Return of Organization Exempt From Income Tax

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

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

			rice	<u> </u>		.iis.guv/rui		O7 (01 cod				audii 1 / C	$\frac{1}{2}$	/30 , 20 17	
<u> </u>	or the	2017		ar year, or tax y	ear beginning			07/01, 201 7	7, an	ending		D Employer ide			
Во	heck if ap	pticable	í	e of organization	MOLOGY T		T 0 1 7 1					, ,			
_	Addre		_	ANCED TECH	HNOLOGY I	NTERNAT	TONAL					57-106	1151	L	
<u></u>	chang			business as											
<u> </u>	Name	change	1			not delivered	vered to street address) Room/suite					E Telephone number			
_	-1	return		SIGMA DR					_L_			(843) 76	0 - 3	201	
<u> </u>	_ termir		·	or town, state or pr			eign postai	code							
<u> </u>	Amen	ı		MERVILLE,								G Gross receipt		183,895,737.	
L	Applic pendi		Į.	and address of p	•			R R VAN M	ETR	E_/	7	H(a) is this a gro subordinates	up retur 3	The Yes X No	
				SIGMA DR		RVILLE,	SC 29	486		<u> </u>	7	H(b) Are all subord			
		empt st		X 501(c)(3)	501(c) () 《 (ır	nsert no)	4947(a)(1) or (52	<u> </u>	If "No," at	tach a l	ist (see instructions)	
				ATI.ORG						-		H(c) Group exem			
				X Corporation	Trust	Association	Othe	· •		L Year	of format	ion 1998 M	State	of legal domicile SC	
P	art i		ımmary												
	1	Briefly	y descril	oe the organizati	ion's mission o	or most signi	ficant activ	nties SEE (S	SCHE	EDULE	0				
J.Ce	}														
nai				 _											
Governance					_			•	4	,		of its net asset	1 1	_	
<u>ა</u>				ting members of									3	5.	
				dependent voting									4	4.	
ž				of individuals ei									5	0.	
Activities	ĺ			of volunteers (es									6	5.	
•	1						III, column (C), line 12						7a	0.	
	b	Net u	nrelated	business taxab	le income from	Form 990-T	, line 34		<u> </u>	<u> </u>	' + • •		7b	0.	
	_											Prior Year		Current Year	
e	8			and grants (Parl								486,89		0.	
Revenue	9			ice revenue (Part										183,893,296.	
æ	10			come (Part VIII,								9,58	$\frac{31.1}{14.1}$	2,441.	
	1			e (Part VIII, colu								34,850,01		183,895,737.	
				- add lines 8 th							+	15,486,68		163,693,737.	
				milar amounts pa								13,400,00	0.1		
	1			to or for membe								18,413,15		5,228,307.	
ses	I			r compensation								10,413,13	0.1	0.	
xpenses	I			fundraising fees (0.		·		 +		
Ä	I			sing expenses (P								10,383,47	72	180,373,294.	
				es (Part IX, colui					• • • •	<u>-</u>		44,283,31		185,601,601.	
	19	Daver	exherise	es Add lines 13-	ract line 18 from	n line 12	WEC	PEIVED	• • •	1	·	-9,433,29		-1,705,864.	
es		· / CVE	100 1005	expenses Subt	ractime to Ital		••••	· · · · · · · · · · · · · · · · · · ·	ii i	∸∸اٰڍ	Begin	ining of Current		End of Year	
Net Assets or Fund Balances	20	Total	assets /	Part X, line 16)		536	VIIC	2 2 2018	- 8	3		68,533,84		299,441,838.	
Ass	21			s (Part X, line 10)		21.	. 400	· \$. \$. CO10	. 19	١		60,739,49		293,353,356.	
¥.5	22			fund balances		1 from line 2	0		؛ لنـ	팄		7,794,34		6,088,482.	
Ď.	rt II			Block	Odbirdet iiile 2	1 11011111110 2	*OG E	ŒN, UT	••••	''''					
_					ave examined th	nis return, inc	luding acc	ompanying sche	dules	and state	ements, a	and to the best o	f mv k	nowledge and belief, it is	
				Declaration of pr									<u> </u>		
			VA)	tia li	1 VIBE	125						18/	14	(118/	
Sig	n		Signatui	e of officer	1600							Date		1.0	
He	re		JUIJI	A. MARTIN	1			CFO						•	
			Type or	print name and title											
		Print	Туре рге	parer's name		Preparer's	signature			Date		Check	I F	PTIN	
Paid		SAN	DRA L	FEINSMITH	l	1	Son	ue L Alman	t~	08/13	/2018	self-employ	red	P01064157	
	parer		s name	▶BDO USA,					<u></u> _1			Firm's EIN	3-5		
Use	Only			▶1100 PEACHTE		, SUITE 70	O ATLANTA	, GA 30309						688-6841	
Ma	y the			this return with					s) .					. X Yes i No	
For	Pape	rwork	Reduct	ion Act Notice,	see the separa	te instructio	ns.			<u> </u>			<u> </u>	Form 990 (2017)	

