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990-PF

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

2011

OMB No 1545-0052

	011101 1/1	evenue service Note: The roundation	may L	re able to use a copy of				g requirements.	
		endar year 2011 or tax year beginnir			/01 , 2011	, and end			06/30, 20 12
	Name	of foundation NORTH CAROLINA SO	CIEN	ICE, MATHEMATICS	5,		A	Employer identific	cation number
	AND	TECHNOLOGY EDUCATION CENT	ER,	INC.				04-3602929	9
	Numb	er and street (or P O box number if mail is not	delive	red to street address)		Room/s	uite B	Telephone number	er (see instructions)
							(91	9) 991-5100	
P.O. BOX 13901									
City or town, state, and ZIP code									
							c	If exemption applica	tion is
	RES	EARCH TRIANGLE PARK, NC 27	709	-3901			1	pending, check here	
_		ck all that apply: Initial return		Initial return	of a former r	nublic cha	rity		
Ŭ	Ono	Final return		Amended ref	-	Jubilo Olic	ייין ליייי	Foreign organizat Foreign organizat	
		Address chan		 			ļ	85% test, check h	ere and attach
_	Cho	ck type of organization X Section		Name change			-	computation .	
'n	_			·		tion	E		status was terminated
7		ection 4947(a)(1) nonexempt charitable tru		Other taxable pr				under section 507(b)(1)(A), check here
ı		F		unting method. Ca	asnAcc	crual	F		in a 60-month termination
		ear (from Part II, col. (c), line		ther (specify)				under section 507(b))(1)(B), check here . ►
-		<u> </u>		column (d) must be on	casn basis.)	·			
نا	'art	Analysis of Revenue and Expenses	(The	(a) Revenue and	(b) Net inve	estment	(c)	Adjusted net	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (c may not necessarily equal the amounts in		expenses per	INCOU		'''	income	purposes
_		column (a) (see instructions))]	books			ļ		(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedu		558,443.	C1 5		'''		
	2	Check If the foundation is not required attach Sch B		"A Fr" - A WALL		TY THE	767	<u>[14] 광 하스타라</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	3	Interest on savings and temporary cash investme	٠ ١	369.		369.	L		1.5
	4	Dividends and interest from securities							· E
	5 a	Gross rents						REC	EIVED
	ь	Net rental income or (loss)				100	V Cha	1	LIVED _
ø	6a	Net gain or (loss) from sale of assets not on line	10				1 18	0	[6]
Revenue	b	Gross sales price for all assets on line 6a		1.550 0.35	1 - 1 - 1			BI MAY	1 -0 5013 F.
e Ve	7	Capital gain net income (from Part IV, line	2)				5	100	in the second
ě	8	Net short-term capital gain	,	. 14	, F , , -4 , 1	ر الراب الر		000	EAL DE C
	9	Income modifications · · · · · · · · · · · · · · · · · · ·		12 1481 - 1 2 - 2 2 2 1 1 2 2 4 2 - 4	14. 34 £	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		UUU	EIV, U
		Gross sales less returns		1, 740, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		= '	13 34	, 1,553 M	
	١,	and allowances · · · · Less Cost of goods sold .		The second second		ν ₁ - ₂ (, 1	T-r		A
		Gross profit or (loss) (attach schedule)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		201	113125	1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11	Other income (attach schedule)		437,111.		1, 10,151	 	437,111.	ATCH-1
	12			995,923.		369.	 	437,111.	FIT STATES
_		Total. Add lines 1 through 11		180,333.			 	10,,111	
	13	Compensation of officers, directors, trustees, etc.		62,400.			 		
es	14	Other employee salaries and wages	٠٠٠	73,383.					
Expenses	15	Pension plans, employee benefits	• • •	3,180.			 		
xpe	16a	Legal fees (attach schedule) ATCH 2	• • •	33,701.			 		
Ü	b	Accounting fees (attach schedule) ^{ATCH} ³		263,641.				144,339.	38,185
Administrative	C C	Other professional fees (attach schedule).		203,041.			ļ <u></u>	144,009.	30,103
tra	17	Interest	اسد	5.	<u></u>		 		
nis	18	Taxes (attach schedule) (see instructions)		600			 		Washing the term
Ē	19	Depreciation (attach schedule) and deplet		** 609.			 -	· 	- 2 to 138/27/24 (1991) . 11 '11
	20	Occupancy		100 070				2 204	40 336
and	21	Travel, conferences, and meetings		126,670.			 	3,384.	40,776
ğ	22	Printing and publications		5,728.			<u> </u>	393.	36
Operating	23	Other expenses (attach schedule) ATCH	٠.	246,579.				105,590.	101,025
Frai	24	Total operating and administrative exper	nses.						
Dpe		Add lines 13 through 23		996,229.	7 7 AF 177			253,706.	180,022
J	25	Contributions, gifts, grants paid		33,500.	ON THE STATE OF THE	the first of	F 1 8 43	१,४५ <u>६-द</u> िशील हो	33,500
	26	Total expenses and disbursements Add lines 24 an	nd 25	1,029,729.	5	C	<u> </u>	253,706.	213,522
	27	Subtract line 26 from line 12	ļ						
	a	Excess of revenue over expenses and disbursements		-33,806.	F 1 1		F. 514	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
	b	Net investment income (if negative, enter		indifference of the second		369.	35 To 10		· · · · · · · · · · · · · · · · · · ·
	С	Adjusted net income (if negative, enter -0-	-)		ر او	50 HA 1 2		183,405.	

