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	8	Contributio	tions	ns a	nd orai	nts (Pa	art VIII	l line 1	h) .	_											,708				 214,181
enu	9	Program service revenue (Part VIII, line 2g)							0				0												
Revenue	10											208,276													
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,890											7,646												
	12	Total rever	enue	ue–	-add lir	nes 8 t	hrough	n 11 (m	ust equa	al Pa	art VIII	, column	(A), line	12)						281	,552				430,103
	13	Grants and	nd s	sin	ilar am	ounts	paid (F	Part IX	, columr	n (A)	, lines :	1-3) .								94	,336				113,577
	14	Benefits pa	paid	id to	o or for	memb	ers (Pa	art IX,	column	(A),	line 4)										0				0
8	15	Salaries, o	oth	her	compe	nsatio	n, emp	oloyee	benefits	(Pa	rt IX, c	olumn (A	.), lines 5	i–10)							0				0
Exp enses	16a	Professior	onal	al fı	Indraisi	ng fee	s (Par	t IX, c	olumn (A	A), lir	ne 11e)	• •									0				0
che	b	Total fundrai	aisir	sing	expense	s (Par	IX, co	olumn (E), line 25)) ► 0															
a	17	Other expe	pen	nse	s (Part	IX, co	lumn ((A), line	es 11a–1	11d,	11f–24	e) .		•						83	,393				74,557
	18	Total expe							•				,							177	,729				188,134
	19	Revenue le	les	ess (expense	es. Su	otract I	line 18	from lin	e 12				•							,823				241,969
ces		_		_		_	_	_								_	Be	ginning	of Cu	rrent Ye	ear	_	End	of Year	
Net Assets or Fund Balances	20	Total asset	ote	s (D	art Y I	ine 16'						_					-			4,576	256			Л	,485,652
Asid B	21	Total liabili										•••	• •	• •						4,570	,200 0			-	,405,052 0
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May th	e IRS	discuss th	his	s re	urn wit	h the p	orepare	er shov	vn abov	e? (s	see inst	tructions))							Yes	N	lo			
		ork Reduc																Cat.		L282Y				Form 9	90 (2018

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Form	990 (2018)	Page 2										
Pa	art III Statement of Program Service Accomplishments											
	Check if Schedule O contains a response or note to any line in this Part III											
1	Briefly describe the organization's mission:											
	AISE AND APPROPRIATE RESOURCES THAT WILL SUPPORT AUGUSTA TECHNICAL COLLEGE IN CARRYING OUT ITS MISSION OF EXCELLENCE IN											
WOR	KFORCE EDUCATION THAT LEADS TO THE CAREER ADVANCEMENT OF ITS STUDENTS.											
2	Did the organization undertake any significant program services during the year which were not listed on											
	the prior Form 990 or 990-EZ?											
	If "Yes," describe these new services on Schedule O.											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services?											
	If "Yes," describe these changes on Schedule O.											
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.											
4a	(Code:) (Expenses \$ 45,196 including grants of \$ 45,196) (Revenue \$)											
	PROVIDING SCHOLARSHIPS THAT LEAD TO THE CAREER ADVANCEMENT FOR STUDENTS.											
4b	(Code:) (Expenses \$ 68,381 including grants of \$ 68,381) (Revenue \$) PROVIDING SUPPORT TO AUGUSTA TECHNICAL COLLEGE AND ITS STUDENTS TO PROMOTE ITS MISSION OF EXCELLENCE IN WORKFORCE EDUCATION.											
	PROVIDING SUPPORT TO AUGUSTA TECHNICAL COLLEGE AND ITS STUDENTS TO PROMOTE ITS MISSION OF EXCELLENCE IN WORKFORCE EDUCATION.											
4c	(Code:) (Expenses \$ 55,432 including grants of \$) (Revenue \$)											
	PROVIDING AWARDS AND INCENTIVES TO INSTRUCTORS FOR THEIR EXCELLENCE IN ADVANCING THEIR STUDENTS TOWARDS THEIR CAREER OBJECTIVES.											
4d	Other program services (Describe in Schedule O.)											
	(Expenses \$ including grants of \$) (Revenue \$)											
4e	Total program service expenses 169,009											
	Form 990	(2018)										

Part IV Checklist of Required Schedules

Page **3**

Pa	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	200	Yes	
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	Yes	
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Pa	Part IV Checklist of Required Schedules (continued)											
			Yes	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</i> "Yes," <i>complete Schedule J</i>	23		No								
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No								
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b										
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c										
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d										
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No								
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		No								
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	26		No								
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No								
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):											
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> Part IV	28a		No								
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No								
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No								
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No								
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No								
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No								
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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		No								
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		No								
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No								
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 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											
			Yes	No								
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2											
b	Enter the number of Forms W-2G included in line 1a. <i>Enter -0-</i> if not applicable . 1b 0											
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c										

Form	990 (2018)		Page 5
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 2a		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
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	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-	
11	Section 501(c)(12) organizations. Enter:	-	
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
с	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	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	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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	,	8b, or 10	lb
Se	ction A. Governing Body and Management			·
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5		
	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 1	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct 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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
		12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how thi was done		Yes Yes	
с 13		5		
	was done	5 12c	Yes	
14	was done .<	5 12c 13	Yes Yes	
14	 was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, 	5 12c 13	Yes Yes	
14 15	was done	5 12c 13 14	Yes Yes Yes	No
14 15 a	was done	5 12c 13 14 15a	Yes Yes Yes	No
14 15 a b	was done	5 12c 13 14 15a 15b	Yes Yes Yes	No
	was done	5 12c 13 14 14 15a 15b	Yes Yes Yes	
14 15 b 16a b	was done	5 12c 13 14 15a 15b 16a	Yes Yes Yes	
14 15 b 16a b	was done	5 12c 13 14 15a 15b 16a	Yes Yes Yes	

