Return of Private Foundation

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

OMB No 1545-0052

► Do not enter social security numbers on this form as it may be made public; Q D Co. to what its gov/Form200RF for its security. Department of the Treasury Internal Revenue Service Open to Public Inspection ► Go to www.irs.gov/Form990PF for instructions and the latest information. 07/01 . 2018, and ending 06/30.2019 For calendar year 2018 or tax year beginning NORTH CAROLINA SCIENCE, MATHEMATICS, A Employer identification number 04-3602929 AND TECHNOLOGY EDUCATION CENTER, INC. Telephone number (see instructions) Room/suite Number and street (or P O box number if mail is not delivered to street address) (919) 991-5100 P.O. BOX 13901 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here. . . RESEARCH TRIANGLE PARK, NC 27709-3901 G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here, Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Name change Address change computation H Check type of organization | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method Cash X Accrual Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col (c), line Other (specify) under section 507(b)(1)(B), check here . 205,744. (Part I, column (d) must be on cash basis) **16)** ▶ \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per purposes (cash basis only) ıncome income may not necessarily equal the amounts in books column (a) (see instructions)) 697,520 Contributions, gifts, grants etc., received (attach schedule) if the foundatio Check ▶ attach Sch. B. 493 493 Interest on savings and temporal Dividends and interest from 5a Gross rents b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) . Net short-term capital gain. 10a Gross sales less returns Less Cost of goods sold . Gross profit or (loss) (attach schedule) 19,605 19,605 Other income (attach schedule) ATCH, 1 . . 19,605. 717,618. 493. Total Add lines 1 through 11 12 312,812. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 113,116. 15 Pension plans, employee benefits 1,025. 16a Legal fees (attach schedule) ATCH 2 b Accounting fees (attach schedule)ATCH 3 500 2.431. c Other professional fees (attach schedule). [4] 17 18 Taxes (attach schedule) (see instructions)[5]. 19 Depreciation (attach schedule) and depletion. 20 1,059 8,911 21 Travel, conferences, and meetings 8,750 195 22 Printing and publications 90,278 6,509. 23 Other expenses (attach schedule) ATCH .6 . ÖĞDEN 24 Total operating and administrative expenses. 724,892 18,046 1,559 Add lines 13 through 23. 25 Contributions, gifts, grants paid 724,892 0 18,046 1,559 26 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 -7,274 a Excess of revenue over expenses and disbursements 493 b Net investment income (if negative, enter -0-) 1,559.

JSA For Paperwork Reduction Act Notice, see instructions

c Adjusted net income (if negative, enter -0-). .

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	Balanca Charta	Attached schedules and amounts in the	Beginning of year	End	of year
Part I	Balance Sneets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bear	ing	209,623.	191,217.	191,217
2		cash investments			
3	Accounts receivable ▶	3			<u> </u>
	•	btful accounts ▶			
4	Pledges receivable ▶		_		
	-	btful accounts ▶			
5			12,539.	11,425.	11,425
6		officers, directors, trustees, and other	,		
	disqualified persons (at	tach schedule) (see instructions)			
7		eceivable (attach schedule)			
		btful accounts ▶			
र्घ 8		se			
Assets 9 10a		eferred charges	2 061	3,102.	3,102
Y 10a	* *	e government obligations (attach schedule).			
1.00		e stock (attach schedule)			
- 1	•	e bonds (attach schedule)		· · · · · · · · · · · · · · · · · · ·	
11	Investments - land, buildings	s.			!
	and equipment basis Less accumulated deprecia	ation -			
1	(attach schedule)			· · · · · · · · · · · · · · · · · · ·	
12 13		loans			
14	Land, buildings, and	Scrischedule)			. 3
	equipment basis Less accumulated deprecia	ation			
1.5					
15	Other assets (describe	completed by all filers - see the		···	
16		age 1, item I)	225,223.	205,744.	205,744
- 	·		2 570	6,120.	
17	• •	accrued expenses		0,120.	
18			00 202	74,537.	
<u>8</u> 19	Deferred revenue		90,203.	14,331.	<u> </u>
Liabilities 0 21 22		ors, trustees, and other disqualified persons		 	<u>'</u> ,
21		otes payable (attach schedule)			•
- 22	Other liabilities (describe	•▶)		-	<u> </u>
1			02.062	00 (57	** **
23		es 17 through 22)	92,862.	80,657.	· · · · · · · · · · · · · · · · · · ·
,,		w SFAS 117, check here ▶ 🔀			
ĕ	and complete lines 24	through 26, and lines 30 and 31.		405 005	
24 25	Unrestricted		132,361.	125,087.	
25	Temporarily restricted .				. 1
26					
Net Assets or Fund B	Foundations that do no	ot follow SFAS 117, check here ▶े∟			
빈	and complete lines 27	through 31.			 ,
27	Capital stock, trust princ	cipal, or current funds			, 1
28	Paid-in or capital surplus, or	r land, bldg , and equipment fund			, 1
28 29 30 30 30 30 30 30 30 30 30 30 30 30 30	Retained earnings, accumi	ulated income, endowment, or other funds			
⊋ 3þ	Total net assets or fund	balances (see instructions)	132,361.	125,087.	
2 3 }	Total liabilities and	net assets/fund balances (see			- :
	instructions)	<u> </u>	225,223.	205,744.	
	Analysis of Cha	nges in Net Assets or Fund Bala			
1 Tot	al net assets or fund b	palances at beginning of year - Part	II, column (a), line 30 (r	must agree with	
end	-of-year figure reporte	ed on prior year's return)		1	132,361
		line 27a			-7,274.
					125,087.
	creases not included in			5	
		alances at end of year (line 4 minus	line 5) - Part II, column (t		125,087.

