2022	
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SCANNED	

	000 T		Exempt Organi	zatio	on [.] Business	Inco	ome	Tax Re	eturn		MB No 1545	5-0047
Form	. 990-T				ax under sec				JIN.	0	@@ 4	^
		For cale	ndar year 2019 or other tax	vear be	eginning July 1	. 2019. ar	nd end	ing June 30	0.20 2	o .	201	9
Depa	urtment of the Treasury		► Go to www.irs.gov									
•	nal Revenue Service	▶ Do i	not enter SSN numbers or	n this fo	rm as it may be made	e public i	f your	organization i	is a 501(c)	(3). Open	to Public Ins c)(3) Organiza	pection for tions Only
<u>_</u>	Check box if address changed		Name of organization (Check	box if name changed	and see II	nstruct	ions)	D	Employer	identification	number
B Ex	empt under section		Georgia Institute of Te	- chnolo	gy					(Employees	i' trust, see ins	itructions)
_	1501()()	Print or	Number, street, and room			nstruction	ıs			58	3-6002023	
	408(e) 220(e)	Type	500 Tech Parkway						E		ousiness activ	vity code
	408A 🗌 530(a)	',,,,,,,	City or town, state or prov	ince, coi	untry, and ZIP or foreig	n postal c	code			(See instru	ctions)	
	529(a)		Atlanta, GA 30332								711310	
C Bo	ook value of all assets end of year	F Gr	oup exemption number	er (See	: instructions) ▶				•			
u.	2,797,557,110	G Cr	neck organization type	▶ [501(c) corporati	on	<u></u> 5	01(c) trust	<u> </u>	01(a) trus	t 🔲 Otl	her trust
Н	Enter the number	of the c	organization's unrelate	d trade	es or businesses	>	6	De	escribe t	ne only (o	r first) unre	elated
	trade or business	here 🟲	Ferst Center for the Pe	rformır	ng Arts, If c	only one	e, con	plete Parts	I–V. If m	nore than	one, desc	ribe the
./	first in the blank s	space a	at the end of the prev	ious se	entence, complete	Parts	I and	II, complet	e a Sch	edule M	for each a	ddıtıonal
	trade or business,	then c	omplete Parts III-V.									
7	During the tax year,	, was the	e corporation a subsidia	ry in ar	affiliated group or	a parent	t-subs	idiary contro	olled grou	ıp? . ▶	► ☐ Yes	✓ No
ĺ	If "Yes," enter the	name a	and identifying numbe	r of the	e parent corporati	on. 🕨						
- Ve	The books are in o	care of	Tax Compliance Ma	anager	Senior		T	elephone n	umber I	>	404-385-4	396
Pa	art I Unrelated	d Trad	e or Business Inco	me			(A)	Income	(B) Ex	penses	(C) N	let
1	a Gross receipts	or sale	es	78507	,							
	b Less returns a	nd allov	wances		c Balance ▶	1c		78507				
2	Cost of goods	sold (S	Schedule A, line 7)			2				_		1
3	Gross profit. S	ubtract	t line 2 from line 1c .			3		78507		-		78507
4	a Capital gain ne	et incon	ne (attach Schedule D) .		4a						
	b Net gain (loss)	(Form	4797, Part II, line 17) (attach	Form 4797) .	4b			-			
۸ '	c Capital loss de	-				4c						
5	•		a partnership or an	S cor	poration (attach							
5 707	statement)					5			-			
3 6	Rent income (S	Schedu	ile C)			6						
a 7	· ·		ced income (Schedule			13						
			s, and rents from a controlle			8		·				
MAI 8			ection 501(c)(7), (9), or (17)			9						
			ivity income (Schedule		zalion (ochedule d)	10						
10 11 12	•	•	Schedule J)	•	/	11						
12			structions, attach sche		/	12				·	 	
13		-		suule,		13		70507			 	70507
			Taken Elsewhere (§	Soo inc	etructions for limit		on d	78507		tions mu	t ha dira	78507
Pa			he unrelated busines			lations	on a	eductions.)	(Deduc	lions mu	St be direc	July
14			cers, directors, and tru							. 14	l	
15			sero, directoro, and tre	۔ ا				15/13	21	. 15		40491
16		-	ance /	ſ,	RECEIVE	ΞD .		050	.21.	. 16		70731
17	•	idii iterib		. 2		77	ol i			17		
18		 n sched	lule) (see instructions)	. 8	JUN 0 1 21	121/18	\lesssim		•	. 18		
19			gic, (sec instructions)	171		, ·	ارز			. 19		
20			Form 4562)	•	0005		<u> </u>	20	•	. 13		
21		/	imed on Schedule A a	nd also	OGDEN	JT	ĺ	21a		21b	4	
22		lion cia	ined on ochedule A a	na eise	SWITCHG-OH-LEGGIO	<u> </u>	;	210	 	. 22	<u> </u>	
23	' /	to dofoi	rred compensation pla							23		
23 24	/			1113				•		24		
24 25	· / ·		_							_		9701
			nses (Schedule I)	•						. 25	 	
26	/		sts (Schedule J)	•		•	•			. 26	+	
27	Other deduction		•				•			. 27	-	74360
			ld lines 14 through 27				٠.			28	 	124552
29			exable income before r									<u>-46045</u>
/ 30	instruction for	net op	perating loss arising i	п тах	years beginning	on or a	anter .	January 1,	∠∪18 (S	i		
	•						•			30		
31			xable income Subtrac		30 from line 29	·		<u> </u>	<u></u>	31		<u>-46045</u>
For	Paperwork Reducti	ion Act	Notice, see instructions	S.		Cat N	No 112	91J			Form 990	- 【 (2019)