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: BEVERLY PELTIER 3200 AUGUSTA TECH DRIVE AUGUSTA, GA 30906 (706) 771-4023 Form 990 (2018) Part VII 0

Contractors

Page 7

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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. 🖉 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (E) (F) (C) (D) Estimated amount Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless person is compensation from compensation from of other both an officer and a compensation from week (list the organization related (W- 2/1099-MISC) organizations (Wany hours for director/trustee) the organization related 2/1099-MISC) and related Former q Individual trustee Highest compensat organizations Officer organizations Institutional Trustee ey emplo npioy below dotted director line) 99 yee ē 1.00 (1) DR THOMAS CLARK TRUSTEE 0 х 1.00 (2) MRS ASHLEY ROBERTS Х TRUSTEE 1.00 (3) MR JAMES KENDRICK TRUSTEE х 0 1 00 (4) MR JOSEPH GAMBILL Х TRUSTEE 1.00 (5) MR LARRY FLETCHER TRUSTEE Х 0 1.00 (6) MR RANDALL HATCHER Х TRUSTEE 1.00 (7) MR RIC LICHTENBERG TRUSTEE х 0 1 00 (8) MRS CHIP ROGERS х TRUSTEE 1.00 (9) MR LARRY JONES TRUSTEE Х 0 1.00 (10) MR NICK DICKINSON JR 0 Х TRUSTEE 1.00 (11) MS CRESHAUNA DARRISAW TRUSTEE 0 Х 1.00 (12) MRS JANIE PEEL Х TRUSTEE 1.00 (13) MRS PATRICIA WALKER Х 0 х SECRETARY 1.00 (14) MRS SHELIA STUBERFIELD Х х 0 TREASURER 1.00 (15) MR TIM MAUND х Х 0 FOUNDATION PRESIDENT 1.00 (16) PRESIDENT TERRY ELAM х TRUSTEE 1.00 (17) DR MELISSA FRANK ALSTON Х 0 TRUSTEE

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

	(A) Name and Title	(B) Average hours per week (list any hours for	than o	ion (d ne bo oth ar direc	x, un 1 offi	t che iless cer a		e i is	(D) Reportable compensation from the organization (W- 2/1099-MISC)	related organizations (W-	n c	(F) Estimated of ot ompensa the organ	amount her tion from hization
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		2/1099-MISC)		and re organiz	
` '	MRS BEVERLY PELTIER	40.00			х					0	0		0
	CUTIVE DIRECTOR												
										-	_		
											_		
1b	Sub-Total						•						
C .	Total from continuation sheets to Part VII, Sea Total (add lines 1b and 1c)	tion A · ·	• •						0	0			0
2	Total number of individuals (including but not li compensation from the organization b 0				io ree	ceive	ed more	e thar					
												Yes	No
3	Did the organization list any former officer, dire If "Yes," complete Schedule J for such individu				or hi	ighe •	st comp •	ensa •	ated employee on lin	e 1a?	3		No
4	For any individual listed on line 1a, is the sum organizations greater than \$150,000? If "Yes," individual	of reportable cor complete Scheo	npensati lule J for	on and such	d oth	ier co	ompens	atior.	n from the organizati	on and related			
5			- n from -		rolati	od 6	-	tion -			4		No
5	Did any person listed on line 1a receive or acc the organization?If "Yes," complete Schedule 3						•	•	or multitude for servi		5		No
Se	ection B. Independent Contractors												
1	Complete this table for your five highest compe Report compensation for the calendar year end							more	than \$100,000 of co	ompensation from the	orgar	nization.	
		(A) business address							م	(B) scription of services		(C Compe	;) Insation
		buomeoo auureoo							De	5617101 01 361 11663		Compe	13410/1
											-+		

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

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from 2 the organization **b** 0