*ATCH 4 JSA ** ATCH 5

For	m 990	-PF (2011) NORTH CAROLINA SCIENC	CE, MATHEMATICS,	04	-3602929 Page 2		
Part II		Attached schedules and amounts in the	Beginning of year	End o	of year		
L	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	505,580.	480,497.	480,497.		
	2	Savings and temporary cash investments					
- 1	3	Accounts receivable					
		Less allowance for doubtful accounts ▶		·····			
	4	Pledges receivable	E in the second	The state of the state of			
		Less allowance for doubtful accounts ▶					
	5	Grants receivable	9,071.	69,705.	69,705.		
)	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)					
1	7	Other notes and loans receivable (attach schedule)	, ', 'o		(1) 有限制度的		
		Less allowance for doubtful accounts ▶					
S	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges		101.	101.		
As	10 a	Investments - U S and state government obligations (attach schedule).					
	b	Investments - corporate stock (attach schedule)					
	¢	Investments - corporate bonds (attach schedule)					
	11	Investments - land, buildings, and equipment basis and equipment basis basis accumulated depreciation					
		(attach schedule)					
	12	Investments - mortgage loans			<u></u>		
	13 14	Investments - other (attach schedule) Land, buildings, and equipment basis FURNITURE, 3,278.		, + 	1 30 x 2 x 10 1 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ŀ		equipment basis Less accumulated depreciation FIXTURES, & EQUIP2, 314.					
		(attach schedule)	1,573.	964.	964.		
	15	Other assets (describe					
	16	Total assets (to be completed by all filers - see the			04-		
4		instructions Also, see page 1, item I)	516,819.		551,267.		
	17	Accounts payable and accrued expenses	49,344.	63,650.			
	18	Grants payable			国和 在海河市设置		
es	19	Deferred revenue	275,983.	329,931.	The second of the second secon		
abilities	20	Loans from officers, directors, trustees, and other disqualified persons					
iab	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe					
	23	Total liabilities (add lines 17 through 22)	325,327.	393,581.	[2013] 新主義自然		
	i	Foundations that follow SFAS 117, check here ▶ X					
		and complete lines 24 through 26 and lines 30 and 31.			同意的基本实际		
ë	24	Unrestricted	191,492.	157,686.			
lan	25	Temporarily restricted					
Ba	26	Permanently restricted					
Fund Balances		Foundations that do not follow SFAS 117,			Carlotte Control		
		check here and complete lines 27 through 31. ▶ 📖					
	27	Capital stock, trust principal, or current funds					
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
15.5	29	Retained earnings, accumulated income, endowment, or other funds					
t A	30	Total net assets or fund balances (see instructions)	191,492.	157,686.			
ž	30 31	Total liabilities and net assets/fund balances (see		4	the elimination and		
		instructions)	516,819.	551,267.	The state of the s		
		Analysis of Changes in Net Assets or Fund					
1		I net assets or fund balances at beginning of year - Part			!		
	end-	of-year figure reported on prior year's return)			191,492.		
	Ente	r amount from Part I, line 27a		1 -	-33,806.		
		r increases not included in line 2 (itemize)		3_			
4	Add	lines 1, 2, and 3			157,686.		
5	Decr	reases not included in line 2 (itemize)	·	5			
6	Tota	I net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b), line 30 6	157,686.		

Page 3

Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
(a) List and 2-story br	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1a N/A					
_b					
С					
ď					
<u>e</u>	(f) Depreciation allowed	(g) Cost or other basis		<u></u>	<u> </u>
(e) Gross sales price		(h) Gain or (lo (e) plus (f) minu			
a					
<u>b</u>					
<u>c</u>					
_d					
<u>e</u>					
Complete only for assets	showing gain in column (h) and owner			Gains (Col (h) g	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	(k), but not less to Losses (from co	
<u>a</u>					
<u>b</u>		_			
С					
d					
е					
2 Capital gain net income or		gain, also enter in Part I, line 7 } (loss), enter -0- in Part I, line 7	2		
3 Net short-term capital gain	or (loss) as defined in sections 12				
lf gain, also enter in Par	t I, line 8, column (c) (see insti	ructions) If (loss), enter -0- in	1		
Part I, line 8	<u>_, ,</u>	<u> </u>	3		
Part V Qualification U	Inder Section 4940(e) for Red	duced Tax on Net Investment In	ncome		
		utable amount of any year in the ba	ase perio	d?	Yes X No
	<u></u>	, see the instructions before making	any entr		
(a)			any enu	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution r (col (b) divided by	y col (c))
2010	33,489.	286,135.			0.117039
2009		83,206.			0.516790
2008	172,668. 198,409.	134,120. 184,243.			1.287414
2007	40,000.	79,712.			0.501807
	40,000.	19,112.			0.301807
2 Total of line 1, column (d)			2		3.499938
3 Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5 or by the			3.477930
	dation has been in existence if less		3		0.699988
4 Enter the net value of non	charitable-use assets for 2011 fro	m Part X, line 5	4		485,165.
5 Multiply line 4 by line 3			5		339,610.
•					
	nt income (1% of Part I, line 27b)		6		4.
7 Add lines 5 and 6			7		339,614.
8 Enter qualifying distributio If line 8 is equal to or gre Part VI instructions	ns from Part XII, line 4 eater than line 7, check the box is	n Part VI, line 1b, and complete t	8 hat part	using a 1% ta	213,522. x rate. See the

Pai	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	nstruc	tions)
1 a	Exempt operating foundations described in section 4940(d)(2), check here), t '
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	开放气炉	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		7.
	here ▶ and enter 1% of Part I, line 27b		J. J. W.
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	ricold in Calledon	diament in
	Part I, line 12, col (b).	41.1141.14	1 1 1
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2		
3	Add lines 1 and 2		7.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		7.
6	Credits/Payments	Jan. 191	n, 3 (no
-	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a	: <u>-</u> []:	•
	Exempt foreign organizations - tax withheld at source 6b		
	Tax paid with application for extension of time to file (Form 8868).		
	Backup withholding erroneously withheld 6d 6d		
7	Total credits and payments Add lines 6a through 6d		0
8			
9			7.
10			
11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2012 estimated tax Refunded 11		
	t VII-A Statements Regarding Activities Refunded ▶ 11		
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	100	Yes No
		1a	Yes No
h	or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the	"	
		1 45 1	x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	1b	- A
	distributed by the foundation in connection with the activities.		
С			х
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1c	^A
	(1) On the foundation \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1,	
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	7. T	,
C	on foundation managers \blacktriangleright \$	- 6	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	[`	, -: -, X
•	If "Yes," attach a detailed description of the activities	-	1 50
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		1 171
J	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4 a		1 1	X
та b	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	 ^
5	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?	4b	Х
3	If "Yes," attach the statement required by General Instruction T	3	1.7
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	E.H.	
·	By language in the governing instrument, or	8,	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	100	
	conflict with the state law remain in the governing instrument?	1 1	X F "
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	x
8 а	Enter the states to which the foundation reports or with which it is registered (see instructions)		
	NC	10.481	ir ' -
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		The state of
~	(or designate) of each state as required by General Instruction G? If "No," attach explanation		x
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	8b	
-	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete	Page -	Bid Car
			х
10	Part XIV	9	- ^
. 0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		x
	and addresses	10	^_