	II Total Unrelated Business Taxable Income						Page 2
	Total of unrelated business taxable income computed from all unrelated trade	es or h	usinesses (see	1 1			
U L 7	instructions)			32			2212
33	Amounts paid for disallowed fringes		•	33			22139
	, G			34			
34 35	Charitable contributions (see instructions for limitation rules) Total unrelated business taxable income before pre-2018 NOLs and specific de			\mathbb{H}			
33	34 from the sum of lines 32 and 33			35			
36	Deduction for net operating loss arising in tax years beginning before J			1			22139
30	instructions)						0040
~~			7	36 37			22139
37	Total of unrelated business taxable income before specific deduction. Subtract li			38	-		
38 39	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is			30			
39	enter the smaller of zero or line 37			39			
Dort	V Tax Computation			33	l		
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		•	40			
40 41	Trusts Taxable at Trust Rates. See instructions for tax computations			70			
71	the amount on line 39 from. Tax rate schedule or Schedule D (Form 1			41			
42	Proxy tax. See instructions	J.1., .		42			
43	Alternative minimum tax (trusts only)	•		43			-
44	Tax on Noncompliant Facility Income. See instructions			44		_	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45			
	V Tax and Payments	•		1 10			
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .	46a		1 :			
b	Other credits (see instructions)	46b		1 1			
c	General business credit. Attach Form 3800 (see instructions)	46c		1			
d		46d	· ···	1			
e	Total credits. Add lines 46a through 46d	100		46e			
47	Subtract line 46e from line 45			47			
48	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866			48			
49		•		49			
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k			50			
51a	Payments: A 2018 overpayment credited to 2019	51a					
ь	2019 estimated tax payments	51b		1 1			
c	Tax deposited with Form 8868	51c		1			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d		1			
e	Backup withholding (see instructions)	51e		1			
f	Credit for small employer health insurance premiums (attach Form 8941) .	51f		1			
g	Other credits, adjustments, and payments			1		•	
3	☐ Form 4136 ☐ Other Total ▶	51g					
52	Total payments. Add lines 51a through 51g			52			
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached .		▶□	53			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owe	ed .	-	54			
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amo		erpaid .	55			
56	Enter the amount of line 55 you want		Refunded ▶	56			
Part		(see ins	<u></u>				
	At any time during the 2019 calendar year, did the organization have an interest			er auth	nority	Yes	No
57							
57	over a financial account (bank, securities, or other) in a foreign country? If "Yes,	," the o	rganızatıon may	have t	to file	ļ	
57	over a financial account (bank, securities, or other) in a foreign country? If "Yes, FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," ent						

