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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2012

Open to Public Inspection

For calendar year 2012 or tax year beginning

07/01, 2012, and ending

06/30, 2013

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

04-3602929

Number and street (or P.O. box number if mail is not delivered to street address)

Room/suite

B Telephone number (see instructions)

(919) 991-5100

P.O. BOX 13901

City or town, state, and ZIP code

RESEARCH TRIANGLE PARK, NC 27709-3901

G Check all that apply.☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name change**H Check type of organization**☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundation**I Fair market value of all assets at end**

of year (from Part II, col (c), line

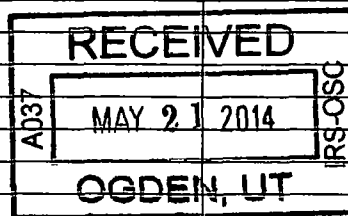
16) **\$ 337,293.****J Accounting method**☐ Cash☒ Accrual☐ Other (specify) _____

(Part I, column (d) must be on cash basis)

C If exemption application is
pending, check here ☐**D 1** Foreign organizations, check here ☐**2** Foreign organizations meeting the
85% test, check here and attach
computation ☐**E** If private foundation status was terminated
under section 507(b)(1)(A), check here ☐**F** If the foundation is in a 60-month termination
under section 507(b)(1)(B), check here ☐**Part I Analysis of Revenue and Expenses** (The
total of amounts in columns (b), (c), and (d)
may not necessarily equal the amounts in
column (a) (see instructions))**(a) Revenue and
expenses per
books****(b) Net investment
income****(c) Adjusted net
income****(d) Disbursements
for charitable
purposes
(cash basis only)**

1	Contributions, gifts, grants, etc., received (attach schedule)	583,141.			
2	Check ☐ if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	351.	351.		
4	Dividends and interest from securities				
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)				
8	Net short-term capital gain				
9	Income modifications				
10 a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule) ATCH 1	675,055.		675,055.	
12	Total. Add lines 1 through 11	1,258,547.	351.	675,055.	
13	Compensation of officers, directors, trustees, etc.	186,792.			
14	Other employee salaries and wages	65,467.			
15	Pension plans, employee benefits	76,554.			
16a	Legal fees (attach schedule) ATCH 2	417.			
b	Accounting fees (attach schedule) ATCH 3	19,987.			
c	Other professional fees (attach schedule) *	392,115.		289,558.	5,988.
17	Interest				
18	Taxes (attach schedule) (see instructions)				
19	Depreciation (attach schedule) and depletion	609.			
20	Occupancy				
21	Travel, conferences, and meetings	102,350.		12,899.	
22	Printing and publications	9,300.		408.	
23	Other expenses (attach schedule) ATCH 5	409,498.		325,713.	5,500.
24	Total operating and administrative expenses. Add lines 13 through 23	1,263,089.		628,578.	11,488.
25	Contributions, gifts, grants paid	20,500.			20,500.
26	Total expenses and disbursements. Add lines 24 and 25	1,283,589.	0	628,578.	31,988.
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	-25,042.			
b	Net investment income (if negative, enter -0-)		351.		
c	Adjusted net income (if negative, enter -0-)			46,477.	

SCANNED MAY 29 2014



Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing		480,497.	301,366.	301,366.
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable		69,705.	32,747.	32,747.
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges		101.	2,825.	2,825.
	10 a	Investments - U S and state government obligations (attach schedule)				
	b	Investments - corporate stock (attach schedule)				
	c	Investments - corporate bonds (attach schedule)				
	Liabilities	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule) ▶				
12		Investments - mortgage loans				
13		Investments - other (attach schedule)				
14		Land, buildings, and equipment basis	3,278.			
		Less accumulated depreciation (attach schedule) ▶	2,923.	964.	355.	355.
15		Other assets (describe ▶)				
16		Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)		551,267.	337,293.	337,293.
17		Accounts payable and accrued expenses		63,650.	26,428.	
18		Grants payable				
Net Assets or Fund Balances	19	Deferred revenue		329,931.	178,221.	
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)		393,581.	204,649.	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted		157,686.	132,644.	
	25	Temporarily restricted				
	26	Permanently restricted				
		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ ☐				
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	Total net assets or fund balances (see instructions)		157,686.	132,644.	
	31	Total liabilities and net assets/fund balances (see instructions)		551,267.	337,293.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	157,686.
2	Enter amount from Part I, line 27a	2	-25,042.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	132,644.
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	132,644.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(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			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 2				
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 3				