ADVANCED TECHNOLOGY INTERNATIONAL

P	art III	Statement of Program Service Check if Schedule O contains a	Accomplishments a response or note to any line in this Part	W	
1	•	describe the organization's mission		<u> </u>	· · · · · · · · · · · · · · · · · · ·
2			ificant program services during the yea		Yes X No
	If "Yes,"	describe these new services on	Schedule O		
3	services	e organization cease conductins?	g, or make significant changes in ho	ow it conducts, any program	Yes X No
4	Describ expens	pe the organization's program s es Section 501(c)(3) and 501(c	ervice accomplishments for each of its ()(4) organizations are required to report each program service reported		
4a	(Code		,883,837 including grants of \$		33,893,296)
			ERNMENT BY FACILITATING COLI		
			ACADEMIA, AND INDUSTRY IN OF		
			NS WHICH CONTRIBUTE TO OPERA B DIVERSE R&D CONSORTIA TO A		
		TANT TECHNOLOGY NEEDS.	J DIVERSE R&D CONSORTIA TO F	ADDRESS	
		TANT TECHNOLOGI NEEDS.			
					· · · · · · · · · · · · · · · · · · ·
46	(Codo	\ (E)managa \$	moluding grants of C) /Davague #	
40	(Code) (Expenses a	including grants of \$) (Revenue \$	
					
					
					
					
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	
					
					
					
					
					
					
					
4d	Other p	program services (Describe in Sch	edule O)		
_	(Expen			\$)	
		rogram service expenses >	182,883,837.	**************************************	
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Par	Checklist of Required Scriedules			
			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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1	,	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	X
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		X
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	Ĺ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	}		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	}		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	}	i	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	L	_X
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		X
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		أكيا	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		}	
	complete Schedule D, Part VI	11a	X	
þ	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	1	}	١,,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	1		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ł		.,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,,
	Schedule D, Parts XI and XII.	12a		X
р	Was the organization included in consolidated, independent audited financial statements for the tax year? If		J	
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X	 -
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
Ø	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	444		v
1 6	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1 4-		х
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	}	<u> </u>
10		40		х
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		 ^ -
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	14-		х
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		 ^ -
19		40		х
	If "Yes," complete Schedule G, Part III	19		<u>_</u> ,_

Page 4

Part	90 (2017) Checklist of Required Schedules (continued)		!	Page 4
rait	Checklist of Required Schedules (Commued)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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			X
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		X
24 a	employees? If "Yes," complete Schedule J	23		<u> </u>
	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d		24d		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	}		
	If "Yes," complete Schedule L, Part I	25b		X
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			١
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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)		ı	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ <u>-</u> -		
•••	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
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	Х	1
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		Х
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,			l
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	ــــــــــــــــــــــــــــــــــــــ
		Form	990	(2017

ADVANCED TECHNOLOGY INTERNATIONAL 57-1067151 Form 990 (2017) Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0.

Nο c Did the organization comply with backup withholding rules for reportable payments to vendors and 1 c 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax I Statements, filed for the calendar year ending with or within the year covered by this return. . 2a 2b 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)...... Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?....... b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Х 4a **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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?....... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ organization solicit any contributions that were not tax deductible as charitable contributions?....... 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с Χ 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. . 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?...... b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter 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 b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 13a 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 b Enter the amount of reserves the organization is required to maintain by the states in which

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Form 990 (2017)

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	•		
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	on 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			1
b	Enter the number of voting members included in line 1a, above, who are independent 1b	4 !		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			. .
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	1 . '		ļ.,
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
L	one or more members of the governing body?	7.0		
0	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		X
8	stockholders, or persons other than the governing body?	-	-	
Ü	the year by the following)		1
а	The governing body?	8a	Х	}
b	Each committee with authority to act on behalf of the governing body?	8b		Х
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	l	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	_X	<u> </u>
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X .	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	1	v	ì
	rise to conflicts?	12b	X	├
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	400	v	}
	describe in Schedule O how this was done	12c	X	├
13	Did the organization have a written whistleblower policy?	13	X	├
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by	1	ļ	1
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	1
a b	The organization's CEO, Executive Director, or top management official	15b	X	
D	Other officers or key employees of the organization			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1
	with a taxable entity during the year?	16a		Х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1		
	organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ SC,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply	•	· · · /-	• /
	Own website Another's website X 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 in	terest	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 recordula A MARTIN 315 SIGMA DRIVE SUMMERVILLE, SC 29486	d s ▶		
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, and 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) Name and Title	(B) Average hours per week (list any	box,	Pos neck ss pe	(C) Position seck more than one s person is both an l a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)RONALD KERBER	1.00									
CHAIRMAN	0.	Х			ļ			٥.	0.	0.
(2)CARMEN SPENCER	1.00				 			 		
DIRECTOR	0.	Х			ĺ			O.	0.1	0.
(3)RONALD CUNEO	1.00				 		-			
VICE CHAIRMAN	0.	Х		i	ĺ			0.	0.	0.
(4)CHARLES YOUNG	1.00				Ι-					
VICE CHAIRMAN	0.	Х			}			0.	0.	0.
(5)CHRISTOPHER VAN METRE	40.00				_		_			
PRESIDENT AND CEO	0.	Х		Х)			0.	0.	0.
(6)DANIEL WRIGHT	1.00						Г			
SECRETARY	0.	}		Х	}			0.	0.	0.
(7) JULIA A. MARTIN	40.00									
CFO AND TREASURER	0.			Х				0.	0.	0.
(8)										
(9)										
(10)							-			
(11)			-			-				
(12)					_					
(13)										<u> </u>
(14)										

art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unies r and	Pos heck ss pe d a d	more rson irect	e than o	an ee)	(D) Reportable compensation from the	(E) Reporta compensation relate organizat	on from d tions	from amount of other compensation		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	-MISC)	org an	om the anizatio d related anization	งก d
				-		i							
1b Sub-total	ection A .						* * *	0. 0.		0. 0.			0.
Total number of individuals (including but not reportable compensation from the organization)	limited to the		liste				re	ceived more than	\$100,000	of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo										3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	sum of repeater than	ortab \$15	le c i0,0	om 00?	per	satior "Yes	n ai	nd other compens	sation from	the	4	-	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue con	mpen	satı	on f	iron	n any	uni	related organization	on or indivi	dual	5		x
Section B. Independent Contractors													
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated ii compensation	ndepe on for	the	ent o	con	tracto lar ye	rs t ar e	hat received more	than \$100 nin the orga),000 o inizatioi	f n's tax		
(A) Name and business address (B) Description of services Con							(C) ompen						
				_	_		-						_
							1						_
Total number of independent contractors (iii more than \$100,000 in compensation from the contractors to the contractors of				nited	d to		ie li	sted above) who	received				