Form	990-PF (2011) NORTH CAROLINA SCIENCE, MATHEMATICS, 04-3602	2929	_ F	age 5
Par	t VII-A . Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	Π		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			_
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address WWW.NCSMT.ORG			
14	The books are in care of ▶ SAM HOUSTON Telephone no. ▶ 919 991	-510	0	
	The books are in care of ▶ SAM HOUSTON Telephone no. ▶ 919 991 Located at ▶PO BOX 13901, RESEARCH TRIANGLE PARK, NC ZIP+4 ▶ 27701-3 Section 4947(a)(1) propresempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	901		-
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. •	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of	1 6		
	the foreign country	2 - 3	- d- 2	34
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	A 7 1	Yes	No
1 a	During the year did the foundation (either directly or indirectly)	1.5	4	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			- 11
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	15		急遭
	disqualified person? Yes X No	, T., J.		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	-	1	. 4
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	3.5	الله الأولاد الما المراجق	ال رواء أ
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	187	12 12 14 12 15 15	
	the benefit or use of a disqualified person)?	100	1	4
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1, 15,		1
	foundation agreed to make a grant to or to employ the official for a period after		10	
	termination of government service, if terminating within 90 days).	10	ا المحرّد القائد العالم	1.5
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	21. 16	وديوه	1.1
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		Х
	Organizations relying on a current notice regarding disaster assistance check here		101	1
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1.75	N. S. S.	G ()
	were not corrected before the first day of the tax year beginning in 2011?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		4	μl,
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	7		(1) (3) 24/1 (1) (1) (1)
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and	1.0		
	6e, Part XIII) for tax year(s) beginning before 2011?	1 1	1000	
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	71	3	1.
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	" n 1"	is suite	
	all years listed, answer "No" and attach statement - see instructions)	2b		<u></u>
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		1	\$ " E \$
	>			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		3	
	at any time during the year?			
b	of "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or	3	4.	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	- Total	1,124	- 1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			[· 3]
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	1	393.4	31. 1
	foundation had excess business holdings in 2011)	3 b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	1334		1. 10
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4 b		Х

Pai	t VII-B Statements Regarding Activities for	r Which Form 4	720 May Be Requi	red (contin	ued)		
5 a	During the year did the foundation pay or incur any amou	nt to				5	
	(1) Carry on propaganda, or otherwise attempt to influer	ice legislation (section	4945(e))?	Yes	X No	آ ۽ آ	
	(2) Influence the outcome of any specific public ele	ction (see section 4	955), or to carry on			1-2-9	
	directly or indirectly, any voter registration drive?			Yes	X No	1 3- A	1.75
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes						
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No (4) Provide a grant to an organization other than a charitable, etc., organization described in						
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)						
	(5) Provide for any purpose other than religious, ch					- 2,	1.5
	purposes, or for the prevention of cruelty to children of		• .		X No		Total Mark
ь	If any answer is "Yes" to 5a(1)-(5), did any of the				_	į21.	
	Regulations section 53 4945 or in a current notice regard		•		scribea iii	. 5b	' '
	Organizations relying on a current notice regarding disast	-	•		. [. 32	
_	If the answer is "Yes" to question 5a(4), does the					\ - \	
٠	•		·		□ No	1.3	
	because it maintained expenditure responsibility for the g		· · · · · · · · · · · · · · · ·	Yes	NO	2700	
٠.	If "Yes," attach the statement required by Regulations sec	` ,				500	
ьa	Did the foundation, during the year, receive any fund	•			Ū.,	3	154 - 1
_	on a personal benefit contract?				X No	-	
b	Did the realization, caring the jour, pay promisine, and	tly or indirectly, on a	personal benefit contrac	t?		6b	X
	If "Yes" to 6b, file Form 8870				г	٠, ير ١	
	At any time during the tax year, was the foundation a pa	•	• •		X No	l l	and the billion of
	If "Yes," did the foundation receive any proceeds or have				d Casala	7b	X
Pat	Information About Officers, Directors and Contractors	, Trustees, Foun	dation Managers,	nigniy Pai	a Empic	yees,	
1	List all officers, directors, trustees, foundation r			instructions	s).		
		(h) Title and overnoon					
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-1	(d) Contribu employee ben and deferred co	efit plans		nse account, illowances
		hours per week devoted to position	(c) Compensation (If not paid, enter -0-)		efit plans		
 AT'		hours per week	(If not paid, enter	employee ben and deferred co	efit plans		
AT		hours per week	(If not paid, enter -0-)	employee ben and deferred co	efit plans mpensation		llowances
AT'		hours per week	(If not paid, enter -0-)	employee ben and deferred co	efit plans mpensation		llowances
 AT'		hours per week	(If not paid, enter -0-)	employee ben and deferred co	efit plans mpensation		llowances
AT'		hours per week	(If not paid, enter -0-)	employee ben and deferred co	efit plans mpensation		llowances
AT'		hours per week	(If not paid, enter -0-)	employee ben and deferred co	efit plans mpensation		llowances
AT'		hours per week	(If not paid, enter -0-)	employee ben and deferred co	efit plans mpensation		llowances
AT'	TACHMENT 7	hours per week devoted to position	(If not paid, enter -0-)	employee ben and deferred co	efit plans mpensation	other a	0
		hours per week devoted to position	(If not paid, enter -0-)	employee ben and deferred co	efit plans mpensation), 006.	other a	0
2	TACHMENT 7 Compensation of five highest-paid employees "NONE."	hours per week devoted to position (other than those)	(If not paid, enter -0-) 180, 333.	employee ben and deferred co	efit plans mpensation 0,006.	ons). If r	none, enter
2	TACHMENT 7 Compensation of five highest-paid employees	hours per week devoted to position	(If not paid, enter -0-)	employee ben and deferred co	instruction	ons). If r	0 none, enter
2	TACHMENT 7 Compensation of five highest-paid employees "NONE."	hours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 180, 333.	employee ben and deferred co	instruction	ons). If r	none, enter
2 (a	TACHMENT 7 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 180, 333. se included on line (c) Compensation	9 1 - see (d) Contribuem plans and decompens	instruction in the file of the	ons). If r	none, enter
2 (a	TACHMENT 7 Compensation of five highest-paid employees "NONE."	hours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 180, 333.	9 1 - see (d) Contribuem plans and decompens	instruction	ons). If r	none, enter
2 (a	TACHMENT 7 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 180, 333. se included on line (c) Compensation	9 1 - see (d) Contribuem plans and decompens	instruction in the file of the	ons). If r	none, enter
2 (a	TACHMENT 7 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 180, 333. se included on line (c) Compensation	9 1 - see (d) Contribuem plans and decompens	instruction in the file of the	ons). If r	none, enter
2 (a	TACHMENT 7 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 180, 333. se included on line (c) Compensation	9 1 - see (d) Contribuem plans and decompens	instruction in the file of the	ons). If r	none, enter
2 (a	TACHMENT 7 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 180, 333. se included on line (c) Compensation	9 1 - see (d) Contribuem plans and decompens	instruction in the file of the	ons). If r	none, enter
2 (a	TACHMENT 7 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 180, 333. se included on line (c) Compensation	9 1 - see (d) Contribuem plans and decompens	instruction in the file of the	ons). If r	none, enter
2 (a	TACHMENT 7 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 180, 333. se included on line (c) Compensation	9 1 - see (d) Contribuem plans and decompens	instruction in the file of the	ons). If r	none, enter
2 (a	TACHMENT 7 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 180, 333. se included on line (c) Compensation	9 1 - see (d) Contribuem plans and decompens	instruction in the file of the	ons). If r	none, enter
(a	TACHMENT 7 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position (other than those by Title, and average hours per week	(If not paid, enter -0-) 180, 333. se included on line (c) Compensation	9 1 - see (d) Contribuem plans and decompens	instruction in the file of the	ons). If r	none, enter