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2011	213,522.	485,165.	0.440102
2010	33,489.	286,135.	0.117039
2009	43,000.	83,206.	0.516790
2008	172,668.	134,120.	1.287414
2007	198,409.	184,243.	1.076888

2 Total of line 1, column (d)	2	3.438233
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.687647
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	376,537.
5 Multiply line 4 by line 3	5	258,925.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	4.
7 Add lines 5 and 6	7	258,929.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions	8	31,988.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1		
	Date of ruling or determination letter _____ (attach copy of letter if necessary - see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b	1	7.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
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	3	7.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	7.
6	Credits/Payments		
a	2012 estimated tax payments and 2011 overpayment credited to 2012	6a	
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	0
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	7.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ☐ Refunded ☐	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ☐ \$ 0 (2) On foundation managers ☐ \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☐ \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ☐ NC,		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (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 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part 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 meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
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	X	
Website address WWW.NCSMT.ORG				
14	The books are in care of SAM HOUSTON Telephone no 919 991-5100			
	Located at PO BOX 13901, RESEARCH TRIANGLE PARK, NC ZIP+4 27701-3901			
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	15		
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country				

Part 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.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes ☒ No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes ☒ No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☒ Yes ☐ No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☒ Yes ☐ No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes ☒ No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	☐ Yes ☒ No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	X
Organizations relying on a current notice regarding disaster assistance check here		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?	☐ Yes ☒ No	
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) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes ☒ No	
b If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ 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) ☐ Yes ☒ No(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ **5b**Organizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ **6b** X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ **7b****Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 6		186,792.	52,162.	0

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 7		65,467.	24,391.	0

Total number of other employees paid over \$50,000 ☐ 0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 LASER ATTACHMENT 12	351,397.
2 FLIGHT FELLOWS ATTACHMENT 12	137,735.
3 STEM LEARNING NETWORK ATTACHMENT 12	181,045.
4 SCIENCE COMPETITIONS ATTACHMENT 12	24,036.

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments See instructions	
3 NONE	
Total. Add lines 1 through 3 ▶	

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	382,271.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	382,271.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	382,271.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,734.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	376,537.
6	Minimum investment return. Enter 5% of line 5	6	18,827.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	18,827.
2a	Tax on investment income for 2012 from Part VI, line 5	2a	7.
b	Income tax for 2012 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	7.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	18,820.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	18,820.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	18,820.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	31,988.
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		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	31,988.
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	31,988.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				18,820.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only				
b Total for prior years 20 <u>10</u> , 20 <u>09</u> , 20 <u>08</u>				
3 Excess distributions carryover, if any, to 2012				
a From 2007	189,201.			
b From 2008	165,964.			
c From 2009	38,842.			
d From 2010	19,187.			
e From 2011	189,271.			
f Total of lines 3a through e	602,465.			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ <u>31,988.</u>				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2012 distributable amount				18,820.
e Remaining amount distributed out of corpus	13,168.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	615,633.			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see instructions				
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	189,201.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	426,432.			
10 Analysis of line 9				
a Excess from 2008	165,964.			
b Excess from 2009	38,842.			
c Excess from 2010	19,187.			
d Excess from 2011	189,271.			
e Excess from 2012	13,168.			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

NOT APPLICABLE

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or

4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years				(e) Total
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
b 85% of line 2a					
c Qualifying distributions from Part XI, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail of the person to whom applications should be addressed

