### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

Open to Public Inspection

OMB No 1545-0052

		nent of the Treasury Revenue Service	► Information abo			rity numbers of and its separa					pen to Public Inspection
_	_		or tax year begin				7/01,2016				06/30, <b>20</b> 17
N	ame	of foundation NO	RTH CAROLINA	SCIEN	CE, M	ATHEMATIC	s,	-		Employer identifi	
7	ND	TECHNOLOGY	EDUCATION CE	NTER,	INC.				ł	04-360292	9
N	umb	er and street (or P O t	oox number if mail is not	delivered t	to street a	ddress)		Room/suit	e E	Telephone numb	er (see instructions)
		. BOX 13901						<u> </u>		<u>(919) 99</u>	1-5100
С	ty or	town, state or provinc	e, country, and ZIP or fo	reign post	al code						<del></del>
_									C	If exemption applica pending, check here	
			LE PARK, NC		-3901			<del></del>			
G	Che	eck all that apply	Initial returi		<u> </u>		of a former p	ublic cha	rity   D	1 Foreign organizat	
			Final return		$\vdash$	Amended re			ĺ	2 Foreign organizat 85% test, check h	
<u> </u>	Cha	ak tuna at araans	Address ch		- <u>                                    </u>	Name chang		- 6		computation .	
Ϊ-	_	-	zation X Section		<u></u>			( ) '	<b>4</b>   E	If private foundation	
╁_			onexempt charitable			ner taxable pr				under section 507(b)	(1)(A), check here .
		market value of		_	_		ash X Acc	ruai	F		in a 60-month termination
		of year (from Par ▶ \$			her (spe		ah haasa \		<del>-</del>	under section 507(b)	(1)(B), check here . ►
		<del> </del>	enue and Expense			must be on ca	sn basis j				(d) Disbursements
		total of amounts in	columns (b), (c), and	(d)		evenue and	(b) Net inve	stment	(c)	Adjusted net	for charitable
			ly equal the amounts	in'		enses per books	incom	ie		ıncome	purposes
$\neg$	1	column (a) (see ins	<del></del>		<del></del>	671,728.	4. A. S	2.5	***	<del></del>	(cash basis only)
-	2	Chack I If the	s, etc., received (attach scho e foundation is not requ	red to	<del></del>	· (, ,,		-*	·	*** ***	
ı		attac	h Sch B			180.		180.			The second second
1	3 4	<del>-</del>	id temporary cash invest rest from securities				<del></del>				<del>                                     </del>
	4 5а		rest from securities .			<del></del>	<del></del>	-			· · · · · · · · · · · · · · · · · · ·
١		Net rental income or (			* *	, <u>}</u>			هه	· · · · · · · · · · · · · · · · · · ·	*
D.		•	n sale of assets not on to	ne 10		* _ *	1, 1		4,	- 1A	*
Kevenue	b	Gross sales price for a				325 1 27.5		**,	* .		<del></del>
Š	7	Capital dain net inc	come (from Part IV, III	$\mathcal{D}_{i}$	1	**************************************		0.	*	··· ,	· * · · · · · · · · · · · · · · · · · ·
2	8	Net short-term cap	·		- اد	<del></del>	**			<u>*</u> <u>*</u>	
- 1	_	1 1	-	40	3	X/N 243 -	, , ,	-3. 7			*
1	Ŏа	Income modification Gross sales less return and allowances	ns ·μαγ· <b>2·2</b> 20	18	ν) ·	* ,			20	; ·	<del>,</del>
	h	Less Cost of goods so	ld-		<u> </u>			-	*	**	
			)-(attachisahedule)_	<u> T</u>			, .	8			, * x
1	1		ch schedule) ATCH	- 11 1		13,072.				12,452.	
_ 1	2		hrough 11			684,980.		180.		12,452.	
	3	Compensation of offic	ers, directors, trustees, e	etc .		292,572.					
S S	4	Other employee sat	aries and wages	L							
<b>5</b>  1	5	Pension plans, emp	oloyee benefits	[		106,403.					
Operating and Administrative Expense	6 a	Legal fees (attach s	chedule)	L							
U D	b		ttach schedule)ATCI	I .		11,485.					
	С	Other professional	fees (attach schedule	).[3][		89,153.				6,100.	1,67
<u>S</u> 1	7						<del></del>				
2 1	8	Taxes (attach sched	lule) (see instructions	s) <u> </u>							
1	9	Depreciation (attac	h schedule) and depl	etion.							<u> </u>
2	0	Occupancy		L			<u> </u>				
2	.1	Travel, conferences	, and meetings	L		118,698.				2,627.	2,055
2	2	Printing and publica	ations	]_		7,932.	<del></del>				
2	3	Other expenses (at	tach schedule)ATCH	.4		89,015.					
2	4	Total operating an	d administrative exp	enses.		715 050		ļ			
ě		Add lines 13 through	jh 23	• • • }_		715,258.				8,727.	3,725
4		· <del>-</del>	, grants paid			715 050	-1		٠		<del></del>
$\overline{}$	6		rsements Add lines 24	and 25		715,258.		0.		8,727.	3,72
2		Subtract line 26 fro		-	`	1112	. ,		,		, , ,
			xpenses and disbursemen	F-		-30,278.	, 1	7 7 7 7	<del></del>		· · · · · · · · · · · · · · · · · · ·
			ome (if negative, enti	· -		, ,		180.		3 305	- 1 × 1 × 1
	C	Adjusted net incom	ne (if negative, enter -	·U-)	٠,	10,000	18 18 6	**, *		3,725.	·