	990 (2 Pt VII		TECHNOLOGY I	NTERNATIONAL		57-106	7151 Page 9
		Check if Schedule O contains a res	ponse or note to an	y line in this Part VI (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f	Fundraising events	b c d d e f	0			
Program Service Revenue	2a b c	GOVERNMENT CTRCT REV COMMERCIAL CTRCT REV	Business Code 541900 541900	183,045,268 848,028	183,045,268 848,028		
Program	e f g	All other program service revenue Total. Add lines 2a-2f		183,893,296			
	3 4 5	Investment income (including diversity and other similar amounts)		2,441			2,441
	6a b c d 7a	Gross rents		0			
Other Revenue	c d 8a	and sales expenses		0			
Other	9a	See Part IV, line 18	b ents▶	0			
	10a	Net income or (loss) from gaming activit Gross sales of inventory, less returns and allowances	a b	0			
	11a	Miscellaneous Revenue	Business Code				

183,895,737

183,893,296

2,441

1

	n 990 (2017) ADVANCED TITLE Statement of Functional Expenses	TECHNOLOGY INTE	RNATIONAL	57-10	067151 Page 10
Sec	ction 501(c)(3) and 501(c)(4) organizations mus				
	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,))		
	trustees, and key employees	634,042.	215,331.	418,711.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	3,793,003.	2,495,310.	1,297,693.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	224,267.	125,673.	98,594.	
9	Other employee benefits	285,043.	150,377.	134,666.	
10	Payroll taxes	291,952.	181,393.	110,559.	
11	` ' '	0.			
	Management	18,371.	4,931.	13,440.	
	: Accounting	0.			
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	0.			
	Other (If line 11g amount exceeds 10% of line 25, column	T			
	(A) amount list line 11g expenses on Schedule O)	192,160.	78,485.	113,675.	
12	Advertising and promotion	925.		925.	
13	Office expenses	185,962.	42,254.	143,708.	
14	Information technology	522,438.	322,787.	199,651.	
15	Royalties	321,209.	242,593.	78,616.	
	Occupancy	44,208.	24,332.	19,876.	
17 18	Travel	0.			
40	for any federal, state, or local public officials	46,638.	17,182.	29,456.	
19 20	Conferences, conventions, and meetings	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	74,532.	52,037.	22,495.	
23	Insurance	47,780.		47,780.	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	175 570 500	175 570 575		
-	CONTRACT EXPENSES	175,570,387.	175,570,387.		
-	ACQ AGREEMENT - ANSER	3,506,849. 53,771.	3,506,849.	27 771	
-	H.O. ALLOCATION FROM ANSER FRINGE BENEFITS POOL	-211,936.	-146,084.	53,771. -65,852.	
-	·	211, 930.	-140,004.	-03,032.	
	All other expenses Add lines 1 through 24e	185,601,601.	182,883,837.	2,717,764.	
	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				
JSA	following SOP 98-2 (ASC 958-720)	0.			Form 990 (2017)

, Form 990 (2017)	ADVANCED TECHNOLOG	GY INTERNATIONAL		57~	1067151
Part X Balance S	neet				Page 11
	chedule O contains a response or	note to easy line in this De			
- Crieck ii Si	chedule O conjains a response of	note to any line in this Pa		• • •	
			(A) Beginning of year		(B) End of year
1 Cash - non-int	erest-bearing		88,607,064.	1	206,254,582.
	emporary cash investments		0.	2	0.
	grants receivable, net		0.	3	0
4 Accounts rece	vable, net		79,229,923.	4	92,117,901.
5 Loans and ot	ner receivables from current and for	rmer officers directors			
)	employees, and highest com	' ')		ľ	
			0.	5	0.
6 Loans and othe	II of Schedule L receivables from other disqualified person	s (as defined under section			
4958(f)(1)), per	sons described in section 4958(c)(3)(B), a	ind contributing employers			
organizations (s	organizations of section 501(c)(9) volunt ee instructions) Complete Part II of Schedu	ary employees' beneficiary	0.	6	0.
	ns receivable, net		0.	7	0.
8 Inventories fo	sale or use		0.		0.
~ I	nses and deferred charges		194,173.		180,872.
	s, and equipment cost or	· · i · · · · · · · · · · · · · · · · ·			
	omplete Part VI of Schedule D	1.165.239.			
h Less accumu	lated depreciation	0h 276,756.	502,684.	100	888,483.
11 Investments -	publicly traded securities		0.		0
12 Investments -	other securities See Part IV, line 11		$\frac{1}{0}$		0.
13 Investments -	program-related See Part IV, line 11	• • • • • • • • • • • • • • • • • • • •	0.	-12	0
	ets		0.		0
15 Other assets	See Part IV, line 11	• • • • • • • • • • • • • • • • •		15	0
16 Total assets.	Add lines 1 through 15 (must equal lin	99.34)	168,533,844.		299, 441,838.
	able and accrued expenses		99,705,651.		123, 229, 338.
	9		0.	18	0.
19 Deferred reve	nue		60,640,874.		168, 622,863.
20 Tax-exempt b	and liabilities	• • • • • • • • • • • • • • • • • •	0.		0
21 Escrow or cus	ond liabilities	N of Schodule D	0.	21	0.
1	ther payables to current and for				<u>-</u>
trustees ke	employees, highest compense	*			
	rsons Complete Part II of Schedule L		0.1	22	0.
23 Secured mort	gages and notes payable to unrelated	third parties	0.	_==_	0.
24 Unsecured no	tes and loans payable to unrelated thi	rd narties	0.		0
	s (including federal income tax, pa				
	ther liabilities not included on lines 1				
			392,973.	25	1,501,155.
26 Total liabilitie	s. Add lines 17 through 25		160,739,498.	26	293, 353, 356.
Organization	s that follow SFAS 117 (ASC 958), ch	neck here			
וט	es 27 through 29, and lines 33 and 34	J			
27 Unrestricted r				27	
28 Temporarily re	estricted net assets			28	
2 Permanently	estricted net assets			29	
complete lines	hat do not follow SFAS 117 (ASC 958), o 30 through 34.	check here P A and			
	or trust principal, or current funds		7,291,662.	30	5,200,000.
31 Paid-in or cap	ital surplus, or land, building, or equip	ment fund	0.	31	0.
132 Retained earn	ings, endowment, accumulated incom	ne, or other funds	502,684.	32	888,482.
33 Total net asse	ts or fund balances		7,794,346.	33	6,088,482.
	and net assets/fund balances		168,533,844.	34	299, 441,838.
			.,,	• •	Form 990 (2017)

