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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NORTH CAROLINA BIOTECHNOLOGY CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 13547

City or town, state or country, and ZIP + 4
RESEARCH TRIANGLE PARK, NC 27709

D Employer identification number
56-1434024

E Telephone number
(919) 541-9366

G Gross receipts $ 21,397,406

F Name and address of principal officer
E NORRIS TOLSON
PO BOX 13547
RESEARCH TRIANGLE PARK, NC 27709

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NCBIOTECH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1984 | **M** State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE LONG-TERM ECONOMIC AND SOCIETAL BENEFITS TO NORTH CAROLINA THROUGH SUPPORT OF BIOTECHNOLOGY RESEARCH, BUSINESS, EDUCATION AND STRATEGIC POLICY STATEWIDE

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	39
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	38
5	Total number of employees (Part V, line 2a)	5	80
6	Total number of volunteers (estimate if necessary)	6	38
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	97,034
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	20,999,279	16,827,777
9	Program service revenue (Part VIII, line 2g)	197,191	706,201
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	471,099	209,903
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-162,298	-317,973
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,505,271	17,425,908

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,363,519	6,715,398
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,376,797	5,680,990
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,588,956	3,447,685
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,329,272	15,844,073
19	Revenue less expenses Subtract line 18 from line 12	3,175,999	1,581,835

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	39,220,938	40,722,084
21	Total liabilities (Part X, line 26)	11,348,913	11,268,224
22	Net assets or fund balances Subtract line 21 from line 20	27,872,025	29,453,860

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2011-05-11
Signature of officer | Date

PATRICIA GRAVINESE CONTROLLER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP 300 North Greene Street Suite 400 Greensboro, NC 27401			EIN ▶ Phone no ▶ (336) 275-3394

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE NORTH CAROLINA BIOTECHNOLOGY CENTER'S MISSION IS TO PROVIDE LONG-TERM ECONOMIC AND SOCIETAL BENEFITS TO NORTH CAROLINA THROUGH SUPPORT OF BIOTECHNOLOGY RESEARCH, BUSINESS, EDUCATION AND STRATEGIC POLICY STATEWIDE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 2,721,868 including grants of $ 2,366,692) (Revenue $ 146,446)

THE SCIENCE AND TECHNOLOGY DEVELOPMENT PROGRAM IS A FUNDAMENTAL CORE PROGRAM OF THE NORTH CAROLINA BIOTECHNOLOGY CENTER THE GOAL OF THIS PROGRAM IS TO STRENGTHEN THE STATE'S INFRASTRUCTURE FOR BIOTECHNOLOGY RESEARCH WHICH IS AN ESSENTIAL PREREQUISITE FOR SCIENTIFIC ADVANCES LEADING TO NEW PRODUCTS AND APPLICATIONS TO MEET THIS GOAL, THE PROGRAM PROVIDES SERVICES AND SUPPORT TO STATE UNIVERSITIES, COLLEGES, AND NONPROFIT INSTITUTIONS THAT CONTRIBUTE TO BIOTECHNOLOGY DEVELOPMENT THROUGH RESEARCH, TEACHING, AND PUBLIC SERVICE SUPPORT IS PRIMARILY PROVIDED IN THE FORM OF GRANTS SINCE 1984, THE PROGRAM HAS PROVIDED OVER $50 MILLION TO ENHANCE THE RESEARCH AND INTELLECTUAL CAPABILITIES OF THE STATE'S ACADEMIC AND NONPROFIT RESEARCH INSTITUTIONS

4b (Code) (Expenses $ 1,307,344 including grants of $ 1,585,290) (Revenue $ 297,772)

THE BUSINESS AND TECHNOLOGY DEVELOPMENT PROGRAM IS THE SECOND LARGEST CORE PROGRAM OF THE NORTH CAROLINA BIOTECHNOLOGY CENTER THE GOAL OF THIS PROGRAM IS TO STRENGTHEN AND SUPPORT NORTH CAROLINA BIOTECHNOLOGY COMPANIES WITH FUNDING, TECHNOLOGY ASSESSMENT, STRATEGIC PARTNERSHIPS, BUSINESS PLAN ADVICE, NETWORKING AND CAREER TRANSITION SUPPORT, INFORMATION ON VENTURE CAPITAL AND AVAILABLE LABORATORY SPACE, AND PROFESSIONAL REFERRALS THE LOAN PROGRAM IN PARTICULAR PROVIDES LOANS TO EARLY STAGE COMPANIES AND GRANTS TO UNIVERSITY TECHNOLOGY TRANSFER OFFICES ACROSS THE STATE THESE LOANS ARE DESIGNED TO SUPPORT BIOTECHNOLOGY COMPANY INCEPTION, RESEARCH AND GROWTH ACADEMIC AND NONPROFIT RESEARCH INSTITUTIONS