Form 990 (2018)
Part VIII
Statement of Revenue

r urt	Check if Schedule	O contains a response	or note to any line in th	iis Part VIII			
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	· · 1a			revenue		512 - 514
ts te	b Membership dues .						
Can	Gundraising events						
о Д	c Fundraising events .						
ar J	d Related organizations						
.0 ⊒:0	e Government grants (contr	ibutions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gift similar amounts not include	ts, grants, and ded above 1f	214,181				
d Oth	g Noncash contributions in lines 1a - 1f:\$	s included					
a C	h Total. Add lines 1a-1f			214,181			
e	-		Business (Code			
Program Service Revenue	2a						
Rev	b						
ce	с						
arvi	d						
š	e						
Iran	f All other program servic	ce revenue.					
Tog							
<u>.</u>	g Total. Add lines 2a–2f .				1		1
	3 Investment income (inclue similar amounts)	ding dividends, interest	, and other	158,97	7		158,977
	4 Income from investment of		ceeds 🕨				
	5 Royalties		•				
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (le	 oss)					
	,	(i) Securities	(ii) Other				
	7a Gross amount						
	from sales of 1,141,036 assets other than inventory						
	b Less: cost or						
	other basis and sales expenses	1,091,737					
	c Gain or (loss)	49,299					
	d Net gain or (loss) .		•	49,29	Э		49,299
	8a Gross income from function including \$	draising events (not of					
ne	contributions reported o	on line 1c).					
ver	See Part IV, line 18 .	··· a					
Re	b Less: direct expenses	b					
er	c Net income or (loss) fro	m fundraising events	• •				
Other Revenue	9a Gross income from gam See Part IV, line 19	ning activities.					
Ŭ			1				
	b Less: direct expenses	b					
	c Net income or (loss) fro						
	10a Gross sales of inventor		-				
	returns and allowances						
	h Loop post of goods cold	a h					
	b Less: cost of goods sold						
	c Net income or (loss) fro Miscellaneous		Business Code	[
	11a MISCELLANEOUS		900099	7,64	5		7,646
	b				-	1	<u> </u>
	U U						
						1	ļ
	с						
	d All other revenue .		r		1		T
	e Total. Add lines 11a–11	Ld	. ►	7,64	3		
	12 Total revenue. See Ins	tructions					
				430,10	5	0 (215,922

(D)

15,020

3,183

172

750

19,125

Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Do not include amounts reported on lines 6b, (A) (B) Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program serviceexpenses Fundraisingexpenses general expenses 1 Grants and other assistance to domestic organizations and domestic 68,381 68,381 governments. See Part IV, line 21

45,196

15,020

21,217

7,892

11,595

1,150

2,363

750

188,134

45,196

18,034

7,892

11,595

978

8,855

3,274

2,441

2,363

169,009

2	Grants and other assistance to domestic individuals. See Part IV, line 22	
2	Grants and other assistance to foreign organizations foreign	

3	Grants and other assistance to foreign organizations, foreign
	governments, and foreign individuals. See Part IV, line 15 and 16.

5	Compensatio	on of	curr	ent	officers,	directors,	trustees,	and key
	employees	•	•	·	•			

unde	er se	ectior	ו 49	ot included above, to disqualified persons (as defined 58(f)(1)) and persons described in section 4958(c)(3)
(B)	·	•	•	•

7 Other salaries and wage	0	Other sa	alaries	and	wages
---------------------------	---	----------	---------	-----	-------

4 Benefits paid to or for members

8	Pension plan accruals and contr	ribut	ions	(inc	lude	section	401(k)	and
	403(b) employer contributions)	•	·	•	•			

9	Other employe	ee b	enefi	ts	•		•	•	
LO	Payroll taxes								

11	Fees for services (non-employees):
2	Management

a Management	•	•	•	•	•	
b Legal						

c Accounting	•	•		•	·	•	•	•	•	•
d Lobbying .		•	•			•	•	•	•	

e Professional fundraising service	es.	See	Parl	tΙV,	line	17
f Investment management fees	•	·	•	•	•	

12	Advertising and promotion			
13	Office expenses			

		-	-	-	-	-	
14	Information technology						

- 16 Occupancy .
- 17 Travel
- Payments of travel or entertainment expenses for any federal, state, 18 or local public officials .
- 19 Conferences, conventions, and meetings .
- 20 Interest . . .
- 21 Payments to affiliates . . .
- Depreciation, depletion, and amortization . 22
- 23 Insurance . . .

e All other expenses

(ASC 958-720).

d

25

26

Other expenses. Itemize expenses not covered above (List 24

miscellaneous expenses in line 24e. If line 24e amount exceeds 10%
of line 25, column (A) amount, list line 24e expenses on Schedule O.)

of line 25, column (A) amount, list line 24e expenses on Schedule O.
a OTHER PROGRAM EXPENSES

Total functional expenses. Add lines 1 through 24e

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

PROFESSIONAL DEVELOPMEN	
DONOR CULTIVATION	
COLLEGE EXPENSES	

.

amount, list line 24e expenses on Schedule O.)		
EXPENSES	8,855	
EVELOPMEN	3,274	
ON	2,441	

0

Form 990 (2018) Part X B

Balance Sheet

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

(A) (B) End of year Beginning of year 112.770 1 143,664 1 Cash-non-interest-bearing . . 2 Savings and temporary cash investments 70.930 2 53.865 3 Pledges and grants receivable, net . 3 Accounts receivable, net . 4 4 Loans and other receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L ssets Notes and loans receivable, net . 7 7 Inventories for sale or use . 8 8 9 Prepaid expenses and deferred charges 9 . 10a Land, buildings, and equipment: cost or other basis. 10a 457.880 Complete Part VI of Schedule D Less: accumulated depreciation 10b 457,880 10c 457,880 h 11 Investments-publicly traded securities . 3.934.676 11 3.830.243 12 12 Investments-other securities. See Part IV. line 11 . 13 13 Investments-program-related. See Part IV. line 11 14 14 Intangible assets . 15 15 Other assets. See Part IV, line 11 . . . 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . 4,576,256 16 4,485,652 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 . 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 __iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other 25 25 liabilities not included on lines 17 - 24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . 0 26 0 Balances Organizations that follow SFAS 117 (ASC 958), check here 🕨 🖉 and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 2,129,972 27 1,976,701 28 1,771,784 28 1,804,484 Temporarily restricted net assets Fund 29 674.500 29 704,467 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 📃 and or complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . 30 Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Net 33 Total net assets or fund balances 4,576,256 33 4,485,652 34 Total liabilities and net assets/fund balances 4.576.256 34 4.485.652 . .