						ge 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI		• • • •	83,8	 -	15-1
1	Total revenue (must equal Part VIII, column (A), line 12)	1				
2	Total expenses (must equal Part IX, column (A), line 25)	2		85,6		
3	Revenue less expenses Subtract line 2 from line 1	3		$\frac{-1,7}{7}$		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			94,	346.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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	1 1				
	33, column (B))	10		6,0	88,4	<u> 182.</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u> </u>	<u></u>	
					Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other			1		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplaır	n in	[,
	Schedule O			l		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or		1	
	reviewed on a separate basis, consolidated basis, or both				}	
	Separate basis Consolidated basis Both consolidated and separate basis			1		
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both					
	Separate basis X 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 o	vers	aht	ſ		1
•	of the audit, review, or compilation of its financial statements and selection of an independent acc		_	2c	Х	1
	If the organization changed either its oversight process or selection process during the tax year, e.					
	Schedule O	cp ion				
3.2	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	חור			
Va	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	- rao	the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b	Х	
					000	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust. Attach to Form 990 or Form 990-FZ

OMB No 1545-0047 Open to Public

Employer identification number

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

Inspection

ADVANCED TECHNOLOGY INTERNATIONAL 57-1067151 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 X An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization g Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2017

Par	(Complete only if you checke Part III If the organization fail	d the box on	line 5, 7, or 8	of Part I or if the	ne organizatio	n failed to qua)(vi) alify under		
Sec	tion A. Public Support	4				,			
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				! !				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						i i		
4	Total Add lines 1 through 3		 		 	/	 		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			,					
6	Public support. Subtract line 5 from line 4		<u> </u>	L	/	<u> </u>			
	tion B. Total Support	(-) 2012	(5) 2044	(2) 2045	14) 2010	10) 2047	T (5) T-1-1		
_	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7 8	Amounts from line 4								
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 Part VI)	-,-,-							
11	Total support. Add lines 7 through 10			L			Ĺ		
12	Gross receipts from related activities, etc. (s	ee instructions) .	. /			12			
13	First five years. If the Form 990 is for organization, check this box and stop here.	or the organiza	tion's first, secor	nd, third, fourth,	or fifth tax ye	ear as a section	501(c)(3) □		
Sec	tion C. Computation of Public Supp	ort Percenta	ige						
14	Public support percentage for 2017 (lin	ne 6, colúmn (f	f) divided by line	11, column (f)).		14	%_		
15	Public support percentage from 2016						%_		
16a	331/3% support test - 2017. If the org								
	box and stop here. The organization qu								
þ	331/3% support test - 2016. If the org								
170	this box and stop here. The organization								
Ira	a 10%-facts-and-circumstances test/- 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b	10%-facts-and-circumstances test - 2	.016. If the or	ganization did n	ot check a box	on line 13, 16	Sa, 16b, or 17a			
	15 is 10% or more, and if the organization in Part VI how the organization supported organization	inization meet on meets the '	s the "facts-and" "facts-and-circur	d-circumstances' nstances" test	" test, check t The organization	this box and so on qualifies as	top here.		
18	Private foundation. If the organization						e _		

