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990-PF

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
or may be able to use a copy of this return to satisfy state re-

OMB No 1545-0052 2010

		venue Service Note. The foundation may be	e able to use a copy of this	return to satisfy	state repo	orting requirements	<u> </u>
Fo	r cal	endar year 2010, or tax year beginning	07/0	01 , 2010, an	d ending]	06/30,2011
G	Che	ck all that apply. Initial return	Initial return of	f a former publi	c charity		Final return
		Amended return		s change	<u> </u>	Name change	_
Na	me of	foundation				A Employer identifi	cation number
		d CAROLINA SCIENCE, MATHEMATIC	CS			1	
		TECHNOLOGY EDUCATION CENTER,				04-	3602929
					Room/suite		see page 10 of the instructions)
NU	ımber	and street (or P O box number if mail is not delivered	to street address)	'	KOOIII/Suite	B Telephone number (s	see bage 10 of the instructions)
				1			01 001 5100
_		BOX 13901		L			9) 991-5100
Cit	y or t	own, state, and ZIP code				C If exemption applicat pending, check here	ion is
						D 1. Foreign organizati	ons, check here
R	ESE	ARCH TRIANGLE PARK, NC 27709-	3901			2 Foreign organizat	
н	Che	ck type of organization X Section 501(c)(3) exempt private fou	ındatıon		85% test, check h computation	
ſ	ີ s	ection 4947(a)(1) nonexempt chantable trust	Other taxable priv	ate foundation			-tatus was tarramoted
ī			unting method. Ca	sh X Accru	al	E If private foundation under section 507(b)	status was ternimated (1)(A), check here
		I ——	ther (specify)			_ F If the foundation is in	
	•		column (d) must be on	cash basis.)		1 '	(1)(B), check here
:		Analysis of Revenue and Expenses (The					(d) Disbursements
		total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net investr	ment	(c) Adjusted net	for chantable
		may not necessarily equal the amounts in column (a) (see page 11 of the instructions))	books	income	Į.	income	purposes (cash basis only)
\neg			464,678.	, , , , , , , , , , , , , , , , , , , 			(Cash Dasis Utily)
	1	Contributions, gifts, grants, etc., received (attach schedule) . If the foundation is not required to	704,070.		+		
	2	Check ► attach Sch B		 			
	3	Interest on savings and temporary cash investments	243.		243.		
	4	Dividends and interest from securities					\
	5a	Gross rents					**
	b	Net rental income or (loss)	* '				<u> </u>
<u>a</u>	6a	Net gain or (loss) from sale of assets not on line 10					<u> </u>
2	b	Gross sales price for all assets on line 6a	* ' ' '		_ *		
Revenue	7	Capital gain net income (from Part IV, line 2)	1 1 ×				, ,
œ	8	Net short-term capital gain	, , , , , , , , , , , , , , , , , , , ,	.,,	, e		
	9	Income modifications · · · · · · · · · · · · · · · · · · ·	, ,	1.5%			,
		Gross sales less returns	, .		-		,
	١,	and allowances · · · · · Less Cost of goods sold		` .	7 7 7		, v-
	1	Gross profit or (loss) (attach schedule)			:		
1			386,257.			386,257.	ATCH 1
	11	Other income (attach schedule)	851,178.		243.	386,257.	
<u> </u>	12	Total. Add lines 1 through 11	173,375.		-233	300,201	\
-	13	Compensation of officers, directors, trustees, etc	60,008.				
ć,	14	Other employee salaries and wages			+		
Şeş	15	Pension plans, employee benefits	70,228.	 			
and Administrative Expenses	16 a		ļ	ļ			
끊	b	Accounting fees (attach schedule), ATCH 2	8.		<u>0.</u>	0	. 0
ار البار	C	Other professional fees (attach schedule)	218,147.			194,148.	21,389
≉	17	Interest	<u></u>				
ćξ	18	Taxes (attach schedule) (see page 14 of the flat Linns	<u> </u>	L			<u> </u>
٦	19	Depreciation (attach schedule) and depletion	536.			282	
Ē	20	Occupancy . O	†\				
ĕ	21	Travel, conferences, and meetings,	96,519.			25,013	. 0
ind	22	Printing and publications	36,268.			121	
D.	23	Other expenses (attach schedule) ATCH, 4.	61,823.			10,839	. 0
Operating	24						† <u> </u>
era	24	Total operating and administrative expenses.	716,912.		0.1	230,403	21,389
o		Add lines 13 through 23		 		230,403	
-	25	Contributions, gifts, grants paid	12,100.	 		220 422	12,100
_	26	Total expenses and disbursements Add lines 24 and 25	729,012.	 	0.	230,403	33,489
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	122,166.	3 1 3 3			
	b	Net investment income (if negative, enter -0-)	2.1		243.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	1 -	Adjusted net income (if negative enter .0.)	1		. "	155 95/	1 ' , _ ~ ~

