

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047

Inspection

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

Open to Public

Print/Type preparer's name Preparer Preparer Preparer Preparer Preparer Preparer Preparer Preparer Preparer Firm's name MCGLADREY & PULLEN LLP Use Only Firm's address 1201 EDWARDS MILL ROAD, SUITE 300 RALEIGH, NC 27607-3625 Phone no. 919-781-1055	<u>A</u> F	or the	2010 calendar year, or tax year beginning $_{ m JUL}$ 1 2010 and $_{ m c}$	ending J	UN 30 2011	
SORTH CAROLINA SCHOOL OF SCIENCE AND MATHEMATICS PLOYDRATION Cong Business As Number and stored for P.O. Dox if mails not delivered to street address) Foreign State As C. ARDVE SIME AS C. ARDVE I Tax exempt status X SU(C)(3) SOI(c) (Во	heck if	C Name of organization		D Employer identific	cation number
MATRIMATICS FOUNDATION MAS ORGANIZED TO GROW Business A Part Mass or delivered to street address) Room/Suits E Telephone number S12 - 116 - 286 1,095,531, 195,	а	pplicable	NORTH CAROLINA SCHOOL OF SCIENCE AND			
Display Dis		_Address	MATHEMATICS FOUNDATION			
Number and street (or P.O. Does if mails and delivered to street address) Room/suits E Telephonen number S13 - 145 - 2856 City or town, state or country, and ZIP + 4 City or town, state or country, and ZIP + 4 City or town, state or country, and ZIP + 4 City or town, state or country, and ZIP + 4 City or town, state or country, and ZIP + 4 City or town, state or country, and ZIP + 4 City or town, state or country, and ZIP + 4 City or town, state or country, and ZIP + 4 City or town, and address of principal officer; XYTE T. MADSTAFF Http://www.marchanters.com/states/sta			**************************************		56-125	0756
Table March Table Tabl			•	Room/suite	E Telephone number	
City or town, state or country, and ZIP + 4 DIRBAM_NC_27705 FName and address of pmcipal officer; KATIE 7, WAGSTAFF PName and address of pmcipal officer; KATIE 7, WAGSTAFF Name and address of pmcipal officer; KATIE 7, WAGSTAFF Name and address of pmcipal officer; KATIE 7, WAGSTAFF Name and address of pmcipal officer; KATIE 7, WAGSTAFF Name and address of pmcipal officer; KATIE 7, WAGSTAFF Name and address of pmcipal officer; KATIE 7, WAGSTAFF Name and address of pmcipal officer; KATIE 7, WAGSTAFF Name and address of pmcipal officer; KATIE 7, WAGSTAFF Name and address of pmcipal officer; KATIE 7, WAGSTAFF Name and address of pmcipal officer; KATIE 7, WAGSTAFF Name and address of pmcipal officer; Name and address of	$\overline{}$	Termin-	1219 BROAD STREET		919-41	6-2866
DURSHAM NC 27705 F Name and address of principal officer:XATIE T, WAGSTAFF SAME AS C ABOVE F Name and address of principal officer:XATIE T, WAGSTAFF SAME AS C ABOVE To address of principal officer:XATIE T, WAGSTAFF SAME AS C ABOVE To address of principal officer:XATIE T, WAGSTAFF SAME AS C ABOVE To address of principal officer:XATIE T, WAGSTAFF SAME AS C ABOVE To address of the principal officer:XATIE T, WAGSTAFF SAME AS C ABOVE To address of the principal officer:XATIE T, WAGSTAFF SAME OBJECT SAME AS C ABOVE To address of the principal officer:XATIE T, WAGSTAFF SAME OBJECT SAME AS C ABOVE To address of the principal officer:XATIE T, WAGSTAFF SAME OBJECT SAME AS C ABOVE To address of the principal officer:XATIE T, WAGSTAFF SAME OBJECT SAME OBJECT SAME AS C ABOVE SAME AS C ABO		Amendo				
Piname and address of principal officer:RATE T. WAGSTAFF How No SAME AS C. ABOVE Take & S. C. ABOVE How No SAME AS C. ABOVE How How SAME AS C. ABOVE How SAME	$\overline{}$	Applica	.			
SAME AS C ABOVE Tax-exempt status x 501(c)(3 501(c)					1 ''	
Taxe-exempt status:			·			
J Websites:	1.7	 Tax-exe		r 527	1	
Part Summary				·	1	
Benefity describe the organization's mession or most significant activities: THE FOUNDATION NAS ORGANIZED TO				1 Year		
1 Binefly describe the organization's mission or most significant activities: THE FOUNDATION NAS ORGANIZED TO					or formation: 1979[H	Totale or logar definions. NC
RECEIVE ADMINISTER AND OBTAIN FUNDS FOR THE SUPPORT OF THE 2 Check this box				NDATTON	WAS ORGANIZED TO	·
B Net unrelated business taxable income from Form 990-T, line 34 Th	če			MDAITON	WAS ORGANIZED TO	_
B Net unrelated business taxable income from Form 990-T, line 34 Th	nar			ed of more	than 25% of its not as	reate
B Net unrelated business taxable income from Form 990-T, line 34 Th	Ver		·	ed of friore	f 1	
B Net unrelated business taxable income from Form 990-T, line 34 Th	ဗ္ဗ					
B Net unrelated business taxable income from Form 990-T, line 34 Th	مخ ده	ł		•		
B Net unrelated business taxable income from Form 990-T, line 34 Th	Ę	1			F	
B Net unrelated business taxable income from Form 990-T, line 34 Th	ξį	1	,			•
Rate Current Year Sas 4, 513 1, 033 , 483 0	Ą	1	* *			
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 70 ECEIVED 15, 703, 63, 483, 11 Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 5c, 10c, and 11e) 12 Total revenue and lines 8 through 11 (must equal Part VIII, Ephlyma (A), lines 1.3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 1.3) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Total and sing expenses (Part IX, column (A), line 11e) 19 Total assets (Part IX, column (A), line 11e) 10 0 0. 11 Total expenses (Part IX, column (A), line 11e) 10 0 0. 11 Total expenses (Part IX, column (A), line 11e) 11 Total expenses (Part IX, column (A), line 11e) 11 Total expenses (Part IX, column (A), line 11e) 12 Part II Signature Block 10 Total liabilities (Part X, line 26) 11 Total liabilities (Part X, line 26) 12 Part II Signature Block 11 Total liabilities (Part X, line 26) 12 Part II Signature Block 12 Part II Signature Block 13 Total expenses Add lines 3.5 printing of Current Year End of Year (Line 21 from line 20 6, 928, 543, 7, 702, 579, 509, 704, 73, 445, 704, 704, 704, 704, 704, 704, 704, 704		י מ.	Net unrelated business taxable income from Form 990-1, line 34	···		
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, H, and Policie (Part VIII) 11 Other revenue (Part VIII, column (A), lines 5, 6d, e.g., c., 10c, and 119) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, Epithing (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part X, column (A), line) 16 Professional fundraising fees (Part IX, column (A), line 15) 16 Professional fundraising expenses (Part IX, column (A), line 15) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses (Part IX, column (A), lines 11-11d, 111-24h 18 Total expenses (Part IX, column (A), lines 11-11d, 111-24h 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 10 Total assets or fund balances. Subtract line 21 from line 20 10 Total assets or fund balances. Subtract line 21 from line 20 10 Fart II Signature Block 10 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 fund, complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 10 Print/Type preparer's name 10 Print/Type preparer's name 11 Print/Type preparer's name 12 Print/Type preparer's name 13 Print/Type preparer's name 14 Print/Type preparer's name 15 Print/Type preparer's name 15 Print/Type preparer's name 16 Print/Type preparer's name 17 Print/Type preparer's name 18 Print/Type preparer's name 18 Print/Type preparer's name 18 Print/Type preparer's name 19 Print/Type preparer's name 19 Print/Type preparer's name 20 Print/Type preparer's name 21 Print/Type preparer's name 21 P		ر ۾ ا	>==4====4======4====4=>//D==4>//III	-		
1 Other revenue (Part VIII, column (A), lines 5, 6d, 9c, 5c, 10c, and 11e)	ne	1				
1 Other revenue (Part VIII, column (A), lines 5, 6d, 9c, 5c, 10c, and 11e)	Ven	9 1	Program service revenue (Part VIII, line 2g)			
12 Total revenue - add lines 8 through 11 (must equit Part Vilic column (A), lines 1-3) 900, 216, 1,096,531, 1 3 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0,	Ř			1 -	•	63,048,
A Benefits paid to or for members (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15-10) 16a Professional fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total liabilities (Part X, line 26) 23 Total assets (Part X, line 26) 24 Total sasets or fund balances. Subtract line 21 from line 20 25 Total sasets or fund balances. Subtract line 21 from line 20 26 Total sasets (Part X, line 26) 27 Total sasets or fund balances. Subtract line 21 from line 20 28 Total sasets or fund balances. Subtract line 21 from line 20 29 Total sasets or fund balances. Subtract line 21 from line 20 20 Total sasets or fund balances. Subtract line 21 from line 20 20 Total sasets or fund balances. Subtract line 21 from line 20 20 Total sasets or fund balances. Subtract line 21 from line 20 20 Total sasets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Total sasets or fund balances. Subtract line 21 from line 20 23 Total sasets or fund balances. Subtract line 21 from line 20 21 Total sasets or fund balances. Subtract line 21 from line 20 22 Total sasets or fund balances. Subtract line 21 from line 20 23 Total sasets or fund balances. Subtract line 21 from line 20 24 Total sasets or fund balances. Subtract line 21 from line 20 25 Total sasets or fund balances. Subtract line 21 from line 20 26 Total sasets or fund balances. Subtract line 21 from line 20 27 Total sasets or fund balances. Subtract line 21 from line 20 28 Total sasets or fund balances. Subtract line 21 from line 20 29 Total sasets or fund balances. Subtract line 21 from line 20 20 Total sasets (Part X, l		11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	اد		