Part VIII Information About and Contractors (c	Officers, Directors, Trustees, Foundatio continued)	n Managers, Highly Paid Employ	/ees,
3 Five highest-paid independ	ent contractors for professional services (se	ee instructions). If none, enter "NONE	
	ss of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of others receiving of	ver \$50,000 for professional services		
Part IX-A Summary of Dire	ect Charitable Activities		
	haritable activities during the tax year. Include relevant st d, conferences convened, research papers produced, etc	tatistical information such as the number of	Expenses
1 LASER			
ATTACHMENT 11			
2 FITCHE FELLOWS			279,507
2 FLIGHT FELLOWS ATTACHMENT 11]
			141,191
3 COLLABORATIVE PROJEC	Т		
ATTACHMENT 11			
4 SCIENCE COMPETITIONS			83,937
ATTACHMENT 11			
			37,515
	gram-Related Investments (see instruction		
	investments made by the foundation during the tax year on I	lines 1 and 2	Amount
1 NONE			
2			
All other program-related investments. See	: instructions		
3 NONE			
	· 		
Total. Add lines 1 through 3			<u></u>
			Form 990-PF (2011

Page 8

Pa	 Minimum Investment Return (All domestic foundations must complete this part. Foreits see instructions) 	gn foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	2 5,	
	purposes.		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	492,553.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	492,553.
е	Reduction claimed for blockage or other factors reported on lines 1a and	5.51	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	492,553.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	·	4	7,388.
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	485,165.
6	Minimum investment return. Enter 5% of line 5	6	24,258.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here	nart)	
1	Minimum investment return from Part X, line 6	1	24,258.
2 а		 	21,230.
b	Income tax for 2011 (This does not include the tax from Part VI)		
C		20	7.
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	3	24,251.
4	Recoveries of amounts treated as qualifying distributions	4	24,231.
5	Add book 2 and 4	5	24,251.
6		6	24,231.
7	Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
′		.	24 251
_	line 1	7	24,251.
Pa	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	- '-	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	213,522.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	213,522.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	213,522.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	lculating wh	ether the foundation

Pa	rt XIII Undistributed Income (see instru	uctions)			
1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
	line 7	,		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	24,251.
2	Undistributed income, if any, as of the end of 2011.				
а	Enter amount for 2010 only	*			
b	Total for prior years 20 <u>09</u> ,20 <u>08</u> ,20 <u>07</u>			\$	1 18 (19 1 2 2 2)
3	Excess distributions carryover, if any, to 2011		1	15 1537 25 25 35 19	
а	From 2006	• ',• =		grand the state of	
b	From 2007 189,201.	" 1	100		
С	From 2008 165, 964.	* -	, , , , , , , , , , , , , , , , , , ,		
d	From 2009			\$	
е	From 2010	* '			
f	Total of lines 3a through e	449,209.		the state of the	
4	Qualifying distributions for 2011 from Part XII,	-			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	line 4 ▶ \$ 213,522.	,			The standard of
а	Applied to 2010, but not more than line 2a	<u> </u>			
b	Applied to undistributed income of prior years	1		A. 18.	the first the contract of the first terms of the fi
	(Election required - see instructions),	1		the death of the	医含于代别 建
C	Treated as distributions out of corpus (Election				[44] 法智慧的
	required - see instructions)		1 1 1	200	e for the state of
	Applied to 2011 distributable amount				24,251.
	Remaining amount distributed out of corpus	189,271.		, i , i , i , i , i , i , i , i , i , i	
5	Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same	<u> </u>	- M= 1	h to his second to the	
	amount must be shown in column (a))			1	30 A Table 1
6	Enter the net total of each column as				
	indicated below:	(20, 400			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	638,480.	·		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Prior years' undistributed income Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed			1 2 2	And the fact of th
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has been previously assessed				[18] "《····································
		A Company of the Company			The state of the second of the
u	Subtract line 6c from line 6b Taxable amount - see instructions			5 (1)	
e	Undistributed income for 2010 Subtract line			<u> </u>	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	4a from line 2a Taxable amount - see instructions	-			
		7 1 2		7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	<u> </u>
T	Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be	*			
	distributed in 2012				
7	Amounts treated as distributions out of corpus			2	124 12 14 14 14
	to satisfy requirements imposed by section			والمراجع المراجع المرا	الله المراجع الأولى المراجع ال المراجع المراجع
	170(b)(1)(F) or 4942(g)(3) (see instructions)				作为是由外域的
8	Excess distributions carryover from 2006 not				
	applied on line 5 or line 7 (see instructions)	36,015.			
9	Excess distributions carryover to 2012.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Subtract lines 7 and 8 from line 6a	602,465.		Committee Committee	The state of the s
10	Analysis of line 9				
a	Excess from 2007 189,201.				1 = 11 p
b	Excess from 2008 165, 964.				The state of the s
C	Excess from 2009				And the state of t
d e	Excess from 2010 19,187 .		125		
-	Excess from 2011 189,271.				