Schedule A (Form 990 or 990-EZ) 2017

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")	0.	0	0	486,896	0	486,896
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities			1		1	
	furnished in any activity that is related to the	1				1	
	organization's tax-exempt purpose	273,194,183	384,547,189	422,759,589	534,353,526.	183,893,296	1,798,747,783
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						0
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
•	furnished by a governmental unit to the	•		1			
	organization without charge	· ·		1			0
6	Total. Add lines 1 through 5	273,194,183	384,547,189	422,759,589	534,840,422	183,893,296	1,799,234,679
	Amounts included on lines 1, 2, and 3	273,134,103	301,317,103	422,733,303	334,040,422	103,093,290	1,799,234,079
, a	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified)		i			
	persons that exceed the greater of \$5,000	171 540 613	221 226 200	057 047 066	216 560 267	100 020 700	1 105 (71 006
	or 1% of the amount on line 13 for the year	171,549,612	231, 336, 388	257,947,869	316,598,257		1,105,671,826
	Add lines 7a and 7b	171,549,612.	231, 336, 388	257,947,869	316,598,257	128,239,700	1,105,671,826
8	Public support. (Subtract line 7c from	Î					
<u>~~</u>	line 6)					 _	693,562,853
	tion B. Total Support	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(=) 2017	(D. Tetal
_	ndar year (or fiscal year beginning in)					(e) 2017	(f) Total
9 10 a	Amounts from line 6	273,194,183	384,547,189	422,759,589	534,840,422	183,893,296	1,799,234,679
	payments received on securities loans,						
	rents, royalties, and income from similar	100 777	115 202	50.053	0.501	0.44	222
	sources	100,777	115,303	59,957	9,581	2,441	288,059
В	Unrelated business taxable income (less	l					
	section 511 taxes) from businesses			}			
	acquired after June 30, 1975						0
	Add lines 10a and 10b	100,777	115,303	59,957	9,581	2,441	288,059
11	Net income from unrelated business activities not included in line 10b.	į					
	whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or)	İ	Ì			
	loss from the sale of capital assets	ļ		Ì			1
	(Explain in Part VI) ATCH .1		 		14		14
13	Total support. (Add lines 9, 10c, 11,						1
	and 12) [273,294,960	384,662,492	422,819,546	534,850,017		1,799,522,752
14	First five years. If the Form 990 is for				•		
	organization, check this box and stop here.				·····	· · · · · · · · · · · · · · · · · · ·	···· >
	tion C. Computation of Public Supp		•				20 54 2
15	Public support percentage for 2017 (line 8,					15	38.54 %
16	Public support percentage from 2016 Sche			· · · · · · · · · ·	<u></u>	16	39.17 %
	tion D. Computation of Investmen						00.5:
17	Investment income percentage for 2017 (lin					17	.02 %
18	Investment income percentage from 2016					18	%_
19 a	331/3% support tests - 2017. If the org						_
	17 is not more than 331/3%, check thi						
Ь	331/3% support tests - 2016. If the orga						_
	line 18 is not more than 331/3%, check						
20 ISA	Private foundation. If the organization	aia not check a	a box on line 1	4, 19a, or 19b,	, check this bo	x and see instr	uctions >

7E1221 1 000

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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)

Secti	ion A. All Supporting Organizations		V	No
	As all of the consumptions according to the latest the second of the latest terms of t		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation of this tonic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	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	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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	4c		
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)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	 	<u> </u>
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 experimental experimental experimental of the filing experimental organizations.			
-	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
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)	7	ł 	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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 .	9a		
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.	9b		
С	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.	9с		
10 a	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 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1		

determine whether the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2017			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organic	zations r	nust complete Sectio	
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	7-1		
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)	ļ		
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		
e Discount claimed for blockage or other	\neg		
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-functional	ly integra	ated Type III supporting	g organization (see
instructions)	-		•

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount (ii) (iii) (i) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 From 2013 From 2014 From 2015 From 2016 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, line 7 Applied to underdistributions of prior years Applied to 2017 distributable amount Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carry over to 2018 Add lines 3 and 4c Breakdown of line 7 Excess from 2013.... Excess from 2014.... c Excess from 2015.... d Excess from 2016.... Excess from 2017....

Page 8

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)

	<u>-</u> -	<u></u>				
				<u> </u>	TTACHMENT 1	·
SCHEDULE A, PART II	II - OTHER INCOME					
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
MISCELLANEOUS				14		14
TOTALS				14		14

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number ADVANCED TECHNOLOGY INTERNATIONAL 57-1067151 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990. Part IV. line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2b Number of conservation easements on a certified historic structure included in (a) 2 c. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

▶ \$.

1,165,239.

276,756

888,483.

888,483.

e Other

d Equipment

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1) Financial derivatives	-	
2) Closely-heid equity interests		
3) Other		
(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 "	es" on Form 990, f	Part IV, line 11c See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(a) Descr		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(1)		
		\
(2)		
(2) (3)		
(2) (3) (4)		
(2) (3) (4) (5)		
(2) (3) (4) (5) (6)		
(2) (3) (4) (5) (6) (7)		
(2) (3) (4) (5) (6)		
(2) (3) (4) (5) (6) (7) (8)	15)	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.		Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Value 155 I. (a) Description of liability		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "\line 25 1. (a) Description of liability (1) Federal income taxes	Yes" on Form 990, I	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "\line 25 1. (a) Description of liability (1) Federal income taxes (2) DUE TO ANSER	res" on Form 990, I	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "\line 25 I. (a) Description of liability (1) Federal income taxes (2) DUE TO ANSER (3)	Yes" on Form 990, I	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "\line 25 I. (a) Description of liability (1) Federal income taxes (2) DUE TO ANSER (3) (4)	Yes" on Form 990, I	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "\line 25 I. (a) Description of liability (1) Federal income taxes (2) DUE TO ANSER (3) (4) (5)	Yes" on Form 990, I	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "\line 25 1. (a) Description of liability (1) Federal income taxes (2) DUE TO ANSER (3) (4) (5) (6)	Yes" on Form 990, I	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "\line 25 1. (a) Description of liability (1) Federal income taxes (2) DUE TO ANSER (3) (4) (5) (6) (7)	Yes" on Form 990, I	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Value 1 line 25 I. (a) Description of liability (1) Federal income taxes (2) DUE TO ANSER (3) (4) (5) (6) (7) (8)	Yes" on Form 990, I	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "\line 25 1. (a) Description of liability (1) Federal income taxes (2) DUE TO ANSER (3) (4) (5) (6) (7) (8) (9)	(b) Book value	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Value 1 line 25 I. (a) Description of liability (1) Federal income taxes (2) DUE TO ANSER (3) (4) (5) (6) (7) (8)	(b) Book value 1,501,15	Part IV, line 11e or 11f. See Form 990, Part X,