Form 990-PF (2016)

Part II		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year		
_	-	Datance Offices	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
-	1	Cash - non-interest-beari	ng	180,339.	185,507.	185,507.		
	2	Savings and temporary of	cash investments					
ĺ								
			otful accounts ►					
	l	Pledges receivable		STRESK CONSTRUCTOR	38.24 fr 20.27 ft No. 180			
			otful accounts >		Commence of the Commence of th	The state of the s		
				1 1 1 1 1	11,426.	11,426.		
	l		officers, directors, trustees, and other	<del></del>				
	1							
	l	•	ach schedule) (see instructions)					
	i		eceivable (attach schedule)	And the state of t				
'n			otful accounts ►					
Assets	í		e	2 264	2,981.	2,981.		
SS	1	·	eferred charges	<del></del>	2,301.	2,361.		
٧	i		e government obligations (attach schedule)			<del></del>		
		·	stock (attach schedule)			<del></del>		
			bonds (attach schedule)	Same and the second	SOLE FORMER / LINE A COST	The contract of the contract o		
		Investments - land, buildings and equipment basis						
		Less accumulated deprecia (attach schedule)	tion ►		 			
		•	loans		 			
		nvestments - other (atta	ch schedule)					
		_and, buildings, and equipment basis	<b>&gt;</b>					
		ess accumulated deprecial attach schedule)	tion >					
- 1		Other assets (describe >	· )					
ł	16	Total assets (to be	completed by all filers - see the					
		nstructions Also, see pa	age 1, item I)	196,434.	199,914.	199,914.		
			ccrued expenses	7 741	19,805.	777 (a. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
Ç,		• •		E0 700	63,568.			
Liabilities			rs, trustees, and other disqualified persons.		<del></del>			
ē			tes payable (attach schedule)		<del></del>			
[일.			>)					
_	22	Julier liabilities (describe	/					
ı	23	Fotal liabilities (add liag	s 17 through 22)	66,441.	83,373.			
$\dashv$				00,441.	03,373.			
S			ow SFAS 117, check here. ► X 24 through 26 and lines 30 and 31.		l:			
<b>Balances</b>		· ·	-		116,541.			
ē					110,541.			
	25	Temporarily restricted .						
Net Assets or Fund I	26	Permanently restricted.						
<u>[</u>			not follow SFAS 117, ► 🗀					
팋	•	check here and comp	plete lines 27 through 31.					
S	27 (	Capital stock, trust princ	cipal, or current funds		<del> </del>			
ë	28	Paid-in or capital surplus, or	land, bldg , and equipment fund					
SS	29	Retained earnings, accumu	lated income, endowment, or other funds		, <del> </del>			
7	30	Total net assets or fund	balances (see instructions)	129,993.	116,541.			
ž	31	Total liabilities and	net assets/fund balances (see					
	-	nstructions)	<u></u>	196,434.	199,914.			
P	art III	Analysis of Char	nges in Net Assets or Fund Bala	nces				
			alances at beginning of year - Part		must agree with			
			d on prior year's return)			129,993.		
2			line 27a			-30,278.		
			led in line 2 (itemize) ► ATCH 5		3	16,826.		
				<del></del>		116,541.		
5		eases not included in			5			
			alances at end of year (line 4 minus	line 5) - Part II column (		116,541.		
<u> </u>	100	not assets of fully be	arantos at one or year time + minus	mic o) - i art ii, coluitiii (	o,, oo			

