A State of i	legal domicile: GA
(Forr	n of or	ganization:	: 🗹 Corporation 🗌 Trust 🔲 Assoc	iation ☐ Other ►	L rear or to	illiadoll. 1983	1 State of 1	egai dofficile. GA
_								
Pa	art I		mary					
			scribe the organization's mission or	most significant activities: estitute of technology via erecting suital	ble buildings	and other facilit	ries as ne	aded to achieve
υ			of the institute.	istitute of technology via electing suitar	ble bulldings	and other facilit	iles as tie	eded to acmeve
₹								
<u> </u>	-							
<u> </u>	-							
e S				continued its operations or disposed of n			ets.	
đ	3	Number o	of voting members of the governing	body (Part VI, line 1a)		•	3	(
2	4	Number o	of independent voting members of t	the governing body (Part VI, line 1b) .			4	4
≝	5	Total nun	nber of individuals employed in cale	endar year 2019 (Part V, line 2a)			5	(
Acuviues & Governance	6	Total nun	nber of volunteers (estimate if nece	essary)			6	
₹			•	VIII, column (C), line 12			7a	
				* * * * * * * * * * * * * * * * * * * *		•		
	В	Net unrei	ated business taxable income from	Form 990-T, line 39		•	7b	
						Prior Year	Cı	urrent Year
Qi	8	Contribut	tions and grants (Part VIII, line 1h)			571,66	1	1
Rəvenue	9	Program	service revenue (Part VIII, line 2g)			14,625,87	14,625,876	
Λċ	10	Investme	ent income (Part VIII, column (A), lir	600,85	600,851			
α	l		venue (Part VIII, column (A), lines 5	•		,		456,57 22,83
			, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		15,798,38	8	14,723,17
	_			t equal Part VIII, column (A), line 12)			+	
			nd similar amounts paid (Part IX, co			1,931,06	1	1,385,94
	14	Benefits p	paid to or for members (Part IX, col	umn (A), line 4)			0	
88	15	Salaries,	other compensation, employee ber	nefits (Part IX, column (A), lines 5-10)			0	
38	16a	Professio	onal fundraising fees (Part IX, colum	ın (A), line 11e)			0	
Expenses	Ь.	Total fundr	raising expenses (Part IX, column (D), lin	ne 25) ▶ 0				
ਕੁ			penses (Part IX, column (A), lines 1	· -		12,851,00	5	11,954,50
		·	, , , , , , , , , , , , , , , , , , , ,	,			-	
		•	enses. Add lines 13–17 (must equa	, , , , ,		14,782,06	-	13,340,45
	19	Revenue	less expenses. Subtract line 18 from	m line 12		1,016,32	2	1,382,71
Net Assets of Fund Balances					Beginni	ing of Current Yea	ir !	End of Year
lan					-			
S B	20	Total ass	ets (Part X, line 16)			447,415,43	5	429,950,39
3	21	Total liab	ilities (Part X, line 26)			407,031,56	9	388,222,65
žΞ	22	Net asset	ts or fund balances. Subtract line 2:	1 from line 20		40,383,86	6	41,727,73
Pa	rt II	Sian	ature Block					
				ned this return, including accompanying				
			f, it is true, correct, and complete.	Declaration of preparer (other than office	cer) is base	d on all informati	on of whi	ch preparer has
iny k	nowle	dge.						
		******	*			2021-05-17		
		Signati	ure of officer			Date		
Sign		1,						
lere	•		AS J PIERCE III TREASURER					
		V ''	r print name and title					<u>_</u>
		P	rint/Type preparer's name		Date 2021-05- 1 7	Check I if PT	IN 1739349	
Paid	t	L				self-employed	1/33347	
^o re:	pare	er 📴	irm's name F SMITH & HOWARD PC		T	Firm's EIN ▶		
	On	ı ⊢	Smale address & 274 47711 OTDERT TO CO	LUTE 1600		DI (6-5)		
) C	J 111	'y ^F	Firm's address ► 271 17TH STREET NW S	UITE 1600		Phone no. (404) 87	4-6244	
			ATLANTA, GA 30363					
 1av t	he IR	—— S discuss	this return with the preparer show	n above? (see instructions)			V Yes	s □ No
, .								—

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Parl	Statement	of Program Service	e Accomplis	hments		
	Check if Schee	dule O contains a respo	onse or note to	any line in this Part III .		🗸
	Briefly describe the o	rganization's mission:				
gent oals	s of the state univers	sity system of Georgia	and to erect suc	h suitable buildings and	Institute of Technology, an instrother facilities as may be appropet the needs and goals of the Ge	riate to the needs and
	Did the organization	undertake any significa	ant program ser	vices during the year wh	ich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	se new services on Sch	nedule O.			
				changes in how it condu	cts, any program	
	services?	se changes on Schedu		=		☐ Yes ☑ No
4	Section 501(c)(3) and		ons are required	to report the amount of	argest program services, as mea grants and allocations to others	
la	(Code: See Additional Data) (Expenses \$	13,133,601	including grants of \$	1,385,946) (Revenue \$	14,243,762)
lb	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
·c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
ŀd		ces (Describe in Sched	ule O.) uding grants of	\$) (Revenue \$	
	(Expenses \$					

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Par	t IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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? <i>If "Yes," complete Schedule D.</i> Part	6		No
7	, , , , , , , , , , , , , , , , , , ,	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> 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 🕏	10		No
	or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D,</i> Part VI.	11a	Yes	
	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 2	11b		No
	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 2	11c	Yes	
	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	1
	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	
	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	Yes	<u> </u>
	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	<u> '</u>	No

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

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

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

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

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

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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

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

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

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

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

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

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

14a

14b

15

16

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19

20a

20b

21

Yes

Form **990** (2019)

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	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? If "Yes," complete Schedule M	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
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Vec	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

15

0

1c

Yes

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
U	against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? 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	14b	
	parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No

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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	" resp	onse to l	ines 🔽
Se	ction A. Governing Body and Management			
_			Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year 6			
	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 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct 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?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 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?			
а	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).			
16a	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	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	GA 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.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: • KELLY MACARTHUR 221 UNCLE HEINIE WAY LYMAN HALL R ATLANTA, GA 30332 (404) 385-4055			
			orm 004	(2019)