SEE ATTACHMENT 11

b The form in which applications should be submitted and information and materials they should include

SEE ATTACHMENT 11

c Any submission deadlines

SEE ATTACHMENT 11

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SEE ATTACHMENT 11

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient 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				
ATCH 8				
Total			3a	20,500.
b Approved for future payment				
Total			3b	NONE

Form 990-PF (2012)

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a	FLIGHT FELLOWS					137,735.
b	TEACHERLINK PROGRAM					-4,585
c	LASER					300,000.
d	SCIENCE COMPETITIONS					23,800.
e	STEM LEARNING NETWORK					185,630.
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	351.	
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property .					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory . . .					
11	Other revenue. a					
b	ATCH 9					32,475.
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)				351.	675,055.
13	Total. Add line 12, columns (b), (d), and (e)				13	675,406.

(See worksheet in line 13 instructions to verify calculations)

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | Yes | No |
|---|--|-------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| | (1) Cash | 1a(1) | X |
| | (2) Other assets | 1a(2) | X |
| b | Other transactions | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| | (4) Reimbursement arrangements | 1b(4) | X |
| | (5) Loans or loan guarantees | 1b(5) | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Sam Houston
Signature of officer or trustee

Date 5/15/2014 Title

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

**Paid
Preparer
Use Only**

Print/Type preparer's name

MARCI KRAUSE

Preparer's signature

Date _____

NAY 13 2014

Check		if	PTIN
-------	--	----	------

self-employed P00394681

Firm's name ► PRICEWATERHOUSECOOPERS, LLP

Firm's address ► 1301 K STREET NW, SUITE 800W

WASHINGTON, DC

20005

Firm's EIN ▶ 13-4008324

Phone no 202-414-1000

Schedule of Contributors

OMB No 1545-0047

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

2012

Name of the organization

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

Employer identification number

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 foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number
04-3602929

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(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	\$ 583,141.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Employer Identification number
04-3602929

[illegible]

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

Employer identification number
04-3602929

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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
---	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 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
---	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 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
---	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 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
---	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

ATTACHMENT 1

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	ADJUSTED NET INCOME
TEACHERLINK PROGRAM	-4,585.	-4,585.
SCIENCE COMPETITIONS	23,800.	23,800.
LASER	300,000.	300,000.
FLIGHT FELLOWS	137,735.	137,735.
STEM LEARNING NETWORK	185,630.	185,630.
REIMBURSED EXPENSES	32,475.	32,475.
TOTALS	<u>675,055.</u>	<u>675,055.</u>

ATTACHMENT 2

FORM 990PF, PART I - LEGAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
LEGAL FEES	417.			
TOTALS	<u>417.</u>			

ATTACHMENT 3

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
PRICewaterhouseCOOPERS	19,987.			
TOTALS	<u>19,987.</u>			

ATTACHMENT 4

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
CONSULTANT EXPENSE	391,485.	289,558.	5,988.
PROFESSIONAL DUES	630.		
TOTALS	<u>392,115.</u>	<u>289,558.</u>	<u>5,988.</u>

ATTACHMENT 5FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	ADJUSTED NET INCOME	CHARITABLE PURPOSES
STIPENDS	50,025.	6,500.	
SUPPLIES	9,735.	720.	
MISCELLANEOUS	12,760.	462.	
CHARITABLE DONATIONS	50.		
REGISTRATION	6,575.	149.	5,500.
PRESENTATION MATERIALS	2,072.		
CONTRACTS	317,882.	317,882.	
WEB ENHANCEMENTS	10,399.		
TOTALS	409,498.	325,713.	5,500.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 6