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2017 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Employer identification number

ADVANCED TECHNOLOGY INTERNATIONAL

57-1067151

FORM 990, PAGE 1 BOX A

THE ORGANIZATION HAS CHANGED ITS ACCOUNTING PERIOD FROM 6/30 TO 9/30. AS

A RESULT, THIS FILING REFLECTS ACTIVITY FOR THE SHORT PERIOD OF 7/1/2017

THROUGH 9/30/2017.

FORM 990, PART I, LINE 1 ADVANCED TECHNOLOGY INTERNATIONAL (ATI) IS ORGANIZED EXCLUSIVELY TO LESSEN THE BURDENS OF GOVERNMENT AND FOR SUCH CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES AS WILL QUALIFY IT FOR EXEMPTION FROM FEDERAL INCOME TAX AS AN ORGANIZATION DESCRIBED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. WITHIN THE SCOPE OF THE FOREGOING, THE SPECIFIC AND EXCLUSIVE PURPOSE OF THE CORPORATION IS TO OPERATE FOR THE BENEFIT OF, PERFORM THE FUNCTIONS OF, OR CARRY OUT THE PURPOSES (EACH WITHIN THE MEANING OF IRC SECTION 509(A)(3) OF ANALYTIC SERVICES INC. ("ANSER"), A NONPROFIT PUBLIC-SERVICE RESEARCH ORGANIZATION EXEMPT FROM TAX UNDER IRC SECTION 501(C)(3) AND SECTION 509(A)(2). THE CORPORATION IS AUTHORIZED (A) TO FACILITATE COLLABORATION AMONG GOVERNMENT AGENCIES, ACADEMIA, AND INDUSTRY IN ORDER TO IDENTIFY TECHNOLOGY SOLUTIONS THAT CONTRIBUTE TO OPERATIONAL AND COST EFFICIENCIES. (B) TO TAKE AND HOLD BY BEQUEST, DEVISE, GIFT, GRANT, PURCHASE, LEASE OR OTHERWISE ANY PROPERTY, REAL, PERSONAL, TANGIBLE OR INTANGIBLE, OR ANY UNDIVIDED INTEREST THEREIN, WITHOUT LIMITATION AS TO AMOUNT OR VALUE; TO SELL, CONVEY, OR OTHERWISE DISPOSE OF ANY SUCH PROPERTY AND ANY INTEREST THEREIN AND TO INVEST, REINVEST OR DEAL WITH THE PRINCIPAL OR THE INCOME THEREOF IN SUCH MANNER AS, IN THE JUDGMENT OF THE DIRECTORS, WILL BEST PROMOTE THE PURPOSES OF THE CORPORATION WITHOUT LIMITATION, EXCEPT SUCH LIMITATIONS, IF ANY, AS MAY BE CONTAINED IN THE INSTRUMENT UNDER WHICH SUCH PROPERTY IS RECEIVED, THE CORPORATION'S ARTICLES OF INCORPORATION, THE BYLAWS OF THE CORPORATION, OR ANY LAWS APPLICABLE THERETO. (C) TO DO ANY OTHER ACT OR THING INCIDENTAL TO OR CONNECTED WITH THE FOREGOING PURPOSE OR IN ADVANCEMENT THEREOF WITHIN THE GENERAL POWERS ENUMERATED IN THE SOUTH CAROLINA NONPROFIT CORPORATION ACT OF 1994 (OR THE CORRESPONDING PROVISIONS OF ANY SUBSEQUENT LAW).

FORM 990, PART III, LINE 1 ADVANCED TECHNOLOGY INTERNATIONAL (ATI) IS ORGANIZED EXCLUSIVELY TO LESSEN THE BURDENS OF GOVERNMENT AND FOR SUCH CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES AS WILL QUALIFY IT FOR EXEMPTION FROM FEDERAL INCOME TAX AS AN ORGANIZATION DESCRIBED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. WITHIN THE SCOPE OF THE FOREGOING, THE SPECIFIC AND EXCLUSIVE PURPOSE OF THE CORPORATION IS TO OPERATE FOR THE BENEFIT OF, PERFORM THE FUNCTIONS OF, OR CARRY OUT THE PURPOSES (EACH WITHIN THE MEANING OF IRC SECTION 509(A)(3) OF ANALYTIC SERVICES INC. ("ANSER"), A NONPROFIT PUBLIC-SERVICE RESEARCH ORGANIZATION EXEMPT FROM TAX UNDER IRC SECTION 501(C)(3) AND SECTION 509(A)(2). THE CORPORATION IS AUTHORIZED (A) TO FACILITATE COLLABORATION AMONG GOVERNMENT AGENCIES, ACADEMIA, AND INDUSTRY IN ORDER TO IDENTIFY TECHNOLOGY SOLUTIONS THAT CONTRIBUTE TO OPERATIONAL AND COST EFFICIENCIES. (B) TO TAKE AND HOLD BY BEQUEST, DEVISE, GIFT, GRANT, PURCHASE, LEASE OR OTHERWISE ANY PROPERTY, REAL, PERSONAL, TANGIBLE OR INTANGIBLE, OR ANY UNDIVIDED INTEREST