A Benefits paid to or for members (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15-10) 16a Professional fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total liabilities (Part X, line 26) 23 Total assets (Part X, line 26) 24 Total sasets or fund balances. Subtract line 21 from line 20 25 Total sasets or fund balances. Subtract line 21 from line 20 26 Total sasets (Part X, line 26) 27 Total sasets or fund balances. Subtract line 21 from line 20 28 Total sasets or fund balances. Subtract line 21 from line 20 29 Total sasets or fund balances. Subtract line 21 from line 20 20 Total sasets or fund balances. Subtract line 21 from line 20 20 Total sasets or fund balances. Subtract line 21 from line 20 20 Total sasets or fund balances. Subtract line 21 from line 20 20 Total sasets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Total sasets or fund balances. Subtract line 21 from line 20 23 Total sasets or fund balances. Subtract line 21 from line 20 21 Total sasets or fund balances. Subtract line 21 from line 20 22 Total sasets or fund balances. Subtract line 21 from line 20 23 Total sasets or fund balances. Subtract line 21 from line 20 24 Total sasets or fund balances. Subtract line 21 from line 20 25 Total sasets or fund balances. Subtract line 21 from line 20 26 Total sasets or fund balances. Subtract line 21 from line 20 27 Total sasets or fund balances. Subtract line 21 from line 20 28 Total sasets or fund balances. Subtract line 21 from line 20 29 Total sasets or fund balances. Subtract line 21 from line 20 20 Total sasets (Part X, l		12	otal revenue - add lines 8 through 11 (must equal Part VIIII- column (A) June 12)			1,096,531.
15 Salanes, other compensation, employee benefits (Part X, Column (A), line 11e) 16a Professional fundraising fees (Part IX, column (A), line 11e) 1 Total fundraising expenses (Part IX, column (A), line 25) 1 Total fundraising expenses (Part IX, column (A), line 25) 1 Total expenses (Part IX, column (A), line 21a 11d, 11f.24f) 1 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1 Revenue less expenses. Subtract line 18 from line 12 1 Total assets (Part X, line 16) 2 Total labilities (Part X, line 26) 2 Net assets or fund balances. Subtract line 21 from line 20 2 Net assets or fund balances. Subtract line 21 from line 20 3 Total labilities (Part X, line 26) 3 Total labilities (Part X, line 26) 4 Total labilities (Part X, line 26) 5 Total labilities (Part		13 (arants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
16a Professional fundraising fees (Part IX, column (A), line 11e) 0, 0 0, 0 b Total fundraising expenses (Part IX, column (D), line 25) 153,581, 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 474,321, 665,526, 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 762,506, 976,396, 19 Revenue less expenses. Subtract line 18 from line 12 137,710, 120, 135, 18 20 Total assets (Part X, line 16) 6,928,543, 7,702,579, 170, 170, 170, 170, 170, 170, 170, 170		14	Benefits paid to or for members (Part IX, column (A), line ADEN LITE	H -		•
17 Other expenses (Part IX, column (A), lines 113-110, 111-241) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 33 January (10 January) 24 January (10 January) 25 January (10 January) 36 January (10 January) 37 January (10 January) 38 January (10 January) 474 January (10 Ja	ses	15		! ⊢	•	310,870,
17 Other expenses (Part IX, column (A), lines 113-110, 111-241) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 33 January (10 January) 24 January (10 January) 25 January (10 January) 36 January (10 January) 37 January (10 January) 38 January (10 January) 474 January (10 Ja	eus	16a		· -		0.
17 Other expenses (Part IX, column (A), lines 113-110, 111-241) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 33 January (10 January) 24 January (10 January) 25 January (10 January) 36 January (10 January) 37 January (10 January) 38 January (10 January) 474 January (10 Ja	꼾	þ.	* '	581.	-	
19 Revenue less expenses. Subtract line 18 from line 12 137,710, 120,135, 120, 120, 120, 120, 120, 120, 120, 120		17 (
Beginning of Current Year End of Year			· · · · · · · · · · · · · · · · · · ·	_		_ · · · · · · _ · · · · · · · · · · · ·
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 strue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here KATIE T, WAGSTAFF, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name CHERYL RHEW Preparer Firm's name MCGLADREY & PULLEN, LLP Firm's EIN Phone no. 919-781-1055	- 0	19	Revenue less expenses. Subtract line 18 from line 12			120,135,
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 strue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here KATIE T, WAGSTAFF, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name CHERYL RHEW Preparer Firm's name MCGLADREY & PULLEN, LLP Firm's EIN Phone no. 919-781-1055	Sog			Be	ginning of Current Year	End of Year
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 strue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here KATIE T, WAGSTAFF, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name CHERYL RHEW Preparer Firm's name MCGLADREY & PULLEN, LLP Firm's EIN Phone no. 919-781-1055	Sset	20	·	<u> </u>	6,928,543.	7,702,579.
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 strue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here KATIE T, WAGSTAFF, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name CHERYL RHEW Preparer Firm's name MCGLADREY & PULLEN, LLP Firm's EIN Phone no. 919-781-1055	¥E	21	•		50,074.	73,445.
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 KATIE T. WAGSTAFF EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name CHERYL RHEW Preparer Firm's name MCGLADREY & PULLEN, LLP Use Only Firm's address 1201 EDWARDS MILL ROAD, SUITE 300 RALEIGH, NC 27607-3625 Phone no. 919-781-1055					6,878,469,	7,629,134.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledged. Signature) of officer Date RATIE T. WAGSTAFF. EXECUTIVE DIRECTOR						
Sign Signature) of officer Here KATIE T. WAGSTAFF, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature CHERYL RHEW Preparer Firm's name MCGLADREY & PULLEN, LLP Firm's address 1201 EDWARDS MILL ROAD, SUITE 300 RALEIGH, NC 27607-3625 Phone no. 919-781-1055	1					y knowledge and belief, it is
Sign Signature of officer Date Here KATIE T. WAGSTAFF EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature CHERYL RHEW CHERYL RHEW Preparer Firm's name MCGLADREY & PULLEN LLP Use Only Firm's address 1201 EDWARDS MILL ROAD, SUITE 300 RALEIGH, NC 27607-3625 Phone no. 919-781-1055	true	, correc	, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich prepare	r has any knowledge	
Here	7				20/14	112
RATIE T. WAGSTAFF. EXECUTIVE DIRECTOR Type or print name and title	² Sig	ın	Signature) of officer		Date '	
Print/Type preparer's name Preparer Paid CHERYL RHEW Preparer Firm's name MCGLADREY & PULLEN LLP Use Only Firm's address 1201 EDWARDS MILL ROAD, SUITE 300 RALEIGH, NC 27607-3625 Preparer Preparer's signature Check Date Check PTIN Z 3 12 13 12 Firm's EIN Phone no. 919-781-1055	*He	re				
Print/Type preparer's name Preparer Paid CHERYL RHEW Preparer Firm's name MCGLADREY & PULLEN LLP Use Only Firm's address 1201 EDWARDS MILL ROAD, SUITE 300 RALEIGH, NC 27607-3625 Preparer Preparer's signature Check Date Check PTIN Z 3 12 13 12 Firm's EIN Phone no. 919-781-1055	Ĺ		Type or print name and title			
Paid CHERYL RHEW C'HERYL RIEW 21312 sett-employed Preparer Firm's name MCGLADREY & PULLEN, LLP Use Only Firm's address 1201 EDWARDS MILL ROAD, SUITE 300 RALEIGH, NC 27607-3625 Phone no. 919-781-1055	Ξ		Print/Type preparer's name Preparer's signature			PTIN
Preparer Firm's name MCGLADREY & PULLEN, LLP Firm's EIN Use Only Firm's address 1201 EDWARDS MILL ROAD, SUITE 300 RALEIGH, NC 27607-3625 Phone no. 919-781-1055			CHERYL RHEW Cheryl Rhew	,	スロス Setf-employ	ed
Use Only Firm's address 1201 EDWARDS MILL ROAD, SUITE 300 Phone no. 919-781-1055	Ļ₽re	parer			Firm's EIN	
RALEIGH, NC 27607-3625 Phone no. 919-781-1055	_					
	Ĺ				Phone no. 9:	19-781-1055
	řМа	y the IF	S discuss this return with the preparer shown above? (see instructions)			x Yes No