3 Grants and Contributions Raid Duri		aved for F	Tutura Davimant	
3 Grants and Contributions Paid Duri Recipient	If recipient is an individual,	Equadation	-uture Payment	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	rediplent		
• .				
ATTACHMENT 9				
•				
Total	<u> </u>	, ,	<u> </u> ▶ 3a	33,500.
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·		<u></u> 3a. 	33,300.
5 Approved for faction paymone				
	,			
T-A-1			<u> </u>	
Total	 		<u></u> 3b	NONE

orm 990-PF		CAROLINA	SCIENCE, MATHE	MATICS,	04-	3602929 Page 12
	-A Analysis of Income-Produ	icing Activ	/ities			
nter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
•	GHT FELLOWS			†		171,474.
b TEA	CHERLINK PROGRAM					128,122.
c LAS	ER					100,000.
d SCI	ENCE COMPETITIONS					37,515.
e						
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments					
	on savings and temporary cash investments			14	369.	
	ds and interest from securities			ļ	, , , , , , , , , , , , , , , , , , , ,	
	al income or (loss) from real estate				12 - 1 - 1	and the policy of the
	-financed property					
	debt-financed property		-			
	Il income or (loss) from personal property			-		
	vestment income		-			
	loss) from sales of assets other than inventory ime or (loss) from special events					
						
	rofit or (loss) from sales of inventory venue a			 		
_	vondo a			 		
е						
2 Subtotal	Add columns (b), (d), and (e)			31-2	369.	437,111.
3 Total. Ad	dd line 12, columns (b), (d), and (e)				13	437,480.
	neet in line 13 instructions to verify calc					
Part XVI-	B Relationship of Activities	to the Ac	complishment of Ex	empt Purp	oses	
Line No. ▼	Explain below how each activit	y for which	income is reported i	n column (e	a) of Part YVI-A contrib	4.1 4 11 4 11
1A	accomplishment of the foundation					
		on's exemp	t purposes (other than	by providing	funds for such purpose	
	THE FLIGHT FELLOWS PR	on's exemp	t purposes (other than	by providing Y EXPERT	funds for such purpose	
	THE FLIGHT FELLOWS PR TEACHERS WITH POTENTI	on's exempo OGRAM CO AL TO DE	t purposes (other than one of twent RIVE STEM IMPROV	by providing Y EXPERT EMENTS W	funds for such purpose	
	THE FLIGHT FELLOWS PR TEACHERS WITH POTENTI LEARN ABOUT CONTEMPOR	OGRAM CO AL TO DE ARY AERO	t purposes (other than one of the other than o	by providing Y EXPERT EMENTS W ND DEVEL	funds for such purpose	
	THE FLIGHT FELLOWS PR TEACHERS WITH POTENTI	on's exemponder of the control of th	t purposes (other than one of the other than	by providing Y EXPERT EMENTS W ND DEVEL G NASA	funds for such purpose HO OP	
	THE FLIGHT FELLOWS PR TEACHERS WITH POTENTI LEARN ABOUT CONTEMPOR INNOVATIVE, LOCALLY R	OGRAM CO AL TO DE ARY AERO ELEVANT TO MOTI	t purposes (other than one of the than one of	by providing Y EXPERT EMENTS W ND DEVEL G NASA	funds for such purpose HO OP	
1B	THE FLIGHT FELLOWS PR TEACHERS WITH POTENTI LEARN ABOUT CONTEMPOR INNOVATIVE, LOCALLY R EDUCATIONAL RESOURCES	On's exemplor of the control of the	t purposes (other than one of the than one of	by providing Y EXPERT EMENTS W ND DEVEL G NASA O PURSUE	funds for such purpose HO OP STEM	
1B	THE FLIGHT FELLOWS PR TEACHERS WITH POTENTI LEARN ABOUT CONTEMPOR INNOVATIVE, LOCALLY R EDUCATIONAL RESOURCES STUDY AND CAREERS IN	ON'S EXEMP OGRAM CO AL TO DE ARY AERO ELEVANT TO MOTI AEROSPAC AM CONNE	t purposes (other than one of the purposes) of TWENT VIVE STEM IMPROVED SPACE SCIENCE A CURRICULUM USIN VATE STUDENTS TO SE.	by providing Y EXPERT EMENTS W ND DEVEL G NASA O PURSUE XPERTS I	HOOP STEM	
1B	THE FLIGHT FELLOWS PR TEACHERS WITH POTENTI LEARN ABOUT CONTEMPOR INNOVATIVE, LOCALLY R EDUCATIONAL RESOURCES STUDY AND CAREERS IN THE TEACHERLINK PROGR SCIENCE, MATHEMATICS TO PROVIDE TEACHERS W	ON'S EXEMP OGRAM CO AL TO DE ARY AERO ELEVANT TO MOTI AEROSPAC AM CONNE AND TECH ITH NEW	t purposes (other than one of the purposes) to the than one of the purposes of	by providing Y EXPERT EMENTS W ND DEVEL G NASA O PURSUE XPERTS I CHERS IN ERTISE I	HO OP STEM N ORDER	
	THE FLIGHT FELLOWS PR TEACHERS WITH POTENTI LEARN ABOUT CONTEMPOR INNOVATIVE, LOCALLY R EDUCATIONAL RESOURCES STUDY AND CAREERS IN THE TEACHERLINK PROGR SCIENCE, MATHEMATICS TO PROVIDE TEACHERS W TEACHING SCIENCE, MAT	ON'S EXEMP OGRAM CO AL TO DE ARY AERO ELEVANT TO MOTI AEROSPAC AM CONNE AND TECH ITH NEW HEMATICS	t purposes (other than one of the purposes) to the than one of the purpose of the	by providing Y EXPERT EMENTS W ND DEVEL G NASA O PURSUE XPERTS I CHERS IN ERTISE I	HO OP STEM ORDER	
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Part				nefers To and Trans		nd Relationships With No.	char		age is
rait	VAII	Exempt Orga		Insiers to allu Trails	actions an	ia Relationships With Noi		labil	,
1 [Old the	organization direc	tly or indirectly e	engage in any of the follo	owing with a	ny other organization described	F.7.4	Yes	No
н	n secti	ion 501(c) of the Co	ode (other than s	section 501(c)(3) organiz	ations) or in s	section 527, relating to political		436	7.
		ations?			•			1.34	Jan L
	-		na foundation to	a noncharitable exempt of	organization of	f	4 2	, e l' u'	
		•	•	*	•		1a(1)		"x
							1a(2)		Х
		ransactions.			• • • • • • •	· · · · · · · · · · · · · · · · · · ·	14(2)	i, , .⊒ :	
			nncharitable even	nnt organization			1b(1)	1	X
,	2) Pur	chases of assets fr	om a noncharital	hlo evernt ergenization			1b(1)		X
ì	2) Per	ntal of facilities, equ	unment or other:	ose exempt organization .	• • • • • • •		15(2)		X
,	A) Rai	mbureement arrang	iomonto	assets			1b(3)		X
,	5) 00	incursement arrang	ements				1b(4)	1	X
(S) Dos	formance of some	es			· · · · · · · · · · · · · · · · · · ·	1b(5)		$\frac{1}{x}$
۱ ،	o) rei	of facilities	ss of illetitue sit	p of fundraising solicitation	118		1b(6)		X
d 19	silailii E tha c	y or racinities, equipr	nent, maining list	s, other assets, or paid er	nployees		1c	<u></u>	
u ii	alue e	of the goods, other	seeds or some	s, complete the following	ng scheaule.	Column (b) should always should always should always should always should always should be shoul	w the	tair n	1arke
						of the goods, other assets, or			
(a) Line		(b) Amount involved		oncharitable exempt organization					
(a) Line	3 110	N/A	(c) Name of no	oncharitable exempt organization		scription of transfers, transactions, and sh	aring arra	ingeme	nts
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						re tax-exempt organizations		_	_
				her than section 501(c)(3)) or in sectio	on 527?	Y	es X	.] No
<u>b</u> If	"Yes,	" complete the follo							
		(a) Name of organizatio	'n	(b) Type of organizat	ion	(c) Description of relatio	nship		
						·			
0:	Under	penalties of perjury, I declar , and complete Declaration o	are that I have examine of preparer (other than ta:	ed this return, including accompan epayer) is based on all information of	ying schedules and which preparer has	f statements, and to the best of my knowle any knowledge	dge and l	oelief, it	is true
Sign			1	_	\sim		RS discus	s this	return
Here		Am Hou	den	May/4, 20	13 <u>M</u>	S-CED with the			
	Sign	ature of officer or trustee		Date / '	Title	(see instruction	ons)? X	Yes	No
	<u>Щ</u> ,	DonaldTona		I Danasa di Santa					
Paid		Print/Type preparer's	name	Preparer's signature		Date Check If	PTIN		
Prepa	irer	MARCI KRAUSE				APR 2 2 2013 self-employed	P003	9468	1
-				SECOOPERS, LLP		Firm's EIN ▶ 13-4	10083	24	
Use C	וחיק	Firm's address ▶ 13	01 K STREET	NW, SUITE 800W					