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>
DR MEG BLANCHARD P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0
MR DAVID BLATTNER P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0
MR TODD BOYETTE P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0
MS AMANDA BULLARD P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0
DR JOHN BURRIS P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER & TREASURER 1.00	0	0
DR ELAINE FRANKLIN P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 6 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>
MS REBECCA GARLAND P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0
DR TRACY GOODSON-ESPY P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0
DR SAM HOUSTON P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	PRESIDENT & CEO 38.00	186,792.	52,162.
COMPENSATION AND BENEFITS PROVIDED TO DR. SAM HOUSTON 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.			
MS KATE HOVIS P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0
MR MARK JEWELL P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 6 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>
MS CONNIE LOCKLEAR P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0
MR MIKE MCBRIETY P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0
MS CAROLINE MCCULLEN P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0
MR BRUCE MIDDLETON P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0
MS CAROL MIDGETT P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0
MR FRANK SCOTT P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 6 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>
MR ELIC SENTER P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0
MR DAVID SIMPSON P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0
DR RAY SPAIN P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0
DR IRA TROLLINGER P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	CHAIRMAN OF THE BOARD 1.00	0	0
DR JAN WEBSTER 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

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 6 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>
DENISE LEE YOUNG P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 1.00	0	0
GRAND TOTALS		<u>186,792.</u>	<u>52,162.</u>

990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEESATTACHMENT 7

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>
LISA RHOADES P.O. BOX 13901 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.	PROGRAM ASSOCIATE 38.00	65,467.	24,391.
TOTAL COMPENSATION		65,467.	24,391.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 8

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PENC FUTURE CITIES 1015 WADE AVENUE, STE 1 RALEIGH, NC 27605	PUBLIC CHARITY	SUPPORT FOR MIDDLE SCHOOL ENGINEERING COMPETITION	5,000.
NC NEW SCHOOLS PROJECT, INC 4600 MARRIOTT DRIVE, STE 510 RALEIGH, NC 27612	PUBLIC CHARITY	SUPPORT FOR THE 2012 STUDENT STEM SYMPOSIUM	1,500.
NC SCIENCE FAIR FOUNDATION NCSU, CAMPUS BOX 7576 RALEIGH, NC 27695	PUBLIC CHARITY	SUPPORT FOR OPERATING EXPENSES FOR THE NC SCIENCE AND ENGINEERING FAIR	8,000.
UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL DEPT. OF ECONOMICS 107 GARDNER HALL, CB #3305 CHAPEL HILL, NC 27514	PUBLIC CHARITY	SUPPORT FOR THE TAR HEEL CHALLENGE (THINC) COMPETITION FOR HIGH SCHOOL STUDENTS	5,000.
ATKINS HIGH SCHOOL 3605 OLD GREENSBORO ROAD WINSTON-SALEM, NC 27101	PUBLIC CHARITY	SUPPORT FOR THE SHCOOL TO BETA TEST NEW CURRICULUM DEVELOPMENT TOOL	1,000.
TOTAL CONTRIBUTIONS PAID			<u>20,500.</u>

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

ATTACHMENT 9				
DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	RELATED OR EXEMPT FUNCTION INCOME
REIMBURSED EXPENSES				32,475.
TOTALS				<u>32,475.</u>

FORM 990PF, PART XVI-B - ACCOMPLISHMENT OF EXEMPT PURPOSES

EXPLAIN BELOW HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN
COLUMN (E) OF PART XVI-A CONTRIBUTED IMPORTANTLY TO THE
ACCOMPLISHMENT OF YOUR EXEMPT PURPOSES (OTHER THAN BY PROVIDING
FUNDS FOR SUCH PURPOSES).

LINE
NO.