NORTH CAROLINA SCHOOL OF SCIENCE AND

	rt III Statement of Program Service Accomplishments	6 Page ∠
r ai		
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	THE FOUNDATION OPERATES EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL	
	PURPOSES INCLUDING, BUT NOT LIMITED TO, RECEIVING, ADMINISTERING AND	
	OBTAINING FUNDS FOR THE SUPPORT OF THE ACADEMIC AND EDUCATIONAL PROGRAMS OF THE NORTH CAROLINA SCHOOL OF SCIENCE AND MATHEMATICS.	
2	Did the organization undertake any significant program services during the year which were not listed on	
2	the prior Form 990 or 990-EZ?	Yes X 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 X 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 \$ 581,048, including grants of \$) (Revenue \$)
	THE FOUNDATION WAS ORGANIZED TO RECEIVE, ADMINISTER, AND OBTAIN FUNDS	
	FOR THE SUPPORT OF THE ACADEMIC AND EDUCATIONAL PROGRAMS OF THE NORTH	
	CAROLINA SCHOOL OF SCIENCE & MATHEMATICS,	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		<u>-</u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		
		
		· · · · · · · · · · · · · · · · · · ·
		
		
4d	Other program services. (Describe in Schedule O)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 581_048.	F 000 (2242)
		Form 990 (2010)

operate one or more hospitals must attach audited financial statements (see instructions)

	, NORTH CAROLINA SCHOOL OF SCIENCE AND			
	990 (2010) MATHEMATICS FOUNDATION 56-1250756		Р	age 3
Far	t IV Checklist of Required Schedules		T	
	Is the organization described in section 501(a)(2) or 4047(a)(1) (other than a private foundation)?		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	4		
_	· · ·	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X_	
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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	l _		
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	ļ	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	l _		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	 	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	l		
	Schedule D, Part III	8		Х
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	ł		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	ļ	Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	l		
	If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	l	147	1
	as applicable.	,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D,	l	Ì	
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	l		i
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	ĺ		1
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	
	Schedule D, Parts XI, XII, and XIII	12a	х	<u> </u>
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
′ b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		х
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		х
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		x
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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	L	x
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			

20b

			Yes	No
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		Х
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		_ <u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	A=1		
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		X
27				
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	07		.,
00	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):		*	
_		200	•	
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	Х	v
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<u> </u>
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		_^_	
•	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		-43
	Schedule N. Part II	32		x
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		Х
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	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36	x	
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	<u></u>	х
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	х	<u> </u>
		Form	990 (2010

Form 990 (2010) MATHEMATICS FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance 56-1250756