Part II		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of year			
_	G1 6 11	- Dalance Oncets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-beari	ng	174,228.	505,580.	505,580.		
			ash investments					
	3	Accounts receivable ▶		4				
		Less allowance for doub	tful accounts					
					E-1525			
		Less allowance for doub	tful accounts >					
					9,071	9,071.		
			officers, directors, trustees, and other					
		disqualified persons (atta	ich schedule) (see page 15 of the instructions)					
"			ceivable (attach schedule)	1-74 (5		1		
			etful accounts		e the company of the second			
	8	Inventories for sale or us				 		
Assets	9		eferred charges		595	595		
Ass	10 a	Investments - U.S. and state	government obligations (attach schedule)					
_			stock (attach schedule)			 		
			bonds (attach schedule)			 		
	11	Investments - land, buildings	tition			*		
	12	(attach schedule)	oans	· · · · · · · · · · · · · · · · · · ·				
	12	Investments other (atta-	ah aahadula)		<u> </u>			
	14	cano, buildings, and	► FURNITURE, 3,278.		* , /* .			
		Less accumulated deprecia	tion FIXTURES & EQUIP 1,705.	283.	1,573	1,573.		
	15		►)	203.	1,373	1,373		
	16		completed by all filers - see the			 		
			age 1, item I)	202,020.	516,819	516,819.		
	17		ccrued expenses					
	18	_		1	49,344	·		
s	19		• • • • • • • • • • • • • • • • • • • •		275,983.	- 		
abilities	20				273, 363.	·		
Ē	21		s, trustees, and other disqualified persons es payable (attach schedule)			**		
Ë	22					- 4,		
	22	Other habilities (describe	>)			- , ; · · · ·		
	23	Total liabilities ladd line	s 17 through 22)	132,694.	325 327	()		
_			ow SFAS 117, check here	132,034.	325,327.	· · · · · · · · · · · · · · · · · · ·		
			4 through 26 and lines 30 and 31.			, ,		
s	١		-	60 226	101 402			
5	24		• • • • • • • • • • • • • • • • • • • •	69,326.	191,492.	╡ ,		
lar	25				<u> </u>	- ','		
or Fund Balances	26					- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
ū		Foundations that do						
Ę		= = = = = = = = = = = = = = = = = = = =	olete lines 27 through 31. ▶			* * * * * * * * * * * * * * * * * * * *		
ō	27	Capital stock, trust princi				· · · _ · · · · · · · · · · · · · · · ·		
Net Assets	28		land, bldg , and equipment fund					
Ass	29		ated income, endowment, or other funds	<u> </u>	<u> </u>	-		
et	30		fund balances (see page 17 of the		4	1 , , ,		
Z	24	instructions)		69,326.	191,492			
	31		t assets/fund balances (see page 17					
		of the instructions)		202,020.	516,819.			
			anges in Net Assets or Fund			,		
1			alances at beginning of year - Part					
_		of-year figure reported				69,326.		
		r amount from Part I, lir			2	122,166.		
		r increases not include	d in line 2 (itemize) ▶					
		lines 1, 2, and 3				191,492.		
5	Decr	eases not included in li	ne 2 (itemize)		5			
<u>6</u> _	rotal	net assets or fund bala	ances at end of year (line 4 minus line	5) - Part II, column (b),	line 30 6	191,492.		

Form 990-PF (2010)		04-36029	29		Page
Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
	describe the kind(s) of property sold (e	-	(b) How acquired P-Purchase	(c) Date acquired	(d) Date sold (mo, day, yr)
	ick warehouse, or common stock, 200 st	ns MLC Co)	D-Donation	(mo , day, yr)	(1110 , Gay, yi)
1a N/A			 		
<u>b</u>			 		
c d				 	
d e			 	 	 -
	(f) Depreciation allowed	(g) Cost or other basis	 	(h) Gain or (k) se)
(e) Gross sales price	(or allowable)	plus expense of sale	1	(e) plus (f) mini	
а			1		
b					
С					
d					
e					
Complete only for assets s	howing gain in column (h) and owned by	the foundation on 12/31/69		Gains (Col (h) g	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	col	(k), but not less t Losses (from or	
a					
b					
С					
d					
е					
2 Capital gain net income or (gaın, also enter in Part I, lıne 7			
, -	, , , <u>(</u> 11	(loss), enter -0- in Part I, line 7	2		
	or (loss) as defined in sections 1222				
	line 8, column (c) (see pages 13 and		· _		
	Ine 8	and Tay on Not Investment In	3		
	private foundations subject to the se				
	eave this part blank he section 4942 tax on the distributa not qualify under section 4940(e). Do		period?		Yes X No
	unt in each column for each year; se		e makıng	anv entries.	
(a)	(b)	(c)		(d)	·
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2009	43,000.	83,206.			0 516700
2008	172,668.	134,120.			0.516790
2007	198,409.	184,243.			1.287414
2006	40,000.				
2005		79,712.			1.287414 1.076888 0.501807
	14,868.				1.287414 1.076888
	14,868.	79,712.			1.287414 1.076888 0.501807 0.429910
2 Total of line 1, column (d)	14,868.	79,712. 34,584.	2		1.287414 1.076888 0.501807
3 Average distribution ratio f	14,868.	79,712. 34,584. e total on line 2 by 5, or by the	2		1.287414 1.076888 0.501807 0.429910 3.812809
3 Average distribution ratio f	14,868.	79,712. 34,584. e total on line 2 by 5, or by the			1.287414 1.076888 0.501807 0.429910
3 Average distribution ratio f number of years the found	14,868. for the 5-year base period - divide th lation has been in existence if less th	79,712. 34,584.	3		1.287414 1.076888 0.501807 0.429910 3.812809 0.762562
3 Average distribution ratio f number of years the found	14,868.	79,712. 34,584.	3		1.287414 1.076888 0.501807 0.429910 3.812809
 Average distribution ratio finumber of years the found Enter the net value of nond 	for the 5-year base period - divide the lation has been in existence if less the charitable-use assets for 2010 from	e total on line 2 by 5, or by the han 5 years	3		1.287414 1.076888 0.501807 0.429910 3.812809 0.762562 286,135.
3 Average distribution ratio f number of years the found	for the 5-year base period - divide the lation has been in existence if less the charitable-use assets for 2010 from	79,712. 34,584. e total on line 2 by 5, or by the han 5 years	3		1.287414 1.076888 0.501807 0.429910 3.812809 0.762562
 Average distribution ratio finumber of years the found Enter the net value of none Multiply line 4 by line 3 	for the 5-year base period - divide the lation has been in existence if less the chantable-use assets for 2010 from	e total on line 2 by 5, or by the han 5 years Part X, line 5	3 4 5		1.287414 1.076888 0.501807 0.429910 3.812809 0.762562 286,135. 218,196.
 Average distribution ratio finumber of years the found Enter the net value of none Multiply line 4 by line 3 	for the 5-year base period - divide the lation has been in existence if less the chantable-use assets for 2010 from	e total on line 2 by 5, or by the han 5 years	3 4 5		1.287414 1.076888 0.501807 0.429910 3.812809 0.762562 286,135.
 3 Average distribution ratio finumber of years the found 4 Enter the net value of none 5 Multiply line 4 by line 3 6 Enter 1% of net investment 	for the 5-year base period - divide the lation has been in existence if less the charitable-use assets for 2010 from the income (1% of Part I, line 27b)	79,712. 34,584. e total on line 2 by 5, or by the han 5 years Part X, line 5	3 4 5 6		1.287414 1.076888 0.501807 0.429910 3.812809 0.762562 286,135. 218,196.
 3 Average distribution ratio finumber of years the found 4 Enter the net value of none 5 Multiply line 4 by line 3 6 Enter 1% of net investment 	for the 5-year base period - divide the lation has been in existence if less the chantable-use assets for 2010 from	79,712. 34,584. e total on line 2 by 5, or by the han 5 years Part X, line 5	3 4 5 6		1.287414 1.076888 0.501807 0.429910 3.812809 0.762562 286,135. 218,196.
 Average distribution ratio finumber of years the found Enter the net value of none Multiply line 4 by line 3 Enter 1% of net investmen Add lines 5 and 6 	for the 5-year base period - divide the lation has been in existence if less the charitable-use assets for 2010 from the income (1% of Part I, line 27b)	e total on line 2 by 5, or by the han 5 years Part X, line 5	3 4 5 6 7		1.287414 1.076888 0.501807 0.429910 3.812809 0.762562 286,135. 218,196. 2. 218,198.
 Average distribution ratio finumber of years the found Enter the net value of none Multiply line 4 by line 3 Enter 1% of net investmen Add lines 5 and 6 	for the 5-year base period - divide the lation has been in existence if less the charitable-use assets for 2010 from the income (1% of Part I, line 27b)	e total on line 2 by 5, or by the han 5 years Part X, line 5	3 4 5 6 7	using a 19/ to	1.287414 1.076888 0.501807 0.429910 3.812809 0.762562 286,135. 218,196. 2. 218,198.