Page 2

Pa	rt IV Capital Gains	s and Losses for Tax on Inv	estment Income			
	(a) List ar	nd describe the kind(s) of property sold (		(b) How acquired	(c) Date acquired	(d) Date sold
	2-story t	orick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation	(mo, day, yr)	(mo , day, yr )
<u>1 a</u>			<del></del>	L		
t	<u> </u>					
c		<del> </del>		<u> </u>		
d	<u> </u>		<del> </del>	ļ		
<u>e</u>	<u> </u>	<del></del>		ļ		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	Ì	(h) Gain or (lo (e) plus (f) minu	
		(e. anomasa)	plat expense of date		(0) pico (1) 1111110	
<u>a</u>				<del></del>		
c						
е						
		showing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col. (h) ga	ain minite
		(k) Excess of col (i)		(k), but not less the		
(	i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col (j), if any	}	Losses (from co	(h))
a						
b						
c						
d						
е			<u> </u>			
2	Capital gain net income	e or (net capital loss)	ain, also enter in Part I, line 7	{		
	, •	, , , , <b>f</b> 11 (10	oss), enter -0- in Part I, line 7	2		
3		gain or (loss) as defined in sections				
		Part I, line 8, column (c) (see ins	1			
		Under Section 4940(e) for Re		3		
	ction 4940(d)(2) applies, the foundation liable for	leave this part blank the section 4942 tax on the distrib	outable amount of any year in the ba	ase period	12	Yes X No
If "Y		not qualify under section 4940(e)				
1		mount in each column for each ye	ar, see the instructions before maki	ng any en		
Cal	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	
	2015	215,239.	227,239.			0.947192
	2014	99,997.	334,951.			0.298542
	2013	18,469.	327,065.			0.056469
	2012	31,988.	376,537.		<del> </del>	0.084953
	2011	213,522.	485,165.			0.440102
						1 007050
2		(d)		2		1.827258
3	_	io for the 5-year base period - divi				0 365453
	number of years the for	undation has been in existence if le	ss than 5 years	3		0.365452
	E.C. De la Carte		France Double M. Lond S.			179,461.
4	Enter the net value of n	oncharitable-use assets for 2016 f	rom Paπ A, line 5	4		
_	Marillander trans 4 feet to 2		ı	5		65,584.
5	wuitiply line 4 by line 3			-   -		,
	Enter 10/ of not invent		l l			
c	Enter 170 of net investi			6		2.
6		nent income (1% of Part I, line 27b)		6		2.
	Add lines 5 and 6	nent income (1% of Part I, line 27b)		7	<del></del>	2.
6 7	Add lines 5 and 6					

Form 990-PF (2016)

Pá	rt VII-A Statements Regarding Activities (continued)			
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	1	Yes	No
	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	x	
	Website address WWW.NCSMT.ORG		·	
14	The books are in care of ▶ SAM HOUSTON Telephone no ▶ 919 991	-510	0	
	Located at ▶ PO BOX 13901, RESEARCH TRIANGLE PARK, NC ZIP+4 ▶ 27701-3	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		T	
16	At any time during calendar year 2016, 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	1060	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country ▶	2,000	4.742	
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1 27.362.2		1
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	25.5	Yes	No
18	During the year did the foundation (either directly or indirectly)	<b>15</b> %		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?		12	K y
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	152.4		
	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)			
k	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		are	
	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 ▶ ☐			101
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	233	A.T.	KI .
	were not corrected before the first day of the tax year beginning in 2016?	1c	00000.25 M	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	80.	Ť	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and		35.40	
	6e, Part XIII) for tax year(s) beginning before 2016?			
	If "Yes," list the years			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	11.54	1	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	12.00	n wie	
	all years listed, answer "No" and attach statement - see instructions )	2b	14797105	~ 3.73
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		7	35.
	<b>&gt;</b>	1773		
3 <i>a</i>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		3.5	
	at any time during the year?		27	
t	olf "Yes," did it have excess business holdings in 2016 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	122		27 July 1
	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 2016 )	3b		<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	, <sub>m</sub> yenen	X
Ł	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	200		V.
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	O DE	X

Page 6

Pai	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Red	uired (continued)	
5a	During the year did the foundation pay or incur any amo	ount to			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	on 4945(e))?	. Yes X No	
	(2) Influence the outcome of any specific public ele	ection (see section -	4955), or to carry or	٦,	
	directly or indirectly, any voter registration drive?			. Yes X No	
	(3) Provide a grant to an individual for travel, study, or o			37	
	(4) Provide a grant to an organization other than a	charitable, etc., ord	anization described i	n	
	section 4945(d)(4)(A)? (see instructions)			Yes X No	
	(5) Provide for any purpose other than religious, ch				
	purposes, or for the prevention of cruelty to children	or animals?		Yes X No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Regulations section 53 4945 or in a current notice regar	ding disaster assistar	nce (see instructions)?		5b
	Organizations relying on a current notice regarding disas	ster assistance check	here		
С	If the answer is "Yes" to question 5a(4), does the	foundation claim e	exemption from the t	ax	;
	because it maintained expenditure responsibility for the		,		,
	If "Yes," attach the statement required by Regulations see	<del>-</del>			
6a	Did the foundation, during the year, receive any fun	• ,	ectly, to pay premiur	ns	
	on a personal benefit contract?	•	• • • •		
ь	Did the foundation, during the year, pay premiums, dire				6b X
	If "Yes" to 6b, file Form 8870	•			N. P. C. (1) (2)
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited ta	x shelter transaction?	Yes X No	
b	If "Yes," did the foundation receive any proceeds or have	ve any net income attr	butable to the transact	on?	1 1 1
Pai	t VIII Information About Officers, Director	rs, Trustees, Fou	ındation Manager	s, Highly Paid Emp	oloyees,
1	and Contractors List all officers, directors, trustees, foundation n	nanagers and their	r compensation (see	instructions)	· · · · · · · · · · · · · · · · · · ·
<u> </u>		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense account,
	(a) Name and address	hours per week devoted to position	`(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
		1			
ATC	H 6		292,572.	106,403.	0.
				1	
		(-4b 4b 4b		4 !4	16
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on line	e 1 - see instruction	ons). It none, enter
		(b) Title, and average		(d) Contributions to employee benefit	(e) Expense account.
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	other allowances
				compensation	
	NONE				
	NONE				<del> = </del>
			· · · · · · · · · · · · · · · · · · ·		
					· · · · · · · · · · · · · · · · · · ·
Total	number of other employees paid over \$50,000.	<u> </u>			
ULA	number of other employees paid over \$50,000.	· · · · · · · · · · · · · · · · · · ·			Form 990-PF (2016)