Senior the number reported in Box 3 of Form 1996. Enter O f not applicable 18		Check if Schedule O contains a response to any question in this Part V				
be Enter the number of Forms W.GS included in line 1a. Enter O-If not applicable 15				Yes	No	•
De the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambing) with womens? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return by If at least one is reported on the 2s, did the organization field affective federal employment tax returns? Note, If the sum of lines 1s and 2s is greater than 250, you may be required to e-//lee, (see instructions) 3 by 14 (1955). The sum of lines 1s and 2s is greater than 250, you may be required to e-//lee, (see instructions) 3 by 15 (1955). The sum of lines 1s and 2s is greater than 250, you may be required to e-//lee, (see instructions) 3 by 15 (1955). The sum of lines 1s and 2s is greater than 250, you may be required to e-//lee, (see instructions) 3 by 15 (1955). The sum of lines 1s and 2s is greater than 250, you may be required to e-//lee, (see instructions) 3 by 15 (1955). The sum of lines 1s and 2s is greater than 250, you may be required to e-//lee, (see instructions) 3 by 15 (1955). The sum of lines 1s and 2s is greater than 250, you may be required to e-//lee, (see instructions) 3 by 15 (1955). The sum of	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5				-
(gambhing) winnings to prize winners? 2 Enfert the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 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-five, (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 A ray 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 Accounts? b if "Yes," either the name of the foreign country. ► See instructions for filing requirements for form TD F90221, Report of Foreign Bank and Financial Accounts. Sa Was the organization have for or more 15 F90221, Report of Foreign Bank and Financial Accounts. Sa Was the organization have for or more 15 F90221, Report of Foreign Bank and Financial Accounts. Sa Was the organization that it was or is a party to a prichibeted tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prichibeted tax shelter transaction at any time during the tax year? 6 Did 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? 7 Organizations that may receive deductible contributions under section 170(c). 2 Did the organization received a contribution of authority as a contribution and partly for goods and services provided to the payor? 7 Did the organization during the year of the value of the goods or services provided? 8 Did the organization during the year pay premiums, directly or indirectly, on a personal benefit contract? 9 If the organization received a contribution of	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1			-
2a Enter the number of employees reported on Form W-3, Transmittat of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 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-//le. (see instructions) B. Olf the organization have unrelated business gross income of 51,000 or more dumpt the year? b if 1'ves, 'has it filed a Form 950-1 for this year? If 'No,' provide an explanation in Schedule O 3b 4 At any time dumpt the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, a foreign country (such as a bank account, securities account, or other financial account)? b if 'Yes,' and the foreign country' ▶ See instructions for 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 dumpt the tax year? 5a Did any taxable party notify the organization file Form 888617? 6b Did any taxable party notify the organization file Form 888617? 6c So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization select any contributions that this ware not tax deductible? bif 'Yes,' did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? b if the organization selection and the second selection from selection	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
field for the calendary year ending with or within the year covered by this return 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-life, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," is at filed a Form 990 Ff for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country; level as a bank account, as correct process of the organization or a signature or other authority over, a financial account in a foreign country; level. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction? 5b Was the organization annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b X 6c If "Yes," old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," indicate the number of Forms 8825 filed during the year 7c Under the organization notify the donor of the value of the goods or senseps provided? 8b If "Yes," indicate the number of Forms 8826 filed during the year 9c Did the organization received a contribution of cushing the year 1c Did the organization received a contribution of cushing the year 1d If the organization received a contribution of cushing the year 1d If the organization received a contribution of cushing the year 1d If the organization received a contribution of cushing the year 1d If the organization received a contribution of cushing the year 1d		(gambling) winnings to prize winners?	_1c			_
bif at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Life of the during the calendary 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 At any time the name of the foreign country: See instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Life of the organization and provide a shelter transaction at any time during the tax year? 5b Us any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c Life of the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5c Life of the organization ratio and the organization file Form 8889-17 6c Life of the organization receive annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible? 6c Life organizations that may receive deductible contributions under section 170(c). 6c Life the organization receive a payment in excess of \$75 made party as a contribution of organization for the payor? 7c Life of the organization receive a payment in excess of \$75 made party as a contribution of organization free the number of Forms 8882 filed during the year 9c Life form 8882? 1d Life form 8882. 1d Life form 8882 as a capital contribution of organization file form 8899 as required? 1d Life form 8882. 1d Life form 8882 as a contribution of orga	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	, -		**	-
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife. (see instructions) 3a Did the organization have unrelated business pross income of \$1,000 or more during the year? 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 yellow. Be a bank account, so count in a foreign country yellow. Be a bank account, so count in a foreign country yellow. See instructions for filming requirements for Form TD F 90.21, 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? 5b Was the organization party to a prohibited tax shelter transaction? 5c If Yes, "to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8c If Yes," did the organization motify the donor of the value of the goods or services provided? 9c If Yes, "did the organization necessed a payment in excess of \$75 made partly as confribution and partly for goods and services provided to the payor? 9c If Yes," did the organization necessed apyment in excess of \$75 made partly as confribution and partly for goods and services provided to the payor? 9c If Yes, "did the organization necessed accountable of the goods or services provided? 9c If Yes," did the organization necessed a contribution of qualified intellectual property for which it was required to the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9c		filed for the calendar year ending with or within the year covered by this return 2a 0			_	
Note, if the sum of mines it and oz all parter trans 201, you hay be required to P-Ine, (see institutions) 3	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			_
b if "Yes," has at filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendary 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)? b if "Yes," enter the name of the foreign country; ▶ See instructions for 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? b Id any taxable party nortly the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 888F1? b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? c Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? C organizations that may receive deductible contributions under section 170(c). b If "Yes," indicate the number of Forms 82828 filed during the year b If "Yes," indicate the number of Forms 82828 filed during the year b If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization relieved to the programization received a contribution of cars, boats, arplanes, or other vehicles, did the organizations in the program section 1896 fil		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)				1
As 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, secretise account, or other financial account? See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report for Foreign Bank and Financial Accounts. Section 501(s) (70 organization necesses of \$75 made party is a contribution and party for goods and services provided to the payor? To Organization state may receive deductible contributions under section 170(c). Bank for ma 2822? To Did the organization sell-exchange or otherwise depose of tangible personal property for which it was required? To See in Report for make any taxable distributions under section 1998. See in Contribution of cars, boats, anjame	3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х	_
thinancial account in a foreign country (such as a bank account, securities account, or other financial account?) b If "Yes," enter the name of the foreign country. ▶ see instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. \$50 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \$51 D old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? \$52 Was 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? \$52 Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? \$53 Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? \$54 West, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? \$55 Was the organization notify the donor of the value of the goods or services provided? \$56 Was the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 2828? \$57 Was the organization received an orthorition of qualified intellectual property, did the organization file Form 8898 as required? \$58 X X Was the organization make a contribution of cars, boats, anginance, or other vehicles, did the organizations. Did the was premium of the property of the development of the paper of the property of the organizations. Did the organization make any taxable distributions under section 4966? \$50 Section 501(x)(2) organizations. Enter: a intation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, li	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			_
by 17'es,* enter the name of the foreign country; See instructions for 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? 5b Und any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c 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? 5b If 'Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 7b If 'Yes,* did the organization notify the donor of the value of the goods or services provided? 7b Id the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 7b If 'Yes,* did the organization notify the donor of the value of the goods or services provided? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c In the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c In the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7d If the organization received a contribution of cars, boats, arphanes, or other vehicles, did the organizations file a Form 1098-C? 7f In the organization received a contribution of advised funds. 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the organization	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
See instructions for filing requirements for Form TD F90.22.1, Report of Foreign Bank and Financial Accounts. 53 Was the originarization a party to a prohibited tax shelter transaction at any time during the tax year? 54 Did any taxable party notify the originarization that it was or as party to a prohibited tax shelter transaction? 55 Lix Yes, "to line Sa or 5b, did the originarization file Form 8886-7? 56 Does the originarization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 56 If Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 76 Organizations that may receive deductible contributions under section 170(c). 87 a bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 77 bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282? 88 bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 99 cit Hose organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 91 If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1098-0.7 91 Section 501(c)(12) organizations maintaining donor advised funds. 92 Sponsoring organizations maintaining donor advised funds. 93 Did the organization make any taxable divided and selection 509(a)(a) supporting organizations. Did the agrinations of the selection 509(a) for gainizations and the section 509(a) for gainizations included on Form 990, Part VIII, line 12 94 Gross income from other sources (Do not net amounts due or paud to other sources against amounts due or received from them) 10 Section 501(c)(29) qualified nonprofit health insur		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х	_
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax deductible? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax deductible? 5c Organization shaft may receive deductible contributions under section 170(c). a bit the organization shaft may receive deductible contributions under section 170(c). a bit the organization shaft may receive deductible contributions under section 170(c). a bit the organization shaft may receive deductible contributions under section 170(c). bit "Yes," did the organization notify the donor of the value of the goods or services provided? bit the organization shaft may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization of the value of the goods or services provided? 7c If If "Yes," indicate the number of Forms 8282 filed during the year and the organization received a contribution of qualified intellectual property, dut the organization file Form 8899 as required? 7c If the organization received a contribution of qualified intellectual property, dut the organization file Form 8899 as required? 7d If the organization received a contribution of qualified intellectual property, dut the organizations. Did the supporting organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 Did the organization make a distribution to a donor, donor advised funds. 10 Did the organization make any taxable distributions under section 4996? 11 Did the organization make any taxable distributions under se	b	If "Yes," enter the name of the foreign country:		, ~	5-	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5a or 5b, did the organization file Form 8868-T? 8 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? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 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? 8 Did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 16 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization receive any funds, directly or indirectly, to pay premiums, directly, on a personal benefit contract? 9 Did the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C? 17 Did the organization and instinating donor advised funds and section 509(s)(3) supporting organizations. Did the supporting organizations instinating donor advised funds. 10 Did the organization make any taxable distributions under section 4966? 10 Section 501(c)(12) organizations. Enter: 11 Initiation fees and capital contributions of caused funds. 21 Did the organization make a distribution to a donor, donor advised funds and section 509(s)(3) supporting organizations. Did the organizations. Enter: 12 Organization fees and capital contributions included on Part VIII, line 12 13 Did the organization make any taxable distributions under section 4966? 14 Section 501(c)(12) organizations. Enter: 15 Did the organization make any taxable distributions				<u>`</u>). 5	ز
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$5f made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 If "Yes," did the organization receive a payment in excess of \$5f made partly as a contribution and partly for goods and services provided? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 If "Yes," indicate the number of Forms 8282 filed during the year 10 If "Yes," indicate the number of Forms 8282 filed during the year 11 If "Yes," indicate the number of Forms 8282 filed during the year 12 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 13 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 13 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make a distribution of advised funds. b Gross income from members or shareholders 6 Gross income from members or shareholders 6 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or re	5a		<u>5a</u>		X	_
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? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization include with every solicitation and parity for goods and services provided to the payor? 7 To Did the organization receive a payment in excess of \$75 made partly as a contribution and parity for goods and services provided to the payor? 8 Did the organization reclive the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution of carls, boats, amplanes, or other vehicles, did the organization file a Form 1098-C? To the the organization received a contribution of carls, boats, amplanes, or other vehicles, did the organization file a Form 1098-C? To the supporting organizations in a Formal godors advised funds and section 509(a)(3) supporting organization file a Form 1098-C? To the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distribution			5b_		X.	_
any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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			5c			_
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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? 7b if "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f	6a					
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization ceeve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization or advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advised funds. Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a Section 601(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(12) organizations to sue qualified health plans in more than one state? Note. See the instructions for additional info		•	6a		Х	_
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? 7 7 8	b					
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? b if "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	_					7
b If "Yes." did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes." indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization, during the year, and intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organization seminitatining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, and advised funds. Did the organization make and distribution to a donor, donor advised funds. a Did the organization make and starbutions under section 4966? b Did the organization make and starbutions of a donor, donor advised, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a				/* <u></u> x	% - ~ ···	j
to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To but the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Soponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund annatianed by a sponsoring organization, have excess business holdings at any time during the year? Soponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: In this top organization make a distribution of part VIII, line 12 Consistency organizations and the part of the part of the part of the organization of the part of the organization of the part of the organization of the part o					<u>*</u>	-
to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f I bid the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised fund anintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a b Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(29) organizations the rusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during th			7.0			-
d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11a 1	·		70		v	
be Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of caris, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Gross receipts, included on Form 990, Part VIII, line 12 c Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13a 13b 13b 14a Did the organization receive any payments for indoor tanning services during the tax year?	d					1
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves any payments for indoor tanning services during the tax year?		-	_		X	
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 5 Section 501(c)(7) organizations. Enter: a Intuation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves any payments for indoor tanning services during the tax year?				х		
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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a	g		7g			
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			_
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a	8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting				
a Did the organizations maintaining donor advised runds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 10b 10c 10b 10c		organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a	9	Sponsoring organizations maintaining donor advised funds.			š	
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a		· · · · · · · · · · · · · · · · · · ·	9a		ļ	_
a Intitation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ	_
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	10	1 1	•	٠٠. ^		
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a N Did the organization receive any payments for indoor tanning services during the tax year?	а	·		<u>.</u>		
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X		· · ·		~		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 14a X				<u>.</u> .		
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X			4	~		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	D					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a X	120	· · · · · · · · · · · · · · · · · · ·	122	٠-		-
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X			120		 	-
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	_	• • • • • • • • • • • • • • • • • • • •			_	
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a			13a		1	-
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X	u					-
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a x	b	·				
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	-				1	
	С		<u> </u>	<u> </u>		_
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х	
	ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			_

Form 990 (2010) MATHEMATICS FOUNDATION 56-1250756 Page

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

	to line da, ab, or rob bolow, describe the directinatarious, processes, or changes in concadio o. dec institucțions.			_
<u> </u>	Check if Schedule O contains a response to any question in this Part VI			x
Sec	tion A. Governing Body and Management			
			Yes	No
		26		*
b		25		j
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	Х	
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_x
6	Does the organization have members or stockholders?	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		_X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion 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		<u> </u>
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		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ا ک
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	ļ	X
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		<u>x</u>
13	Does the organization have a written whistleblower policy?	13	х	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	х	ļ
15	Did the process for determining compensation of the following persons include a review and approval by independent			٠. ا
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-	<u> </u>
а	The organization's CEO, Executive Director, or top management official	15a	х	ļ
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	1	*	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			J
	taxable entity during the year?	16a		X_
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			<u>-</u>
	exempt status with respect to such arrangements?	16b	L	L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	ole for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	, and fina	ancıai	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organi	zation 🕽	_	
	KATIE WAGSTAFF - 919-416-2866			
	1219 BROAD STREET DURHAM NC 27705			