Form 990-PF (2011)

20005-3333 Phone no 202-414-1000

WASHINGTON, DC

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number

NORTH CAROLINA SCIENCE AND TECHNOLOGY EDUCATI	04-3602929	
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundate	aon
	501(c)(3) taxable private foundation	
	rered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule See
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or contributor. Complete Parts I and II.	or more (in money or
Special Rules		
under sections 509(a)() organization filing Form 990 or 990-EZ that met the 33 1/3 % support to (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 00 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form	e year, a contribution of
during the year, total c), (8), or (10) organization filing Form 990 or 990-EZ that received from a contributions of more than \$1,000 for use <i>exclusively</i> for religious, charital es, or the prevention of cruelty to children or animals. Complete Parts I, II,	ble, scientific, literary,
during the year, contrib not total to more than s year for an <i>exclusively</i> i applies to this organiza), (8), or (10) organization filing Form 990 or 990-EZ that received from a putions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the \$1,000 If this box is checked, enter here the total contributions that were religious, charitable, etc., purpose. Do not complete any of the parts unless ation because it received nonexclusively religious, charitable, etc., contributions.	ese contributions did e received during the es the General Rule outions of \$5,000 or
Caution. An organization that is r 990-EZ, or 990-PF), but it must a	not covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2, of its Form 990, or check the box on line H , to certify that it does not meet the filing requirements of Schedule B (For	chedule B (Form 990, I of its Form 990-EZ or on

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of o	rganization NORTH CAROLINA SCIENCE, MATHEMATICS, AND TECHNOLOGY EDUCATION CENTER, INC		Employer Identification number 04-3602929
Part i	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1-	THE BURROUGHS WELLCOME FUND 21 T.W. ALEXANDER DRIVE, PO BOX 13901 RESEARCH TRIANGLE PARK, NC 27709	\$ <u>558,443.</u> 	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) <u>No</u> .	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

(Complete Part II if there is a noncash contribution.)

Noncash

Name of organization NORTH CAROLINA SCIENCE, MATHEMATICS, AND TECHNOLOGY EDUCATION CENTER, INC. Employer identification number

04-3602929 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) PAYMENT OF EXPENSES ON BEHALF OF NCSMT AND IN-KIND CONTRIBUTIONS OF SERVICES. 1 FACILITIES, ETC. 558,443. VAR (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$. (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

Name of organization NORTH CAROLINA SCIENCE, MATHEMATICS,
AND TECHNOLOGY EDUCATION CENTER, INC.

Employer identification number 04-3602929

					<u> </u>	_
Part III	Exclusively religious,	charitable, etc.	, individual contributions t	o section 501(c))(7), (8), or (10) organization	S
	that total more than	\$1,000 for the y	ear. Complete columns (a)	through (e) and	the following line entry.	