					Fage 12
Pa	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			430,103
2	Total expenses (must equal Part IX, column (A), line 25)	2			188,134
3	Revenue less expenses. Subtract line 2 from line 1	3			241,969
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4			4,576,256
5	Net unrealized gains (losses) on investments	5			-332,573
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			4,485,652
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate bas consolidated basis, or both:	sis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidat or both:	ed basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and Circular A-133?	d OMB	20		No
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits	exnlain	3a		No
5	why in Schedule O and describe any steps taken to undergo such audits.	, capian	3b		

efil	e GRA	PHIC print	Submiss	ion Date - 2019	-08-13			DL	N: 93493225008019
SCHEDULE A (Form 990 or 990EZ)				Public (Complete if th		OMB No. 1545-0047			
		f the Treasury nue Service			o to <u>www.irs.gov/Form</u>	ior the latest i	inormation.		Inspection
Name AUGL	e of the o JSTA TEC	organization CHNICAL COLLE	GE FOUNDATIO	N				Employer identification 58-1750663	number
	art I				organizations must c		.) See instructior	IS.	
The o	organiza	•			or lines 1 through 12, che				
1		A church, co	nvention of chu	urches, or associat	ion of churches describe	d in section 170(b)	(1)(A)(i).		
2		A school des	cribed in secti	on 170(b)(1)(A)(ii	. (Attach Schedule E (Fo	orm 990 or 990-EZ)	.)		
3		A hospital or	a cooperative	hospital service or	ganization described in s	ection 170(b)(1)(A	.)(iii).		
4		A medical re	search organi <u>z</u>	ation operated in o	conjunction with a hospita	al described in sect	ion 170(b)(1)(A)(ii	i). Enter the hospital's na	me, city, and state:
5			ion operated fo	or the benefit of a c	college or university owne	ed or operated by a	governmental unit	described in section 17	0(b)(1)(A)(iv). (Complete
6		Part II.) A federal, sta	ate, or local go	vernment or gover	nmental unit described in	section 170(b)(1)	(A)(v).		
7		An organizat (vi). (Comple		lly receives a subs	tantial part of its support	from a government	al unit or from the	general public described	in section 170(b)(1)(A)
8		A community	trust describe	d in section 170(k)(1)(A)(vi) . (Complete Pa	art II.)			
9					ed in 170(b)(1)(A)(ix) ope ne, city, and state of the c			college or university or a	non-land grant college
10		its exempt fu	nctions—subje	ect to certain excep	ore than 331/3% of its sup ptions, and (2) no more th s acquired by the organiz	, an 331/3% of its su	oport from gross in	vestment income and un	related business taxable
11		An organizat	ion organized	and operated exclu	usively to test for public s	afety. See section	509(a)(4).		
12		supported or	ganizations de	scribed in section	usively for the benefit of, t 509(a)(1) or section 509 lete lines 12e, 12f, and 12	9(a)(2). See section			
а					upervised, or controlled b of the directors or trustee				
b					or controlled in connection ersons that control or main				
С		Type III fund	tionally integ	rated. A supportin	g organization operated i	•	• • • •	•	
d		Type III non The organiza	functionally i	ntegrated. A supp must satisfy a dist	orting organization opera ribution requirement and	tted in connection v an attentiveness re	vith its supported o quirement (see ins	rganization(s) that is not structions). You must co i	functionally integrated. nplete Part IV,
е		Check this b	ox if the organi		written determination fron	n the IRS that it is a	. Туре I, Туре II, Ту	pe III functionally integra	ted, or Type III non-
f	Enter	the number of	• • • •					<u> </u>	
g			U		pported organization(s).				-
(i <u>)</u>) Name	of supported o	organization your governing document? monetary support (see suppo					(vi) Amount of other support (see instructions)	
						Yes	No		
				1					
Tota									
	-								