4c (Code) (Expenses $ 2,499,095 including grants of $ 2,601,550) (Revenue $ 0)

THE CENTERS OF INNOVATIONS (COI) GRANT PROGRAM SUPPORTS THE GROWTH OF NASCENT BIOTECHNOLOGY-RELATED INDUSTRY SECTORS WITHIN NORTH CAROLINA WHOSE EXPANSION AND MATURATION WILL ADD NEW SOURCES OF REVENUE INTO THE STATE'S ECONOMY THE ESTABLISHED COIS WILL WORK TO ESTABLISH PUBLIC-PRIVATE PARTNERSHIPS IN WHICH A PARTICULAR INDUSTRY NEED IS UNDERSTOOD AND ALIGNED WITH THE REQUIRED TECHNOLOGICAL INNOVATION THAT CAN PROVIDE AN APPROPRIATE SOLUTION THESE PARTNERSHIPS WILL BE BETTER ABLE TO MAXIMIZE BUSINESS OPPORTUNITIES WITHIN THEIR INDUSTRY SECTOR

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 7,597,411 including grants of $ 161,866) (Revenue $ 261,983)

4e **Total program service expenses** ▶ $ 14,125,718

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No** *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	34		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	80		
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 this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
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 account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Yes	
7	**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 and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Yes	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	39		
b	Enter the number of voting members that are independent	1b	38		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

PATTY GRAVINESE
15 TW ALEXANDER DR
RESEARCH TRIANGLE PARK, NC 27709
(919) 541-9366

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 Use Schedule J-2 if additional space is needed

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	1,151,587	0	196,407

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 10

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
PARKER POE ADAMS AND BERNSTEIN 150 FAYETTEVILLE ST MALL SUITE 14 RALEIGH, NC 27602	LEGAL SERVICES	355,047
EVERETT GASKINS HANCOCK STEVENS PO BOX 911 RALEIGH, NC 27602	LEGAL SERVICES	126,536
BIGGINS LACY SHAPIRO CO LLC 47 HULFISH ST PRINCETON, NJ 08542	CONSULTING	135,981

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 3

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	15,800,765			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,027,012			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		16,827,777			
Program Service Revenue			Business Code				
	2a	SCIENCE AND TECHNOLOGY DEVELOPMENT	900,099	146,446	146,446	0	0
	b	BUSINESS AND TECHNOLOGY DEVELOPMENT	900,099	559,755	559,755	0	0
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		706,201			
	3	Investment income (including dividends, interest and other similar amounts)		410,606	0	0	410,606
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	218,828				
	b	Less rental expenses	609,000				
	c	Rental income or (loss)	-390,172				
	d	Net rental income or (loss)		-390,172	0	97,034	-487,206
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		3,161,795			
	b	Less cost or other basis and sales expenses		3,362,498			
	c	Gain or (loss)		-200,703			
	d	Net gain or (loss)		-200,703	0	0	-200,703
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900,099	72,199	0	0	72,199
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		72,199			
	12	**Total revenue.** See Instructions		17,425,908	706,201	97,034	-205,104