2 Fine	and Contractors (continued)	
3 Five	highest-paid independent contractors for professional services (see instructions). If none, enter "NON	·····
NONE	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		(
Total numb	per of others receiving over \$50,000 for professional services	<del>-</del>
Part IX-A	Summary of Direct Charitable Activities	
List the for	undation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	_
	ons and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1 LASE	R	
ATTA	CHMENT 7	
-		14,172
2 STEM	PORTAL	
	CHMENT 7	
		6,100
3 STEM	COMPETITIONS	
<u> </u>	CHMENT 7	
		4,434
A DPOF	ESSIONAL DEVELOPMENT	4,434
•	CHMENT 7	
AIIA	CIPIENI /	2 627
D	Owner of December 19 to 1 t	2,627
Part IX-B		Amount
<del></del>	he two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
<del></del>	Reat.	
2		
•	rogram-related investments. See instructions	
3 NONE		
Total. Add	lines 1 through 3	

Par	Minimum Investment Return (All domestic foundations must complete this part. For see instructions)	eign foundatio	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.		
	purposes.	12 33	
а	Average monthly fair market value of securities		<del></del>
þ	9		182,194.
С	Fair market value of all other assets (see instructions)		
đ		. 1d	182,194.
е	- The second sec		
	1c (attach detailed explanation)	<b>→</b> `.	
2	Acquisition indebtedness applicable to line 1 assets		
3	Subtract line 2 from line 1d	. 3	182,194.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	•	
	instructions)	. 4	2,733.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4		179,461.
6	Minimum investment return. Enter 5% of line 5	. 6	8,973.
Par	<b>TXI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations check here ▶ and do not complete this part )	undations	
1	Minimum investment return from Part X, line 6	. 1	8,973.
2 a	10-1	٠	
b		7	
C			4.
3	Distributable amount before adjustments Subtract line 2c from line 1		8,969.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4		8,969.
6	Deduction from distributable amount (see instructions)		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
-	line 1	1 _ 1	8,969.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		<u></u>
a		.   1a	3,725.
b			
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
2			
3	purposes		
-	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	( (	
a			
b			3,725.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		3,123.
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)		0. 3,725.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	•	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when a	calculating who	etner the foundation

	irt XIII Undistributed Income (see inst	ructions)	<del></del>		Page <b>9</b>
1	Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
	line 7		, ** , * ,	1.22 X 2	8,969.
2	Undistributed income, if any, as of the end of 2016	3 × 55	( A. A. M.	10 M	
а	Enter amount for 2015 only		<u> </u>		* / 4
	Total for pnor years 20 14 ,20 13 ,20 12	3		` ^ .	^, * * ·
3	Excess distributions carryover, if any, to 2016	* * * * * * * * * * * * * * * * * * * *	* *		
а	From 2011		, ^,	, , , ,	, ,
b	From 2012 13,168.				Ĭ
C	From 2013		,	;	
	From 2014			<	/ 3
	From 2015	1 ' " '	7,5-3,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Total of lines 3a through e		<u> </u>	<u> </u>	***
4	Qualifying distributions for 2016 from Part XII,	, i »;		Si A	(3 %, )
	line 4 ▶ \$3,725.		* 2 ° , ,		3 h & 12 th
а	Applied to 2015, but not more than line 2a	37, 1, 2	* * * *	2	* * * * * * * * * * * * * * * * * * * *
b	Applied to undistributed income of prior years	T			
	(Election required - see instructions)	/ * *		, <u>%</u> , , <del>"</del>	* * * * * * * * * * * * * * * * * * * *
С	Treated as distributions out of corpus (Election		A* (		, · · · · · · · · · · · · · · · · · · ·
	required - see instructions)	Z	<del></del>	· · · · · · · · · · · · · · · · · · ·	3,725.
	Applied to 2016 distributable amount	<u></u>	· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *	3,725.
	Remaining amount distributed out of corpus	5,244.			5,244.
3	Excess distributions carryover applied to 2016. (If an amount appears in column (d), the same	, 3,211.	<u></u>	- · · · · · · · · · · · · · · · · · · ·	7,244.
_	amount must be shown in column (a) )			"/, ", ", ", ", ", ", ", ", ", ", ", ", ",	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
6	Enter the net total of each column as indicated below:		, , ,		**
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	486,453.	* .		·, · · ·
	Prior years' undistributed income Subtract	* *,			*> 1.
	line 4b from line 2b	, , ,		, ', ', ', ', ', ', ', ', ', ', ', ', ',	. , ,
С	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			* *	* <u> </u>
d	Subtract line 6c from line 6b Taxable	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	,
	amount - see instructions	·		<u> </u>	
е	Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount - see	* , , , , , , , , , , , , , , , , , , ,	N. "3"."		* * * ,
	instructions	**		<del></del>	*
f	Undistributed income for 2016 Subtract lines	., ,,	, ,		
	4d and 5 from line 1. This amount must be	* ~ · ·			
	distributed in 2017	<u> </u>	<del>*************************************</del>	* * * * * * * * * * * * * * * * * * * *	
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				<b>`</b>
	170(b)(1)(F) or 4942(g)(3) (Election may be		· / · · › ·	, , ,,	,
_	required - see instructions)		1.2	* * * * * * * * * * * * * * * * * * * *	3 , 4 ,
8	Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	184,027.	`		
•	1				
9	Excess distributions carryover to 2017.  Subtract lines 7 and 8 from line 6a	302,426.			÷ • • • •
10	Analysis of line 9	,.	-		
	Excess from 2012	· · · · · · · · · · · · · · · · · · ·	, ,	,	
	Excess from 2013		_ `}		
	Excess from 2014	*	·		
	Excess from 2015 203,881.	,	-		,
	Excess from 2016		,	,	,
					Form <b>990-PF</b> (2016)