 \checkmark

Part VII

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

and Independent Contractors

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

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

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

Check this box if neither the organization no (A)	(B)	ganizai	LION C	omp		ateu a	iiiy C	(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for related	than d	Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from the organization (W-2/1099-	Reportable compensation from related organizations (W-2/1099-	Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
(1) rafael bras director	1.0 39.0	х						o	472,756	208,901	
(2) JAMES G FORTNER Director (Through 2/2020)	39.0	х						0	312,397	83,519	
(3) JENNIFER HUBERT SECRETARY	4.0			х				0	204,154	68,649	
(4) AISHA OLIVER-STALEY EXECUTIVE DIRECTOR (-11/2020)	36.0 4.0 36.0			Х				0	209,157	63,004	
(5) THOMAS J PIERCE III TREASURER	4.0			x				0	174,573	63,602	
(6) DEBORAH L GREENE Former Officer	0.0 40.0						х	0	113,347	22,512	
(7) Tanesha Steward Assistant Secretary	4.0 36.0			х				0	83,586	43,712	
(8) KELLY MACARTHUR ASSISTANT TREASURER	4.0 36.0			х				0	80,619	31,813	
(9) JACK J FAUSSEMAGNE CHAIRMAN	0.0	х						0	0	0	
(10) james w ray director (Through 12/2019)	0.0	х						0	0	0	
(11) STAN ANDERSON DIRECTOR	0.0	х						0	0	0	
(12) JENI BODAN DIRECTOR	0.0	х						0	0	0	
(13) Tyler Gaines DIRECTOR	0.0	Х						0	0	0	
(14) KELLY FOX DIRECTOR	39.0	×						0	0	0	
										Form 990 (2019)	

Form 990 (2019) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (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 officer and a from the from related compensation director/trustee) organization any hours organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Individual trustee organizations MISC) MISC) ley employee related Institutional Trustee OF SOCIAL below dotted organizations line) ۲ c Total from continuation sheets to Part VII, Section A . d Total (add lines 1b and 1c) 1,650,589 585,712 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Yes 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 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

services rendered to the organization? If "Yes," complete Schedule J for such person . . . Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

LORD AECK SARGENT ARCHITECTURE,

ATLANTA, GA 303613500 The Epsten Group Inc,

101 Marietta St NW Ste 2600 ATLANTA, GA 30303 The Working Group,

601 West 26th Street Suite 325 NEW YORK, NY 10001 Collins Cooper Carusi Architects I,

3391 Peachtree Rd NE Ste 400 ATLANTA, GA 30326 BDR Partners LLC,

ATLANTA, GA 30338

1155 Mount Vernon Hwy NE Ste 800

compensation from the organization ▶ 5

1175 PEACHTREE STREET NE STE 2400

(A)

Name and business address

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

5

Description of services

ARCHITECTure

Software

Architecture

Commission Services

Engineering Consult.

No

204,730

207,600

111,764

469,557

125,280

Form 990 (2019)

(C)

Compensation

Form 9									Page 9
Part	VIII								
		Check if Sched	dule O contain	s a respo	onse or note to an	y line in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s	18	a Federated campa	aigns	1a			revenue		1 312 311
Contributions, Gifts, Grants and Other Similar Amounts	ļ	b Membership dues	s	1 b					
E G	•	c Fundraising even	ts	1c					
ifts, ar A	1	d Related organiza	tions	1d					
s, G mij		e Government grants		1e					
ion r Si	1	f All other contributio and similar amounts	ns, gifts, grants, s not included	1f					
but the	١,	above g Noncash contributio	ns included in		<u> </u>				
		lines 1a - 1f:\$		1 g					
ತ ಕ		h Total. Add lines :	1a-1f	• •	•	0			
					Business Code	363,056	363,056		
æ	2a	MANAGEMENT FEES			561000	303,030	303,030		
evenu	b	REIMBURSEMENT OF	PROGRAM EXPE	NSES	561000	354,126	354,126		
vice R	С	RENTAL INCOME			531190	13,526,580	13,526,580		
Program Service Revenue	d								
ogra	е								
Ĕ	_								
		All other program			14 242 763				
		Total. Add lines 2 Investment income			14,243,762 interest, and othe	r	<u> </u>	1	
	s	similar amounts) .				456,5/	6 0		456,576
		Income from invest Royalties	ment of tax-e	·	•	·	0		
			(i) F		(ii) Personal				
	6a	Gross rents	6a						
		Less: rental							
	_	expenses Rental income	6b						
	C	or (loss)	6с	4	0	0			
	d	Net rental income				,	0		
	7a Gross amount (i) Securities		(ii) Other						
	,	from sales of assets other than inventory	7a						
	b	Less: cost or other basis and sales expenses	7b						
	С	Gain or (loss)	7c						
	d	Net gain or (loss)	· · · ·				0		
a e	8a	Gross income from fu (not including \$		of					
Other Revenue		contributions reported See Part IV, line 18							
Rev	b	Less: direct expen		8a 8b		0			
ıer		: Net income or (los			rents		o		
	0-	Gross income from	damina activiti	٠, [
	34	See Part IV, line 19	· · ·	9a		0			
		Less: direct expen				0			
	C	: Net income or (los	ss) from gamir	ng activit	ties 🕨		0		
	10a	aGross sales of inve	entory, less						
	h	returns and allowa		10a 10b		0			
		Less: cost of good: Net income or (los					0		
		Miscellaneo		or mivem	Business Code				
	11	•aMISCELLANEOUS	REVENUE			22,83	2		22,832
	b)							
	c	:							
		All other revenue							
		Total. Add lines 1				22,83	2		
	12	Total revenue. S	ee instructions	5	• • • •	14,723,17	14,243,762		479,408

form 990 (2019)				Page 10
Part IX Statement of Functional Expenses		All ather are size to		(A)
Section 501(c)(3) and 501(c)(4) organizations must co		_		umn (A).
Check if Schedule O contains a response or note to an Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,385,946	1,385,946	general expenses	схрепосо
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	48,089		48,089	
c Accounting	48,100		48,100	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0		<u> </u>	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	10,207		10,207	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	193,750	193,750		
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	7,921,847	7,921,847		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,938,518	2,938,518		
23 Insurance	592,287	572,070	20,217	
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	80,240		80,240	
b BROKER FEES	68,270	68,270		
c BOARD OF REGENTS (BOR) FEES	26,758	26,758		
d TRUSTEE FEES	16,942	16,942		
e All other expenses	9,500	9,500		
25 Total functional expenses. Add lines 1 through 24e	13,340,454	13,133,601	206,853	(
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).				
		L		Form 000 (201

basis. Complete Part VI of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

complete lines 29 through 33.

Total net assets or fund balances

b Less: accumulated depreciation

Grants payable .