a	Crean	tor prior year minimum tax (aπach For	m 880 i or 8827)	46	oa			
е	Total o	credits. Add lines 46a through 46d .				. 46e		
47	Subtra	ct line 46e from line 45				. 47		
48	Other ta	xes. Check if from 🔲 Form 4255 🔲 Form	8611 🔲 Form 8697 🔲	Form 8866 🔲 Oth	er (attach schedu	ıle) 48		
49	Total t	ax. Add lines 47 and 48 (see instruction	ons) .			. 49		
50	2019 n	et 965 tax liability paid from Form 965	-A or Form 965-B, Pa	art II, column (k), li	ne 3	50		
51a	Payme	nts: A 2018 overpayment credited to 2	2019	51	a			
b	2019 e	stimated tax payments		51	b			
С	Tax de	posited with Form 8868		51	lc			
d	Foreigi	n organizations [.] Tax paid or withheld a	at source (see instruct	ions) . 5 1	d			
е	Backu	o withholding (see instructions)	•	. 51	le			
f	Credit	for small employer health insurance pr	remiums (attach Form	1 8941) . 5	1f	<u> </u>		
g	Other	credits, adjustments, and payments.	☐ Form 2439				•	
	☐ For	m 4136	er	Total ► 51	g			
52	Total p	payments. Add lines 51a through 51g				. 52		
53	Estima	ted tax penalty (see instructions). Che-	ck if Form 2220 is att	ached	▶	☐ 53 ☐ 54 ☐ 55 ☐		
54	Tax du	e. If line 52 is less than the total of line	es 49, 50, and 53, ent	er amount owed		▶ 54		
55	Overp	ayment. If line 52 is larger than the tot	al of lines 49, 50, and	53, enter amount	overpaid .	▶ 55		
56	Enter th	e amount of line 55 you want Credited t	to 2020 estimated tax	>	Refunded	d ▶ 56		
Part '	VI S	tatements Regarding Certain Ac	tivities and Other	Information (se	e instructions)			
57	At any	time during the 2019 calendar year, d	id the organization ha	ave an interest in o	or a signature o	r other autho	rity Yes	No
		financial account (bank, securities, or						
		N Form 114, Report of Foreign Bank a	nd Financial Account	s. If "Yes," enter t	he name of the	foreign cour	ntry	
	here 🕨							
58	-	the tax year, did the organization receive a		-	or transferor to, a	foreign trust?		
	If "Yes	," see instructions for other forms the	organization may hav	e to file.				
59		he amount of tax-exempt interest rece						
O:		penalties of perjury, I declare that I have examined torrect, and complete Declaration of preparer (other t					/ledge and be	ilief, it is
Sign		2 Control of the complete decidation of preparer (orner to	indiritation of the state of th			May the IRS	S discuss this	
Here	1	James G. forlan	<u> </u>	VP Finance and Pl	anning		eparer shown tions)? [Yes	
	Signat	ure of officer	D/ate/	Title			 _	<u> </u>
Paid	٠	Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN	
Prepa	arer					self-employed		
Use (Firm's name ▶				Firm's EIN ▶		
030 (Firm's address ▶				Phone no		
						F	orm 990-T	Ĩ (2019)