_				and Part VII-A, questi		NOT	APPLICA
1 a	If the foundation has re						
	foundation, and the ruling						
b	Check box to indicate wh	ether the foundation	is a private operating	foundation described in	section	4942(j)(3) or	4942(
2 -	Enter the lease of the col	Tax year		Prior 3 years			
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2016	(b) 2015	(c) 2014	(d) 20	13	(e) Total
	I or the minimum investment						
	return from Part X for each year listed						
ь	85% of line 2a				/		
	Qualifying distributions from Part						
	XII, line 4 for each year listed					ľ	
d	Amounts included in line 2c not						
	of exempt activities					1	
е	Qualifying distributions made						
	directly for active conduct of		ł				
	exempt activities Subtract line 2d from line 2c					İ	
3	Complete 3a, b, or c for the						
а	"Assets" alternative test - enter					1	
_	(1) Value of all assets						
	(2) Value of assets qualifying				<u> </u>		
	under section 4942(j)(3)(B)(i)					_ 1	
b	"Endowment" alternative test-						
	enter 2/3 of minimum invest-						
	ment return shown in Part X, line 6 for each year listed						
	"Support" alternative test - enter						
	(1) Total support other than						
	gross investment income ( (interest, dividends, rents,	<i>t</i>	4				
	payments on secunties						
	ioans (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 sup-						
	port from an exempt organization	/					
	(4) Gross investment income						
aı				only if the foundat	ion had \$	,000 or more	in asset
_	any time dur	ing the year - see	instructions.)			<u> </u>	
	Information Regarding						
	List any managers of th						the founda
	before the close of any to	ax year (but only if t	ney nave contributed	more than \$5,000) (Se	e section 50	77(a)(2) )	
	N/A						
	List any managers of th					an equally large	portion of
	ownership of a partnersh	nip or other entity) o	t which the foundation	n has a 10% or greater	interest		
	N/A						
2	Information Regarding	Contribution, Gran	t, Gift, Loan, Scholars	hip, etc., Programs:			
	Check here ▶ if the						
	unsolicited requests for	funds If the found	lation makes gifts, gr				
	other conditions, comple						
	The name, address, and	l telephone number	or e-mail address of	the person to whom app	lications sho	uld be addressed	
а	N/A	<del></del>	<del></del>				
		ations should be su	bmitted and informati	on and materials they	should includ	le	
	The form in which applic						
	The form in which applic						
	The form in which applic SEE ATTACHME	NT 8					
b							
b	SEE ATTACHME						
b	SEE ATTACHME	es					
b	SEE ATTACHME Any submission deadline SEE ATTACHME Any restrictions or lim	es NT 8	s, such as by geogr	aphical areas, charita	ble fields, l	kinds of instituti	ons, or o
b	SEE ATTACHME Any submission deadline SEE ATTACHME	es NT 8	s, such as by geogr	aphical areas, charita	ble fields, i	kinds of instituti	ons, or o
b	SEE ATTACHME Any submission deadline SEE ATTACHME Any restrictions or lim	s NT 8 itations on awards	s, such as by geogr	aphical areas, charita	ble fields, i	kinds of instituti	ons, or o

Part XV Supplementary Information (continued)  3 Grants and Contributions Paid During the Year or Approved for Future Payment  Recipient Stan individual, show any relationship to any foundation manager or substantial contribution Recipient Status of recipient Recipient Status of recipient Status of recipient Recipient Status of recipient Recipient Status of Recipi												
3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	uture Payment									
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount								
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount								
a Paid during the year	Ţ	T										
•												
	j	}		}								
	}		·									
		{										
		ļ										
			Ì									
		Ţ										
		j										
	ĺ	ļ										
		•										
		1										
		1	f									
			}									
	ŀ	į.	ļ									
		İ										
			1									
		ļ										
	1	ĺ										
		1										
		l										
		)										
		ļ										
		Į į										
				1								
7.4.1	L	L	<u> </u>	<del> </del>								
Total	<del> </del>		<u></u> <u>▶ 3a</u>	<del></del>								
<b>b</b> Approved for future payment												
		]		1								
	}	)										
		[										
		[										
		L	<u></u>									
Total			▶ 3b	1								