57-1067151

THEREIN, WITHOUT LIMITATION AS TO AMOUNT OR VALUE; TO SELL, CONVEY, OR OTHERWISE DISPOSE OF ANY SUCH PROPERTY AND ANY INTEREST THEREIN AND TO INVEST, REINVEST OR DEAL WITH THE PRINCIPAL OR THE INCOME THEREOF IN SUCH MANNER AS, IN THE JUDGMENT OF THE DIRECTORS, WILL BEST PROMOTE THE PURPOSES OF THE CORPORATION WITHOUT LIMITATION, EXCEPT SUCH LIMITATIONS, IF ANY, AS MAY BE CONTAINED IN THE INSTRUMENT UNDER WHICH SUCH PROPERTY IS RECEIVED, THE CORPORATION'S ARTICLES OF INCORPORATION, THE BYLAWS OF THE CORPORATION, OR ANY LAWS APPLICABLE THERETO. (C) TO DO ANY OTHER ACT OR THING INCIDENTAL TO OR CONNECTED WITH THE FOREGOING PURPOSE OR IN ADVANCEMENT THEREOF WITHIN THE GENERAL POWERS ENUMERATED IN THE SOUTH CAROLINA NONPROFIT CORPORATION ACT OF 1994 (OR THE CORRESPONDING PROVISIONS OF ANY SUBSEQUENT LAW). NOTWITHSTANDING THE FOREGOING, (I) THE CORPORATION HAS NOT BEEN FORMED FOR PECUNIARY PROFIT OR FINANCIAL GAIN, AND NO PART OF THE ASSETS, INCOME, OR PROFITS OF THE CORPORATION IS OR SHALL BE DISTRIBUTABLE TO, OR INURE TO THE BENEFIT OF, ITS DIRECTORS OR OFFICERS EXCEPT TO THE EXTENT PERMITTED UNDER THE LAWS OF SOUTH CAROLINA RELATING TO NONPROFIT CORPORATIONS AND THE APPLICABLE PROVISIONS OF THE IRC GOVERNING INCOME TAX EXEMPT ORGANIZATIONS. (II) NO SUBSTANTIAL PART OF THE ACTIVITIES OF THE CORPORATION SHALL BE THE CARRYING ON OF PROPAGANDA, OR OTHERWISE ATTEMPTING TO INFLUENCE LEGISLATION, AND THE CORPORATION SHALL NOT PARTICIPATE IN, OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTION OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF ANY CANDIDATE FOR PUBLIC OFFICE. (III) THE FUNDS OR ASSETS OF THE CORPORATION SHALL NOT BE DISTRIBUTED OR OTHERWISE MADE AVAILABLE TO ANY ORGANIZATION OR ENTITY OTHER THAN ANALYTIC SERVICES, INC., UNLESS

SUCH FUNDS OR ASSETS ARE TRANSFERRED OR EXCHANGED IN RETURN FOR GOODS OR SERVICES OF EQUAL VALUE IN FURTHERANCE OF THE CORPORATION'S SPECIFIC AND EXCLUSIVE PURPOSE TO SUPPORT ANALYTIC SERVICES, INC.; AND (IV) THE CORPORATION SHALL NOT CARRY ON ANY OTHER ACTIVITIES NOT PERMITTED TO BE CARRIED ON BY (A) A CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3); OR (B) A CORPORATION, CONTRIBUTIONS TO WHICH ARE DEDUCTIBLE UNDER IRC SECTION 170(C).

FORM 990, PART VI, SECTION A, LINE 8B
ATI'S COMMITTEES DO NOT ACT ON BEHALF OF THE GOVERNING BODY. ALL
RECOMMENDATIONS ARE TAKEN TO THE BOARD FOR VOTE.

FORM 990, PART VI, SECTION B, LINE 11

PRIOR TO SUBMISSION TO THE IRS, ATI'S CEO, CFO AND CONTROLLER REVIEW THE

990 IN DETAIL. IT IS ALSO REVIEWED BY THE AUDIT COMMITTEE. THE 990 IS

MADE AVAILABLE TO ALL MEMBERS OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C

ADVANCED TECHNOLOGY INTERNATIONAL (ATI) OFFICERS AND BOARD DIRECTORS ARE

REQUIRED TO EXECUTE ANNUALLY AN ANNUAL STATEMENT REGARDING CONFLICT OF

INTEREST POLICY AFFIRMING THAT THEY HAVE READ AND UNDERSTOOD THE CONFLICT

OF INTEREST POLICY FOR ATI OFFICERS AND DIRECTORS AND THE ATI ETHICS AND

COMPLIANCE HANDBOOK. IN ADDITION, EACH DIRECTOR AND OFFICER IS TO

COMPLETE, EXPEDITIOUSLY, THE DISCLOSURE OF POTENTIAL SIGNIFICANT CONFLICT

OF INTEREST FORM WHEN A SPECIFIC POTENTIAL CONFLICT EXISTS AND DISCLOSE

ANY SUCH POTENTIAL CONFLICTS OF INTEREST TO THE GOVERNING BOARD OR

COMMITTEE FOR REVIEW. ATI KEY EMPLOYEES ARE REQUIRED TO SUBMIT AN ANNUAL DISCLOSURE FORM IDENTIFYING POTENTIAL AREAS OF CONFLICT WITH THE VP OF HUMAN RESOURCES. KEY EMPLOYEE POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY HR; IF THE INITIAL DETERMINATION CONCLUDES THAT A POTENTIAL FOR CONFLICT OF INTEREST UNDER THE POLICY DOES EXIST, IT IS THEN REFERRED TO ATI'S PRESIDENT WHO WILL ENSURE IT IS REVIEWED BY THE ATI BOARD OF DIRECTORS. IN ADDITION, ATI HAS IMPLEMENTED AN ORGANIZATIONAL ETHICS AND COMPLIANCE PROGRAM WHICH APPLIES TO ALL EMPLOYEES AND BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15