Form 990 (2019)

18

Fund Balances

ō 29

Assets 30

27

28

31

32

33

Page **11**

24,729,893

33,790,137

7,937,599

41,727,736

429,950,395

Form 990 (2019)

0

	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing	0	1	

1	Cash-non-interest-bearing	U	1	1
2	Savings and temporary cash investments	141,623,822	2	106,167,374
3	Pledges and grants receivable, net	6,041,028	3	5,448,152

2,750 4

74 52 0 Loans and other payables to any current or former officer, director, trustee,

key employee, creator or founder, substantial contributor, or 35% controlled 0 5 0

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 0 6

0 589.720 0 Notes and loans receivable, net 7 Assets 0 Inventories for sale or use Prepaid expenses and deferred charges . 3,552,197 9 3,378,778 10a Land, buildings, and equipment: cost or other

26,666,836

1,936,943

3,358,559

30,691,020

9,692,846

40,383,866

447,415,435

27

28

29

30

31

32

33

10c

11

18

10a

10b

Organizations that follow FASB ASC 958, check here <a> \square and

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

11 Investments—publicly traded securities . 0 0 12 Investments—other securities. See Part IV, line 11 . . . 12 212,354,248 13 237,707,757 13 Investments—program-related. See Part IV, line 11 . 14 0 14 0 Intangible assets 79,893,111 15 52,518,441 15 Other assets. See Part IV, line 11 . . . 447,415,435 16 429,950,395 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses . 5,697,444 17 4,724,339

19 9,598,917 19 9,196,454 Deferred revenue . . . 20 Tax-exempt bond liabilities . . . 345.593.000 20 320.085.000 21 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 0 22 0 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23

24 0 24 Unsecured notes and loans payable to unrelated third parties .

0 46,142,208 25 54,216,866 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 407.031.569 388.222.659 26 Total liabilities. Add lines 17 through 25 . . 26

3h

Form 990 (2019)

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

Additional Data

Software ID:

Software Version: **EIN:** 52-1442293

Name: GEORGIA TECH FACILITIES INC.

Form 990 (2019)

Form 990, Part III, Line 4a: Georgia Tech Facilities, Inc. provided financing and contracting support for the design and construction of buildings and other facilities as appropriate to meet the needs and goals of the Georgia Institute of Technology, Georgia Tech Facilities, Inc. leases these buildings and other facilities to the Georgia Institute of Technology.

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349311						493110013321			
SC	HED	ULE A		Dublic C	harity Status	and Dub	lic Suppe		OMB No. 1545-0047
	m 99		Со	mplete if the org	Charity Status ganization is a section 4947(a)(1) nonexel Attach to Form 9	on 501(c)(3) o npt charitable t	rganization or trust.		2019
-		f the Treasury	•	Go to www.irs.	gov/Form990 for in			rmation.	Open to Public Inspection
Nam	e of tl	nue Service he organiza CH FACILITIES						Employer identifica	<u> </u>
GLOK	GIA ILC	CITTACILITIES	INC					52-1442293	
	rt I				s (All organizations			ee instructions.	
	organiz		•		it is: (For lines 1 throu	- '		(A)(:)	
1	Ш	•		,	ociation of churches d		. , , ,	(A)(I).	
2	Ш)(A)(ii). (Attach Sch	•			
3		A hospital o	r a coopera	tive hospital servi	ce organization descri	bed in section 1	.70(b)(1)(A)(i	ii).	
4		A medical r name, city,		anization operated	d in conjunction with a	a hospital describ	ed in section 1	. 70(b)(1)(A)(iii). Er	ter the hospital's
5		-	•	ed for the benefit lete Part II.)	of a college or univers	sity owned or ope	erated by a gove	ernmental unit describ	ed in section 170
6		A federal, s	tate, or loca	al government or q	governmental unit des	cribed in sectio	170(b)(1)(A)(v).	
7				ormally receives a)(vi). (Complete l	substantial part of its	support from a	governmental ui	nit or from the genera	I public described in
8	П				170(b)(1)(A)(vi). (Complete Part II.)		
9					scribed in 170(b)(1)(e instructions. Enter t				ege or university or a
10		from activition	ies related t income and	o its exempt func	(1) more than 331/3% tions—subject to certains tess taxable income (less	ain exceptions, a	nd (2) no more	than 331/3% of its su	pport from gross
11	П	•			exclusively to test for	public safety. Se	e section 509((a)(4).	
12	✓	more publi	ly supporte	d organizations de	exclusively for the beasescribed in section 50 the type of supporting	09(a)(1) or sec t	ion 509(a)(2)	. See section 509(a	e purposes of one or)(3). Check the box
а	✓	Type I. A sorganization	supporting on n(s) the pov	rganization opera	ted, supervised, or co ppoint or elect a major	ntrolled by its su	pported organiz	ation(s), typically by	
b		manageme	nt of the sup		rvised or controlled in tion vested in the sam nd C.				
C					upporting organization ons). You must comp				ed with, its
d		functionally	integrated.	The organization	A supporting organize generally must satisfications A and	y a distribution re			, ,
e					ed a written determina		S that it is a Ty _l	pe I, Type II, Type III	functionally
f	Enter			,	ntegrated supporting	-		1	
g					pported organization(s				
	(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No		
(A) GEO	RGIA IN	ISTITUTE OF T	CHNOLOGY	586002023	6	Yes		13,340,454	C
Tota	1		1					13,340,454	
		work Reduc		tice, see the In	structions for	Cat. No. 11285F	: <u>s</u>	Schedule A (Form 99	

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) 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.						
<u>s</u>	ection B. Total Support		T		1	T	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for							
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)							
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)			
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)	
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not include any "unusual grants.").							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are							
	not an unrelated trade or business							
4	under section 513 Tax revenues levied for the							
•	organization's benefit and either paid							
_	to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
L	3 received from disqualified persons Amounts included on lines 2 and 3							
D	received from other than disqualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line 13 for the year.							
c	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
	from line 6.)							
Se	ection B. Total Support		1				Г	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.							
С	Add lines 10a and 10b.							
11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly carried on.							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,							
13	11, and 12.).							
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>	
	check this box and stop here						▶ ⊔	
	ection C. Computation of Public S			! (6))		1 1		
15	Public support percentage for 2019 (lin		•			15		
16	Public support percentage from 2018 S	-	<u> </u>			16		
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17		
17 10	Investment income percentage for 201	-		-		17		
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not	
	more than 33 1/3%, check this box and s							
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the							
ט	not more than 33 1/3%, check this box	-			•		_	
20	Private foundation. If the organization	-	-					
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖	

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) 2019

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

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

No

No

No

No

No

No

No

No

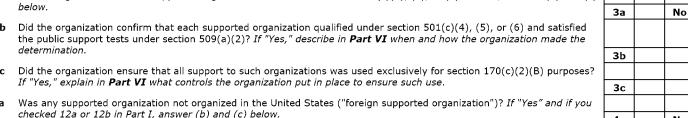
No

			Yes	No
1	re all of the organization's supported organizations listed by name in the organization's governing documents? f "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	
_				

1	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1	Yes	
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. If historic and continuing relationship, explain.	1	Yes	İ
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		N
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		N

	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
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	
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(R) purposes?		