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Page	
· ago	•

OIII 330-1 (2015)							, age e
Schedule A—Cost of Good	ls Sold. Enter metl	hod of inventory	valuation 🕨				
1 Inventory at beginning of	of year 1		Inventory a	at end of year	6_		
2 Purchases	. 2		7 Cost of g	oods sold. Subtract lin	е		
3 Cost of labor	3	·	6 from line	5. Enter here and in Pa	rt		
4a Additional section 263	A costs		I, line 2		7		
(attach schedule)	4a	8	B Do the ru	les of section 263A (wi	th respo	ect to Ye	s No
b Other costs (attach sch	edule) 4b		property p	roduced or acquired for	resale)	apply	
5 Total. Add lines 1 throu	gh 4b 5		to the orga	anization?		[
Schedule C-Rent Income	(From Real Prope	erty and Persor	nal Property	Leased With Real Pro	operty)		
(see instructions)							
Description of property		_					
1)		-	-				
2)							
3)							
4)							
	2. Rent received or accru	ıed					
(a) From personal property (if the perconal property is more than 1 more than 50%)	0% but not percent	From real and personal age of rent for persona r if the rent is based on	I property exceeds	3(a) Deductions directly in columns 2(a) and			ome
1)							
2)		•					
3)							
4)		••					
Total	Total						
c) Total income. Add totals of co		tor		(b) Total deductions. Enter here and on page	. 1		
nere and on page 1, Part I, line 6, c		▶		Part I, line 6, column (B			
Schedule E-Unrelated De	bt-Financed Inco	me (see instruction	ons)		<i>.</i>		
		· · · · · · · · · · · · · · · · · · ·	s income from or	3. Deductions directly co			e to
1. Description of deb	t-financed property	allocable	to debt-financed	(a) Straight line depreciation	ced prope	Other deduction	ons
			property	(attach schedule)		attach schedule	
1)		1					
2)							
3)			· -				
4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted of or allocable to debt-financed prop (attach schedule	perty	i. Column 4 divided 7 column 5	7. Gross income reportable (column 2 × column 6)		llocable deduct n 6 × total of c 3(a) and 3(b))	
1)			%				
2)			%				
3)		" "	%				
4)			%				
		• •		Enter here and on page 1,		nere and on p	
				Part I, line 7, column (A)	Part I,	line 7, colum	าท (B)
lotals			•				
Total dividends-received deducti	ons included in column	18					

Schedule F	-Interest, Ann	uities,	, Royalties,			Controlled Org	ganizations (se	ee instru	ctions)	
	e of controlled anization		. Employer lication number	3. Net unrel	lated income		5. Part of columnicuded in the organization's gr	controlling	conn	eductions directly ected with income in column 5
(1)										
(2)			-							
(3)										
(4)										
Nonexempt (Controlled Organia	zations	3			•	•			
		. Net unrelated income loss) (see instructions)			otal of specified yments made	10. Part of column included in the corganization's gri	controlling	conne	Deductions directly cted with income in column 10	
(1)					•	•				
(2)				Ī						
(3)										_
(4)	-									
					-		Add columns 5 Enter here and 6 Part I, line 8, co	on page 1,	Enter I	columns 6 and 11 nere and on page 1, line 8, column (B)
Totals	i-Investment	lnoom	o of a Soot	on 501/	o)/7\ /0\	or (17) Organi	zation (see inc	tructions	<u>,,</u>	- /
_	cription of income		2. Amount of		3. direc	Deductions ctly connected ach schedule)	4. Set-asides (attach schedule)		5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)					<u> </u>	·		1		<u> </u>
(2)					1					
(3)							- "			
(4)					1			İ		
Totals		•	Enter here and Part I, line 9, c	olumn (A)					Part I, II	re and on page 1, ne 9, column (B)
Schedule I-	-Exploited Exe	empt /	Activity Inco	ome, Oth	er Than	Advertising In	come (see inst	tructions	3)	
1. Descrip	otion of exploited activi	ity	2. Gross unrelated business incor from trade of business	me conn r proc	expenses lirectly ected with duction of irelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
lotais		•	Enter here and page 1, Part line 10, col (A	i, page	nere and on e 1, Part I, 0, col (B)					Enter here and on page 1, Part II, line 25
Schedule J	-Advertising I	ncom	e (see instruc	tions)		Į.				'
	ncome From P				Consoli	dated Basis				
1. N	lame of penodical		2. Gross advertising income		Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				1		. —				1
(2)		<u> </u>						 		-
(3)				<u> </u>	· · · · ·			 		
(4)										
· · · · · · · · · · · · · · · · · · ·									·	· · · · · · · · · · · · · · · · · · ·
Totals (carry to	Part II, line (5))	•								

Form 990-T (2019)						Page 5
Part II Income From Periodi 2 through 7 on a line-to-	•	l on a Separat	e Basis (For ea	nch periodical li	sted in Part II	, fill in columns
1. Name of penodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		-				
(2)						
(3)						
(4)						
Totals from Part I		_				
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1–5)						
Schedule K—Compensation of	Officers, Direc	tors, and True	stees (see instru			
1. Name		2	. Title	3. Percent of time devoted to business		tion attributable to ed business
(1)			_	%		
(2)				%	ı	
(3)				%		
(4)				%	,	
Total. Enter here and on page 1, Part II, lii	ne 14 .			. ▶	<u> </u>	

Form **990-T** (2019)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning July 1 , 2019, and ending June 30 , 20 20 .