Schedule A (Form 990 or 990-EZ) 2018

Page **2**

	Part II Support Schedule for Org (Complete only if you check								
	organization fails to qualify				Zation falled to qu	uny unu	or r art m.	in the	
-	ection A. Public Support								
	endar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018		(f) Total	
	fiscal year beginning in) Gifts, grants, contributions, and	.,				. ,		.,	
-	membership fees received. (Do not include	242,112	172,497	161,732	151,708		214,181		942,230
	any "unusual grant.")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on								
	its behalf.								
3	The value of services or facilities furnished								
	by a governmental unit to the organization								
4	without charge Total. Add lines 1 through 3	242,112	172,497	161,732	151,708		214,181		942,230
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								37,545
	shown on line 11, column (f).								
6	Public support. Subtract line 5 from line								904,685
	4. And the second								
	ection B. Total Support endar vear								
	fiscal year beginning in)	(a) 2014	(b) 2015	(c)2016	(d)2017	(e) 2018		(f)Total	
7	Amounts from line 4.	242,112	172,497	161,732	151,708		214,181		942,230
8	Gross income from interest, dividends,								
	payments received on securities loans, rents, royalties and income from similar	55,751	174,537	138,329	153,898		158,977		681,492
	sources.								
9	Net income from unrelated business								
	activities, whether or not the business is regularly carried on.								
10	Other income. Do not include gain or loss								
	from the sale of capital assets (Explain in		4,242	7,851	10,890		7,646		30,629
	Part VI.).								1,654,351
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (s	en instructions)				12	1		1,054,351
13	First five years. If the Form 990 is for the o					anization, o	check this	box and st	ор
	here								
S	ection C. Computation of Public Sup								
14	Public support percentage for 2018 (line 6, o	()	, ())			14			54.690 %
15	Public support percentage for 2017 Schedu	le A, Part II, line 14 .				15			57.140 %
16a	33 1/3% support test—2018. If the organization	tion did not check th	e box on line 13, and	d line 14 is 33 1/3% of	r more, check this bo	x			
	and stop here. The organization qualifies a	s a publicly supporte	d organization				▶ 🗹		
k	33 1/3% support test-2017. If the organiz	ation did not check a	a box on line 13 or 10	6a, and line 15 is 33	1/3% or more, check	this			
	box and stop here. The organization quali	fies as a publicly sup	ported organization						
17a	10%-facts-and-circumstances test-2018	If the organization	did not check a box o	on line 13, 16a, or 16	6b, and line 14				
	is 10% or more, and if the organization mee								
	in Part VI how the organization meets the "f		6		publicly supported		-		
	organization						🕨		
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization								
	Explain in Part VI how the organization me								
	supported organization			•			•		
18	Private foundation. If the organization did								
-	instructions								

Sche	dule A (Form 990 or 990-EZ) 2018						P	age
	Part III Support Schedule for Or (Complete only if you chear fails to qualify under the te	cked the box	on line 10 of Part	I or if the organiza	ation failed to qual	fy under Part II. If	the organization	
S	ection A. Public Support							
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 under section 513							

	3601011313						
4	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						
6	without charge Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
7a	received from disgualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line						
	6.)						
Se	ection B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
12	from the sale of capital assets (Explain in						
	Part VI.) .						
13	Total support. (Add lines 9, 10c, 11, and						
14	12.) First five years. If the Form 990 is for the o	organization's first s	econd third fourth	or fifth tax year as a	section 501(c)(3) or	nanization	
14	-	•		,			
	check this box and stop here	· · · · · · · · · ·					0
	ection C. Computation of Public Supp Public support percentage for 2018 (line 8,	port Percentage	ulino 12. oolumn (f)	\			
15					•	15	
16	Public support percentage from 2017 Sche	dule A, Part III, line 2	15			16	
Se	ection D. Computation of Investment						
17	Investment income percentage for 2018 (lir	ne 10c, column (f) div	vided by line 13, col	umn (f))	•	17	
18	Investment income percentage from 2017 S	Schedule A, Part III,	line 17			18	
19a	331/3% support tests—2018. If the organiza	ation did not check th	ne box on line 14. ar	nd line 15 is more that	an 33 1/3%, and line 1	7 is not more that	1 33 1/3%, check
b	this box and stop here. The organization qua 33 1/3% support tests—2017. If the organi				is more than 33 1/20/	and line 18 is not	more than 33 1/20%
D							more than 55 1/370,
	check this box and stop here. The organiz	ation qualifies as a p	ublicly supported or	ganization			

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

▶ 🔲

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 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a) (1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3) (C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

90

10a

Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations (continued)

			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a				
	supported organization?				
b	A family member of a person described in (a) above?	11b			
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c			

Section B. Type I Supporting Organizations

- 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

Section C. Type II Supporting Organizations

			res	INO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in			
	the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
		3		

Section 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 instructions):
 - a 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.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

No

Yes

Vee Ne

1

2

2a

2h

3a

Yes

No

Par	t 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. 2 non-functionally integrated supporting organizations must complete Sections A through E.	0, 1970	(explain in Part VI). See ins	tructions. All other Type III
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrated Typ	e III su	pporting organization (see ins	structions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions		Current Year					
1 Amounts paid to supported organizations to accomplish exempt p	ourposes						
2 Amounts paid to perform activity that directly furthers exempt pur excess of income from activity	, in						
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 which the org details in Part VI). See instructions	ganization is responsive (provide						
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018				
1 Distributable amount for 2018 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions.							
3 Excess distributions carryover, if any, to 2018:							
a From 2013							
b From 2014. . <th< td=""><td></td><td></td><td></td></th<>							
c From 2015							
e From 2017							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2018 distributable amount							
i Carryover from 2013 not applied (see instructions)							
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4 Distributions for 2018 from Section D, line 7: \$							
a Applied to underdistributions of prior years							
b Applied to 2018 distributable amount							
c Remainder. Subtract lines 4a and 4b from 4.							
 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. 							
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.							
7 Excess distributions carryover to 2019. Add lines 3j and 4c.							
8 Breakdown of line 7:							
a Excess from 2014							
b Excess from 2015							
c Excess from 2016							
d Excess from 2017							
e Excess from 2018		Sched	ule A (Form 990 or 990-EZ) (2018)				