- 1A THE FLIGHT FELLOWS PROGRAM CONSISTS OF TWENTY EXPERT
TEACHERS WITH 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.
- 1B THE TEACHERLINK PROGRAM CONNECTS COMMUNITY EXPERTS IN
SCIENCE, MATHEMATICS AND TECHNOLOGY WITH TEACHERS IN ORDER
TO PROVIDE TEACHERS WITH NEW CONTENT AND EXPERTISE IN
TEACHING SCIENCE, MATHEMATICS AND TECHNOLOGY.
- 1C LASER 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.
- 1D SCIENCE COMPETITIONS OFFER HIGH SCHOOL STUDENTS THE
OPPORTUNITY TO DISPLAY THEIR SCIENCE RESEARCH AT
COMPETITIONS.
- 1E THE NC STEM LEARNING NETWORK IS A PROJECT OF THE SMT
CENTER. THE NC STEM LEARNING NETWORK GUIDES IMPLEMENTATION
OF THE STATE'S COORDINATED STEM STRATEGY TO INCREASE
STUDENT ACHIEVEMENT IN STEM, CREATE GREATER PUBLIC SUPPORT
FOR STEM EDUCATION, AND BUILDING THE RESOURCES NECESSARY TO

FORM 990PF, PART XVI-B - ACCOMPLISHMENT OF EXEMPT PURPOSES

MAKE N.C.'S STEM EDUCATION THE BEST IN THE COUNTRY. AMONG
THE PROJECTS OF THE STEM LEARNING NETWORK ARE THE NC STEM
SCORECARD, NC STEM CENTER WEB PORTAL, AND NC STEM
ATTRIBUTES.

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 PUBLIC CHARITIES 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.

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 \$351,397 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 \$137,735 FOR THE FLIGHT FELLOWS PROGRAM DURING THE FISCAL YEAR.
- 3) THE STEM LEARNING NETWORK IS A PROJECT OF THE SMT CENTER. THE NC STEM LEARNING NETWORK GUIDES IMPLEMENTATION OF THE STATE'S COORDINATED STEM STRATEGY TO INCREASE STUDENT ACHIEVEMENT IN STEM, CREATE GREATER PUBLIC SUPPORT FOR STEM EDUCATION, AND BUILDING THE RESOURCES NECESSARY TO MAKE N.C.'S STEM EDUCATION THE BEST IN THE COUNTRY. AMONG THE PROJECTS OF THE STEM LEARNING NETWORK ARE THE NC STEM SCORECARD, NC STEM CENTER WEB PORTAL, AND NC STEM ATTRIBUTES. THE NORTH CAROLINA SCIENCE MATHEMATICS AND TECHNOLOGY CENTER INCURRED EXPENSES OF \$181,045 FOR STEM LEARNING NETWORK 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 \$24,036 FOR SCIENCE COMPETITIONS DURING THE FISCAL YEAR.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- 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*.

Part I 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 Part I only ☐

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	NORTH CAROLINA SCIENCE MATHEMATICS AND TECHNOLOGY EDUCATION CENTER	04-3602929
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	P.O. BOX 13901	
	City, town or post office, state, and ZIP code. For a foreign address, 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)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- 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) . If this is 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 17, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year 20 or

► ☒ tax year beginning JULY 1, 20 12, and ending JUNE 30, 20 13

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a 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
b 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	3b	\$	N/A
c 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.

Form **8868** (Rev. 1-2013)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note**. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Enter filer's identifying number, see instructions	
	NORTH CAROLINA SCIENCE MATHEMATICS AND TECHNOLOGY EDUCATION CENTER		Employer identification number (EIN) or	
	Number, street, and room or suite no. If a P.O. box, see instructions		04-3602929	
	P.O. BOX 13901		Social security number (SSN)	
City, town or post office, state, and ZIP code. For a foreign address, 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 Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- 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) _____. If this is 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.

- 4 I request an additional 3-month extension of time until **MAY 15**, 20 **14**.
- 5 For calendar year _____, or other tax year beginning **JULY 1**, 20 **12**, and ending **JUNE 30**, 20 **13**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension **AWAITING INFORMATION FROM THIRD PARTIES WHICH IS NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8a 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.	8a	\$	N/A
b 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 and any amount paid previously with Form 8868.	8b	\$	N/A
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶

Title ▶ TAX MANAGER

Date ▶ 2-17-2014

Form **8868** (Rev 1-2013)