Page **12** 

Enter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt							
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income							
•	n service revenue			Exercisión codo		(See instructions)							
	DFESSIONAL DEVELOPMENT	<del></del>		-		9,090							
~ —	EM PORTAL	<del></del>				-2,738.							
·	EM COMPETITIONS	<del></del>											
						<del></del>							
e				<del></del>		<del></del>							
f g Fees	and contracts from government agencies					<u>-</u> .							
	rship dues and assessments												
	on savings and temporary cash investments .			14	180.								
	ds and interest from securities			_									
	tal income or (loss) from real estate	V. 15		<u> </u>		\$ % No.							
a Debi	t-financed property												
b Not	debt-financed property					·							
6 Net renta	al income or (loss) from personal property					·							
7 Other in	evestment income												
8 Gain or (	(loss) from sales of assets other than inventory												
9 Net inco	ome or (loss) from special events												
	profit or (loss) from sales of inventory												
11 Other re	evenue a MISC. REVENUE			ļ. <u> </u>		620							
ь													
c													
d				1		·							
е				, ,		12 000							
	Add columns (b), (d), and (e)	/.			180.	13,072.							
	dd line 12, columns (b), (d), and (e)				<sup>13</sup>	13,252.							
	heet in line 13 instructions to verify calc  B Relationship of Activitie		seemplishment of E	vomet Dur		<del> </del>							
Part XVI		******				<del></del>							
Line No	Explain below how each activity	•	•		•								
▼	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	funds for such purposes	) (See instructions )							
1A	THE SMT CENTER'S TEAC	HER PROF	FESSIONAL DEVELO	OPMENT IS	<del></del>	<del></del>							
	DESIGNED TO INCEASE T			<del></del>									
	AS WELL AS TO SUPPORT												
	THEIR SCHOOLS AND SCH												
1B	<u> </u>			rs. STUDE	NTS.								
<del></del>	STEM PORTAL IS A ONE-STOP WEBSITE FOR PARENTS, STUDENTS, EDUCATORS, POLICYMAKERS AND ANYONE INTERESTED IN STEM												
	EDUCATION AND ACTIVIT					<del></del>							
	PROVIDES DESCRIPTIONS	OF STEN	PROGRAMS AND A	SEARCHA	BLE								
	CALENDAR OF STEM EVEN					<del></del>							
1C	STEM COMPETITIONS OFF	ER HIGH	SCHOOL STUDENTS	5 THE									
	OPPORTUNITY TO DISPLA	Y THEIR	SCIENCE RESEARC	CH AT									
	COMPETITIONS.												

	XVII			garding izations	Trans	fers To	and T	ransact	ions a	nd Rela	ation	ship	s Wit	h Non	chari		e e
1	Did the	e organization			ctly eng	age in a	ny of the	e followin	g with a	any other	r orga	nızatı	on des	scribed	T?.	Yes	No
	ın sect	tion 501(c) of zations?														3	N 1
	-	ers from the r	eporting	foundation	n to a n	oncharit	able exe	mpt orga	nization o	of					1.	* *	, ,
		sh	•												1a(1)		X
		ner assets														<u> </u>	X
		transactions													,	K	
		les of assets														}	X
		rchases of as															$\frac{\hat{x}}{x}$
		ntal of facilitie imbursement															$\frac{x}{x}$
		ans or loan gu															X
		rformance of															Х
		g of facilities,															Х
		answer to an															
		of the goods,															
		n any transac															
(a) Lir	ie no	(b) Amount inv	olved	(c) Name	of noncr	aritable e	kempt orga	nization	N/A	escription o	of transf	ers, tran	nsaction	s, and sha	aring arra	angeme	nts
									14/24								
									<del> </del>								
	$\neg \uparrow$			·············													
									<u> </u>								
									ļ								
								<del>-</del>	<del> </del>								
								<del></del>	<del> </del>								
					<del></del>	<del></del>	<del></del>		<del> </del>								
	-+								ļ								
	describ	foundation di ped in section ," complete th	501(c)	of the Code	e (other	than se	ction 50°								Y6	es X	] No
		(a) Name of or					Type of on	ganization			(	c) Desc	cription	of relation	ship		
							_~										
								<del>.</del>									
		<del></del>	<del></del>					<del></del>									
	Under	penalties of pegui	ry, I declar	e that I have e	examined the	nis return, i	including ac	companying s	chedules an	d statement	s, and to	the b	est of m	y knowled	ge and b	pelief, it	is true,
<u> </u>	1	ct, and complete Dec	aration of	preparer (other the	han taxpayı	er) is based o	on all inform	ation of which	preparer has	s any knowle	dge		_				
Sign Here		Dan 1	tons	ton		5	14/	18	13	<u> 15</u>	CE	0	_ Ma		S discus reparer	Shown	below
	Sign	nature of officer or	r trustee			Date			Title				(se	e instruction	ns)? _ X	Yes	No
		Print/Type prep	arer's nam	ne		Preparer's	Signature			Date			Check	If I	PTIN		
Paid		TRAVIS L	PATTO	N				_>	$\leq 2$	MAY	08	2018	self-em	ployed	P003	6962	3
Prep	arer	Firm's name	▶ PRI	CEWATER	HOUSE	COOPE	RS, €1	P				Firm's	EIN )	13-4	00832	24	