Par	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins	ructio	ons)	
_	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	,		
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)	- 4 -x, ,	, 1 <i>a</i>	·;', ·'
	Domestic foundations that meet the section 4940(e) requirements in Part V, check			5.
	here ▶ and enter 1% of Part I, line 27b		- 1 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	F ₇
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	 سائدساند		ا ا دادی
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2			5.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			5.
6	Credits/Payments		ا ماريد م	
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6a	11 1	· · ·	٠.,
b	Exempt foreign organizations-tax withheld at source 6b 0.			٠.
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.	٠.	-	٠.,
d	Backup withholding erroneously withheld		د. - شت -	
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u>5.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes_	No
	participate or intervene in any political campaign?	1a		X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			١
	of the instructions for definition)?	1b		<u> X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	, -	, ,	
	published or distributed by the foundation in connection with the activities	*		,,
C	Did the foundation file Form 1120-POL for this year?	1c	 -	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			_
	(1) On the foundation \$\Bigs\\$ 0.	, '	4.0	٠,
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		. '	
_	on foundation managers > \$		*	','
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2_		X
	If "Yes," attach a detailed description of the activities	ž.	. .	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			X
4-	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		
5	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	├	х
3	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		٠ .	,
Ü	By language in the governing instrument, or		, •	١,
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		, .	_
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	<u> </u>	127	-
	instructions) NC.	· .	′	F., .
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	1	į -	1
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X]
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		- 4	<u> </u>
-	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page	~]	
	27)? If "Yes," complete Part XIV	9	l	x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	Ť	<u> </u>	1
	names and addresses	10	[x
			10 DE	

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

4b

om 9	990-PF (2010)		04-3602	2929	Page 6
Par	t VII-B Statements Regarding Activities for	Which Form 472	20 May Be Require	ed (continued)	
	During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence I (2) Influence the outcome of any specific public election (see directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other (4) Provide a grant to an organization other than a charitable section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see (5) Provide for any purpose other than religious, charitable, purposes, or for the prevention of cruelty to children or a	egislation (section 49 e section 4955), or to similar purposes? e, etc., organization or page 22 of the instruscientific, literary, or	described in actions)	Yes X Yes X	No No No
	If any answer is "Yes" to 5a(1)-(5), did any of the transact Regulations section 53 4945 or in a current notice regarding Organizations relying on a current notice regarding disaster a	ng disaster assistance assistance check her	e (see page 22 of the Ir		5b
	If the answer is "Yes" to question 5a(4), does the foundation because it maintained expenditure responsibility for the gran if "Yes," attach the statement required by Regulations section. Did the foundation, during the year, receive any funds, direct	t? n 53 4945-5(d)		Yes	No Control of the con
ъ 7 а	on a personal benefit contract?	or indirectly, on a person	sonal benefit contract?		No 6b X
_	If "Yes," did the foundation receive any proceeds or have an Information About Officers, Directors,			Highly Paid Er	7b X
1	and Contractors List all officers, directors, trustees, foundation mana	agers and their co	mpensation (see page	ge 22 of the instru	ictions).
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ΑT	TACHMENT 5		173,375.	48,385	5. 0
	Compensation of five highest-paid employees (other if none, enter "NONE."	r than those inclu	ded on line 1 - see pa	age 23 of the inst	ructions).
	a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ĀT	TACHMENT 6		60,008.	21,843	3. 0
Tota	al number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·	<u> </u>	 	▶ NONE Form 990-PF (2010)

Pai	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	oyees,
3	Five highest-paid independent contractors for professional services (see page 23 of the instructions). If no	one, enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	NONE	
Tota	I number of others receiving over \$50,000 for professional services	NONE
Pa	t IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct chantable activities during the tax year include relevant statistical information such as the number of anizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1	COLLABORATIVE PROJECT	
	ATTACHMENT 9	į
		129,628
2	TEACHERLINK PROGRAM	
	ATTACHMENT 9	57,915
3	SCIENCE COMPETITIONS	
	ATTACHMENT 9	
		48,954
4	FLIGHT FELLOWS	
	ATTACHMENT 9	
		26,795
	t IX-B Summary of Program-Related Investments (see page 24 of the instructions)	A
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NONE	
2		
All	other program-related investments. See page 24 of the instructions	
3	NONE	