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average			Posi			1. A	Reportable	Reportable	Estimated
	hours per week (describe hours for related	director		all t				compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization
	organizations in Schedule O)	Individual trustee or	institutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations
JEFF BARBER										
DIRECTOR	1,00	X					<u> </u>	0.	0,	0.
DOUG SHACKELFORD										
DIRECTOR	1,00	X	<u> </u>			-		0.	0,	0.
JOSEPH M. DESIMONE						l				
DIRECTOR	1,00	X					_	0.	0,	. 0.
SHIRLEY FRYE										
REPRESENTATIVE	1,00	Х	<u> </u>			<u> </u>	<u> </u>	0,	0,	
MIKE DOERNBERG						ļ				
DIRECTOR	1.00	X	ļ	ļ	ļ	<u> </u>			0.	0,
KENNETH D. GIBBS							i			
DIRECTOR	1,00	х	ļ			ļ		0.	0.	0.
KAREN LEVERT										
MEMBER AT LARGE	1.00	X	ļ					0.	0.	0.
NANCY KALOW		ļ								
DIRECTOR	1.00	X	↓_	_		<u> </u>		0.	0.	0
KIMBERLY JENKINS				İ						
DIRECTOR	1,00	X.	<u> </u>	L		<u> </u>	ļ	0,	0.	0,
COLIN LAW										
ALUMNI PRESIDENT	1,00	X	ļ.,	<u> </u>		_	<u> </u>	0,	0.	0.
JOAN HODGES							ĺ			
PARENT COUNCIL CHAIR	1,00	X	↓_	_	_		╙	0,	0,	0
BRIAN MORIN							ļ			
DIRECTOR	1,00	X.	↓_		_	ļ	<u> </u>	0,	0.	0.
GREG OWEN										
DIRECTOR	1,00	X	↓_	<u> </u>	L	<u> </u>	↓_	0,	0.	0
DAVID GRAY						1				
DIRECTOR	1.00	X	 _	<u> </u>	<u> </u>	igspace	<u> </u>	0,		0
JOAN SIEFERT ROSE										
DIRECTOR	1,00	X.	-	<u> </u>	ļ	\vdash	_	0.	<u> 0.</u>	0
GEORGE ROSS					1					
DIRECTOR	1,00	x		ļ	<u> </u>	 _	ــ	0.	0.	0
BARBRA BLUESTONE ROTHSCHILD									1	
DIRECTOR	1.00	X		<u> </u>			<u>L</u>			Form 990 (2010)

(B)

(C)

(D)

(F)

56-1250756

(E)

(A)

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

Week (describe hours for related organizations in Schedule O) Page 1	ated nt of
CARL RYDEN DIRECTOR DIRECTOR 1.00 X 0.0.0 BILL STARLING DIRECTOR 1.00 X 0.0.0 BRYAN STENSVAD DIRECTOR 1.00 X 0.0.0 ERIK TROAN DIRECTOR 1.00 X 0.0.0 AVE CARROLL DIRECTOR 1.00 X 0.0.0 BOB BICKSLER DIRECTOR 1.00 X 0.0.0 CHAISTY SHAFFER CHAIR 1.00 X 0.0.0 0	sation the zation lated
DIRECTOR 1,00 x 0, 0, 0,	
BILL STARLING DIRECTOR DIRECTOR 1,00 X 0, 0, BRYAN STENSVAD DIRECTOR 1,00 X 0, CRIK TROAN DIRECTOR 1,00 X 0, DAVE CARROLL DIRECTOR 1,00 X 0, BOB BICKSLER DIRECTOR 1,00 X 0, CRANDY MYER SECRETARY/TREASURER 1,00 X 0, STEVE NELSON VICE-CHAIR 1,00 X 0, CHRISTY SHAFFER CHAIR 1,00 X 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	0.
BRYAN STENSVAD DIRECTOR 1.00 X 0. 0. 0.	
DIRECTOR	0.
ERIK TROAN DIRECTOR 1,00 X 0, 0, DAVE CARROLL DIRECTOR 1,00 X 0, 0, BOB BICKSLER DIRECTOR 1,00 X 0, 0, RANDY MYER SECRETARY/TREASURER 1,00 X 0, 0, STEVE NELSON VICE-CHAIR CHAIR 1,00 X 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	
DIRECTOR	0.
DAVE CARROLL DIRECTOR BOB BICKSLER DIRECTOR 1,00 X 0. 0. RANDY MYER SECRETARY/TREASURER 1,00 X 0. O. O. STEVE NELSON VICE-CHAIR CHAIR 1,00 X 0. 0. 0. 0.	
DIRECTOR 1,00 X 0, 0, BOB BICKSLER DIRECTOR 1,00 X 0, 0, RANDY MYER SECRETARY/TREASURER 1,00 X 0, 0, STEVE NELSON VICE-CHAIR 1,00 X 0, 0, CHRISTY SHAFFER CHAIR 1,00 X 0, 0,	<u> </u>
BOB BICKSLER 1.00 X 0.0.0.0. DIRECTOR 1.00 X 0.0.0. RANDY MYER 0.0.0.0. 0.0.0. SECRETARY/TREASURER 1.00 X 0.0.0. STEVE NELSON 0.0.0.0. 0.0.0. VICE-CHAIR 1.00 X 0.0.0. CHRISTY SHAFFER 0.0.0.0. 0.0.0. CHAIR 1.00 X 0.0.0.	
DIRECTOR	0.
RANDY MYER SECRETARY/TREASURER 1,00 X 0. 0. STEVE NELSON VICE-CHAIR 1,00 X 0. 0. CHRISTY SHAFFER CHAIR 1,00 X 0. 0.	
SECRETARY/TREASURER	0.
STEVE NELSON	
VICE-CHAIR 1,00 X 0. 0. CHRISTY SHAFFER 0. 0. 0. 0. CHAIR 1,00 X 0. 0. 0.	0,
CHRISTY SHAFFER CHAIR 1,00 X 0. 0.	0
CHAIR 1,00 X 0, 0,	0.
	0.
1b Sub-total • 0. 0. 0.	<u></u> 0.
	2 456
	2.456.
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	0
Ye	s No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on	ال سعت ال
line 1a? If "Yes," complete Schedule J for such individual 3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	ال ا
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5. Did any passes lated as less 1s receive as appropriate from any projected assessment as a reductive for any passes.	<u> </u>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5	
Section B. Independent Contractors	<u> </u>
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from	1
the organization. NONE	
(A) (B) (C) Name and business address Description of services Compensa	tion
Name and business address Description of services Compensa	
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 > 0	

orm 990 (2010) MATHEMATICS	FOUNDATION								<u>56-125075</u>	6
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	oyee	s, a	nd F	ligh	est	Compensated Employe	ees (continued)	- .
(A)	(B)				>)			(D)	(E)	(F)
Name and title	Average hours	(cl		Pos all 1			ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ICK STONE										
HAIR-EMERITUS	1.00		<u> </u>	х				0.	0.	
ATIE T. WAGSTAFF										
XECUTIVE DIRECTOR	40,00			х				0.	77,726.	12,45
			<u> </u>	-						
						-				
			<u> </u>		ļ 	-				
	1.		}							

٠, ٠

		(2010) <u>MATHEMA</u>	CICS FOUNDAT	ON			56-1250756	Page 9
Pa	rt VII	Statement of Reven	ue					
77.00					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
왕왕	1 a	Federated campaigns	1a				5	
Ē	b	Membership dues	1b					
S, C	С	Fundraising events	1c					
ar a	d	Related organizations	1d					
S,E	е	Government grants (contributi	ons) 1e		·	ş.	!	
TO	f	All other contributions, gifts, grant	ts, and			•	š	*
혈		similar amounts not included above	/e 1f	1,033,483,		!		_ î./
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines	1a-1f \$					
<u>5 g</u>	h	Total. Add lines 1a-1f	<u></u>	•	1 033 483.]
				Business Code				
9	2 a	·		:				
E S	b							
S E	С							
Program Service Revenue	d							
	е							
-	f	All other program service reve	nue	L				
\dashv								
	3	Investment income (including	dividends, intere	est, and				
- 1		other similar amounts)			41,666.			41,666,
	4	Income from investment of tax	k-exempt bona p	proceeds				
	5	Royalties	(A.B)	(3.5)				
-	•	Cross Banks	(i) Real	(ii) Personal	· ¥		,	30
- 1	6 a							-
	b	Dantal						
	d C	Net rental income or (loss)		<u> </u>				l
		Gross amount from sales of	(i) Securities	(II) Other			ž,	
	, a	assets other than inventory	21,382.				<i>f</i> .	,
:	b	Less: cost or other basis	21,302,		*			
		and sales expenses						
ŀ	c	: Gain or (loss)	21,382.			1		
		Net gain or (loss)		•	21,382,		- ** / -	21.382.
a		Gross income from fundraisin	g events (not					
Other Revenue		including \$	-					
ě		contributions reported on line						
<u>~</u>		Part IV, line 18	а					
¥	b	Less direct expenses	b				_	
	c	: Net income or (loss) from fund	draising events	<u> </u>				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					`
	b	Less: direct expenses	b	L			1	
		Net income or (loss) from gam	=					ļ
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less cost of goods sold	b			-]
	c	Net income or (loss) from sale		<u> </u>				
		Miscellaneous Revenu		Business Code				_ i
	11 a							
	b					1		
	0				<u></u>			
	_	d All other revenue Total, Add lines 11a-11d					 	1
	12	Total revenue. See instructions.			1,096,531,	0.	0.	63.040
	12_	TATEL TOTOLING. OCC IIISH UCHOIIS.			T,030,331,	ν	<u>. </u>	63,048.