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

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?

supervised by or in connection with its supported organizations.

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.

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

cnec	tule A (Form 990 or 990-EZ) 2019		F	age
Par	Supporting Organizations (continued)			
	r		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		No
	ction B. Type I Supporting Organizations			110
	stion by Type 2 supporting organizations		Yes	No
L	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	
!	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			No
	organization.			
Se	ction C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			
			Yes	No
	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		
	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		
	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		
Se	ction E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organizations? Frovide details in Part VI. 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.	3h		
	I I I I I I I I I I I I I I I I I I I			

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions					
9	Distributable amount for 2019 from Section C, line 6					
10	10 Line 8 amount divided by Line 9 amount					
	Section E - Distribution Allocations	(i)	(ii) Underdistributions	(iii) Distributable		

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions				
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019:			_

9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
i Carryover from 2014 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
<u></u> \$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to		

e From 2018.

d Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 39, 31, and 31 from 31.		
4 Distributions for 2019 from Section D, line 7:		
<u> \$ </u>		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.		

	See instructions.		
6	Remaining underdistributions for 2019. 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 2020. Add lines 3j and 4c.		
8	Breakdown of line 7:		
а	Excess from 2015		
b	Excess from 2016		
	Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID: Software Version:

EIN: 52-1442293

Name: GEORGIA TECH FACILITIES INC

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).

instructions).

Facts And Circumstances Test

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DLN: 93493110013321

OMB No. 1545-0047

(Form 990)

Department of the Treasury

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.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization **Employer identification number** GEORGIA TECH FACILITIES INC 52-1442293 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Pai	t III	Organizations Ma	aintaining Col	lections o	of Art, Hi	stori	cal Ti	reası	ires, or	Other	Similar A	ssets (c	continued)	
3		the organization's acq (check all that apply):	uisition, accessioi	n, and other	r records, o	check a	any of	the fo	llowing t	hat are a	significant	use of its	collection	
а		Public exhibition				d		Loan	or excha	ange prog	ırams			
b		Scholarly research				e		Othe	r					
С		Preservation for future	generations											
4	Provic Part X	le a description of the o	organization's col	lections and	d explain h	ow the	y furtl	ner the	e organiz	ation's ex	kempt purpo	ose in		
5		g the year, did the orga s to be sold to raise fur										☐ Ye	s 🗆 No	
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			s" on Form	า 990	, Part	IV, li	ine 9, or	reporte	ed an amoi	unt on F	orm 990, Pa	art
1a	Is the includ	organization an agent ed on Form 990, Part)	, trustee, custodi </td <td>an or other</td> <td>intermedia</td> <td>ary for</td> <td>contri</td> <td>bution </td> <td>s or othe</td> <td>er assets</td> <td>not </td> <td>☐ Ye</td> <td>s 🗆 No</td> <td></td>	an or other	intermedia	ary for	contri	bution 	s or othe	er assets	not 	☐ Ye	s 🗆 No	
b	If "Ye	s," explain the arrange	ment in Part XIII	and comple	ete the foll	owina	table:		Γ		Δ	mount		
c		ning balance		•		_				1c				
d	_	ons during the year .								1d				
e	Distrib	outions during the year							[1e				
f	Endin	g balance							. , [1f				
2a	Did th	e organization include	an amount on Fo	rm 990, Pai	rt X, line 2	1, for	escrow	or cu	- Istodial a	ccount lia	bility?	☐ Ye	s 🗆 No	
b		s," explain the arrange												
Pa	art V	Endowment Fund												
		Complete if the org	ganization ansv			า 990	, Part	IV, li						
1.	Doginni	ing of year halance		(a) Currei	nt year	(b) P	rior yea	ır	(c) Two y	ears back	(d) Three ye	ars back	(e) Four years	back_
	-	ing of year balance . utions												
		estment earnings, gair	s and laceae											
		or scholarships	·											
	Other e	expenditures for facilities												
f	Adminis	strative expenses .												
g	End of	year balance												
2	Provid	le the estimated percei	ntage of the curre	ent year end	d balance (line 1g	g, colu	mn (a)) held as	s:				
а	Board	designated or quasi-e	ndowment 🟲											
b	Perma	anent endowment ►												
С	Temp	orarily restricted endov	vment ►											
	The p	ercentages on lines 2a,	, 2b, and 2c shou	ld equal 100	0%.									
3а		ere endowment funds ization by:	not in the posses	sion of the	organizatio	n that	are h	eld an	d admini	stered fo	r the		Yes I	No
		related organizations					•						n(i)	
L		elated organizations . s" on 3a(ii), are the rel					ه ماریام D	•					(ii) Bb	
4		ibe in Part XIII the inte										ٔ ا	ן טיפ	
	rt VI	Land, Buildings,			, a chaowi	THE HE	41145.							
		Complete if the org			" on Form	n 990	, Part	IV, li				art X, lin	e 10.	
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost o	r other	basis (other)	(c) Acci	umulated d	lepreciation	(-	d) Book value	
1a	Land						3,35	58,560					3,3	58,560
		gs					23,30	08,277			1,936,944		21,3	71,333
		old improvements												
		ent												

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

24,729,893

Part VII	Complete if the organization answered "Yes" on Form 990,	Part IV	ine 11h See Form 900	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	od of valuation: f-year market value
	I derivatives			
2) Closely-l 3)Other	held equity interests			
\)				
В)				
C)				
)				
E)				
F)				
G)				
H)				
otal. (Columi Part VIII		<u> </u>		
	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, li	ine 11c. See Form 990,	Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	IENT IN SALES-TYPE LEASE		237,707,757	C
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
	n (b) must equal Form 990, Part X, col.(B) line 13.)	•	237,707,757	
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV, lin	ne 11d. See Form 990, Pa	
1.)DUE FRO	(a) Description M RELATED PARTIES			(b) Book value 469,724
	SUANCE COST			19,468,002
	SUANCE DISCOUNT			3,195
4)WORK IN	I PROGRESS			32,577,520
6)				
(7)				
(8)				
(9)				
)	52,518,441
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F	Part IV, lir	ne 11e or 11f.See Form	990, Part X, line 25.
	(a) Description of liability	,		(b) Book value
1) Federal	income taxes			0
-	D BOND INTEREST			2,220,868
-	D BOND ISSUANCE PREMIUMS			35,315,558
-	PAYABLE - TAXABLE CT RETAINAGE PAYABLE			15,085,000
5) DUE TO				170,315
7)				
8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footnot	te to the o		► 54,216,866 sements that reports the organization
	x positions under FIN 48 (ASC 740). Check here if the text of the foot			

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

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

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . . .

Donated services and use of facilities

Other (Describe in Part XIII.)

Part XI

2

b

d

е

3

4

1

2

Schedule D (Form 990) 2019

2e

3

Page 4

14,723,170

13,340,454

								I .
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a						
b	Other (Describe in Part XIII.)	4b						
c	Add lines 4a and 4b						4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						5	14,723,170
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents	Wit	h E>	cper	ises per F	leturr	'n.

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

2a

2b

2c

2d

2a

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2b Prior year adjustments 2c Other (Describe in Part XIII.) 2d d Add lines 2a through 2d . 2e

Subtract line 2e from line 1 3 13,340,454 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a

4b b Add lines **4a** and **4b** 4c 5 5 13.340.454

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

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

Return Reference Explanation See Additional Data Table

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software Version:

EIN: 52-1442293

no longer subject to tax examinations for tax years ending before June 30, 2017.

Name: GEORGIA TECH FACILITIES INC

Supplemental Information

SCHEDULE D, PART X, LINE 2

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

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DL	N: 93493110013321
Note: To capture the full control of the full control of the Treasury Internal Revenue Service	(Grants and C Governments of the organiza	lect landscape mode other Assistance and Individuals tion answered "Yes," o Attach to Form w.irs.gov/Form990	ce to Organiz s in the Unite on Form 990, Part IV		2019 Open to Public Inspection		
Name of the organization GEORGIA TECH FACILITIES INC						'	yer identific 42293	ation number
the selection criteria used to Describe in Part IV the orga Part II Grants and Other A	to award the grants anization's procedur Assistance to Dom	or assistance? es for monitoring the use	e of grant funds in the Un The document of the Un The document of the United Section 1 is a se	nited States.	for the grants or assistance rganization answered "Yes"		Part IV, line	Yes No 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descri noncash as		(h) Purpose of grant or assistance
(1) GEORGIA INSTITUTE OF TECHNOLOGY 225 NORTH AVENUE NW ATLANTA, GA 30332	58-6002023	115	1,385,946		COST			see Part IV. Monitoring of the process consists of periodic financial and operational review by officers and board members.
2 Enter total number of section 3 Enter total number of other	r organizations listed	d in the line 1 table						1 edule I (Form 990) 2019

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	:a -	DLN: 93	49311	10013	321
Sch	edule J	С	ompensat	ion Information	01	MB No.	1545-0	0047
(Forr	n 990)		Compensa ganization answ	Trustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV n to Form 990.		20	19	•
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.g</u>		r instructions and the latest inform	mation.	Open i	to Pul ectio	
Nar	ne of the organiz				Employer identifica			
GEC	RGIA TECH FACILIT	TES INC			52-1442293			
Pa	rt I Questi	ons Regarding Compensa	ation					
							Yes	No
1a				f the following to or for a person liste ny relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
	_	companions	님	Payments for business use of perso				
		nification and gross-up paymen	ts 📙	Health or social club dues or initiati				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chau	rreur, cner)			
b				follow a written policy regarding pay ove? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all	1-3	2		
	directors, truste	es, officers, including the CEO/	executive Directo	or, regarding the items checked on Lir	ne la?			
3	organization's C	EO/Executive Director. Check a	all that apply. Do	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
		-			mi i dic III.			
	_ ·	ation committee	H	Written employment contract				
		ent compensation consultant of other organizations	H	Compensation survey or study Approval by the board or compensa	ation committee			
		-						
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
_	_		- *			4-		Na
a b		ance payment or change-of-cor		lified retirement plan?		4a 4b	Yes	No
c	•		•	nsation arrangement?		4c	103	No
•		' ' '		plicable amounts for each item in Par				
_), 501(c)(4), and 501(c)(29	-	-				
5		ed on Form 990, Part VII, Section on tingent on the revenues of:		the organization pay or accrue any				
а	The organization	n?				5a		No
b						5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixe art III		7		No
8	subject to the ir	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d				
9	If "Yes" on line	8, did the organization also folk	ow the rebuttable	presumption procedure described in	Regulations section	9		No
For F	<u>``</u>	iction Act Notice, see the In			50053T Schedule J		1 990)	2019

Part III Officers Directors Trustees Key Employees and Highest Compensated Employees. Use duplicate copies if additional space is needed

					Employees. Use dup			
instructions, on row (ii).	Do no	ot list any individuals tha	t are not listed on Form 9	90, Part VII.	organization on row (i) ar	_		
	ns (B				Part VII, Section A, line	1a, applicable column (D)) and (E) amounts for tha	it individual.
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 JAMES G FORTNER Director (Through 2/2020)	(i)							
	(ii)	312,397			60,169	23,350	395,916	
2 THOMAS J PIERCE III TREASURER	(i)							
	(ii)	174,573			38,642	24,960	238,175	
3 DEBORAH L GREENE Former Officer	(i)	113,347						
A ATOUA OUTUED CTALEY	(ii)	113,347			10,990	11,522	135,859	
4 AISHA OLIVER-STALEY EXECUTIVE DIRECTOR (-11/2020)	(i)	 209,157			45,374	17,630	272,161	
5 rafael bras	(ii)	,			43,374	17,030	2/2,101	
director	(i) (ii)	462,756		10,000	185,872		681,657	
6 JENNIFER HUBERT	+			,			,	
SECRETARY	(i) (ii)	204,154			44,639	24,010	272,803	
	_							