Go to www.irs.gov/Form990T for instructions and the latest information.

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

Name o	of the organization			Employer ider	itification i	number		
Georg	ia Institute of Technology				58-6002023			
	nrelated Business Activity Code (see instructions) ▶51312							
De	escribe the unrelated trade or business > Academy of Medicine	Event R	entals					
Par	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net		
1a	Gross receipts or sales 136842							
b	Less returns and allowances c Balance ▶	1c	136842					
2	Cost of goods sold (Schedule A, line 7)	2						
3	Gross profit. Subtract line 2 from line 1c	3	136842			136842		
4a	Capital gain net income (attach Schedule D)	4a						
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Schedule C)	6						
7	Unrelated debt-financed income (Schedule E)	7			1			
8	Interest, annuities, royalties, and rents from a controlled	1 1						
	organization (Schedule F)	8			\bot			
9	Investment income of a section 501(c)(7), (9), or (17)					İ		
	organization (Schedule G)	9			+			
10	Exploited exempt activity income (Schedule I)	10						
11	Advertising income (Schedule J)	11			+ +			
12	Other income (See instructions, attach schedule)	12		_				
13	Total. Combine lines 3 through 12	13	136842			136842		
Part 14	connected with the unrelated business income.)				14	st be directly		
15	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages				15	119341		
16	Salaries and wages		•	•	16	119341		
17	Bad debts				17	<u> </u>		
18	Interest (attach schedule) (see instructions)				18			
19	Taxes and licenses		• • •	•	19	 		
20	Depreciation (attach Form 4562)	•	. 20	· · · · · · · · · · · · · · · · · · ·	'•			
21	Less depreciation claimed on Schedule A and elsewhere on re			1	21b			
22	Depletion				22			
23	Contributions to deferred compensation plans				23			
24	Employee benefit programs				24	34563		
25	Excess exempt expenses (Schedule I)				25			
26	Excess readership costs (Schedule J)				26			
27	Other deductions (attach schedule)				27	85412		
28	Total deductions. Add lines 14 through 27				28	239316		
29	Unrelated business taxable income before net operating loss d	eductio	n Subtract line 2	8 from line 13	29	-102474		
30	Deduction for net operating loss arising in tax years beginn							
	instructions)				30			
31	Unrelated business taxable income Subtract line 30 from line	29 .			31	-102474		

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning July 1 , 2019, and ending June 30 , 20 20

► Go to www.irs.gov/Form990T for instructions and the latest information.

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

Name of the organization Employer ide					dentification number		
Geora	ia Institute of Technology				58-6002	023	
Ur	related Business Activity Code (see instructions) ▶ 71394	0					
De	escribe the unrelated trade or business Campus Recreation C	enter	_				
Pari			(A) Income	(B) Expens	es	(C) Net	
1a	Gross receipts or sales 253577						
b	Less returns and allowances c Balance ▶	1c	253577				
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit. Subtract line 2 from line 1c	3	253577			253577	
4a	Capital gain net income (attach Schedule D)	4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					
С	Capital loss deduction for trusts	4c				_	
5	Income (loss) from a partnership or an S corporation (attach statement)	5		}			
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7				-	
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10			t t		
11	Advertising income (Schedule J)	11					
12	Other income (See instructions; attach schedule)	12		1			
13	Total. Combine lines 3 through 12	13	253577			253577	
Part	connected with the unrelated business income.)			ons.) (Deduction		t be directly	
14	Compensation of officers, directors, and trustees (Schedule K)				14		
15	Salaries and wages				15	156450	
16	Repairs and maintenance			•	16		
17	Bad debts				17		
18	Interest (attach schedule) (see instructions)				18		
19	Taxes and licenses		1 1		19		
20	Depreciation (attach Form 4562)		— 				
21	Less depreciation claimed on Schedule A and elsewhere on re		. [21a]		21b		
22	Depletion			•	22		
23	Contributions to deferred compensation plans .				23		
24	Employee benefit programs			•	24	30041	
25	Excess exempt expenses (Schedule I)				25		
26	,				26		
27	,				27	138872	
28	.				28	325362	
29	Unrelated business taxable income before net operating loss d				29	-71785	
30	Deduction for net operating loss arising in tax years beginn instructions)				30		
31	Unrelated business taxable income. Subtract line 30 from line 2	29 .			31	-71785	

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning July 1 , 2019, and ending June 30 , 20 20

► Go to www.irs.gov/Form990T for instructions and the latest information.