56-1250756

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)

	not include amounts reported on lines 6b, Bb, 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			, 17 to 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	organizations in the U.S. See Part IV, line 21				1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				10 Table 10
	See Part IV, lines 15 and 16			XX XX XX XX	
4	Benefits paid to or for members				errain a fire
5	Compensation of current officers, directors,				
	trustees, and key employees	97,563.	4,878.	92,685.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	213,307.	40,175.	55,917.	117,215
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management .				
b	Legal				
c	Accounting	23,100.	23,100.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	1,566.	613.	331,	622
14	Information technology				
15	Royalties .				
16	Occupancy				
17	Travel	92,546,	69,183.	19,806.	3,557
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,794.	1,369.	425.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)			,	, ,
а	EOUIPMENT RENTAL	163,872,	157,909,	756.	5,207,
b	CONTRACT SERVICES	109 386.	101,816,	7,570	3,207
c	OTHER SERVICES	100,861.	53,995,	29,865	17,001
d	FOOD SERVICES	79,351.	55,487,	19,599	4,265
e	SUPPLIES	72,822.	67,191,	4,821,	810
f	All other expenses	20,228.	5,332	9,992	
25	Total functional expenses. Add lines 1 through 24f	976,396,	581.048	241,767	153,581
26	Joint costs. Check here Infollowing SOP	2,0,350,	201,040	<u> </u>	133,301
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	D 12-21-10	l		•	Form 990 (201

Form 990 (2010)
Part X Balance Sheet

56-1250756

Par	t X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		103,159,	1	174,517,
	2	Savings and temporary cash investments		2,112,626,	2	2,166,626.
	3	Pledges and grants receivable, net		178,462,	3	82,447.
İ	4	Accounts receivable, net		1,847,	4	1,595.
	5	Receivables from current and former officers, di	rectors, trustees, key		_	
		employees, and highest compensated employee	es. Complete Part II	م م		*
		of Schedule L			5	
Ì	6	Receivables from other disqualified persons (as	defined under section		_	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	, ,	\$, , ,
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary	, , , , , , , , , , , , , , , , , , , ,	7 -	
		employees' beneficiary organizations (see instru	ctions)		6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8_	
1	9	Prepaid expenses and deferred charges		305.	9	7,712,
İ	10a	Land, buildings, and equipment: cost or other		*		* * * . * . * . * . * . * . * . * . * .
i		basis Complete Part VI of Schedule D	10a 60,540,	A game and a manage particles of the contract of		********
	b	Less: accumulated depreciation	10b	60,540.	10c	60,540,
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line	4,430,199.	12	5,167,737,	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		41,405.	15	41,405,
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	6,928,543.	16	7,702,579.
	17	Accounts payable and accrued expenses		50,074.	17	73,445,
	18	Grants payable			18	
	19	Deferred revenue			19	
1	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability Complete			21	
=	22	Payables to current and former officers, directo				\$
Liabilities		highest compensated employees, and disqualif	ed persons. Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrel	·		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		50.074.	26	73,445,
		Organizations that follow SFAS 117, check h	ere LX and complete		~	, ,
Ses		lines 27 through 29, and lines 33 and 34.				· `
la	27	Unrestricted net assets		2,018,772.	27	2,319,551,
Ba	28	Temporarily restricted net assets		1,648,043,	28	1,948,405,
פָּי	29	Permanently restricted net assets	heck here	3,211,654.	29	3,361,178,
Ĩ.		Organizations that do not follow SFAS 117, o	neck nere			
Net Assets or Fund Balances	20	complete lines 30 through 34.		۔ به د ستر بداخت	20	
set	30	Capital stock or trust principal, or current funds	·	· ·	30	
t As	31	Paid-in or capital surplus, or land, building, or e			32	
Net	32	Retained earnings, endowment, accumulated in	scome, or other lunds	6 070 460		7 (00 101
_	33	Total hebiting and not appets (fund balances		6,878,469,	33	7,629,134,
	34	Total liabilities and net assets/fund balances		6,928,543,	34	7,702,579,

Form **990** (2010)

Form	990 (2010) MATHEMATICS FOUNDATION	56-1250756		Pag	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				x
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	096	<u>531</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		976	396.
3	Revenue less expenses. Subtract line 2 from line 1	3		120	135.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	,878	469.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		630	530.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7	629	134.
Pa	rt XII Financial Statements and Reporting			•	
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash x Accrual Other		~		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	2.1	Sandan a .	، تست
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	1.35 	3 62	P3
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	od on a	-		78
	separate basis, consolidated basis, or both:		* /		*****
	x Separate basis Consolidated basis Both consolidated and separate basis			Aug (2005).	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		За		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

NORTH CAROLINA SCHOOL OF SCIENCE AND

Employer identification number

			FOUNDATION							-1250/56		_
Part I	Reason	for Public Chari	ity Status (All organiz	ations mus	st complet	e this part) See inst	ructions				
he o <u>rga</u> r	nization is not a	ı prıvate foundation i	because it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1 🖳	A church, cor	nvention of churches	s, or association of churc	ches descr	ibed in se	ction 170	(b)(1)(A)(i)					
2 🗀	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E.)								
з 🔲	A hospital or	a cooperative hospit	tal service organization o	described i	n section	170(b)(1)(A)(iii).					
4 🔲	A medical res	search organization of	operated in conjunction	with a hosp	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital	's name,	
	city, and state	θ										
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 🔲	A federal, sta	te, or local governme	ent or governmental unit	described	ın sectio	n 170(b)(1	I)(A)(v).					
7 X		-	eives a substantial part					r from the	general p	oublic desc	nbed in	
	section 170(b)(1)(A)(vi). (Comple	te Part II.)	• •		-						
8 🗀			ection 170(b)(1)(A)(vi). (Complete	Part II)							
9 🔲			eives (1) more than 33 1			om contri	butions, m	nembershij	o fees, an	nd aross red	ceipts fron	n
			nctions - subject to certa							-		
			axable income (less sect							-		
		509(a)(2). (Complete			•		·				·	
10 🗔			perated exclusively to tes	st for publi	c safety. S	ee sectio	n 509(a)(4	I) .				
11 🔲	An organizati	on organized and or	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carr	y out the	purposes o	of one or	
	more publicly	supported organiza	ations described in section	on 509(a)(1) or section	n 509(a)(2	2). See sec	tion 509(a)(3). Che	ck the box	that	
	describes the	type of supporting	organization and comple	ete lines 11	le through	11h		_				
	a Type I	b 🗀	Type II o	: 🔲 турс	e III - Func	tionally int	egrated		d 🗔	Type III - (Other	
е 🗀	By checking	this box, I certify tha	t the organization is not	controlled	directly or	rındırectly	by one o	r more disc	qualified p	persons oth	er than	
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	(a)(1) or s	section 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	it it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganization, check th	nis box									
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıı) and (ııı) below,		Yes N	0
	the gove	erning body of the si	upported organization?							11g(i)		
	(ii) A famıly	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganızatıon((s).							
(i) Nam	e of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	u notify the	(vi) ls	the	(vii) An	nount of	
• •	ganization	(,	organization (described on lines 1-9	in col. (i) lis		_	ion in col.	organizátic (i) organiz	ed in the		port	
			above or IRC section	governing	document	(i) of you	r support?	(i) organiz U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
		1		!								
								-				
			-	-								
Cata!					Ì							

Page 2

Schedule A (Form 990 or 990-EZ) 2010 MATHEMATICS FOUNDATION 56-1250756

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	972,229.	670,869.	996.841.	884.513.	1,033,483,	4,557,935,
2	Tax revenues levied for the organ-						
	ization'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	972,229,	670,869,	996,841,	884,513,	1,033,483.	4,557,935,
5	The portion of total contributions			<u> </u>	•		<u> </u>
_	by each person (other than a	,		*	~		
	governmental unit or publicly	, (m) ,		,	1	~	
	supported organization) included	ŕ	*	•	* * **		
	on line 1 that exceeds 2% of the	,			**		
	amount shown on line 11,	, ,		•		* * * * * * * * * * * * * * * * * * * *	
	column (f)	,			~		_ 1,115,436.
6	Public support. Subtract line 5 from line 4	<i>3</i> "	,	·			3 442 499
	ction B. Total Support	1.7	l I	· · · · · · · · · · · · · · · · · · ·		<u> </u>	J,442,433.
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	972,229.	670,869.	996.841.	884 513.	1,033,483,	4.557.935.
8	Gross income from interest,	3,2,223,	0,0,003,	330,011,	331,313,	2,000,100.	3,007,000
•	dividends, payments received on						
	securities loans, rents, royalties	Ì					
	and income from similar sources	159,462.	62,470.	17,457.	27,374,	41,666.	308,429.
9	Net income from unrelated business	133,402,	02,470.	27,437,	27.374	41.000	300, 425,
•	activities, whether or not the					-	
	business is regularly carried on						
10	Other income Do not include gain				-		
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11		^			\$	7,	4.866.364.
12	Gross receipts from related activities	etc (see instructi	ione)		.1	12	4,000,304.
	First five years. If the Form 990 is fo	•	•	I fourth or fifth t	av vear as a sectio		
13	organization, check this box and sto	•	3 m3t, 3000ma, time	2, 1001111, 01 1111111	ax year as a seeme	11 00 1(0)(0)	
Se	ction C. Computation of Pub	lic Support Pe	rcentage	···	······································		
	Public support percentage for 2010 (olumn (f))		14	70.74 %
	Public support percentage from 2009		•	0.0 (1))		15	73.10 %
	33 1/3% support test - 2010. If the c			line 13 and line	14 is 33 1/3% or m	· ·	
100	stop here. The organization qualifies	•					▶ 🗓
	33 1/3% support test - 2009. If the		-		line 15 is 33 1/3%	or more, check this	
•	and stop here. The organization qua	-				or more, errook and	▶□
17-	a 10% -facts-and-circumstances tes				a 13, 16a or 16b a	and line 14 is 10% o	or more
.,,	and if the organization meets the "fac	-					•
	meets the "facts-and-circumstances"			•	•	non ale organi	L
	10% -facts-and-circumstances tes	-	•		-	7a and line 15 in 1	0% or
•	more, and if the organization meets t	_					070 UI
	organization meets the "facts-and-cir				•		ightharpoonup
40	Private foundation. If the organization		-	•			
<u>18</u>	riivate iouiidation. Il tile organizati	on did not check a	20x 011 mig 10, 10	<u> 2, 100, 174,0117</u>		adulo A (Form 000	