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$_______

Use	duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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		/a\ T566	
		(e) Transfer of gift	
	Transferee's name, address, and ZIF	9+4	Relationship of transferor to transferee
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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<u></u>		(e) Transfer of gift	
		(e) Transier of gift	
	Transferee's name, address, and ZIF	P + 4	Relationship of transferor to transferee
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(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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		(e) Transfer of gift	
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	Transferee's name, address, and ZIF	9 + 4	Relationship of transferor to transferee
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(a) No			
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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		(e) Transfer of gift	
	Transferee's name, address, and ZIF	· + 4	Relationship of transferor to transferee
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Form **8868**

(Rev January 2012)

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. 1-2012)

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print NORTH CAROLINA SCIENCE MATHEMATICS AND TECHNOLOGY EDUCATION CENTER 204-3602929 Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the due date for P.O. BOX 13901 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. RESEARCH TRIANGLE PARK, NC 27709-3901 Enter the Return code for the return that this application is for (file a separate application for each return) 04 **Application** Return Return Application Is For Code Code is For Form 990 01 Form 990-T (corporation) 07 08 Form 990-BL 02 Form 1041-A 09 Form 990-EZ 01 Form 4720 10 Form 990-PF Form 5227 04 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 12 06 Form 8870 • The books are in the care of ▶ SAM HOUSTON Telephone No. ▶ 919-991-5100 FAX No. ▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box ▶ 🗌 . If it is for part of the group, check this box ▶ 🔲 and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ ☐ calendar year 20 or , 20 <u>11</u> , and ending JUNE 30 ➤ x tax year beginning JULY 1 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return 2 Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a |\$ N/A If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3ъ N/A Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c |\$ N/A Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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	Additional (Not Automatic) 3-Month E	extension o	of Time. Only file the	original (no copies r	needed).		
			Er	iter filer's identifying nu			
pe or	Name of exempt organization or other filer, see			Employer identification		EIN) or	
nt	MONTH CANODINA SCIENCE MATHEMATICS AND TECHNOLOGI EDUCATION CENTERIZES					-3602929	
by the	Number, street, and room or suite no. If a P.O. I	oox, see instru	ctions.	Social security numb	ber (SSN)		
date for gyour	P.O. BOX 13901						
ım. See	City, town or post office, state, and ZIP code. F	_					
ructions	RESEARCH TRIANGLE PARK,	NC 2770	9-3901				
ter the F	Return code for the return that this application	is for (file a	separate application fo	or each return)		04	
pplicati	on	Return	Application			Return	
For		Code	Is For			Code	
orm 990)	01					
orm 990)-BL	02	Form 1041-A			08	
orm 990)-EZ	01	Form 4720			09	
orm 990		04	Form 5227			10	
orm 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	0-T (trust other than above)	06	Form 8870			12	
TOPI Do	not complete Part II if you were not already				flad Farm	0000	
If this is or the wh st with th	rganization does not have an office or place of for a Group Return, enter the organization's hole group, check this box	four digit Gro If it is for passion is for.	oup Exemption Numbe art of the group, check	r (GEN) this box	If th		
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FORM 990PF, PART I - LEGAL FEES

N	
ATTACHMENT	

CHARITABLE PURPOSES		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	3,180.	3,180.
		TOTALS
DESCRIPTION	LEGAL FEES	

FORM 990PF, PART I - ACCOUNTING FEES

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CHARITABLE <u>PURPOSES</u>		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	33,701.	33,701.
		TOTALS
DESCRIPTION	PRICEWATERHOUSECOOPERS	

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

REVENUE	AND	EXPENSES	PER BOOKS	262,211.	1,430.
			DESCRIPTION	CONSULTANT EXPENSE	PROFESSIONAL DUES

	CHARITABLE	PURPOSES	
ADJUSTED	NET	INCOME	

38,185.
144,339.

263,641.

TOTALS

38,185.

144,339.

NORTH CAROLINA SCIENCE, MATHEMATICS,

04-3602929

ATTACHMENT 5

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

PER BOOKS

2010 FEDERAL TAXES

5.

TOTALS

ATTACHMENT 6

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND	PER BOOKS		. 25.	3,491.	510.	246,579.
						TOTALS
	DESCRIPTION STIPENDS	SUPPLIES	CHARITABLE DONATIONS REGISTRATIONS	PRESENTATION MATERIALS	WEB ENHANCEMENTS	

CHARITABLE <u>PURPOSES</u>	1,000.	25.	100,000.	101,025.
ADJUSTED NET INCOME	.000. 590.		100,000.	105,590.

ATTACHMENT 7

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION CC	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	
MR DAVID BLATTNER P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0	0
DR TODD BOYETTE P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0	0
DR JOHN BURRIS P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER & TREASURER 1.00	0	0	0
MR JOSEPH CROCKER P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	CHAIRMAN OF THE BOARD 1.00	0	0	0
MS MARY CULLINANE P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0	0
DR ELAINE FRANKLIN P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0	0

ATTACHMENT 7 (CONT'D)

ATTACHMENT 7 (CONT'D)

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

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

ATTACHMENT 7 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	•
MR ELIC SENTER P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0	0
DR RAY SPAIN P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0	0
DR IRA TROLLINGER P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00		0	0
MS TRICIA WILLOUGHBY P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0	0
	GRAND TOTALS	180,333.	.90,006	

ATTACHMENT 8

PAID EMPLOYEES	
COMPENSATION OF THE FIVE HIGHEST PAID EMPLO	
ION OF THE F	IJ
- COMPENSATION	
PART VIII	
990PF,	

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	23,377.
COMPENSATION	62,400. ID BY BURROUGHS ENCE, SERVICES ARE FORM 990-PF.
TITLE AND AVERAGE HOURS PER WEEK ADDRESS	LISA RHOADES PROGRAM ASSOCIATE 38.00 RESEARCH TRIANGLE PARK, NC 27709-3901 COMPENSATION AND BENEFITS PROVIDED TO LISA RHOADES ARE PAID BY BURROUGHS WELLCOME FUND FOR SERVICES PROVIDED TO NORTH CAROLINA SCIENCE, MATHEMATICS, AND TECHNOLOGY EDUCATION CENTER, INC. THESE SERVICES ARE REPORTED AS IN-KIND CONTRIBUTIONS AND EXPENSES ON NCSMT'S FORM 990-PF.
NAME AND ADDRESS	LISA RHOADES P.O. BOX 13901 RESEARCH TRIAN COMPENSATION A WELLCOME FUND MATHEMATICS, A REPORTED AS IN