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,715,398	6,715,398		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S 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	369,753	369,753	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	4,122,853	3,156,888	965,965	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	466,162	390,483	75,679	0
9 Other employee benefits	337,958	264,546	73,412	0
10 Payroll taxes	384,264	314,144	70,120	0
11 Fees for services (non-employees)				
a Management	0			
b Legal	324,407	213,054	111,353	0
c Accounting	20,983	15,289	5,694	0
d Lobbying	64,546	64,546	0	0
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	73,300	73,300	0	0
13 Office expenses	174,503	155,251	19,252	0
14 Information technology	0			
15 Royalties	0			
16 Occupancy	55,208	55,208	0	0
17 Travel	321,474	308,850	12,624	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	509,436	489,381	20,055	0
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	447,080	359,137	87,943	0
23 Insurance	62,181	49,950	12,231	0
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SECURITY & MAINTENANCE	900,257	724,205	176,052	
b EQUIPMENT RENTAL & MAINTENANCE	131,465	101,502	29,963	
c DUES & SUBSCRIPTIONS	202,418	197,475	4,943	
d SUPPLIES	143,947	136,555	7,392	
e MISCELLANEOUS EXPENSE	16,480	-29,197	45,677	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	15,844,073	14,125,718	1,718,355	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		24,399,781	1	22,358,012
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		2,504,152	3	2,887,764
	4	Accounts receivable, net		1,028,701	4	1,403,815
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		2,599,824	7	1,504,068
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 17,423,794			
	b	Less accumulated depreciation	10b 5,925,409	4,540,909	10c	11,498,385
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		4,042,161	12	716,814
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		105,410	15	353,226
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		39,220,938	16	40,722,084
Liabilities	17	Accounts payable and accrued expenses		337,647	17	1,693,876
	18	Grants payable		11,011,266	18	9,574,348
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		11,348,913	26	11,268,224
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		23,391,137	27	28,597,588
	28	Temporarily restricted net assets		4,480,888	28	856,272
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		27,872,025	33	29,453,860
	34	Total liabilities and net assets/fund balances		39,220,938	34	40,722,084

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NORTH CAROLINA BIOTECHNOLOGY CENTER

Employer identification number
56-1434024

Part I 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 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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

_____

5 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	12,480,380	13,461,635	15,892,245	20,999,279	16,827,777	79,661,316
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						
4 **Total.** Add lines 1 through 3	12,480,380	13,461,635	15,892,245	20,999,279	16,827,777	79,661,316
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						79,661,316

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	12,480,380	1,644,900	15,892,245	20,999,279	16,827,777	79,661,316
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,213,708	1,644,900	1,505,837	793,929	629,434	5,787,808
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	41,440	89,217	252,477	202,806	-128,504	457,436
11 **Total support** (Add lines 7 through 10)						85,906,560

12	Gross receipts from related activities, etc (See instructions)	12	1,447,988

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	92 730 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	91 849 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
NORTH CAROLINA BIOTECHNOLOGY CENTER	56-1434024

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		64,546
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			64,546
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, LINE 1B &1G	ENGAGED LAW FIRM EVERETT, GASKINS, HANCOCK & STEVENS TO BE DIRECTLY INVOLVED WITH THE LEGISLATIVE SESSIONS IN ORDER TO HELP THE BIOTECHNOLOGY CENTER SEEK SEVERAL APPROPRIATIONS RELATED TO THE CENTER'S CORE OPERATING BUDGET AND OTHER RELATED PROGRAMS GERRY HANCOCK IS THE KEY PERSONNEL AND PROVIDES EXPERIENCE AND EXPERTISE THAT IS NOT AVAILABLE INTERNALLY FROM THE BIOTECH CENTER

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NORTH CAROLINA BIOTECHNOLOGY CENTER

Employer identification number
56-1434024

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		7,353,015	4,498,561	2,854,454
c Leasehold improvements				
d Equipment		1,816,385	1,426,848	389,537
e Other		8,254,394		8,254,394
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				11,498,385

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,425,908
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,844,073
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,581,835
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,581,835

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	18,034,908
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	609,000		
e	Add lines **2a** through **2d**			2e	609,000
3	Subtract line **2e** from line **1**			3	17,425,908
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	17,425,908

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	16,453,073
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	609,000		
e	Add lines **2a** through **2d**			2e	609,000
3	Subtract line **2e** from line **1**			3	15,844,073
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	15,844,073

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
OTHER REVENUE ON LINE 1 BUT NOT ON FORM 990	SCHEDULE D, PART XII, LINE 2D	RECLASS OF RENTAL EXPENSES 609,000
OTHER EXPENSE ON LINE 1 BUT NOT ON FORM 990	SCHEDULE D, PART XIII, LINE 2D	RECLASS OF RENTAL EXPENSES 609,000

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NORTH CAROLINA BIOTECHNOLOGY CENTER