Capital Gains and Losses for Tax on Investment Income

Page 3

	(a) List and des 2-story bi	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1 a						-
b						
С						
d	. <u>. </u>					
е					<u></u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo: ((e) plus (f) minu	
a				ļ		
<u>b</u>						
С				ļ		
<u>d</u>				ļ		
е						
	Complete only for assets s	howing gain in column (h) and owned	1		Gains (Col (h) ga	
((i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less the Losses (from col	
a				ļ <u></u>		
b				 		
С				ļ		
d				<u> </u>		
2	If gain, also enter in P Part I, line 8	or (net capital loss) ain or (loss) as defined in sections art I, line 8, column (c) See ins	tructions If (loss), enter -0- in	3		
	ction 4940(d)(2) applies,		e section 4940(a) tax on net investi	ment inco	ome)	
if se	ction 4940(d)(2) applies,	leave this part blank	outable amount of any year in the b]Yes ∑ No
if se	ction 4940(d)(2) applies, the foundation liable for es," the foundation doesn	leave this part blank the section 4942 tax on the distrib o't qualify under section 4940(e)	outable amount of any year in the b Do not complete this part	ase perio	d?]Yes ∑ No
Vas f "Ye	the foundation liable for es," the foundation doesn Enter the appropriate ar (a) Base penod years	leave this part blank the section 4942 tax on the distrib n't qualify under section 4940(e) E mount in each column for each ye (b)	outable amount of any year in the b	ase perio	d?	tio
Vas f "Ye	the foundation liable for es," the foundation doesn Enter the appropriate ar (a) Base penod years ndar year (or tax year beginning in)	leave this part blank the section 4942 tax on the distrib i't qualify under section 4940(e). E mount in each column for each ye (b) Adjusted qualifying distributions	outable amount of any year in the b Do not complete this part ar, see the instructions before make (c) Net value of nonchantable-use assets	ase perio	d? ntries (d) Distribution ra (col (b) divided by	tio col (c))
Vas f "Ye	the foundation liable for es," the foundation doesn Enter the appropriate ar (a) Base penod years ndar year (or tax year beginning in) 2017	leave this part blank the section 4942 tax on the distrib i't qualify under section 4940(e). E mount in each column for each ye. (b) Adjusted qualifying distributions 1,608.	outable amount of any year in the boo not complete this part ar, see the instructions before making (c) Net value of nonchamtable-use assets 206,267.	ase perio	d? ntries (d) Distribution ra (col (b) divided by	tio col (c)) 0.007796
Vas	the foundation liable for es," the foundation doesn Enter the appropriate ar (a) Base period years Indar year (or tax year beginning in) 2017 2016	leave this part blank the section 4942 tax on the distrib 't qualify under section 4940(e) D mount in each column for each ye (b) Adjusted qualifying distributions 1,608. 3,725.	outable amount of any year in the boo not complete this part ar, see the instructions before making (c) Net value of nonchantable-use assets 206,267. 179,461.	ase perio	d? ntries (d) Distribution ra (col (b) divided by	tio col (c))
Vas f "Ye	the foundation liable for es," the foundation doesn Enter the appropriate ar (a) Base period years Indar year (or tax year beginning in) 2017 2016 2015	leave this part blank the section 4942 tax on the distrib i't qualify under section 4940(e). E mount in each column for each ye. (b) Adjusted qualifying distributions 1,608.	outable amount of any year in the boo not complete this part ar, see the instructions before making (c) Net value of nonchamtable-use assets	ase perio	d? ntries (d) Distribution ra (col (b) divided by	tio col (c)) 0.007796 0.020757
Vas	the foundation liable for es," the foundation doesn Enter the appropriate ar (a) Base penod years Indar year (or tax year beginning in) 2017 2016 2015 2014	leave this part blank the section 4942 tax on the distrib n't qualify under section 4940(e) Description mount in each column for each year (b) Adjusted qualifying distributions 1,608. 3,725. 215,239.	outable amount of any year in the boo not complete this part ar, see the instructions before making (c) Net value of noncharitable-use assets 206, 267. 179, 461. 227, 239.	ase perio	d? (d) Distribution ra (col (b) divided by	tio col (c)) 0.007796 0.020757 0.947192
Vas f "Ye	the foundation liable for es," the foundation doesn Enter the appropriate ar (a) Base period years Indar year (or tax year beginning in) 2017 2016 2015	leave this part blank the section 4942 tax on the distributed qualify under section 4940(e). Emount in each column for each years (b) Adjusted qualifying distributions 1,608. 3,725. 215,239. 99,997.	outable amount of any year in the boo not complete this part ar, see the instructions before making (c) Net value of nonchamtable-use assets 206, 267. 179, 461. 227, 239. 334, 951.	ase perio	d? (d) Distribution ra (col (b) divided by	tio col (c)) 0.007796 0.020757 0.947192 0.298542