20005-3005 Phone no

Use Only Firm's address ▶ 600 13TH STREET NW, SUITE 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. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs gov/form990. OMB No 1545-0047

Name of the organization	Employer identification number			
NORTH CAROLINA SCIENCE, MATHEMATICS,	]			
AND TECHNOLOGY EDUCATION CENTER, INC. 04-3602929				
Organization type (check one)				
Filers of: Section:				
Form 990 or 990-EZ 501(c)( ) (enter number) organization				
4947(a)(1) nonexempt charitable trust not treated as a private foundation				
527 political organization				
Form 990-PF				
4947(a)(1) nonexempt charitable trust treated as a private founda	tion			
501(c)(3) taxable private foundation				
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a sinstructions <b>General Rule</b>	Special Rule See			
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions.				
Special Rules				
For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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) (2016)

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	BURROUGHS WELLCOME FUND  21 T.W. ALEXANDER DRIVE, PO BOX 13901  RESEARCH TRIANGLE PARK, NC 27709	\$\$.	Person X Payroll X Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\ \ \ \ \ \ \	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		   \$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	,		Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\	Person Payroll Noncash (Complete Part II for noncash contributions)		

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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_1_	PAYMENT OF EXPENSES ON BEHALF OF NCSMT.		-
		\$671,728.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<b>\$</b>	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		     \$	

Name of or	rganization NORTH CAROLINA SCIENCE	, MATHEMATICS,	En	ployer identification number
	AND TECHNOLOGY EDUCATI			04-3602929
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizate contributions of \$1,000 or less for the Use duplicate copies of Part III if additional transfer of the copies of the Use duplicate copies of the Use duplicate copies of Part III if additional transfer or the copies of Part II if additional transfer or the copies	the year from any one contril ions completing Part III, enter the e year (Enter this information of	butor. Complete ne total of <i>exclus</i>	e columns (a) through (e) and sively religious, charitable, etc
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
Part I				<del></del>
		(e) Transfer of gift	<del></del>	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of to	ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
				<del></del>
		(e) Transfer of gift		
		(c) Transier of gift		
	Transferee's name, address, and ZIP + 4 Relation		Relationship of to	ransferor to transferee
(a) No.				<del> </del>
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, ar	id ZIP + 4	Relationship of tr	ansferor to transferee
(a) No.	<del> </del>	<u></u>		
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
<del></del>				
		(e) Transfer of gift		
	Transferee's name, address, an	ıd ZIP + 4	Relationship of tr	ansferor to transferee

FORM 990PF, PART I - OTHER INCOME

|--|

EXPENSES	PER BOOKS	.060,6	6,100.	-2,738.	.029	

TOTALS

$\sim$
452
4
- `
12
-

ADJUSTED

NET

INCOME

9,090.
6,100.
-2,738.

FEES	
ACCOUNTING	
1	l
Н	
PART	
990PF,	
FORM	

CHARITABLE PURPOSES		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	11,485.	11,485.
DESCRIPTION	PRICEWATERHOUSECOOPERS LLP	TOTALS

# FORM 990PF, PART I - OTHER PROFESSIONAL FEES

CHARITABLE PURPOSES	1,670.	1,670.
ADJUSTED NET INCOME	6,100.	6,100.
REVENUE AND EXPENSES PER BOOKS	81,043. 8,110.	89,153.
l	EXPENSE L DUES	TOTALS
DESCRIPTION	CONSULTANT EXPENSE PROFESSIONAL DUES	

1,670.

## FORM 990PF, PART I - OTHER EXPENSES

		REVENUE	
		AND	
		EXPENSES	
DESCRIPTION		PER_BOOKS_	
STIPENDS		5,000.	
SUPPLIES		11,433.	
REGISTRATIONS		1,995.	
WEB ENHANCEMENTS		24,243.	
BANK CHARGES		274.	
ADVERTISING		19,954.	
PROMOTIONAL ITEMS/MEDALS		7,019.	
MISCELLANEOUS		19,097.	
	TOTALS	89,015.	

### FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

FUTURE PERIOD ADJUSTMENT

16,826.

TOTAL

16,826.

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

ATTACHMENT 6

EXPENSE ACCT AND OTHER ALLOWANCES	.0	.0	.0	.0	.0	.0
CONTRIBUTIONS E TO EMPLOYEE BENEFIT PLANS	Ö	Ö	.0	0.	.0	.0
COMPENSATION	.0	Ċ	Ċ	Ö	Ö	·
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	BOARD MEMBER 0.	BOARD MEMBER 0.	BOARD MEMBER & TREASURER 0.	BOARD MEMBER 0.	VICE CHAIRMAN OF THE BOARD 0.	BOARD MEMBER (AS OF 11/16) 0.
NAME AND ADDRESS	DR MEG BLANCHARD P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	MS AMANDA BULLARD P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	DR JOHN BURRIS P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	MS LEANNE DAUGHTRY P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	MR JOSE GARCIA P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	MS CRYSTAL HARDEN P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901