Employer identification number
56-1434024

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 32

3 Enter total number of other organizations . . . ▶ 12

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
MONITORING USE OF GRANTS	SCHEDULE I, PART II, LINE 2	THE NORTH CAROLINA BIOTECHNOLOGY CENTER (NCBC) ONLY AWARDS REIMBURSEMENT GRANTS AND REQUIRES EACH GRANTEE TO SUBMIT AN ACCOUNTING OF EXPENSES ASSOCIATED WITH THE PROGRAM RECEIVING GRANT AWARDS REIMBURSEMENT IS MADE AFTER REVIEW OF EXPENSES ADDITIONALLY, NCBC NOTIFIES ALL GRANT RECIPIENTS THAT THE AWARDS ARE SUBJECT TO STATE REPORTING REQUIREMENTS FOR NONPROFIT ORGANIZATIONS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 56-1434024
Name: NORTH CAROLINA BIOTECHNOLOGY CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Advantage West134 Wright Brothers Way Fletcher, NC 28732	56-1871844	501(c)(3)	25,451	0	N/A	N/A	Regional Development
Affinergy617 Davis Drive Durham, NC 27713	55-0826074		48,240	0	N/A	N/A	Industrial Fellowship Program
Aldagen Inc Total2810 Meridian Parkway Suite 148 Durham, NC 27713	56-2185054		47,471	0	N/A	N/A	Industrial Fellowship Program
BASF Plant Science LLC26 Davis Drive Research Triangle Park, NC 27709	16-1090809		45,313	0	N/A	N/A	Industrial Fellowship Program
Carolinas Medical CenterPO Box 32861 Charlotte, NC 28232	56-1398929	501(C)(3)	93,478	0	N/A	N/A	Biotechnology Research
Catawba College2300 West Innes St Salisbury, NC 28144	56-0530251	501(C)(3)	48,424	0	N/A	N/A	Education Enhancement Grant
Collaborative College fTech&L500 West Broad Street Statesville, NC 28677	56-1744267	Government	6,000	0	N/A	N/A	Education Mini-Grant Program
Duke UniversityOffice of Research Admin 220 W M Durham, NC 27705	56-0532129	501(C)(3)	323,617	0	N/A	N/A	Industrial Fellowship Program
East Carolina University Office of Sponsored Programs 2906 Greenville, NC 27858	56-6000403	Government	200,316	0	N/A	N/A	Biotechnology Research Grant
Elizabeth City St Univ1704 Weeksville Road Elizabeth City, NC 27909	56-1047680	Government	5,300	0	N/A	N/A	Undergraduate Biotechnology Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Elon UniversitySponsored Programs Office 2610 Cam Elon, NC 27244	56-0532303	501(c)(3)	72,888	0	N/A	N/A	Institutional Development Grant
NC A&T State Unversity 1601 E Market St Greensboro, NC 27411	56-6000007	Government	157,151	0	N/A	N/A	Education Enhancement Grant
NC Biosciences Organization PO Box 14354 Research Triangle Park, NC 27709	56-1880780	501(c)(6)	132,450	0	N/A	N/A	Centers of Innovation Proposal
NC Central University1801 Fayetteville St Durham, NC 27707	56-0007304	Government	87,861	0	N/A	N/A	Biotechnology Research Grant
NCSUResearch Admin/SPARCS 2701 Sulliv Raleigh, NC 27695	56-6000756	Government	970,941	0	N/A	N/A	Multi-Disciplinary Research Grant
NE NC Regional EconDevComm119 Water St Edenton, NC 27932	56-1887558		11,875	0	N/A	N/A	Regional Development
Piedmont Triad Partnership 7025 Albert Pick Road Suite 303 Greensboro, NC 27409	56-1750279	501(c)(3)	24,627	0	N/A	N/A	Centers of Innovation Proposal
Research Triangle Foundation PO Box 12255 Research Triangle Park, NC 27709	56-0853674	501(c)(4)	10,000	0	N/A	N/A	Biotechnology Meeting Grant
Rowan-Salisbury Sch System PO Box 2349 Salisbury, NC 28145	56-6001834	Government	5,983	0	N/A	N/A	Education Mini-Grant Program
South Piedmont Comm CollegeLL Polk Campus PO Box 126 Polkton, NC 28135	56-0893801	Government	22,786	0	N/A	N/A	Education Enhancement Grant