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

Name o	f the organization			Employer identi	fication	number
Georg	ia Institute of Technology				58-600	02023
	nrelated Business Activity Code (see instructions) > 51211	0		<u> </u>		
	escribe the unrelated trade or business Motion Picture and Vic	deo Pro	_ oduction			
Part			(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales 43440					
b	Less returns and allowances c Balance ▶	1c	43440			
2	Cost of goods sold (Schedule A, line 7)	2		1		
3	Gross profit. Subtract line 2 from line 1c	3	43440	ĺ		43440
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
c	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled	\vdash				
Ū	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions; attach schedule)	12				
13	Total. Combine lines 3 through 12	13	43440			43440
Part	connected with the unrelated business income.)					ust be directly
14	Compensation of officers, directors, and trustees (Schedule K)			•	14	
15	Salaries and wages	٠			15	20720
16	Repairs and maintenance	•			16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)			•	18 19	
19 20	Taxes and licenses		. 20		19	
21	Depreciation (attach Form 4562)				21b	
22	Depletion		. [21a]		22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	6574
25	Excess exempt expenses (Schedule I)	•	• •		25	03/4
26	Excess readership costs (Schedule J)			• •	26	
27	Other deductions (attach schedule)			•	27	5688
28	·				28	32983
29	Unrelated business taxable income before net operating loss d				29	10457
30	Deduction for net operating loss arising in tax years beginn				 -	.5757
-	instructions)	•	•	, ,	30	
31	Unrelated business taxable income. Subtract line 30 from line 1		• • •		31	10457

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning July 1 , 2019, and ending June 30 , 20 20

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me of the organization		Employer identification number			
eorgia Institute of Technology	5	8-6002023			
Unrelated Business Activity Code (see instructions) ▶4	185410				
Describe the unrelated trade or business ► Rental of Trolley	and Stinger B	Buses			
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1a Gross receipts or sales 21960					
b Less returns and allowances c Balance	e▶ 1c	21960			
2 Cost of goods sold (Schedule A, line 7)	. 2				
3 Gross profit. Subtract line 2 from line 1c	. 3	21960		21960	
4a Capital gain net income (attach Schedule D)	. 4a				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 479	97) 4b				
c Capital loss deduction for trusts	. 4c				
5 Income (loss) from a partnership or an S corporation (attac statement)	1 1				
6 Rent income (Schedule C)	6				
7 Unrelated debt-financed income (Schedule E)	. 7				
Interest, annuities, royalties, and rents from a controlled organization (Schedule F)					
Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	. 9				
Exploited exempt activity income (Schedule I) .	10				
Advertising income (Schedule J)	11		1		
Other income (See instructions, attach schedule) .	12				
3 Total. Combine lines 3 through 12	13	21960		21960	
connected with the unrelated business income.) 4 Compensation of officers, directors, and trustees (Schedu Salaries and wages				14	
Depreciation (attach Form 4562)		20			
Less depreciation claimed on Schedule A and elsewhere of	on return .	. 21a		21b	
2 Depletion				22	
Contributions to deferred compensation plans				23	
Employee benefit programs				24 239	
Excess exempt expenses (Schedule I) .			[25	
Excess readership costs (Schedule J)			<u></u>	26	
Other deductions (attach schedule)			[27 9291	
Total deductions. Add lines 14 through 27			[28 10278	
 Unrelated business taxable income before net operating to 	ss deduction	n. Subtract line 2	8 from line 13	29 11682	
Deduction for net operating loss arising in tax years be	ginning on a	or after January	1, 2018 (see		
instructions)			[30	
1 Unrelated business taxable income. Subtract line 30 from	line 29 .		Г	31 11682	

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning July 1 , 2019, and ending June 30 , 20 20

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

		Employer ident	incation no	iiibei
			58-60020)23
2320				
1		1	1	
	(A) Income	(B) Expens	es	(C) Net
	362348			
3	362348			362348
4a				
4b				
4c				
5				
6				
7				
8				
				