ADVANCED TECHNOLOGY INTERNATIONAL (ATI) IS A FULLY CONTROLLED AFFILIATE

OF ANALYTIC SERVICES, INC. (ANSER). COMPENSATION FOR ATI'S EMPLOYEES,

INCLUDING THAT OF OFFICERS AND KEY EMPLOYEES, IS SET BY ATI'S BOARD OF

DIRECTORS. ATI ENGAGES AN INDEPENDENT CONSULTANT WHO ADVISES THE ATI

BOARD OF DIRECTORS REGARDING COMPARABLE INDUSTRY COMPENSATION INFORMATION

FOR THE OFFICERS AND KEY EMPLOYEES OF ATI. COMPENSATION IS REVIEWED BY

THE BOARD OF DIRECTORS ANNUALLY; REVIEWS INCLUDE BENCHMARKING AGAINST

INDUSTRY DATA TO ENSURE COMPETITIVENESS AND REASONABLENESS OF

COMPENSATION AT ALL LEVELS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND DETAILED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

WRITTEN REQUEST.

FORM 990, PART VII, SECTION A, LINE 1A

THE ORGANIZATION HAS CHANGED ITS FISCAL YEAR END FROM 6/30 TO 9/30. AS A

Name of the organization

ADVANCED TECHNOLOGY INTERNATIONAL

Employer Identification number 57-1067151

RESULT, THIS SHORT YEAR FILING DOES NOT REFLECT THE 12/31/2017

COMPENSATION AMOUNTS FOR THE REPORTABLE OFFICERS AND EMPLOYEES. THE 2017

COMPENSATION INFORMATION WILL BE PRESENTED ON THE 9/30/2018 FORM 990.

FORM 990, PART XII, LINE 2C

OVERSIGHT OF AUDIT: ANSER PURCHASED ATI FROM SCRA ON 2/1/17. ATI'S FY

CHANGED FROM 6/30 TO 9/30. THEREFORE, THERE WILL BE A 15 MONTH AUDIT

INSTEAD OF OUR REGULAR 12 MONTH AUDIT.

ADVANCED TECHNOLOGY INTERNATIONAL

57-1067151

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37

► Attach to Form 990

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www us gov/Form990 for instructions and the latest information

ADVANCED TECHNOLOGY INTERNATIONAL

57-1067151

	(a) Name, address and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	(f) Direct controlling
			or toreign country)			entity
						
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Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(a) Name address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 Conti-	12(b)(13)
	l	<u> </u>]]	Yes	No
(1) ANALYTIC SERVICES, INC DBA ANSER 54-0695125							
5275 LEESBURG PINE, STE#N-5000 FALLS CHURCH, VA 22041	RESEARCH ORG	VA	501(C)(3)	LINE 12	N/A		х
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For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2017

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Name address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)		(C corp S corp or trust)	Share of total income	Share of end-of-year assets	Percentage	512(b contr)(13) olled ty?
								Yes	
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Part	٧	Transactions With Related Organizations. Complete if the organization answered "Yes	es" on Form 990, Par	rt IV, line 34, 35b, or 36			
Note	. Con	nplete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1	Dunn	g the tax year, did the organization engage in any of the following transactions with one or more i	related organizations lis	sted in Parts II-IV?			
a		ipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			1a	J	X
		grant, or capital contribution to related organization(s)				X	
С	Gift, g	grant, or capital contribution from related organization(s).			10		X
d	Loans	s or loan guarantees to or for related organization(s)			1d		X
		s or loan guarantees by related organization(s)			1e		X
							\Box
f	Divide	ends from related organization(s),			1f	_l	X
g	Sale	of assets to related organization(s)			. 1g	П	LX.
h	Purch	ase of assets from related organization(s)			111	T	X
i	Excha	ange of assets with related organization(s)			11	T	X
- 1		e of facilities, equipment, or other assets to related organization(s).			11	T	X
•						1	
k	Lease	e of facilities, equipment, or other assets from related organization(s) ,			1k	.	X
		rmance of services or membership or fundraising solicitations for related organization(s)			11	T	X
					1111	1	X
		ng of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	1	X
		ng of paid employees with related organization(s),			10	,	X
р	Reimi	bursement paid to related organization(s) for expenses.			. 1p	X	
q	Reiml	bursement paid by related organization(s) for expenses			19	T	X
•							
r	Other	transfer of cash or property to related organization(s)			17	1	Х
5	Other	transfer of cash or property from related organization(s)			. 1s		X
2	If the	answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	ered relationships and transaction	on threshol	ds	
		(a)	(b)	(c)	(d)		
		Name of related organization	Transaction type (a-s)	Amount involved	Method of de amount in		ng
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, Jine 37

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

(a) Name address and EIN of entity	(state or foreign country) un		(d) Predomnant income (related unrelated excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Desproportionate allocations?		of Schedule K 1 (Form 1065)	(i) General or managing partner?		(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No		Yes	No	<u> </u>	
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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R See instructions