Schedule J (Form 990) 2019	Page 3								
art III Supplemental Information									
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.								
Return Reference	Explanation								
	Rafael Bras, Provost and Executive Vice President for Academic Affairs of the Georgia Institute of Technology ("Institute") and a director of the Organization, participated in a non-qualified supplemental retirement plan structured under IRS Section 415(m). Contributions to the plan in calendar year 2019, 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."								
	Schedule 1 (Form 990) 2019								

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Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

DLN: 93493110013321

Open to Public

▶ 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.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury

Internal Revenue Service

Schedule K

(Form 990)

Name	of the organization	PGO	to <u>www.irs.gov/r</u>	rorm990 for instruct	ions and th	e iatest	miormation.		E	mploy	er ident		numbe				
	RGIA TECH FACILITIES INC								5.	2-144	2293						
Pa	t I Bond Issues																
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	(f) Descrip	tion of purpose	e (<u>c</u>	g) Def	eased	(h) beha issu	If of	(i) finar	Pool ncing		
										res	No	Yes	No	Yes	No		
Α	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	99999999	04-01-2008	17,1	170,000	REFUNDED 199 BUILD	7B BONDS FOR	RIBB		Х		Х		Х		
В	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900G27	06-23-2010	28,0	041,103	CONST OF CNE 14TH ST	S, NAA-DININO	5,		Х		Х		Х		
С	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900J40	06-23-2010	10,5	39,841	REFUNDED 200	8C BONDS			Х		Х		Х		
D	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	3599004P9	09-11-2013	62,3	311,058	REFUNDED 200	UNDED 2003 BONDs			Х		Х		Х		
Pa	rt II Proceeds						<u> </u>										
						A		В		С				D			
1	Amount of bonds retired					10,075	,000	9,430,000		5,140,000			0 17,240,00				
2	Amount of bonds legally defease						0	0	C						0		
3	Total proceeds of issue					17,186	,682	28,069,388		1	10,539,	865	62,311,535				
4	Gross proceeds in reserve funds						0	0				0	, (
5	Capitalized interest from proceed						0	996,576				0			0		
6	Proceeds in refunding escrows.						0	0				0	0				
7	Issuance costs from proceeds .					135	,274	555,539			189,	841	617,80				
8	Credit enhancement from procee						0	0 0				0	0		0		
9	Working capital expenditures fro						0	127,459		1		0			0		
10	Capital expenditures from proce	eds					О	26,312,138				0			0		
11	Other spent proceeds					17,034	,726	0		1	10,350,	000		61,6	93,250		
12	Other unspent proceeds						0	44				11			1		
13	Year of substantial completion .				19	999	2	2012		1994		1994			2	2006	
					Yes	No	Yes	No	Yes		No		Yes		No		
14	Were the bonds issued as part o bonds (or, if issued prior to 2018	8, a current refunding	issue)?	: 	Х			×	Х				Х				
15	Were the bonds issued as part o bonds (or, if issued prior to 2018					Х		X			Χ				Χ		
16	Has the final allocation of procee	eds been made?			Х		X		Х				Χ				
17	Does the organization maintain a proceeds?				Х		Х		Х				Х				
Pa	rt III Private Business Us						•			•		•					
						A		В		Ç				D			
					Yes	No	Yes	No	Yes		No		Yes		No		
<u> </u>	Was the organization a partner i financed by tax-exempt bonds?	n a partnership, or a	member of an LLC,	which owned property		Х		X			Х				X		
_																	

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

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

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

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

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

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

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

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) 2019

b

d

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Part IV

C

Arbitrage

Page 2

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No

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X

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Yes

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Schedule K (Form 990) 2019

D

Yes	No	Yes	No	Yes	No	Yes	
×		X			Х	×	
Y		×				×	

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X	X			X	

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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

Х

Nο

D

Nο

Yes

(GIC)?		Х		Х		
Name of provider	0		0		0	

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

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

requirements of section 148? . . .

Return Reference

SCHEDULE K, PAGE 1, BOND A

Schedule K (Form 990) 2019

Term of GIC.

period?

Part V

Part VI

Return Reference	Explanation
	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
	\$28,285 is investment income.

Return Reference	Explanation
SCHEDULE K, PAGE 1, BOND C	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 \$24 is investment income.

Return Reference	Explanation
D SCHEDULE K, PAGE 1, BOND	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.

Return Reference	Explanation
CHEDITEK PAGE 2 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.
CHEDOLL K, FAGE 2, BOND A	date was June 29, 2004 and financed construction of the molecular science facility.

S

Return Reference	Explanation
SCHEDULE K, PAGE 2, BOND B	Date of Issue of 2018 Bonds is March 28, 2018. These bonds funded the construction of the Dalney Parking Deck. The difference between issue price and total proceeds equals \$629,246 for interest earned on cost of issuance fund.

Return Reference	Explanation			
CHEDULE 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 \$2.851.966 is investment income.			

SC

Return Reference	Explanation
CHEDULE K, PAGE 2, BUND	Date of Issue of 2019A Bonds is September 18, 2019. These bonds refunded the 2007A & 2009B1 bonds. For those bonds, the issue dates were 07/31/2007 & 08/13/2009 respectively. These bonds financed construction related to the North Avenue Apartments. the difference between issue price and total proceeds of \$8,424 is investment income.

SC D

Return Reference	Explanation
CHEDULE K, PAGE 3, BOND A	date of issue of 2019 bonds is September 18, 2019. These bonds refunded the 2009A bonds. For those 2009A bonds, the issue date was August 13, 2009. 2009A refunded 2008A bonds. 2008A refunded 2005A. The date of issue of 2005A is November 15, 2005 and those bonds financed certain costs of an electrical substation. The difference between issue price and total proceeds of \$377 is investment income.