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions)	n foundation	s,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1, - 1	
	purposes.		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	290,492.
C	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d		1d	290,492.
е	Reduction claimed for blockage or other factors reported on lines 1a and	<u>. 4</u>	
	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	290,492.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	4	4,357.
5		5	286,135.
6	Minimum investment return. Enter 5% of line 5	6	14,307.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ▶ and do not complete this page 1.5.		
1	Minimum investment return from Part X, line 6	1	14,307.
2 a	Tax on investment income for 2010 from Part VI, line 5 2a 5.	, .	
b	Income tax for 2010 (This does not include the tax from Part VI.) 2b	,-[
С	Add lines 2a and 2b	2¢	5.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	14,302.
4	Recoveries of amounts treated as qualifying distributions	4	<u> </u>
5	Add lines 3 and 4	5	14,302.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	14,302.
Pa	art XII Qualifying Distributions(see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	33,489.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2_	0.
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0.
b		3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	33,489.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	33,489.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when call qualifies for the section 4940(e) reduction of tax in those years.	culating whe	ther the foundation

Form **990-PF** (2010)

tributable amount for 2010 from Part XI 27 distributed income, if any, as of the end of 2010 the amount for 2009 only all for pnor years 20 08 20 07 20 06 cless distributions carryover, if any, to 2010 the 2005 13,140 the 2006 36,015 the 2007 189,201 the 2008 165,964 the 2009 38,842 the 2009 38,842 the 33,489.	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010 14,302.
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maining amount distributed out of co	10 107		<u> </u>	14,302.
		 		
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4b from line 2b		٥.		, , ,
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satisfy requirements imposed by section				
(b)(1)(F) or 4942(g)(3) (see page 27 of the		*		
ess distributions carryover from 2005 not			,	, , , , , , , , , , , , , , , , , , , ,
lied on line 5 or line 7 (see page 27 of the	13 140	•	· , , ,	
ess distributions carryover to 2014	13,140.		-	
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ess from 2009	-			
ess from 2010 19,187.		}	,	-
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Form **990-PF** (2010)

	it the foundation has t	received a ruling or o	determination letter that	i it is a private opera				
	foundation, and the ruling i	is effective for 2010, ente	r the date of the ruling		▶			
b .	Check box to indicate whe				4942()	(3) or 4942(j)(
		Tax year	1	Prior 3 years				
а	Enter the lesser of the ad- justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total		
	For the minimum investment return from Part X for each	(8) 2010	(3) 2000	(0,2000	(0) 2001			
	year listed		 	 		 		
b	85% of line 2a		ļ	 		 		
С	Qualifying distributions from Part XII, line 4 for each year listed							
đ	Amounts included in line 2c not used directly for active conduct							
е	of exempt activities							
	2d from line 2c							
	Complete 3a, b, or c for the							
а	alternative test relied upon "Assets" alternative test - enter	E						
	(1) Value of all assets	<u> </u>		<u> </u>		<u> </u>		
	(2) Value of assets qualifying under section							
b	4942(j)(3)(B)(i) "Endowment" afternative test- enter 2/3 of minimum invest-							
	ment return shown in Part X, line 6 for each year listed				<u> </u>			
C	"Support" alternative test - enter							
	(1) Total support other than gross investment income							
	(interest, dividends, rents,							
	payments on securities loans (section 512(a)(5)),							
	or royalties)	<u> </u>	 	<u> </u>	ļ	ļ		
	(2) Support from general public and 5 or more exempt organizations as							
	provided in section 4942 (j)(3)(B)(iii)			<u> </u>	<u> </u>			
	(3) Largest amount of sup- port from an exempt	}						
	organization (4) Gross investment income							
Рa	rt XV Supplement	ary Information (Complete this part	only if the found	ation had \$5,000	or more in ass		
	at any time o	during the year - se	ee page 28 of the in	structions.)				
	at any time		re					
1	Information Regarding		and the second of the second o					
а	Information Regarding List any managers of	the foundation who	have contributed mor			ed by the foundat		
a	Information Regarding List any managers of	the foundation who	have contributed mor			ed by the foundat		
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Form 990-PF	(2010)			04-	3602929	Page 12_				
Part XVI-	A Analysis of Income-Prod	ucing Acti	vities							
Enter gross	amounts unless otherwise indicated	Unrela	ited business income	Excluded by	section 512, 513, or 514	(e) Related or exempt				
• 1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)				
a COI	LABORATIVE PROJECT					176,381.				
b LAS				ļ		100,600.				
	ACHERLINK PROGRAM	<u> </u>		<u> </u>		57,915.				
	ENCE COMPETITIONS			1		45,955.				
e FL	GHT FELLOWS	ļ		 		5,406.				
f		 		ļ		 				
	and contracts from government agencies	<u> </u>	 	 		 				
	ship dues and assessments			14	243					
	n savings and temporary cash investments ds and interest from securities		 	13	243					
	al income or (loss) from real estate	· · · ·		1 1.5	* * * * * * * * * * * * * * * * * * *	, , ,				
	-financed property			 		 				
	debt-financed property			 	 	 				
	I income or (loss) from personal property			 						
	vestment income	1		1						
	loss) from sales of assets other than inventory			1						
9 Net inco	me or (loss) from special events									
10 Gross p	rofit or (loss) from sales of inventory									
11 Other re	venue a									
b				 	<u> </u>	<u> </u>				
			 	ļ <u>-</u>		 				
d				 		 				
e		<u> </u>	 	 	243	306 257				
	Add columns (b), (d), and (e)					306 500				
(See works)	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 to	vorify colouls			13	360,300.				
	B Relationship of Activities			cempt Pur	poses					
Line No.	Explain below how each activity					outed importantly to the				
▼	accomplishment of the foundati instructions.)									
1A	THE COLLABORATIVE PRO	JECT PR	OMOTES SCIENCE E	DUCATIO	N IN THE					
	STATE.									
_1B	LASER INSTITUTE GUIDE	LASER INSTITUTE GUIDES SCHOOL DISTRICT LEADERSHIP TEAMS								
		OF DEVELOPING A TAILORED STRATEGIC PLAN								
	FOR INITIATING AND IN			<u> </u>						
	INQUIRY-CENTERED SCIE									
_1C	THE TEACHERLINK PROGR									
	 	ICS AND TECHNOLOGY WITH TEACHERS IN ORDER								
	TO PROVIDE TEACHERS V				LN					
1D	SCIENCE COMPETITIONS									
	OPPORTUNITY TO DISPLA									
	COMPETITIONS.	11 111011	DOIDHOU RESEARCE	<u> </u>						
1E	THE FLIGHT FELLOWS PR	ROGRAM C	ONSISTS OF TWENT	LY EXPER	r					
	TEACHERS WITH POTENT									
	LEARN ABOUT CONTEMPOR									
	INNOVATIVE, LOCALLY I									
	EDUCATIONAL RESOURCES	TO MOT	IVATE STUDENTS T	O PURSU	E STEM					
	STUDY AND CAREERS IN	AEROSPA	CE.							
	<u> </u>									