Schedule A (Form 990 or 990-EZ) 2018



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



Return Reference	Explanation
	Schedule & (Form 990 or 990-F7) 2018

efile	GRAPHIC print	Submission Date - 2019-08-13				DLN: 93493225008019
SCHEDULE D (Form 990)		Suppleme	ntal Financial Statements		-	OMB No. 1545-0047
(Forn	1 990)		e organization answered "Yes," on Form 990,			2018
Depart	ment of the Treasury	Part IV, line 6, 7, 8,	9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.			Open to Public
	l Revenue Service	► Go to <u>www.</u>	irs.gov/Form990 for the latest information.			Inspection
Nam AUG	e of the organization USTA TECHNICAL CO	LLEGE FOUNDATION		Empl	oyer identificati	on number
				58-17	50663	
Pa		ations Maintaining Donor Advised F e if the organization answered "Yes" or	unds or Other Similar Funds or Accounts. Deferm 990, Part IV, line 6.			
	Complete	, the organization anonorou i too of	(a) Donor advised funds		(b)Funds an	d other accounts
		l of year				
		contributions to (during year)				
		grants from (during year)				
		end of year				
5	property, subject to	the organization's exclusive legal control?	riting that the assets held in donor advised funds ar 			Yes No
0	not for the benefit	of the donor or donor advisor, or for any oth	er purpose conferring impermissible private benefit		able purposes a	liiu
						Yes No
			anization answered "Yes" on Form 990, Part	IV, line	7.	
1		servation easements held by the organizatio				
		of land for public use (e.g., recreation or ed		-		larea
		natural habitat	Preservation of a ce	rtified his	storic structure	
_		of open space				
2	Complete lines 2a of the tax year.	through 2d if the organization held a qualifie	ed conservation contribution in the form of a conser	vation ea		last day ne End of the Year
а	Total number of cor	nservation easements		2a		
b	Total acreage restri	cted by conservation easements		2b		
с	Number of conserv	ation easements on a certified historic struc	ture included in (a)	2c		
d	Number of conserv the National Regist		ter 7/25/06, and not on a historic structure listed in	2d		
3	•		ased, extinguished, or terminated by the organizati	on during	g the	
4	Number of states v	where property subject to conservation ease	ment is located >			
5			odic monitoring, inspection, handling of violations, a	nd enfor	cement of	
	the conservation e	asements it holds?				Yes 🔍 No
6	<u>+</u>		andling of violations, and enforcing conservation ea			
7	Amount of expense	es incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation easem	ents durii	ng the year	
8	Does each conser	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)	and sect	ion 170(h)	Yes 🔲 No
9	balance sheet, and		n easements in its revenue and expense statement te to the organization's financial statements that de			
Pa		ations Maintaining Collections of Ar e if the organization answered "Yes" or	t, Historical Treasures, or Other Similar As	ssets.		
1a	If the organization treasures, or other	elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue statement and ba cation, or research in furtherance of public service			
b	If the organization	elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement and balan research in furtherance of public service, provide th	ce sheet le followi	works of art, hi ng amounts rela	storical treasures, ating to these
(i		d on Form 990, Part VIII, line 1		▶\$		
(ii)	Assets included in	Form 990, Part X		▶\$		
2	If the organization		sures, or other similar assets for financial gain, prov			
а						
b						
⊢or Pa	aperwork Reductio	n Act Notice, see the Instructions for Fo	rm 990. Cat. No.	52283D	S	chedule D (Form 990) 2018

Sche	edule D (Form 990) 2018					Page 2
Pa	art III Organizations Maintaining Collectio	ns of Art, Historical	Treasures, or Of	ther Similar Assets	s (continued)	
3	Using the organization's acquisition, accession, and o apply):	other records, check any	of the following that	are a significant use o	of its collection items (check all that
a	Public exhibition			or exchange program	S	
b	Scholarly research		e 🗌 Othe	r		
C	Preservation for future generations					
4	Provide a description of the organization's collections Part XIII.	and explain how they fu	irther the organizatio	on's exempt purpose ir	1	
5	During the year, did the organization solicit or receive assets to be sold to raise funds rather than to be main				C Yes	s 🔲 No
Pa	art IV Escrow and Custodial Arrangements Complete if the organization answered		Part IV line 9 or re	enorted an amount	on Form 990 Part)	x line 21
1a	Is the organization an agent, trustee, custodian or oth				on i oni 550, i at 7	(, IIIC 21.
	included on Form 990, Part X?				Yes	s 🔍 No
b	If "Yes," explain the arrangement in Part XIII and corr	plete the following table	:		Amount	
С	Beginning balance			1c		
d	Additions during the year			1d		
е	Distributions during the year			1e		
f	Ending balance			lf		
2a	Did the organization include an amount on Form 990,	Part X, line 21, for escr	ow or custodial acco	ount liability?	Yes	s 🔲 No
b	If "Yes," explain the arrangement in Part XIII. Check h	ere if the explanation ha	as been provided in	Part XIII 🛛 🔲		
P	art V Endowment Funds. Complete if the or	ganization answered	"Yes" on Form 99	0, Part IV, line 10.		
		(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
	Beginning of year balance	1,195,515	1,132,312	833,397	800,882	765,486
b	Contributions	47,686 -6,065	6,209 60,582	1,704 299,211	12,899 21,116	15,900 22,496
с	Net investment earnings, gains, and losses					
	Grants or scholarships	1,500	3,588	2,000	1,500	3,000
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	1,235,636	1,195,515	1,132,312	833,397	800,882
2	Provide the estimated percentage of the current year		lumn (a)) held as:			
а	Board designated or quasi-endowment 100.00	00 %				
b	Permanent endowment 0 %					
С	Temporarily restricted endowment 0 % The percentages on lines 2a, 2b, and 2c should equa	110006				
3a	Are there endowment funds not in the possession of the		held and administer	red for the		
	organization by:					Yes No
	(i) unrelated organizations			•		a(i) No
b	(ii) related organizations					a(ii) No 3b
4	Describe in Part XIII the intended uses of the organiz					
Pá	art VI Land, Buildings, and Equipment.		-			
	Complete if the organization answered					
	Description of property (a) Cost or other (investmen		or other basis (other)	(c) Accumulated de	preciation	(d) Book value
1a	Land		457,880			457,880
b	Buildings					
с	Leasehold improvements	1			1	
d	Equipment	1			1	
	Other	1			1	
Tota	I. Add lines 1a through 1e.(Column (d) must equal Form	990, Part X, column (B,), line 10(c).)	•		457,880