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Targacept Inc200 East First St Suite 300 WinstonSalem, NC 27101	56-2020050		35,345	0	N/A	N/A	Industrial Fellowship Program
Tengion Inc3929 Westpoint Blvd Suite G WinstonSalem, NC 27103	20-0214813		67,495	0	N/A	N/A	Industrial Fellowship Program
The Hamner InstitutesSix Davis Drive PO Box 12137 Research Triangle Park, NC 27709	20-3692587	501(c)(3)	170,470	0	N/A	N/A	Centers of Innovation Proposal
UNC-Asheville1 University Heights Asheville, NC 28804	56-6000224	Government	51,781	0	N/A	N/A	Education Enhancement Grant
UNC-Chapel Hill104 Airport Drive Suite 2200 CB Chapel Hill, NC 27516	56-6001393	Government	985,717	0	N/A	N/A	Industrial Development Grant
UNC-Charlotte305 Cameron Building 9201 Universi Charlotte, NC 28223	56-0791228	Government	194,622	0	N/A	N/A	Industrial Development Grant
UNC-GreensboroOffice of Sponsored Programs PO Greensboro, NC 27402	56-6001468	Government	512,868	0	N/A	N/A	Industrial Development Grant
UNC-PembrokePO Box 1510 Pembroke, NC 28372	56-6000805	Government	24,413	0	N/A	N/A	Faculty Recruitment Grant
UNC-Wilmington601 S College Road Wilmington, NC 28403	56-1258660	Government	251,975	0	N/A	N/A	Industrial Development Grant
Wake Forest UniversitySalem Hall PO Box 7528 WinstonSalem, NC 27109	56-0532138	501(c)(3)	199,464	0	N/A	N/A	Regional Development

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Western Carolina University Research and Graduate Studies 109 Cullowhee, NC 28723	56-6001440	Government	55,295	0	N/A	N/A	Biotechnology Research Grant
WFU Health SciencesMedical Center Boulevard WinstonSalem, NC 27157	90-0222618	501(c)(3)	150,627	0	N/A	N/A	Education Enhancement Grant
Appalachian State University 287 Rivers Street PO Box 32068 Boone, NC 28608	56-1176030	Government	37,291	0	N/A	N/A	Regional Development
Carteret Community College 3505 Arendell Street Morehead City, NC 28557	56-0894932	Government	14,000	0	N/A	N/A	Regional Development
ibiliti8801 Fast Park Drive Suite 201 Raleigh, NC 27613	27-0828389		567,550	0	N/A	N/A	Centers of Innovation Proposal
Mount Olive College634 Henderson Street Mount Olive, NC 28365	56-0623936	501(c)(3)	7,181	0	N/A	N/A	Education Enhancement Grant
NC Association for BiomedicalPO Box 19469 Raleigh, NC 276199469	56-1683704	501(c)(3)	27,276	0	N/A	N/A	Education Enhancement Grant
NC COI for Nanobiotechnology303 Roxboro Street Suite 30 Durham, NC 27701	27-0538783		684,000	0	N/A	N/A	Centers of Innovation Proposal
NC Drug Discovery COI6 Davis Drive PO Box 12137 Research Triangle Park, NC 27709	27-1834460		410,021	0	N/A	N/A	Centers of Innovation Proposal
NC Eastern Region3802 NC Hwy 58 North Kinston, NC 28504	56-1855214		72,762	0	N/A	N/A	Centers of Innovation Proposal

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Pioneer Surgical Technology 1800-A N Greene Street Greenville, NC 27834	38-3053033		37,000	0	N/A	N/A	Industrial Fellowship Program
Tandem Labs2202 Ellis Road Durham, NC 27703	56-1842371		39,980	0	N/A	N/A	Industrial Fellowship Program
West Carteret High School 4700 Country Club Road Morehead City, NC 28557	56-6001001	Government	6,318	0	N/A	N/A	Education Enhancement Grant
Whiteville City Schools413 North Lee Street Whiteville, NC 28472	56-6002100	Government	6,000	0	N/A	N/A	Mini-Grant Proposal

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NORTH CAROLINA BIOTECHNOLOGY CENTER

Employer identification number
56-1434024

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
E NORRIS TOLSON	(i)	227,885	25,669	2,202	0	6,792	262,548	0
	(ii)	0	0	0	0	0	0	0
KENNETH R TINDALL	(i)	151,176	0	1,197	16,629	6,960	175,962	0
	(ii)	0	0	0	0	0	0	0
MIKE WILKINS	(i)	149,449	0	2,146	25,839	6,888	184,322	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
NON-FIXED PAYMENTS	SCHEDULE J, PART I, LINE 7	E NORRIS TOLSON, PRESIDENT AND CEO, NEGOTIATED AN ANNUAL BONUS IN LIEU OF MONTHLY PENSION CONTRIBUTIONS AS PART OF HIS EMPLOYMENT CONTRACT