Form 990-PF (20	110)			0	4-3602929)		Page 13
Part XVII	Information Exempt Orga		nsfers To and Transa	ictions a	nd Relation	onships With	Noncha	ritable
in sector organizate a Transfer (1) Cas (2) Other tra (1) Sale (2) Puro (3) Ren (4) Reir (5) Load (6) Perf c Sharing d If the value of	on 501(c) of the Contions? Its from the reporting found in the contions of assets in a noncharchases of assets from a stall of facilities, equipments or loan guarantees formance of services or of facilities, equipment, answer to any of the goods, other	antable exempt organion or other assets or services assets, or services and the above is "Yes assets, or services assets, or services assets, or services	sets, or paid employees ," complete the following : s given by the reporting fo	s) or in se	ction 527, re	elating to political	1a(1) 1a(2) 1b(1) 1b(2) 1b(3) 1b(4) 1b(5) 1c v the fails than fails	r market
	n any transaction of (b) Amount involved		ent, show in column (d) t					
(a) Line no	N/A	(c) Name of hond	naritable exempt organization	N/A	iption of transfer	s, transactions, and sha	ring arrangei	nents
	•	-	ted with, or related to, o section 501(c)(3)) or in section		e tax-exempl	organizations	Yes	✓ No
b If "Yes,"	complete the following		(h) Time of assessment) December of relation	-h	
	(a) Name of organization	1	(b) Type of organization		(0	e) Description of relation	snip	
Sign belief	r penalties of penjury, I d	eclare that I have examplete Declaration of p	nined this return, including accompanies accompanies for the control of the contr	panying sched	dules and stater on all information	nents, and to the best	of my know is any knowl	vledge and edge
Here	gnature of officer or trustee		Date	40,00	Titl	e .F CCI	IVOSI!	<u></u>
Paid Preparer	Pnnt/Type preparer's MARCI KE	name	Preparer's signature		Date	Check fr self-employed		
Use Only			NW, SUITE 800W			FIRMS EIN ▶ 13-2	000324	
		SHINGTON, D		200	05-3333		14-100	
							Form 990-l	F (2010)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Name of the organization	Employer identification number					
NORTH CAROLINA SCIENCE, MATHEMATICS,						
AND TECHNOLOGY EDUCATION CENTER, INC.	04-3602929					
Organization type (check one)						
Filers of: Section:						
Form 990 or 990-EZ 501(c)() (enter number) organization						
4947(a)(1) nonexempt charitable trust not treated as a private four	ndation ,					
527 political organization						
Form 990-PF X 501(c)(3) exempt private foundation						
4947(a)(1) nonexempt charitable trust treated as a private foundation	n					
501(c)(3) taxable private foundation						
Check if your organization is covered by the General Rule or a Special Rule . Note . Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spinstructions General Rule	ecial Rule. See					
X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or m property) from any one contributor Complete Parts I and II	nore (in money or					
Special Rules						
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support tes sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a c greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-E I and II						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless applies to this organization because it received nonexclusively religious, charitable, etc., contributioning the year.	butions did not received during the the General Rule ons of \$5,000 or more					
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Sche	edule B (Form 990					
990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of line 2 of its Form 990-PF, to certify that it does not meet the filling requirements of Schedule B (Form 990, 99	fits Form 990-EZ, or on					
For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2010)					

	3 (Form 990, 990-EZ, or 990-PF) (2010)		Page of of Part I
Name of or	rgànization NORTH CAROLINA SCIENCE, MATHEMATICS, AND TECHNOLOGY EDUCATION CENTER, INC.		Employer identification number 04-3602929
Part I	Contributors (see instructions)	<u> </u>	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	THE BURROUGHS WELLCOME FUND 21 T.W. ALEXANDER DRIVE, PO BOX 13901 RESEARCH TRIANGLE PARK, NC 27709	\$464,678.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash

(Complete Part II if there is a noncash contribution)

of ____ of Part II

Name of organization NORTH CAROLINA SCIENCE, MATHEMATICS,

Employer Identification number

	AND TECHNOLOGY EDUCATION CENTER, INC.		04-3602929
art II	Noncash Property (see instructions)		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	PAYMENT OF EXPENSES ON BEHALF OF NCSMT AND IN-KIND CONTRIBUTIONS OF SERVICES, FACILITIES, ETC.		VARIOUS
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

JSA 0E1254 1 000

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

ATTACHMENT

- OTHER INCOME PART I FORM 990PF,

TEACHER LINK COLLABORATIVE PROJECT FLIGHT FELLOWS SCIENCE COMPETITIONS LASER DESCRIPTION

57,915. 176,381. 5,406. 45,955. PER BOOKS REVENUE EXPENSES AND

176,381. 5,406. 45,955. 100,600. INCOME 57, 915. ADJUSTED NET

386,257.

386,257.

TOTALS

ATTACHMENT 2

- ACCOUNTING FEES PART I FORM 990PF,

CHARITABLE PURPOSES	.0	0
ADJUSTED NET INCOME	0.	0
NET INVESTMENT INCOME	.0	0
REVENUE AND EXPENSES PER BOOKS	. 8	88
		TOTALS
DESCRIPTION	PRICEWATERHOUSECOOPERS	

- OTHER PROFESSIONAL FEES PART I FORM 990PF,

REVENUE	AND	PER BOOKS	
		N	
		DESCRIPTION	

PER BOOKS	217,274

CONSULTANT EXPENSE PROFESSIONAL DUES

TOTALS

CHARITABLE PURPOSES	21,389.
ADJUSTED NET INCOME	194,148. 0.