Schedule D	(Form	990)	2018

Page **3**

Part VII	Investments[]Other Securities. Complete if the organization a	answered "Yes	" on Form 990, Part IV, line 11	Paye 3
	See Form 990, Part X, line 12. (a) Description of security or category	(b) Boo	ok (c) Method	of valuation:
(1) Financial d	(including name of security)	value	Cost or end-or-y	rear market value
	Id equity interests	-		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII	Investments Program Related. Complete if the organization answered 'Yes' on Form 990, Par	t IV line 11c	See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	e (c) Method	of valuation:
(1)				rear market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col.(B) line 13.)			
	Other Assets. Complete if the organization answered 'Yes' on Form S	990, Part IV, line	11d. See Form 990, Part X, line 15	
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 15.)			•
Part X	Other Liabilities. Complete if the organization answered 'Yes'	on Form 990,	Part IV, line 11e or 11f.	
1.	See Form 990, Part X, line 25. (a) Description of liability	(b)	Book value	
(1) Federal in	nome teven			
(2)	come taxes			
(-)				
(3)				
(3) (4)				
(3)(4)(5)				
 (3) (4) (5) (6) 				
(3) (4) (5) (6) (7) (8)				
 (3) (4) (5) (6) (7) 				
 (3) (4) (5) (6) (7) (8) (9) 	(b) must equal Form 990, Part X, col.(B) line 25.)			

uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	ule D (Form 990) 2018				Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Complete if the organization answered 'Yes' on Form 990, Part IV, line		ue per Return		
1	Total revenue, gains, and other support per audited financial statements			1	206,631
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-332,573		
b	Donated services and use of facilities	2b	109,101		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-223,472
3	Subtract line 2e from line 1			3	430,103
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	430,103
Pa	t XII Reconciliation of Expenses per Audited Financial Statements Wit Complete if the organization answered 'Yes' on Form 990, Part IV, line		nses per Return.		
1	Total expenses and losses per audited financial statements			1	297,235
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	109,101		
a b	Donated services and use of facilities Prior year adjustments 	2a 2b	109,101		
			109,101		
b	Prior year adjustments	2b	109,101		
b c	Prior year adjustments	2b 2c 2d	109,101	2e	109,101
b c d	Prior year adjustments . <td>2b 2c 2d</td> <td></td> <td>2e 3</td> <td>109,101 188,134</td>	2b 2c 2d		2e 3	109,101 188,134
b c d e	Prior year adjustments . <td>2b 2c 2d</td> <td></td> <td></td> <td></td>	2b 2c 2d			
b c d e 3	Prior year adjustments . <td>2b 2c 2d</td> <td></td> <td></td> <td></td>	2b 2c 2d			
b c d e 3 4	Prior year adjustments . <td>2b 2c 2d</td> <td></td> <td></td> <td></td>	2b 2c 2d			
b c d e 3 4 a	Prior year adjustments . <td>2b 2c 2d 4a 4b</td> <td></td> <td></td> <td></td>	2b 2c 2d 4a 4b			

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
PART V, LINE 4:	THE ENDOWMENT FUNDS WERE ESTABLISHED TO PROVIDE PERMANENT FUNDING OPPORTUNITIES FOR SCHOLARSHIPS FOR STUDENTS. WITH THE EXCEPTION OF THE THOMAS BROOKS ENDOWMENT, WHICH IS AN EQUIPMENT ENDOWMENT NOT YET FULLY FUNDED, THE OTHER ENDOWMENTS ARE ALL FOR SCHOLARSHIPS. THE INTENT OF THE FUNDS IS TO USE THE INTEREST EARNED FROM THE FUNDS TO AWARD SCHOLARSHIPS TO STUDENTS. THE MINIMUM TO ESTABLISH AN ENDOWMENT FUND IS \$10,000.
PART X, LINE 2:	THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION HAS ALSO BEEN CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B)(1)(A)(IV). THE FOUNDATION IS ALSO EXEMPT FROM GEORGIA INCOME TAXES. THE FOUNDATION ADOPTED THE GUIDANCE ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND IT DID NOT HAVE A MATERIAL EFFECT ON THE FOUNDATION'S FINANCIAL POSITION OR RESULTS OF OPERATIONS OR CASH FLOWS. THE FOUNDATION IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2018.