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Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

DLN: 93493110013321

Open to Public

▶ 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.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Department of the Treasury

Internal Revenue Service

Schedule K

(Form 990)

Employer identification number

	of the organization RGIA TECH FACILITIES INC								Emplo	yer iden	tificatio	n numbe	er			
GEO	NGIA TECH FACILITIES INC								52-14	42293						
Pa	rt I Bond Issues								•							
	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued			(e) Issue	(e) Issue price		(f) Description of purpose		(g) Defeased		(h) On behalf of issuer		(i) Pool financing			
									Yes	No	Yes	No	Yes	No		
A	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	3599005N3	05-01-2014	60,2	258,250	REFUNDED 200	4 BONDS		X		Х		X		
В	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	36005FBH7	03-28-2018	36,8	385,065	CONSTRUCTION PARKING	OF DALNEY		Х		Х		Х		
С	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	36005FCT0	04-17-2019	112,4	197,476	Campus Center		Х		Х		Х			
D	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	36005FEV3	09-18-2019	46,7	724,966	REFUNDED 200 NAA	7A/2009B1 FOF	3	X		Х		Х		
Pa	rt III Proceeds								'	<u>I</u>	Į.	l				
						Α		В	C	:			D			
1	Amount of bonds retired					6,440	,000	0			0		5	500,000		
2	Amount of bonds legally defease						0	0			0			0		
3	·				60,258			,442 46,733,390								
4	Gross proceeds in reserve funds						0	0			0			0		
5						0	2,245,739		5,289,790			0				
6	Proceeds in refunding escrows .						o	0		0			0			
7	Issuance costs from proceeds .					196	5,650	627,714		1,274,997			7 495,674			
8	Credit enhancement from proce	eds					o	0			0			0		
9	Working capital expenditures fro	om proceeds					0	0			0			0		
10	Capital expenditures from proce	eds					0 29,091,436		24,930,858			0				
11	Other spent proceeds					60,061	51,600 0		(0 46,229,292				
12	Other unspent proceeds						2	597,610		83,776	,726			8,540		
13	Year of substantial completion .				2	007	2	2019 2020		2019 2020		2020			2008	
					Yes	No	Yes	No	Yes	No		Yes		No		
14	Were the bonds issued as part of bonds (or, if issued prior to 201	of a current refunding 8, a current refunding	issue of tax-exempt g issue)?		Х			x		Х		Х				
15				Х		х		Х				X				
16	Has the final allocation of proceeds been made?		Х			X		Χ		Χ						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				Х		Х		Х			Х				
Pa	rt Ⅲ Private Business Us	se														
						Α		В					D			
1	Was the organization a partner financed by tax-exempt bonds?				Yes	X		No X	Yes	No X		Yes		No X		
	a di			- 1		+		+ +			-+		-			

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

Χ

Χ

Χ

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

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

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) 2019

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Part IV

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C

Arbitrage

Yes

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Yes

Χ

Χ

Schedule K (Form 990) 2019

D

Page 2

No

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Χ

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Χ

No

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Χ

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Χ

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 property?	X X		Х		
If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?					
Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %	0 %	
Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.	0 %		0 %	0 %	

Α

Yes

Χ

Χ

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Nο

Χ

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Yes

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Yes

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Yes

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Yes

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Yes

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No

Explanation

Bond A: 02/14/2014 Bond B: 06/06/2014 Bond C: 08/18/2011 Bond D: 03/17/2014 schedule K, page 2(2), part iv, line 2c Bond A: 10/30/2014 Bond C:

Χ

Χ

Yes

No

Х

Yes

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Χ

Nο

D

Nο

Yes

Χ

Page 3

Were gross proceeds invested in a guaranteed investment contract Χ

Χ

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

02/14/2014 Bond D: 01/10/2020 Schedule K, 2(3), part iv, line 2c Bond A: 01/10/2020

Schedule K (Form 990) 2019

(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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493110013321 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. Open to Public ▶ Attach to Form 990. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** GEORGIA TECH FACILITIES INC 52-1442293 Part I **Bond Issues** (f) Description of purpose (b) Issuer EIN (c) CUSIP # (h) On (i) Pool (a) Issuer name (d) Date issued (e) Issue price (q) Defeased behalf of financing issuer Yes No Yes No Yes No Χ DEVELOPMENT AUTHORITY OF 58-1506878 36005FFS9 09-18-2019 34.839.180 REFUNDED 2009A FOR ESS Х **FULTON COUNTY Proceeds** Part ${f II}$ C В D Α 580,000 2 3 34,839,517 5 6 7 455,458 8 9 10 11 34,383,722 12 13,441 13 2008 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Х Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part 🏻 **Private Business Use** Α R 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 Are there any lease arrangements that may result in private business use of bond-financed Cat. No. 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2019

6

8a

Part IV

b

C

Arbitrage

Page **2**

D

Schedule K (Form 990) 2019

No

Yes

0 %

0 %

0 %

Χ

Χ

Χ

Yes

В

No

C

No

Yes

Χ

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside b 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 Χ d

Α

No

Χ

Χ

Χ

Χ

Yes

Х

Χ

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?

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

a section 501(c)(3) organization or a state or local government 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)

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

Exception to rebate?

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

Was the hedge superintegrated? Was the hedge terminated?

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

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

Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х

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

Schedule K (Form 990) 2019

period?

Arbitrage (Continued)

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

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

requirements of section 148? . . .