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose			l			
3	Gross receipts from activities that			_			
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to					1	
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge]		1		
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
•	3 received from disqualified persons						
ŧ	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						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support	•	<u> </u>	•			
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	• •			<u> </u>		
10	a Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income	777 27 27 27					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b						
11							
	activities not included in line 10b,						
	whether or not the business is regularly carried on		<u>L</u> .		1		
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)		<u> </u>	<u> </u>	<u> </u>		
13	Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the organization'	s first, second, thu	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) or	ganization,
_	check this box and stop here						
Se	ction C. Computation of Pub	ic Support Pe	rcentage				
15	Public support percentage for 2010 (line 8, column (f) d	livided by line 13,	column (f))		15	%
<u>16</u>	Public support percentage from 2009	Schedule A, Part	t III, line 15		·	16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				· · · · · · · · · · · · · · · · · · ·
-	Investment income percentage for 20					17	%
	Investment income percentage from				_	18	%
	a 33 1/3% support tests - 2010. If the			on line 14, and lin	e 15 is more than :	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	-		· ·		•	▶□
ı	b 33 1/3% support tests - 2009. If the	•	•				3%, and
	line 18 is not more than 33 1/3%, che	-			•		
20	Private foundation. If the organization			-		-	
				_, _,			

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.

2010
Open to Püblic
Inspection

Name of the organization NORTH CAROLINA SCHOOL OF SCIENCE AND **Employer identification number** 56-1250756 MATHEMATICS FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 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 Tax Year a Total number of conservation easements 2a 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, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes _ No 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		FOUNDATION		<u> </u>		56-1250			аде 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other:	Similar Asse	ts (cont	ınued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that a	re a signi	ficant use of its	collectio	n item	s
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange program	s				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	he organization	's exemp	t purpose in Par	t XIV.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other :	sımılar as	sets			
	to be sold to raise funds rather than to be ma	aintained as part of the	he organization's co	ollection?			Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Ye	es" to Fo	m 990, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other asse	ts not inc	luded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	llowing table:						
							Amoun	t	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fi	orm 990, Part X, line	21?				Yes		No
b	If "Yes," explain the arrangement in Part XIV								
Par			swered "Yes" to Fo	rm 990, Part IV,	, line 10.				
		(a) Current year	(b) Prior year	(c) Two years t	oack (d)	Three years back	(e) Fou	r years	back
1a	Beginning of year balance	4,683,689,	4,112,343,		-	""(7) 分主。			*
b	Contributions	149.524.	388,680.			- 4 7 7			4
С	Net investment earnings, gains, and losses	650 185,	245,922.				ý .		
d	Grants or scholarships		•			-			
е	Other expenditures for facilities					ã.			
	and programs	61,356.	63,256.		1	, ,,		_	******
f	Administrative expenses					v ^,,			
g	End of year balance	5,422,042.	4,683,689.		Ţ				
2	Provide the estimated percentage of the year	r end balance held a	s:						
а	Board designated or quasi-endowment	22,49	%						
b	Permanent endowment > 77.51	%							
С	Term endowment ▶	%							
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	ınd admınıstere	d for the	organization			
	by.	-						Yes	No
	(i) unrelated organizations						3a(i)		х
	(ii) related organizations						3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Schedule R?				3b		
4	Describe in Part XIV the intended uses of the	e organization's endo	wment funds.						
Par	t VI Land, Buildings, and Equipn	nent. See Form 990), Part X, line 10						
	Description of investment	(a) Cost or o	ther (b) Cost	or other	(c) Accu	mulated	(d) Boo	k valu	e e
		basis (investr		(other)	depre	ciation			
1a	Land .			60,540,				60	540,
b	Buildings								
	Leasehold improvements								
d	Equipment								
_e	Other								
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column (B), line	10(c))				60	540

Schedule [(Form 990) 2010 MATHEMATICS FOU	NDATION		56-1250756	Page 3
	Investments - Other Securities.	See Form 990, Part X, line	12.		
	(a) Description of security or category (including name of security)	(b) Book value	c	(c) Method of valuation: cost or end-of-year market value	
(1) Financ	ial derivatives				
	y-held equity interests				
(3) Other	-	-			
(A) EN	DOWMENT FUND INVESTMENTS	5,076,54	9. END-OF-YEAR	R MARKET VALUE	
	ARTER CENTURY FUND	91,18	8. END-OF-YEAR	R MARKET VALUE	
(C)					
(D)				·	
(E)					
(F)					
(G)					
<u>(H)</u>		- 			
(1)	(I)			· · · · · · · · · · · · · · · · · · ·	
	b) must equal Form 990, Part X, col (B) line 12.)			· · · · · · · · · · · · · · · · · · ·	
Part VII	I Investments - Program Related.	See Form 990, Part X, lin	e 13	(a) Blathad of valuations	
	(a) Description of investment type	(b) Book value	C	(c) Method of valuation: Cost or end-of-year market value	
(1)					
(2)					
(3)	 				
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	(h) must aqual Form 000. Part V. aal (P) line 12 \				
Part IX	(b) must equal Form 990, Part X, col (B) line 13.) Other Assets. See Form 990, Part X, line	<u> </u>			
7 4.7 17		a) Description		(b) Bo	ook value
(1)		<u> </u>		(4)	
(2)					
(3)					
(4)					
(5)		·			
(6)			·		
(7)					
(8)					
(9)					
(10)					
	lumn (b) must equal Form 990, Part X, col (B) l			<u> </u>	
Part X	Other Liabilities. See Form 990, Part	X, line 25			
1.	(a) Description of liability		(b) Amount		
(1) Fe	ederal income taxes			_	
(2)				_	
(3)					
(4)					
(5)					-
(6)	 = .			-	
(7)	_ 			·	
(8)	· ·			-	
(9)			····-	-	
(10)				-	
(11) Total (Co	huma (h) must aqual Farm 000 Day V and (D)	(no 25)		-	
FIN 48 (lumn (b) must equal Form 990, Part X, col (B) I ASC 740 Footnote In Part XIV, provide the text of the footnot ASC 740).	e to the organization's financial st	atements that reports the org	 panization's liability for uncertain tax position	s under
032053	ASC (40).	· · · · · · · · · · · · · · · · · · ·			
12-20-10				Schedule D (F	orm 990) 2010

NORTH CAROLINA SCHOOL OF SCIENCE AND

Schedule D (Form 990) 2010' MATHEMATICS FOUNDATION	56-1250756	Page 5_
Schedule D (Form 990) 2010' MATHEMATICS FOUNDATION Part XIV Supplemental Information (continued)		
INVESTED TO PROVIDE INCOME WHICH IS TO BE USED TO SUPPORT THE GENERAL		
OPERATIONS AND PROGRAMS OF THE NORTH CAROLINA SCHOOL OF SCIENCE AND		
MATHEMATICS,		
		
		
	<u> </u>	

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

➤ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2010 Open To Public

Name of the organization

NORTH CAROLINA SCHOOL OF SCIENCE AND

MATHEMATICS FOUNDATION

Employer identification number

56-1250756

Inspection

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved by board or (a) Name of interested (b) Loan to or from (e) In (g) Written (c) Original principal (d) Balance due person and purpose the organization? amount default? agreement? committee? To From Yes No No Yes No

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered	Yes" on Form 990, Part IV, line 27.	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

Total

NORTH CAROLINA SCHOOL OF SCIENCE AND MATHEMATICS FOUNDATION

56-1250756

Schedule L (Form 990 or 990-EZ) 2010 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of organization's (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of person and the organization transaction transaction revenues? Yes No 17 127 SERVICES COLIN LAW EX-OFFICIO BOARD ME Х Part V.3 Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990)

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

2010

pen to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Types of Property

NORTH CAROLINA SCHOOL OF SCIENCE AND

MATHEMATICS FOUNDATION

Employer identification number

56-1250756

(d) (a) (b) (c) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art · Historical treasures 2 Art - Fractional interests 3 Books and publications Clothing and household goods Cars and other vehicles 6 7 Boats and planes Intellectual property 8 9 Securities - Publicly traded 74 119 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 20 Drugs and medical supplies 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other Other > 27 28 Other > Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2010)

32a

33

contributions?

describe in Part II.