Additional Data

Software ID:
Software Version:
EIN: 56-1434024
Name: NORTH CAROLINA BIOTECHNOLOGY CENTER

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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Name of the organization
NORTH CAROLINA BIOTECHNOLOGY CENTER

Employer identification number
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Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	PART III, LINE 4D	THE NORTH CAROLINA BIOTECHNOLOGY CENTER ENGAGES IN MANY ADDITIONAL PROGRAM ACTIVITIES INTENDED TO SUPPORT ITS OVERALL MISSION TO PROVIDE LONG TERM ECONOMIC AND SOCIETAL BENEFITS TO THE STATE OF NORTH CAROLINA THESE INCLUDE BIOTECHNOLOGY TRAINING AND DEVELOPMENT FOR TEACHERS AS WELL AS WORKFORCE TRAINING, ECONOMIC DEVELOPMENT IN AN EFFORT TO BRING BUSINESSES AND JOBS TO NORTH CAROLINA AND STRENGTHEN THE STATE'S ECONOMY, AGRICULTURAL BIOTECHNOLOGY TO IMPROVE THE FARMING AND FORESTRY INDUSTRIES, AND STATEWIDE DEVELOPMENT THROUGH A REGIONAL OFFICE APPROACH TO PROVIDE LOCAL KNOWLEDGE AND EXPERTISE THROUGH REGIONAL ADVISORY COMMITTEES WORKING WITH CENTER STAFF TO GROW AND STRENGTHEN THE OPPORTUNITIES IN EVERY AREA OF THE STATE

Identifier	Return Reference	Explanation
APPOINTED BOARD MEMBERS		SOME ARE APPOINTED BY THE STATE OF NC AS REQUIRED BY OUR ARTICLES OF INCORPORATION (VIA THE NORTH CAROLINA GOVERNOR)

Identifier	Return Reference	Explanation
REVIEW OF 990	PART VI, SECTION B, LINE 11	THE REVIEW AND FILING OF THE 990 HAS BEEN DELEGATED TO THE OFFICER ASSISTANT SECRETARY AND ASSISTANT TREASURER A THOROUGH REVIEW IS CONDUCTED PRIOR TO FILING A COMPLETE COPY OF THE FINALIZED RETURN WAS SENT TO THE BOARD OF DIRECTORS BEFORE FILING

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	PART VI, SECTION B, LINE 12C	NORTH CAROLINA BIOTECHNOLOGY CENTER REQUIRES ALL BOARD OF DIRECTORS AND OFFICERS OF THE ORGANIZATION TO COMPLETE A STATEMENT OF ECONOMIC INTEREST FORM EACH YEAR THESE ARE DELIVERED TO OUR ATTORNEY/ADVISOR, PARKER POE, WHO REVIEWS THEM AND CREATES A CD FOR STORAGE/RECORD RETENTION THESE ARE MAINTAINED IN FINANCE AND OFF SITE INDEFINITELY THROUGH THIS DOCUMENT, NORTH CAROLINA BIOTECHNOLOGY CENTER IS AWARE OF THE ASSOCIATIONS FOR ALL BOARD MEMBERS AND OFFICERS AND CAN MONITOR FINANCIAL TRANSACTIONS AND OTHER ACTIVITIES FOR POTENTIAL CONFLICTS OF INTEREST