TOTAL COMPENSATION

0

04-3602929

ATTACHMENT 9

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	AMOUNT	25,000	8,500
	PURPOSE OF GRANT OR CONTRIBUTION	GENERAL OPERATING SUPPORT FOR SCIENCE COMPETITIONS	START UP FUNDING GRANT TO AFTERSCHOOL LEADERSHIP CLUB FOR STUDENTS
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	PUBLIC CHARITY	PUBLIC CHARITY
	RECIPIENT NAME AND ADDRESS	NC SCIENCE OLYMPIAD BOX 8211 NC STATE UNIVERSITY RALEIGH, NC 27696-8211	GREENE COUNTY 301 KINGOLD BLVD SNOW HILL, NC 28580

TOTAL CONTRIBUTIONS PAID

33,500

ATTACHMENT 9 PAGE 30

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ATTACHMENT 10

FORM 990PF - PART XV - SUPPLEMENTARY INFORMATION

2A. INDIVIDUAL TO WHOM APPLICATIONS SHOULD BE ADDRESSED:

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

- 2B. FORM IN WHICH APPLICATIONS SHOULD BE SUBMITTED AND INFORMATION AND MATERIALS THEY SHOULD INCLUDE:

 THE NORTH CAROLINA SCIENCE, MATHEMATICS, AND TECHNOLOGY EDUCATION CENTER WILL ACCEPT GRANT APPLICATIONS THAT FOSTER THE IMPROVEMENT OF SCIENCE, MATHEMATICS, AND TECHNOLOGY PRE K-12 EDUCATION IN NORTH CAROLINA. PROPOSALS SHOULD BE SUBMITTED TO THE CENTER IN THE FORM OF A LETTER. APPLICANTS SHOULD DESCRIBE THE FOCUS OF THE ACTIVITY, THE EXPECTED OUTCOMES, AND THE PROPOSAL'S RELEVANCE TO PRE K-12 SMT EDUCATION IN NORTH CAROLINA; THE QUALIFICATIONS OF THE ORGANIZATION AND THE INDIVIDUALS INVOLVED; PROVIDE CERTIFICATION OF THE SPONSOR'S INTERNAL REVENUE TAX EXEMPT STATUS; AND GIVE THE TOTAL BUDGET FOR THE ACTIVITY, INCLUDING ANY FINANCIAL SUPPORT OBTAINED OR PROMISED. PROPOSALS ARE GIVEN PRELIMINARY REVIEW BY THE CENTER STAFF AND THOSE DEEMED APPROPRIATE WILL BE PRESENTED TO THE BOARD OF DIRECTORS FOR CONSIDERATION.
- 2C. SUBMISSION DEADLINES: PROPOSALS ARE ACCEPTED THROUGHOUT THE YEAR
- 2D. RESTRICTIONS OR LIMITATIONS ON AWARDS: ALL GRANT RECIPIENTS MUST BE NONPROFIT ORGANIZATIONS WITH 501C(3) STATUS OR GOVERNMENTAL ENTITIES, RESIDE IN THE STATE OF NORTH CAROLINA, AND DEMONSTRATE RELEVANCE TO THE ADVANCEMENT OF PRE K-12 SCIENCE, MATHEMATICS, AND TECHNOLOGY EDUCATION IN NORTH CAROLINA.

NORTH CAROLINA SCIENCE, MATHEMATICS, AND TECHNOLOGY EDUCATION CENTER, INC.

ATTACHMEN'	r 11

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

- 1) LASER (LEADERSHIP ASSISTANCE IN SCIENCE EDUCATION REFORM) INSTITUTE, GUIDES SCHOOL DISTRICT LEADERSHIP TEAMS THROUGH THE PROCESS OF DEVELOPING A TAILORED STRATEGIC PLAN FOR INITIATING AND IMPLEMENTING AN EFFECTIVE INQUIRY-CENTERED SCIENCE PROGRAM. THE NORTH CAROLINA SCIENCE, MATHEMATICS, AND TECHNOLOGY CENTER INCURRED EXPENSES OF \$279,507 FOR LASER DURING THE FISCAL YEAR.
- 2) THE FLIGHT FELLOWS PROGRAM CONSISTS OF TWENTY EXPERT TEACHERS WITH THE POTENTIAL TO DRIVE STEM IMPROVEMENTS WHO LEARN ABOUT CONTEMPORARY AEROSPACE SCIENCE AND DEVELOP INNOVATIVE, LOCALLY RELEVANT CURRICULUM USING NASA EDUCATIONAL RESOURCES TO MOTIVATE STUDENTS TO PURSUE STEM STUDY AND CAREERS IN AEROSPACE. THE NORTH CAROLINA SCIENCE MATHEMATICS AND TECHNOLOGY CENTER INCURRED EXPENSES OF \$141,191 FOR THE FLIGHT FELLOWS PROGRAM DURING THE FISCAL YEAR.
- 3) COLLABORATIVE PROJECT IS AN EFFORT TO POSITIVELY IMPACT TEACHER RECRUITMENT AND RETENTION, TO PROVIDE QUALITY PROFESSIONAL DEVELOPMENT RESOURCES, AND TO SIGNIFICANTLY IMPROVE STUDENT PERFORMANCE IN ELEMENTARY AND MIDDLE SCHOOLS IN THE 5 PARTICIPATING SCHOOL DISTRICTS OF CASWELL, GREENE, MITCHELL, WARREN AND WASHINGTON COUNTIES. THE NORTH CAROLINA SCIENCE MATHEMATICS AND TECHNOLOGY CENTER INCURRED EXPENSES OF \$83,937 FOR THE COLLABORATIVE PROJECT DURING THE FISCAL YEAR.
- 4) SCIENCE COMPETITIONS OFFER HIGH SCHOOL STUDENTS THE OPPORTUNITY TO DISPLAY THEIR SCIENCE RESEARCH AT COMPETITIONS. THE NORTH CAROLINA SCIENCE MATHEMATICS AND TECHNOLOGY CENTER INCURRED EXPENSES OF \$37,515 FOR SCIENCE COMPETITIONS DURING THE FISCAL YEAR.