21,389.

194,148.

- OTHER EXPENSES PART I FORM 990PF,

REVENUE	AND	EXPENSES	PER BOOKS	3,341.	18,993	625	38.264	.009	
			DESCRIPTION	ADVERTISING COSTS	MAINTENANCE & SUPPLIES	STIPENDS	MISCELLANEOUS	REGISTRATIONS	

	CHARITABLE	PURPOSES	0	0	0	0	0	0
ADJUSTED	NET	INCOME	0.	10,232.	.009	7.	0	10,839.

61,823.

TOTALS

.....

MENT 5	EXPENSE ACCT AND OTHER ALLOWANCES	. 0	ò	Ö	.0	.0	.0
ATTACHMENT	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	. 0	Ö	ė	Ö	Ö	0
	COMPENSATION	.0	.0		·	ó	.0
ERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	BOARD MEMBER 1.00	BOARD MEMBER 1.00	BOARD MEMBER & TREASURER 1.00	CHAIRMAN OF THE BOARD 1.00	BOARD MEMBER 1.00	BOARD MEMBER 1.00
FORM 990PF, PART VIII - LIST OF OFFICERS.	NAME AND ADDRESS	MR DAVID BLATTNER P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	DR TODD BOYETTE P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	DR JOHN BURRIS P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	MR JOSEPH CROCKER P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	MS MARY CULLINANE P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	DR ELAINE FRANKLIN P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901

ATTACHMENT 5 (CONT'D):

EXPENSE ACCT AND OTHER ALLOWANCES

ATTACHMENT 5

FORM 990PE, PART VIII - LIST OF OFFICERS,	ERS, DIRECTORS, AND TRUSTEES		ATTACHN
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
DR REBECCA GARLAND P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	.0	
DR TRACY GOODSON-ESPY P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	Ċ	.0
DR SAM HOUSTON P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901 COMPENSATION AND BENEFITS PROVIDED TO DR. SAM BURROUGHS WELLCOME FUND FOR SERVICES PROVIDED MATHEMATICS, AND TECHNOLOGY EDUCATION CENTER, REPORTED AS IN-KIND CONTRIBUTIONS AND EXPENSES	PRESIDENT & CEO 38.00 DR. SAM HOUSTON ARE PAID BY PROVIDED TO NORTH CAROLINA SCIENCE, CENTER, INC. THESE SERVICES ARE EXPENSES ON NCSMI'S FORM 990-PF.	173, 375.	48,385.
MS KATE HOVIS P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	Ö

0.

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0

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MS KATE HOVIS P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00 27709-3901	. 0	.0
MS CAROLINE MCCULLEN P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00 27709-3901	.0	.0

ATTACHMENT 5 (CONT'D).

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

•					-	
EXPENSE ACCT AND OTHER ALLOWANCES	.0	.0	.0	Ö	Ċ	ó
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	Ö	Ö	0	.0	. 0	
COMPENSATION	0		.0	. 0		.0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	BOARD MEMBER 1.00	BOARD MEMBER 1.00	BOARD MEMBER 1.00	BOARD MEMBER 1.00	BOARD MEMBER 1.00	BOARD MEMBER 1.00
NAME AND ADDRESS	MR BRUCE MIDDLETON P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	MS CAROL MIDGETT P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	DR FRAN NOLAN P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	MR MICHAEL SCHMEDLEN P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	DR SHARON SCHULZE P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	MR FRANK SCOTT P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901

ATTACHMENT 5 (CONT'D).

11
TRUSTEES
ECTORS, AND
FICERS, DIRECT
I - LIST OF OFFICERS
PART VIII -
FORM 990PF,

•					
EXPENSE ACCT AND OTHER ALLOWANCES	. 0	Ö	Ö	Ö	0.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	.0	0.	.0	48,385.
COMPENSATION	· o	. 0	.0	.0	173,375.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	BOARD MEMBER 1.00	BOARD MEMBER 1.00	BOARD MEMBER 1.00	BOARD MEMBER 1.00	GRAND TOTALS
	NC 27709-3901	NC 27709-3901	NC 27709-3901	NC 27709-3901	
NAME AND ADDRESS	MR ELIC SENTER P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	DR RAY SPAIN P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	DR IRA TROLLINGER P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	MS TRICIA WILLOUGHBY P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	

PART VIII

990PF,

COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

T 6	EXPENSE ACCT AND OTHER ALLOWANCES	. 0	0
ATTACHMENT 6	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	21,843.	21,843.
	COMPENSATION	60,008. D BY BURROUGHS NCE, SERVICES ARE	FORM 990-PF.
	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	GLE PARK, NC 27709-3901 ND BENEFITS PROVIDED TO FOR SERVICES PROVIDED TO ND TECHNOLOGY EDUCATION	TOTAL COMPENSATION TOTAL COMPENSATION (60,000)
	NAME AND ADDRESS	LISA RHOADES P.O. BOX 13901 RESEARCH TRIAN COMPENSATION AI WELLCOME FUND MATHEMATICS, AI	

FORM 990PF - PART XV - SUPPLEMENTARY INFORMATION -

2A. INDIVIDUAL TO WHOM APPLICATIONS SHOULD BE ADDRESSED:

DR. SAMUEL HOUSTON
PRESIDENT AND CEO
NORTH CAROLINA SCIENCE, MATHEMATICS, AND TECHNOLOGY EDUCATION CENTER
P.O. BOX 13901
RESEARCH TRIANGLE PARK, NC 27709-3901
PHONE: 919-991-5100