ATTACHMENT 6 (CONT'D)	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER COMPENSATION BENEFIT PLANS ALLOWANCES	0. 0.	216,890. 74,701. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
ERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION COM	BOARD MEMBER	PRESIDENT & CEO  0.  DR. SAM HOUSTON ARE PAID BY PROVIDED TO NORTH CAROLINA SCIENCE, I CENTER, INC. THESE SERVICES ARE SEXPENSES ON NCSMI'S FORM 990-PF.	BOARD MEMBER . 0.	BOARD MEMBER	BOARD MEMBER
FORM 990PF, PART VIII - LIST OF OFFICERS,	NAME AND ADDRESS	DR TRACEY HARGROVE P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	DR SAM HOUSTON P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901 COMPENSATION AND BENEFITS PROVIDED TO BURROUGHS WELLCOME FUND FOR SERVICES MATHEMATICS, AND TECHNOLOGY EDUCATION REPORTED AS IN-KIND CONTRIBUTIONS AND	MR TONY JACKSON P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	MR MARK JEWELL P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	MR JOSHUA KENNEDY P.O. ROX 13901

ATTACHMENT 6 (CONT'D)

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

TIONS EXPENSE ACCT YEE AND OTHER PLANS ALLOWANCES	0.	.0 .0	.0	.0	31,702. 0.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS					31,
COMPENSATION	.0	Ö	Ö	Ö	75,682.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	BOARD MEMBER 0.	BOARD MEMBER 0.	BOARD MEMBER 0.	CHAIRWOMAN OF THE BOARD 0.	SENIOR PROGRAM ASSOC/SECRETARY  0.  MS. LISA RHOADES ARE PAID BY PROVIDED TO NORTH CAROLINA SCIENCI CENTER, INC. THESE SERVICES ARE EXPENSES ON NCSMI'S FORM 990-PF.
NAME AND ADDRESS	MS CONNIE LOCKLEAR P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	MR MIKE MCBRIETY P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	DR CAROL MOORE P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	DR JILL REINHARDT P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	MS LISA RHOADES  P.O. BOX 13901  RESEARCH TRIANGLE PARK, NC 27709-3901  COMPENSATION AND BENEFITS PROVIDED TO MS. 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 NCSMI'S FORM 990-PF.

FORM 990PE, PART VIII - LIST OF OFFICER	ERS, DIRECTORS, AND TRUSTEES		ATTACHMENT	MENT 6 (CONT'D)
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MR DEL RUFF P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 0.	.0	.0	.0
MR DAVID SIMPSON P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 0.	Ö	·	.0
DR JAN WEBSTER P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER 0.	Ö		.0
MR JOHNNIE WILKINS P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER (UNTIL 4/17) 0.	Ö	·	.0
DR DENISE LEE YOUNG P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	BOARD MEMBER (UNTIL 7/16) 0.	Ö	Ö	.0
	GRAND TOTALS	292,572.	106,403.	0.

ATTACHMENT 6

NORTH	CAROLINA	SCIENCE,	MATHEMATI	CS,
AND T	rechnology	Y EDUCATIO	ON CENTER,	INC.

ATTA	CHMEN	T 7	

### 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 \$14,173 FOR LASER DURING THE FISCAL YEAR.
- 2) STEM PORTAL IS A ONE-STOP WEBSITE FOR PARENTS, STUDENTS, EDUCATORS, POLICYMAKERS AND ANYONE INTERESTED IN STEM EDUCATION AND ACTIVITIES IN NORTH CAROLINA. THE PORTAL PROVIDES DESCRIPTIONS OF STEM PROGRAMS AND A SEARCHABLE CALENDAR OF STEM EVENTS THROUGHOUT NORTH CAROLINA. THE NORTH CAROLINA SCIENCE, MATHEMATICS, AND TECHNOLOGY CENTER INCURRED EXPENSES OF \$6,100 FOR THE STEM PORTAL WEBSITE DURING THE FISCAL YEAR.
- 3) STEM COMPETITIONS OFFER STUDENTS THE OPPORTUNITY TO DISPLAY THEIR STEM RESEARCH AT COMPETITIONS. THE NORTH CAROLINA SCIENCE, MATHEMATICS, AND TECHNOLOGY CENTER INCURRED EXPENSES OF \$4,434 FOR SCIENCE COMPETITIONS DURING THE FISCAL YEAR.
- 4) THE SMT CENTER'S TEACHER PROFESSIONAL DEVELOPMENT IS DESIGNED TO INCREASE TEACHER EFFECTIVENESS IN THE CLASSROOM AS WELL AS TO SUPPORT TEACHERS AS INSTRUCTIONAL LEADERS IN THEIR SCHOOLS AND SCHOOL DISTRICTS. THE NORTH CAROLINA SCIENCE, MATHEMATICS, AND TECHNOLOGY CENTER INCURRED EXPENSES OF \$2,627 FOR TEACHER PROFESSIONAL DEVELOPMENT DURING THE FISCAL YEAR.

### 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

- PORM 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 501(C)(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.