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

No

Yes

Χ

Yes

Yes

No

No

Yes

Nο

No

D

Yes

Page 3

No

D

Yes

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493110013321 OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ (Form 990 or 990-Complete to provide information for responses to specific questions on EZ) Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Department of the Treasury Namel Betherofgamization **Employer identification number** GEORGIA TECH FACILITIES INC. 52-1442293 990 Schedule O, Supplemental Information Return **Explanation** Reference PART VI #7 THE PRESIDENT OF THE GEORGIA INSTITUTE OF TECHNOLOGY APPOINTS THE BOARD OF GEORGIA TECH FA CILITIES, INC. PART VI #11 AN OFFICER OF THE ORGANIZATION EMAILS A DRAFT OF THE FORM 990 T O THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING WITH THE IRS. IF THE REVIEW RESU LTS IN ANY CHANGES. THE REVISED FORM 990 IS DISTRIBUTED TO THE BOARD PRIOR TO FILING. Part VI #12c THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO EACH MEMBER OF THE BOAR D OF DIRECTORS AND TO ALL OFFICERS OF THE ORGANIZATION. THE ORGANIZATION HAS NO EMPLOYEES BUT THE CONFLICT OF INTEREST POLICY IS INTENDED TO SERVE AS GUIDANCE FOR ALL PERSONS EMPLO YED BY THE GEORGIA INSTITUTE OF TECHNOLOGY IN POSITIONS OF SIGNIFICANT RESPONSIBILITY FOR THE ACTIVITIES OF THE ORGANIZATION. THE CONFLICT OF INTEREST POLICY REQUIRES EACH DIRECTOR AND OFFICER ANNUALLY (1) TO REVIEW THE POLICY AND (2) TO DISCLOSE ANY POSSIBLE PERSONAL, FAMILIAL. OR BUSINESS RELATIONSHIPS THAT REASONABLY COULD GIVE RISE TO A CONFLICT OF INTER EST INVOLVING THE ORGANIZATION OR THE GEORGIA INSTITUTE OF TECHNOLOGY: AND (3) TO ACKNOWLE DGE BY HIS OR HER SIGNATURE THAT HE OR SHE IS IN ACCORDANCE WITH THE LETTER AND SPIRIT OF THE POLICY. DISCLOSURE FORMS ARE DISTRIBUTED AND COLLECTED BY THE EXECUTIVE DIRECTOR OF TH E ORGANIZATION WHO PROVIDES ANY POSITIVE RESPONSES TO THE AUDIT COMMITTEE OR THE BOARD OF DIRECTORS IN EXECUTIVE SESSION AS APPROPRIATE. DIRECTORS AND OFFICERS ARE REQUESTED TO DIS CLOSE SUBSTANTIVE RELATIONSHIPS THAT THEY OR MEMBERS OF THEIR FAMILY MAINTAIN WITH ORGANIZ ATIONS THAT DO BUSINESS WITH THE ORGANIZATION, THE GEORGIA INSTITUTE OF TECHNOLOGY, OR ANY RELATED OR AFFILIATED ORGANIZATION. OR WHICH OTHERWISE COULD BE CONSTRUED TO POTENTIALLY AFFECT THEIR INDEPENDENT, UNBIASED JUDGMENT IN LIGHT OF THEIR DECISION-MAKING AUTHORITY OR RESPONSIBILITY. DIRECTORS OR OFFICERS WHO HAVE DECLARED OR HAVE BEEN FOUND TO HAVE A CONF LICT OF INTEREST REFRAIN FROM CONSIDERATION OF PROPOSED TRANSACTIONS UNLESS FOR SPECIAL RE ASONS THE BOARD REQUESTS INFORMATION OR INTERPRETATION. PERSONS WITH THE CONFLICTS DO NOT VOTE, PARTICIPATE IN DISCUSSION, OR BE PRESENT AT THE TIME OF THE VOTE, ANY PROPOSED TRANS ACTION IN WHICH A CONFLICT OF INTEREST HAS BEEN DECLARED OR FOUND TO EXIST MUST BE APPROVE D BY A MAJORITY OF THE DISINTERESTED MEMBERS OF THE BOARD OR THE APPROPRIATE COMMITTEE OF THE BOARD AFTER DISCLOSURE OF THE CONFLICT OF INTEREST. THE CONFLICT OF INTEREST POLICY PR ECLUDES THE CORPORATION FROM ENTERING INTO ANY DESIGN OR CONSTRUCTION CONTRACT OR AGREEMEN T WHERE A DIRECTOR OR OFFICER, OR AN ORGANIZATION WITH WHICH A DIRECTOR OR OFFICER HAS A B USINESS RELATIONSHIP, IS IN A DIRECT CONTRACTUAL RELATIONSHIP WITH THE CORPORATION.

Return Explanation
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.

990 Schedule O, Supplemental Information Return Explanation



efile GRAPHIC print - Do	O NOT PROCESS	As Filed Data -										DLN: 93493	110013	3321	
SCHEDULE R (Form 990) Department of the Treasury	▶ 0	Complete if the organ	ization ar	anizations and Unrelated Partnerships on answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. gov/Form990 for instructions and the latest information.								OMB No. 1545-0047 2019 Open to Public			
Internal Revenue Service												Inspe	ection		
Name of the organization GEORGIA TECH FACILITIES INC									Emp	oloyer identif	icatior	n number			
										442293					
Part I Identification	of Disregarded E	ntities. Complete if	the orgai	nization ansv	vered "Yes	s" on Form	1 990, Part	: IV, line 3	33.						
Name, address, and	(a) I EIN (if applicable) of disre	egarded entity		(b) Primary a		Legal dom or foreigr	c) icile (state n country)	(d) Total inc	ome	(e) End-of-year as	ssets	(f Direct co ent			
	of Related Tax-Ex npt organizations du		s. Compl	ete if the org	janization	answered	l "Yes" on I	Form 990	, Part I	V, line 34 be	ecause	e it had one or	more		
See Additional Data Table Name, address, an	(a) d EIN of related organizati	ion	Prim	(b) ary activity	Legal dom	c) iicile (state n country)	(d) Exempt Coo			(e) charity status on 501(c)(3))	Dii	(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled ty?	
													Yes	No	
or Panerwork Peduction Ac	t Notice see the Inc	tructions for Form 0	٥0		Ca	+ No 5013	.EV				Sch	edule P (Form	0001 20	110	

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	se it ha	ad
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	unrelated, excluded fron tax under sections 512-	ated, total incor d, rom er	f Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	alor Per ging ow	(k) rcentage vnership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	Section (13)	(i) on 512(b) controlled ntity?
			,,									Tes	
				-						Calcadada D	/ -	- 000)	

(1)GEORGIA INSTITUTE OF TECHNOLOGY

(2) GEORGIA INSTITUTE OF TECHNOLOGY

(3)GEORGIA INSTITUTE OF TECHNOLOGY

(4) GEORGIA INSTITUTE OF TECHNOLOGY

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.	\Box	Yes	No				
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	I						
Γ							

Page 3

No

No

No

No No

No

No

No

No No

No

No

Yes

Yes

1e

1f

1g

1k

11

1n

1q Yes

1r

1s Yes

Schedule R (Form 990) 2019

(d)

Method of determining amount involved

1m Yes

1b Yes 1c

1d

(b)

Transaction type (a-s)

m

q

Amount involved

23,963,756

80,240

3,076,459

1.385,946

COST

COST

COST

CoST

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

Sale of assets to related organization(s).

Purchase of assets from related organization(s).

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

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

Part VI 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) (c) (d) (e) Are all partners (f) (g) (h) (i) Code V-UBI (j) **(k)** Percentage Primary activity Legal Predominant Share of Share of Disproprtionate General or allocations? ownership domicile income section total end-of-year amount in box managing (state or (related, 501(c)(3) income assets partner? unrelated, organizations? of Schedule foreign excluded from country) K-1 (Form 1065) tax under sections 512-514) Yes No Yes No Yes No

Schedule R (Form 990) 2019			
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Retu	ırn Reference	Explanation	

88 Haidetong Nanshan District, shenzhen 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 Re			1 75	1 63	1 (5	١ ,				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(contr enti	g) on 512 (13) crolled tity?			
						Yes				
225 NORTH AVENUE NW ATLANTA, GA 30332 58-6002023	Edu&Research	GA	115	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										
	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						I				
	Global Suppor	СН	501(c)(3)	N/A	Georgia Tech		No			