9				
<u> </u>				
<u> </u>				-
		-	 -	
	262240		 	362348
tor ilmitati	ons on deducti	ons.) (Deduction	ons musi	be directly
K)			14	
			15	143488
			16	
			17	
			18	
			19	
	20			
return .	. 21a		21b	
		•	22	
			23	
			24	45200
			25	
			26	
			27	400146
			28	588834
deduction			29	-226486
			30	
			31	
	2 3 4a 4b 4c 5 6 7 8 8 9 10 11 12 13 for limitati	(A) Income 1c 362348 2 3 362348 4a 4b 4c 56 6 7 8 9 10 11 12 13 362348 for limitations on deductions on deductions and deductions are the second of the se	(A) Income (B) Expense 1c 362348 2 3 362348 4a 4b 4c 56 6 7 8 9 10 11 12 13 362348 for limitations on deductions.) (Deductions) (K)	(A) Income (B) Expenses 1

Georgia Institute of Technology (EiN 58-6002023) UBI Summary Fiscal Year Ended June 30, 2020

																			Kounding
NAICS 722320 (Caterers, including Banquet Halls with Catering Staff)	Catering (GLC + AOM)	362,348		362,348			143,488	45,200		275,692	464,380	,	(102,032)	3	511,13	19,968	73,372	124,454	(226,486)
NAICS 512110 (Motion Picture and Video Production)	Films	43,440		43,440			20,720	6,574		168	27,463		15,977			1,181	4,339	5,520	10,457
NAICS 485410 (School and Employee Bus Transportation)	Trolley Rentals	21,960		21,960			748	239		8,867	9,854		12,106			424		424	11,682
NAICS 713940 (Fitness and Recreation Sports Centers)	CRC	253,577		253,577			156,450	30,041	5,682	64,007	256,179	527	(3,129)	,	101,104	11,016	40,476	959'89	(71,785)
NAICS 513120 (Bamquet Hall Rental or Leasing)	AOM	136,842		136,842			119,341	34,563		34,831	188,735	•	(51,893)	0.00	C+0'7	8,116	29,820	50,581	(102,474)
(Promoters of Performing Arts with Facilities)	Ferst Center	78,507		78,507			40,491	9,701	2,592	45,288	98,072	196	(19,761)	7	1 /6'0	4,217	15,495	26,283	(46,045)
	Total	896,675		896,675			481,238	126,318	8,274	428,853	1,044,683	723	(148,731)	100	0.64, 10	44,922	163,503	275,918	(424,650)
										•		•		•		•			
	•	Gross Revenue (Line 3)	Other Revenue (Line 12)	Total Unrelated Revenue	Expenses	Direct Expenses	Salaries and Wages	Fringe Benefits	Travel	Operating Expenses	Total Direct Expenses	Equipment Purchases Interest Expense	Net Before Indirects	Indirect Expenses	palialis & Illipiovernents	General & Admın	Plant Maintenance	Total Indirect Expenses	Net Gain/(Loss)

Goes to Line 27 - Other Deductions

Georgia Institute of Technology (EIN 58-6002023) IRS Form 990-T Fiscal Year Ended June 30, 2020

Line 27 - Other Deductions (by NAICS Code)

		NAICS 711310	NAICS 513120	NAICS 713940	NAICS 485410	NAICS 512110	NAICS 722320
		(Promoters of Performing Arts with Facilities)	(Fitness : (Bamquet Hall Recreatic Rental or Leasing) Centers)	(Fitness and (Bamquet Hall Recreation Sports ental or Leasing)	(School and Employee Bus Transportation)	(Motion Picture and Video Production)	(Caters, including Banquet Halls with Catering Staff)
	Total	Ferst Center	AOM	CRC	Trolley Rentals	Films	Catering
Equipment	723	196		527			
Travel	8,274	2,592	1	5,682	•	•	
Operating Expenses	428,853	45,288	34,831	64,007	8,867	168	275,692
Buildings & Improvements	67,493	6,571	12,645	17,164			31,113
General & Admın	44,922	4,217	8,116	11,016	424	1,181	19,968
Plant Maintenance	163,503	15,495	29,820	40,476	•	4,339	73,372
	713,768	74,360	85,412	138,872	9,291	5,688	400,146