2B. FORM IN WHICH APPLICATIONS SHOULD BE SUBMITTED AND INFORMATION AND MATERIALS THEY SHOULD INCLUDE: THE NORTH CAROLINA SCIENCE, MATHEMATICS, AND TECHNOLOGY EDUCATION CENTER WILL ACCEPT GRANT APPLICATIONS THAT FOSTER THE IMPROVEMENT OF SCIENCE, MATHEMATICS, AND TECHNOLOGY PRE K-12 EDUCATION IN NORTH CAROLINA. PROPOSALS SHOULD BE SUBMITTED TO THE CENTER IN THE FORM OF A LETTER. APPLICANTS SHOULD DESCRIBE THE FOCUS OF THE ACTIVITY, THE EXPECTED OUTCOMES, AND THE PROPOSAL'S RELEVANCE TO PRE K-12 SMT EDUCATION IN NORTH CAROLINA; THE QUALIFICATIONS OF THE ORGANIZATION AND THE INDIVIDUALS INVOLVED; PROVIDE CERTIFICATION OF THE SPONSOR'S INTERNAL REVENUE TAX EXEMPT STATUS; AND GIVE THE TOTAL BUDGET FOR THE ACTIVITY, INCLUDING ANY FINANCIAL SUPPORT OBTAINED OR PROMISED. PROPOSALS ARE GIVEN PRELIMINARY REVIEW BY THE CENTER STAFF AND THOSE DEEMED APPROPRIATE WILL BE PRESENTED TO THE BOARD OF DIRECTORS FOR CONSIDERATION.

- 2C. SUBMISSION DEADLINES: PROPOSALS ARE ACCEPTED THROUGHOUT THE YEAR
- 2D. RESTRICTIONS OR LIMITATIONS ON AWARDS: ALL GRANT RECIPIENTS MUST BE NONPROFIT ORGANIZATIONS WITH 501C(3) STATUS OR GOVERNMENTAL ENTITIES, RESIDE IN THE STATE OF NORTH CAROLINA, AND DEMONSTRATE RELEVANCE TO THE ADVANCEMENT OF PRE K-12 SCIENCE, MATHEMATICS, AND TECHNOLOGY EDUCATION IN NORTH CAROLINA.

AMOUNT	3,000	1,000	100	8,000
PURPOSE OF GRANT OR CONTRIBUTION	SUPPORT FOR MANY VOICES, ONE GOAL CONFERENCE	SUPPORT FOR THE ANALYSIS OF THE SURVEY OF TEACHERS ON THE USE OF INQUIRY IN SCIENCE CLASSROOMS	SUPPORT FOR HOSPICE SERVICES	SUPPORT FOR SCIENCE COMPETITION
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PUBLIC CHARITY	PUBLIC CHARITY	PUBLIC CHARITY	PUBLIC CHARITY
RECIPIENT NAME AND ADDRESS	NC NEW SCHOOLS PROJECT 4600 MARRIOTT DR, STE 510 RALEIGH, NC 27612	NC SCIENCE LEADERSHIP ASSOCIATION 1425 DUPLIN ROAD RALEIGH, NC 27607	DUKE UNIVERSITY HOSPICE 4321 MEDICAL PARK DR, STE 101 DURHAM, NC 27704-2175	NC SCIENCE FAIR FOUNDATION 264 COTTLE LAKE DRIVE COATS, NC 27521

TOTAL CONTRIBUTIONS PAID

12,100

PAGE 28 ATTACHMENT 8

2.24 16 PM

UV5977 U172 5/1/2012

V 10-8 3

NORTH	CAROLINA	SCIENCE,	MATHEMATIO	cs,
AND '	TECHNOLOGY	/ EDUCATION	ON CENTER.	TNC.

04	-3	61	12	92	9

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FORM 990PF - PART IX-A - SUMMARY OF DIRECT CHARITABLE ACTIVITIES

- 1) COLLABORATIVE PROJECT IS AN EFFORT TO POSITIVELY IMPACT TEACHER RECRUITMENT AND RETENTION, TO PROVIDE QUALITY PROFESSIONAL DEVELOPMENT RESOURCES, AND TO SIGNIFICANTLY IMPROVE STUDENT PERFORMANCE IN ELEMENTARY AND MIDDLE SCHOOLS IN THE 5 PARTICIPATING SCHOOL DISTRICTS OF CASWELL, GREENE, MITCHELL, WARREN AND WASHINGTON COUNTIES. THE NORTH CAROLINA SCIENCE MATHEMATICS AND TECHNOLOGY CENTER INCURRED EXPENSES OF \$129,628 FOR THE COLLABORATIVE PROJECT DURING THE FISCAL YEAR.
- 2) THE TEACHERLINK PROGRAM CONNECTS COMMUNITY EXPERTS IN SCIENCE, MATHEMATICS AND TECHNOLOGY WITH TEACHERS IN ORDER TO PROVIDE TEACHERS WITH NEW CONTENT AND EXPERTISE IN TEACHING SCIENCE, MATHEMATICS AND TECHNOLOGY. THE NORTH CAROLINA SCIENCE MATHEMATICS AND TECHNOLOGY CENTER INCURRED EXPENSES OF \$57,915 FOR THE TEACHERLINK PROGRAM DURING THE FISCAL YEAR.
- 3) SCIENCE COMPETITIONS OFFER HIGH SCHOOL STUDENTS THE OPPORTUNITY TO DISPLAY THEIR SCIENCE RESEARCH AT COMPETITIONS. THE NORTH CAROLINA SCIENCE MATHEMATICS AND TECHNOLOGY CENTER INCURRED EXPENSES OF \$48,954 FOR SCIENCE COMPETITIONS DURING THE FISCAL YEAR.
- 4) THE FLIGHT FELLOWS PROGRAM CONSISTS OF TWENTY EXPERT TEACHERS WITH THE POTENTIAL TO DRIVE STEM IMPROVEMENTS WHO LEARN ABOUT CONTEMPORARY AEROSPACE SCIENCE AND DEVELOP INNOVATIVE, LOCALLY RELEVANT CURRICULUM USING NASA EDUCATIONAL RESOURCES TO MOTIVATE STUDENTS TO PURSUE STEM STUDY AND CAREERS IN AEROSPACE. THE NORTH CAROLINA SCIENCE MATHEMATICS AND TECHNOLOGY CENTER INCURRED EXPENSES OF \$26,795 FOR THE FLIGHT FELLOWS PROGRAM DURING THE FISCAL YEAR.