b If "Yes," describe in Part II

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization	NORTH CAROLINA SCHOOL OF SCIENCE AND		Employer identification number
	MATHEMATICS FOUNDATION		56-1250756
FORM 990, PART I, LINE	1, DESCRIPTION OF ORGANIZATION MISSION:		
ACADEMIC AND EDUCATION	AL PROGRAMS OF THE NORTH CAROLINA SCHOOL OF		
SCIENCE AND MATHEMATICS	5 ,		
EODY 000 DADE UT GOOD	TANK A LAND 2 TAN DEGLESOR GUARANTE DAS		
•	FION A, LINE 2: JOE DESIMONE, CHRISTY SHAFFER, BOB		
BICKLER AND STEVE NELSO	ON HAVE A BUSINESS RELATIONSHIP,		
BRIAN MORIN AND RICK ST	TONE HAVE A BUSINESS RELATIONSHIP.	 	
JEFF BARBER AND STEVE I	NELSON SERVE ON ANOTHER BOARD TOGETHER.	·= · · · · · · · · · · · · · · · · · ·	
FORM 990 PART VI SECT	FION B. LINE 11: A DRAFT OF FORM 990 IS REVIEWED B	RΥ	
	AND THE AUDIT COMMITTEF. THE BOARD MEMBERS ARE AL		
PROVIDED COPIES.	•		
FORM 990, PART VI, SEC	TION B, LINE 15A: THE COMPENSATION LEVEL FOR THE		
EXECUTIVE DIRECTOR LEV	EL IS BASED UPON STATE OF NC SALARY ALLOCATION.		
FORM 990, PART VI, SEC	TION C. LINE 19: THESE DOCUMENTS ARE PROVIDED UPON	Ĭ	
REQUEST.			
FORM 990, PART XI, LIN	E 5, CHANGES IN NET ASSETS:		
NET UNREALIZED GAINS O	N INVESTMENTS: 630,5	530.	

OMB No 1545-0047 Related Organizations and Unrelated Partnerships SCHEDULE R

(Form 990) Department of the Treasury Internal Revenue Service	► Comple	 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. 	ss" to Form 990, Part IV, line 33, 3 See separate instructions.	3, 34, 35, 36, or 37		ZUTU Open to Public Inspection
Name of the organization	NORTH CAROLINA SCHOOL OF SCIENCE MATHEMATICS FOUNDATION	OF SCIENCE AND	**		Emp 5	Employer identification number 56-1250756
Part I Identification of	Identification of Disregarded Entitues (Complete if the organizati	if the organization answered "Yes" to) on answered "Yes" to Form 990, Part IV, line 33)			
Name, ad	(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling
of disre	of disregarded entity		foreign country)			entity
Part II organizations dui	Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year)	tions (Complete if the organization an	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 becaus	e it had one or more re	lated tax-exempt
		_	_	_		

Organizations during the tax year)							
(a)	(q)	(၁)	(D)	(e)	(3)	(g)	200.440
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	ling	contro	(ci Ya)
of related organization		foreign country)	section	status (if section	entity	entity	U
				501(c)(3))		Yes	No
NORTH CAROLINA SCHOOL OF SCIENCE AND				_			
MATHEMATICS - 56-1425643, 1219 BROAD STREET							
DURHAM, NC 27705	EDUCATION	NORTH CAROLINA					×
						•	

NORTH CAROLINA SCHOOL OF SCIENCE AND

MATHEMATICS FOUNDATION Schedule R (Form 990) 2010

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

Page 2

56-1250756

General or Percentage managing ownership 3 Yes 9 Code V-UBI amount in box 120 of Schedule K-1 (Form 1065) \equiv ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile Direction (state or foreign country)	(d) rect 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

MATHEMATICS FOUNDATION

Schedule R (Form 990) 2010

Page 3

56-1250756

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

			١
Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule	•	Yes No	٥
1 During the tax year, did the organization 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) royalities or (iv) rent from a controlled entity	19	×	
	1b	×	ļ
Giff crant or capital contribution from other organization(s)	5	`×	
	þ	×	١
C Coars of four guarantees to other grants and the coarse of the coarse	;	Ľ	١.
e Loans or loan guarantees by other organization(s)	₽	X	4
Sale of assets to other organization(s)	14	×	ΊΙ
a Purchase of assets from other organization(s)	19	×	
	ŧ	×	
	;=	×	
			^
i Lease of facilities, equipment, or other assets from other organization(s)	Ë	×	
k Performance of services or membership or fundraising solicitations for other organization(s)	¥	×	
	=	×	
m Sharing of facilities, equipment, mailing lists, or other assets	Ē	×	1
n Sharing of paid employees	ţ	×	
	,	, 30°, 20°, 20°, 20°, 20°, 20°, 20°, 20°, 2	T)
o Reimbursement paid to other organization for expenses	9	×	
p Reimbursement paid by other organization for expenses	2	×	
	ĺ.		*
q Other transfer of cash or property to other organization(s)	ā	×	
r Other transfer of cash or property from other organization(s)	+	×	
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.			1
ı			

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTH CAROLINA SCHOOL OF SCIENCE AND MATHEMATICS	н	0	
(2) NORTH CAROLINA SCHOOL OF SCIENCE AND MATHEMATICS	Ф	581,048,	
(3) NORTH CAROLINA SCHOOL OF SCIENCE AND MATHEMATICS	×	0	
(4)			
(5)			
(9)			
032163 12-21-10			Schedule R (Form 990) 2010

Page 4

56-1250756

MATHEMATICS FOUNDATION Schedule R (Form 990) 2010 Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI 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? Yes No	(e) Share of end-of- year assets	Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
							•
			-				
							-
							-
			_				
						Schedule R (Form 990) 2010	n 990) 2010

NORTH CAROLINA SCHOOL OF SCIENCE AND

Schedule	R (Form 990) 2010 MATHEMA Supplemental Information	TICS FOUNDATION	56-1250756	Page 5
Part VI	Supplemental Information			
	Complete this part to provide addition	onal information for responses to questions on Schedule R (see	e instructions).	
	 		· <u></u>	
·				
<u> </u>				
	·····			
			<u> </u>	
			· · · · · · · · · · · · · · · · · · ·	
-				
	··-			
_,				
			_	
			 	
-				
032165 12-21-10			Schedule R (For	m 990) 201

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 1-2011)

If you a	re filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		•	▶		
If you a	re filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of this	form).				
Do not co	omplete Part II unless you have already been granted a	in automa	tic 3-month extension on a previously fil	led For	m 8868.			
	c filing (e-file). You can electronically file Form 8868 if y					ooration		
	to file Form 990-T), or an additional (not automatic) 3-mor							
-	file any of the forms listed in Part I or Part II with the exc							
	Benefit Contracts, which must be sent to the IRS in pap							
	rrs gov/efile and click on e-file for Chanties & Nonprofits		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Part I	Automatic 3-Month Extension of Time		bmit original (no copies needed)					
	ation required to file Form 990-T and requesting an auton			plete		-		
Part I only	,				•	• 🗂		
All other o	r corporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and ti	rusts must use Form 7004 to request an	exten.	sion of time			
		<u>-</u>		Empl	oyer identificatio	n number		
Type or	Name of exempt organization			Empi	oyer identificatio	n number		
print	NORTH CAROLINA SCHOOL OF SCIENCE AND							
File by the	MATHEMATICS FOUNDATION			1 56	-1250756			
due date for filing your	NOUT.							
return See	turn See 1219 BROAD STREET							
nstructions City, town or post office, state, and ZIP code. For a foreign address, see instructions								
<u></u>	DURHAM, NC 27705							
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
			y					
Applicati	ion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 990)	01	Form 990-T (corporation)			07		
Form 990)-BL	02	Form 1041-A			08		
Form 990)-EZ	01	Form 4720			09		
Form 990)-PF	04	Form 5227			10		
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		. <u></u>	11		
Form 990	0-T (trust other than above)	06	Form 8870			12		
	KATIE WAGSTAFF							
• The b	ooks are in the care of $ ightharpoonup$ 1219 BROAD STREET - DU	JRHAM, N	C 27705					
	none No. ▶ 919-416-2866		FAX No 🕨					
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ □		
	is for a Group Return, enter the organization's four digit			ıs ıs fo	r the whole group,	check this		
box 🕨	If it is for part of the group, check this box	-			• .			
	equest an automatic 3-month (6 months for a corporation							
			ition return for the organization named a		The extension			
ıs f	for the organization's return for:	J						
	calendar year or							
	x tax year beginning JUL 1 2010	an	nd ending JUN 30, 2011					
	tax your boginning	,			- '			
2 If t	he tax year entered in line 1 is for less than 12 months, o	hack rass	on Initial return Fina	al retur	n			
2 "'	Change in accounting period	nicck reas	initial return ; initial return	ai ictui	••			
L	Change in accounting period							
	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6060 -	enter the tentative tay less sour	T				
		or 6069, e	enter the tentative tax, less any			_		
_	nrefundable credits. See instructions			3a	\$	0.		
	his application is for Form 990-PF, 990-T, 4720, or 6069,	-						
	timated tax payments made. Include any prior year over			3b	\$	<u> </u>		
	lance due. Subtract line 3b from line 3a. Include your pa							
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.		
Caution	. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	1 8879-	EO for payment in	structions.		

LHA For Paperwork Reduction Act Notice, see Instructions.