Identifier	Return Reference	Explanation
DETERMINING COMPENSATION	PART VI, SECTION B, LINE 15	THE NORTH CAROLINA BIOTECHNOLOGY CENTER HAS A SALARY STRUCTURE IN PLACE FOR THE PURPOSE OF ADMINISTERING, MANAGING AND ADJUSTING SALARIES BASED ON BENCHMARK COMPARISONS TO THE SELECTED LABOR MARKET, JOBS ARE ASSIGNED TO SALARY LEVELS THE SALARY STRUCTURE IS MADE UP OF OVERLAPPING PAY RANGES THE SALARY STRUCTURE FOR THE NORTH CAROLINA BIOTECHNOLOGY CENTER CONSISTS OF 19 SALARY LEVELS NUMBERED FROM 21 - 39 EACH SALARY LEVEL CONSISTS OF A MINIMUM, JOB RATE, AND MAXIMUM THE MINIMUM IS THE LOWEST SALARY RATE THAT THE NORTH CAROLINA BIOTECHNOLOGY CENTER PAYS FOR AN EMPLOYEE WHO MEETS THE MINIMUM QUALIFICATIONS FOR A PARTICULAR JOB JOB RATE IS THE COMPETITIVE SALARY RATE DETERMINED BY SALARY SURVEYS AND IS BASED ON THE MEDIAN SALARIES IN THE COMPETITIVE LABOR MARKET IT IS THE CONTROL POINT OF THE SALARY STRUCTURE THE MAXIMUM IS THE HIGHEST SALARY RATE APPLIED TO A PARTICULAR JOB AT THE NORTH CAROLINA BIOTECHNOLOGY CENTER THE NORTH CAROLINA BIOTECHNOLOGY CENTER CONTINUALLY REVIEWS AND UPDATES JOB DESCRIPTIONS TO BE SURE THAT THE JOB DESCRIPTION AND THE JOB ITSELF ARE LINED UP APPROPRIATELY IF THEY ARE NOT, THE SALARY GRADE FOR THE POSITION IS REVIEWED AND CHANGED ACCORDINGLY AND SO IS THE SALARY WHEN CONSIDERING A SALARY FOR A NEW EMPLOYEE, THE NORTH CAROLINA BIOTECHNOLOGY CENTER USES A SALARY ALIGNMENT GUIDE WHICH CONSIDERS THE APPLICANT'S EDUCATION, DIRECTLY RELATED EXPERIENCE IN TERMS OF THE JOB DESCRIPTION, AND YEARS OF DIRECTLY RELATED EXPERIENCE WHEN CONSIDERING EXECUTIVE POSITIONS WE USED THE MOST RECENT SALARY SURVEYS FOR A SIMILAR POSITION IN THE OPEN MARKET AND BASE THE SALARY ON THE SALARY ALIGNMENT GUIDE AS WELL AS SIMILAR POSITIONS AT THE NORTH CAROLINA BIOTECHNOLOGY CENTER

Identifier	Return Reference	Explanation
AVAILABLE TO THE PUBLIC	PART VI, SECTION C, LINE 19	NORTH CAROLINA BIOTECHNOLOGY CENTER'S WEBSITE, WWW NCBIOTECH ORG POSTS AN ANNUAL REPORT WHICH CONTAINS FINANCIAL INFORMATION THE CONFLICT OF INTEREST POLICY IS NOT POSTED ON THE WEBSITE, NOR ARE OTHER GOVERNING DOCUMENTS LIKE THE BYLAWS OR ARTICLES OF INCORPORATION HOWEVER, THE WEBSITE DOES HAVE A "CONTACT US" FEATURE AND THESE DOCUMENTS ARE AVAILABLE UPON REQUEST

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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Employer identification number
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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NC BIOSCIENCE VENTURES LLC PO BOX 13547 RESEARCH TRIANGLE PARK, NC 27709 56-2091504	ECON DEVELOP	NC	-200,703	2,058,378	NA

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	
b	Gift, grant, or capital contribution to other organization(s)	**1b**	
c	Gift, grant, or capital contribution from other organization(s)	**1c**	
d	Loans or loan guarantees to or for other organization(s)	**1d**	
e	Loans or loan guarantees by other organization(s)	**1e**	
f	Sale of assets to other organization(s)	**1f**	
g	Purchase of assets from other organization(s)	**1g**	
h	Exchange of assets	**1h**	
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	
n	Sharing of paid employees	**1n**	
o	Reimbursement paid to other organization for expenses	**1o**	
p	Reimbursement paid by other organization for expenses	**1p**	
q	Other transfer of cash or property to other organization(s)	**1q**	
r	Other transfer of cash or property from other organization(s)	**1r**	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