Form **8868**(Rev January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

memai Kevenu	e Service	e applica	tion for each return.			
	filing for an Automatic 3-Month Extension, com	-	•			
	filing for an Additional (Not Automatic) 3-Month nplete Part II unless you have already been gran					
•			·	•		
	filing (e-file). You can electronically file Form 886 on required to file Form 990-T), or an additional (r					
	quest an extension of time to file any of the form					
	Transfers Associated With Certain Personal Be					
	s). For more details on the electronic filing of this fo					
Part I					_	
	tion required to file Form 990-T and requesting			this box	an	d complete
Part I only						▶ □
All other co	orporations (including 1120-C filers), partnerships,	REMICS	s, and trusts must use Form 7004 to	request a	ап	extension of time
to file incor	me tax returns.					
Type or	Name of exempt organization		E	mployer ic	ten	tification number
print	NORTH CAROLINA SCIENCE MATHEMATICS	AND TE	CHNOLOGY EDUCATION CENTER O	4-360	29	29
File by the	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.			
due date for filing your	P.O. BOX 13901	_				
return See	City, town or post office, state, and ZIP code. For a for	oreign add	lress, see instructions.			
instructions.	RESEARCH TRIANGLE PARK, NC	2770	9-3901			
Enter the I	Return code for the return that this application is fo	r (file a s	eparate application for each return)			04
			· · · · · · · · · · · · · · · · · · ·			
Applicati	l l	Return	Application			Return
Is For		Code	is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 990		03	Form 4720			09
Form 990		04	Form 5227			10
	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	O-T (trust other than above)	06	Form 8870			12
	ks are in the care of ► SAM HOUSTON one No. ► 919-991-5100	F	AX No. ►	·		
 If the org 	panization does not have an office or place of busing	ness in th	ne United States, check this box .		•	▶□
 If this is: 	for a Group Return, enter the organization's four di	igit Grou	p Exemption Number (GEN)			If this is
	iole group, check this box \ldots $ ightharpoonup$. If it is	-	of the group, check this box	▶		and attach
a list with	the names and EINs of all members the extension	is for.				
	equest an automatic 3-month (6 months for a corpo					
	til FEBRUARY 15 , 20 12 , to file the exemp rethe organization's return for:	ot organiz	cation return for the organization nam	ned above). T	he extension is
	☐ calendar year 20 or					
	☑ tax year beginning JULY 1	. 20	10 and ending JUNE	30		.20 11 .
	and the second s	,	,			
	the tax year entered in line 1 is for less than 12 mo Change in accounting period	onths, cho	eck reason: 🗍 Initial return 💢 Fi	nal return		
	this application is for Form 990-BL, 990-PF, 990-Tonrefundable credits. See instructions.	, 4720, 0	or 6069, enter the tentative tax, less	-		\$ NONE
b If	this application is for Form 990-PF, 990-T, 472	20, or 6	069, enter any refundable credits		7	
es	stimated tax payments made. Include any prior yea	r overpa	yment allowed as a credit.	31	ر د	NONE
c Ba	alance due. Subtract line 3b from line 3a. Include your	payment	with this form, if required, by using EF	TPS	7	
	lectronic Federal Tax Payment System). See instruction				:	
Caution	If you are going to make an electronic fund with	hdrawal	with this Form 9969, see Form 945	52 EO 05	7 6	0070 CO 600

payment instructions.

Page	2

			sion, complete only Part II and check this box		
Note. Only	y complete Part II if you have already been grant	ied an auto	pmatic 3-month extension on a previously filed Form 88	368.	
	e filing for an Automatic 3-Month Extension, c				
Part II		tension o	of Time. Only file the original (no copies needed)		
Гуре ог	Name of exempt organization				
print			CHNOLOGY EDUCATION CENTER 04-3602929		
File by the extended	Number, street, and room or suite no. If a P.O. box	x, see instru	ctions		
due date for					
filing your return See	City, town or post office, state, and ZIP code For	a foreign ad	dress, see Instructions		
nstructions	RESEARCH TRIANGLE PARK, NC 277	709-3901	<u> </u>		
Enter the	Return code for the return that this application is	for (file a	separate application for each return)	. 04	
Applicat	tion	Return	Application	Return	
Is For		Code	ls For	Code	
Form 99		01			
Form 99		02	Form 1041-A	08	
Form 99		03	Form 4720	09	
Form 99		04	Form 5227	10	
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11	
	90-T (trust other than above)	06	Form 8870	12	
			utomatic 3-month extension on a previously filed For		
	oks are in the care of ► SAM HOUSTON				
	one No. ► 919-991-5100	FΔY	No.▶		
		-	he United States, check this box	. ▶□	
• If this is	s for a Group Return, enter the organization's fou	r diait Grai	In Evernation Number (GEN)	this is	
for the wi	hole group check this how	it is for na	t of the group, check this box		
	he names and EINs of all members the extension		to the gloup, check the box	allacii a	
			NAV 15 20 10		
5 F	request an additional 3-month extension of time of calendar year	na T	ULY 1 ,20 10 , and ending JUNE 30	20 1 1	
6 If	the tax year entered in line 5 is for less than 12	months ch	eck reason: Initial return Final return	, 20 11.	
	Change in accounting period	monars, Gr	eck reason. Umitial return Unital return		
		TTTNC T	NFORMATION FROM THIRD PARTIES WHICH	TC	
	ECESSARY TO PREPARE A COMPLETE A			12	
141	ECEDOARI TO FREFARE A COMPLETE A	ND ACCO	RAIE REIURN.	,	
				,	
	this application is for Form 990-BL, 990-PF, 990 onrefundable credits. See instructions	D-T, 4720,	or 6069, enter the tentative tax, less any 8a \$	NONE	
h if	this application is for Form 990-PF, 990-T,	4720 or 6			
e	stimated tax payments made. Include any price mount paid previously with Form 8868.		erpayment allowed as a credit and any	Monte	
	Balance due. Subtract line 8b from line 8a. Include y		8b \$	NONE	
	Electronic Federal Tax Payment System). See instru		1 1	11011	
10			8c \$	NONE	
		cluding accon	d Verification panying schedules and statements, and to the best of my knowledge	ge and belief, it is	
Signature I	Latra Wall		►TAX MANAGER Date ► 2-	15-20/2 868 (Rev. 1-2011	
	Java VV		Form R	868 (Rev 1-2011	
	~		rom G	≠ ₩ (1/64. 1-2011	