efile GRAPHIC print	Submission Date - 2019-	08-13					DLN: 93493225008019	
Note: To capture the fu	Il content of this document	, please select landsc	ape mode (11" x 8.5") w	hen printing.				
Schedule I		Ownerste aved	New Assistant				OMB No. 1545-0047	
(Form 990)			Other Assistan	•	•		2018	
	(and Individual					
Department of the Treasury		Open to Public Inspection						
Internal Revenue Service		Ĩ						
Name of the organization AUGUSTA TECHNICAL CO						Employer ider	ntification number	
AUGUSTA TECHNICAE CU	LLEGE FOUNDATION					58-1750663		
Part I General In	formation on Grants and A	ssistance						
	n maintain records to substantiat used to award the grants or assis						🖉 Yes 📃 No	
2 Describe in Part IV th	ne organization's procedures for r	monitoring the use of grant	funds in the United States.				Yes Vo	
	Other Assistance to Domestic C more than \$5,000. Part II can be			if the organization answe	red "Yes" on Form 990, Part IV	, line 21, for any recipier	nt	
(a) Name and address organization or government	s of (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) Description of noncash assistanc		
(1) AUGUSTA TECHNICA COLLEGE 3200 AUGUSTA TECH DF AUGUSTA, GA 30906		1151	68,381		CASH		SUPPORT THE MISSION OF AUGUSTA TECHNICAL COLLEGE.	
2 Enter total number of	section 501(c)(3) and governme	ent organizations listed in th	e line 1 table			•	1	
3 Enter total number of	other organizations listed in the	line 1 table	<u></u>	<u> </u>	<u></u>	. ►	0	
D		- 000					0	

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

Schedule I (Form 990) 2018

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

r at in can be duplicated if additional space is needed.							
(a) Type of grant or assistar	nce	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
(1) SCHOLARSHIP AND AWARD DISBURSEMENTS		611	45,196		CASH	SCHOLARSHIP SUPPORT	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
Part IV Supplemental Int	formation. P	rovide the information	on required in Part I, line 2	2; Part III, column (b); an	d any other additional informatio	n.	
Return Reference	Explanation	ı					
PART I, LINE 2:	INT I, LINE 2: THE AUGUSTA TECHNICAL COLLEGE FOUNDATION RECEIVES GRANT FUNDS TYPICALLY FROM LOCAL ORGANIZATIONS FOR SPECIFIC USES AT THE COLLEGE. THE GRANT FUNDS ARE USED FOR SCHOLARSHIPS, EQUIPMENT PURCHASES, OR FOR THE PURCHASE OF BOOKS FOR OUR LENDING LIBRARY. WE USE THOSE FUNDS FOR THE PURPOSES INTENDED BY THE DONOR AND IF REQUESTED BY THE DONOR, WE TRANSMIT A REPORT BACK TO THEM STATING HOW THE FUNDS WERE UTILIZED. OUR FUNDS ARE USED FOR AUGUSTA TECHNICAL COLLEGE ONLY AND NOT FOR ANY FOREIGN OR OVERSEAS INTEREST AS WE ARE A COMMUNITY COLLEGE THAT SERVES A FIVE COUNTY SERVICE AREA IN AUGUSTA, GEORGIA. SCHOLARSHIPS ARE PAID ON A REIMBURSEMENT BASIS TO THE COLLEGE; HOWEVER SOME (VERY FEW) SCHOLARSHIPS ARE PAID DIRECTLY TO THE STUDENTS AND ARE OFTEN IN THE FORM OF EITHER LOANED BOOKS OR BOOKS PURCHASED ON BEHALF OF THE STUDENTS. Excludents (Country Service) (Country Students) (Country						

efile GRAPHIC print		Submission Date - 2019-08-13			DLN: 93493225008019
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury Internal Rive organization		Complete to provide information for re Form 990 or 990-EZ or to provide ▶ Attach to Form 9 ▶ Go to <u>www.irs.gov/Form990</u>	al Information to Form 990 or 990-EZ rovide information for responses to specific questions on 0 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. to <u>www.irs.gov/Form990</u> for the latest information. Employer identification		OMB No. 1545-0047 2018 Open to Public Inspection
AUGUSTA TECHNIC	AL COLLEG	EFOUNDATION	!	58-1750663	
Return Reference		E	xplanation		
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE FORM 990 WILL BE SHARED WITH THE BOARD FOR THEIR REVIEW AND APPROVAL PRIOR TO SUBMISSION TO THE IRS.				
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, THE FOUNDATION DIRECTOR COLLECTS THE DATA FORMS AND REVIEWS THEM FOR A POSSIBLE CONFLICT OF INTEREST. IF A QUESTION ARISES ABOUT A POTENTIAL CONFLICT OF INTEREST, IT IS BROUGHT TO THE ATTENTION OF THE FOUNDATION BOARD PRESIDENT TO REVIEW AND DECIDE A COURSE ACTION. THAT PERSON WITH THE POTENTIAL CONFLICT ALSO WILL RECUSE THEMSELVES FROM ALL DISCUS AND/OR VOTE ON THE MATTER.				EREST, IT IS A COURSE OF
FORM 990, PART VI, SECTION B, LINE 15A	THE FOUNDATION HAS NO FULL TIME EMPLOYEES. KEY PERSONNEL IN SUPPORT OF THE FOUNDATION ARE COLLEGE EMPLOYEES AND ARE SUBJECT TO COMPENSATION, CLASSIFICATION AND ALL OTHER PERSONNEL POLICIES OF THE COLLEGE. THE COLLEGE PERIODICALLY REVIEWS ITS CLASSIFICATION AND COMPENSATION STRUCTURE.				
FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILAB THE PUBLIC UPON REQUEST.				

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