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Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 7,597,411 including grants of $ 161,866) (Revenue $ 261,983)
SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARTHUR M PAPPAS CHAIRMAN DIRECTOR	2 0	X						0	0	0
PATRICIA R MORTON VICE CHAIR DIRECTOR	2 0	X						0	0	0
JOHN F A V CECIL SECRETARY DIRECTOR	2 0	X						0	0	0
JOHN L ATKINS III TREASURER DIRECTOR	2 0	X						0	0	0
GEORGE BRIGGS DIRECTOR	1 0	X						0	0	0
SUE W COLE DIRECTOR	2 0	X						0	0	0
MICHAEL T CONSTANTINO DIRECTOR	2 0	X						0	0	0
STEPHANIE E CURTIS PHD DIRECTOR	1 0	X						0	0	0
J DONALD DEBETHIZY PHD DIRECTOR	2 0	X						0	0	0
JOHN F DEL GIORNO DIRECTOR	1 0	X						0	0	0
HEINRICH GUGGER PHD DIRECTOR	1 0	X						0	0	0
KEN R HAREWOOD PHD DIRECTOR	1 0	X						0	0	0
JOHN JACKSON HUNT DIRECTOR	1 0	X						0	0	0
HOWARD N LEE DIRECTOR	1 0	X						0	0	0
DIERDRE M MAGEEAN PHD DIRECTOR	1 0	X						0	0	0
WILLIAM F MARZLUFF DIRECTOR	1 0	X						0	0	0
STEPHEN R MOSIER PHD DIRECTOR	1 0	X						0	0	0
MARVIN MOSS PHD DIRECTOR	2 0	X						0	0	0
MICHAEL R PAVIA PHD DIRECTOR	2 0	X						0	0	0
MILTON L PRINCE DIRECTOR	1 0	X						0	0	0
GERALD F ROACH DIRECTOR	1 0	X						0	0	0
DAVID P FRIEDMAN PHD DIRECTOR	1 0	X						0	0	0
JAMES N SIEDOW PHD DIRECTOR	1 0	X						0	0	0
STEVE TROXLER DIRECTOR	1 0	X						0	0	0
PEYTON ANDERSON DIRECTOR	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERNEST MARIO PHD DIRECTOR	1 0	X						0	0	0
J KEITH CRISCO DIRECTOR	1 0	X						0	0	0
RICHARD H DEAN MD DIRECTOR	1 0	X						0	0	0
SCOTT RALLS PHD DIRECTOR	1 0	X						0	0	0
LYNNE SCOTT SAFRIT DIRECTOR	1 0	X						0	0	0
VICTOR J DZAU MD DIRECTOR	2 0	X						0	0	0
P KAY WAGONER PHD DIRECTOR	1 0	X						0	0	0
TONY G WALDROP PHD DIRECTOR	1 0	X						0	0	0
GARHENG KONG MD PHD DIRECTOR	1 0	X						0	0	0
ERIC R WARD PHD DIRECTOR	1 0	X						0	0	0
STEVEN LEATH PHD DIRECTOR	1 0	X						0	0	0
BENJAMIN R YERXA PHD DIRECTOR	1 0	X						0	0	0
GOLDIE S BYRD DIRECTOR	1 0	X						0	0	0
JULIETTE B BELL PHD DIRECTOR	1 0	X						0	0	0
PATRICIA GRAVINESE CONTROLLER	40 0			X				82,465	0	15,248
E NORRIS TOLSON PRESIDENT & CEO	40 0			X				255,756	0	6,792
KENNETH R TINDALL SR VP SCIENCE AND BUS DEVEL	40 0				X			152,373	0	23,589
MIKE WILKINS SR VP STATE OP & ECON DEVEL	40 0				X			151,595	0	32,727
KATHLEEN KENNEDY VP EDUCATION & TRAINING	40 0					X		101,880	0	31,519
MARIA RAPOZA VP SCIENCE & TECH DEVELOPMENT	40 0					X		97,923	0	21,932
JOHN RICHERT VP BUSINESS & TECH DEVELOPMENT	40 0					X		112,916	0	23,103
STEVE CASEY VP STATEWIDE OPERATIONS	40 0					X		101,417	0	24,714
BILL BULLOCK VP INDUSTRIAL DEVELOPMENT	40 0					X		95,262	0	16,783

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SECURITY & MAINTENANCE	900,257	724,205	176,052	
EQUIPMENT RENTAL & MAINTENANCE	131,465	101,502	29,963	
DUES & SUBSCRIPTIONS	202,418	197,475	4,943	
SUPPLIES	143,947	136,555	7,392	
MISCELLANEOUS EXPENSE	16,480	-29,197	45,677	