Was	the foundation liable for es," the foundation doesn Enter the appropriate ar (a) Base penod years Indar year (or tax year beginning in) 2017 2016 2015 2014 2013	leave this part blank the section 4942 tax on the distributed for the qualify under section 4940(e). Expression to the distribution of the properties of the properties of the part of the	outable amount of any year in the boo not complete this part ar, see the instructions before make (c) Net value of nonchantable-use assets 206,267. 179,461. 227,239. 334,951. 327,065.	ase perio	d? (d) Distribution ra (col (b) divided by	tio col (c)) 0.007796 0.020757 0.947192 0.298542
Vas f "Ye	the foundation liable for es," the foundation liable for es," the foundation doesn Enter the appropriate ar (a) Base penod years Indar year (or tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column (or Average distribution rations)	leave this part blank the section 4942 tax on the distributed of the section 4940(e) of th	outable amount of any year in the boo not complete this part ar, see the instructions before make (c) Net value of nonchamtable-use assets 206, 267. 179, 461. 227, 239. 334, 951. 327, 065.	ase perio	d? ntries (d) Distribution ra (col (b) divided by	tio col (c)) 0.007796 0.020757 0.947192 0.298542 0.056469
Was f "Ye 1	the foundation liable for es," the foundation liable for es," the foundation doesn Enter the appropriate ar Base penod years indar year (or tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column (or Average distribution ration the number of years the	leave this part blank the section 4942 tax on the distributed to the qualify under section 4940(e). Example 1. The properties of the section 4940(e) and the section 4940(e). Example 1. The s	outable amount of any year in the boo not complete this part ar, see the instructions before make (c) Net value of nonchamtable-use assets 206, 267. 179, 461. 227, 239. 334, 951. 327, 065. Let the total on line 2 by 5 0, or by if less than 5 years	ase perio	d? ntries (d) Distribution ra (col (b) divided by	tio col (c)) 0.007796 0.020757 0.947192 0.298542 0.056469 1.330756
Was f "Ye 1 Cale	the foundation liable for es," the foundation liable for es," the foundation doesn Enter the appropriate ar (a) Base penod years Indar year (or tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column (or Average distribution ration the number of years the Enter the net value of no	leave this part blank the section 4942 tax on the distributed to the qualify under section 4940(e). Example 1999 (b) Adjusted qualifying distributions 1,608. 3,725. 215,239. 99,997. 18,469. d)	outable amount of any year in the boo not complete this part ar, see the instructions before make (c) Net value of nonchamtable-use assets 206, 267. 179, 461. 227, 239. 334, 951. 327, 065. Be the total on line 2 by 5 0, or by if less than 5 years	ase perio	d? ntries (d) Distribution ra (col (b) divided by	tio col (c)) 0.007796 0.020757 0.947192 0.298542 0.056469 1.330756
Wass f "Ye 1 Cale 2 3 4 5	the foundation liable for es," the foundation liable for es," the foundation doesn Enter the appropriate ar (a) Base penod years Indar year (or tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column (or Average distribution ration the number of years the Enter the net value of not Multiply line 4 by line 3.	leave this part blank the section 4942 tax on the distribution of the qualify under section 4940(e). Emount in each column for each year (b) Adjusted qualifying distributions 1,608. 3,725. 215,239. 99,997. 18,469. d)	outable amount of any year in the boo not complete this part ar, see the instructions before make (c) Net value of nonchantable-use assets 206, 267. 179, 461. 227, 239. 334, 951. 327, 065. Let the total on line 2 by 5 0, or by if less than 5 years from Part X, line 5.	ase periodical periodi	d? ntries (d) Distribution ra (col (b) divided by	tio (c)) 0.007796 0.020757 0.947192 0.298542 0.056469 1.330756 0.266151 197,999.
Was f "Ye 1 Cale	the foundation liable for es," the foundation liable for es," the foundation doesn Enter the appropriate ar (a) Base penod years Indar year (or tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column (or Average distribution ration the number of years the Enter the net value of not Multiply line 4 by line 3. Enter 1% of net investments."	leave this part blank the section 4942 tax on the distributed of the section 4940(e). Expression to the distribution of the section 4940(e). Expression to the section to	outable amount of any year in the boo not complete this part ar, see the instructions before make (c) Net value of nonchamtable-use assets 206, 267. 179, 461. 227, 239. 334, 951. 327, 065. Be the total on line 2 by 5 0, or by if less than 5 years	ase periodical periodi	d? ntries (d) Distribution ra (col (b) divided by	tio (c)) 0.007796 0.020757 0.947192 0.298542 0.056469 1.330756 0.266151 197,999. 52,698.

`Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	ee inst	ructio	<u>18)</u>
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)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			10.
	here and enter 1% of Part I, line 27b		• .	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2			10.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			10.
6	Credits/Payments		,	.
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 50.			- 1
b	Exempt foreign organizations - tax withheld at source			1
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			لجيا
7	Total credits and payments Add lines 6a through 6d			50.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			40
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			40.
11	Enter the amount of line 10 to be Credited to 2019 estimated tax 40. Refunded 11			
	t VII-A Statements Regarding Activities		7 ٧,,,	No
ıа	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	1	- Yes	No X
	participate or intervene in any political campaign?			+
D		16 1b	. 1	x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material			
			•	1 1
	published or distributed by the foundation in connection with the activities	1c		X
	Did the foundation file Form 1120-POL for this year?		٠.	11
u	(1) On the foundation \blacktriangleright \$ 0. (2) On foundation managers \blacktriangleright \$ 0.	•		1}
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
C	on foundation managers \blacktriangleright \$			-
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	_	X
-	If "Yes," attach a detailed description of the activities	'	1	1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article	es		;
	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
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
•	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1	1 1
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions the state of th	at	_	
	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 X'		Х	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered. See instructions NC,			
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	al	_ `	_
	(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 $4942(j)(3)$	• —		n
•	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes			
	complete Part XIV	_		x 0
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	•		
10	names and addresses			Х
			ON DE	(0.04.0)

Yes No. Yes No.
meaning of section 512(b)(13)? If "Yes," attach schedule See instructions
meaning of section 512(b)(13)? If "Yes," attach schedule See instructions
person had advisory privileges? If "Yes," attach statement. See instructions. 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.NCSMT.ORG 14 The books are in care of SAM HOUSTON Located at PO BOX 13901, RESEARCH TRIANGLE PARK, NC 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 check here and enter the amount of tax-exempt interest received or accrued during the year. 16 At any time during calendar year 2018, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country PartVILB 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. 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?
person had advisory privileges? If "Yes," attach statement. See instructions. 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.NCSMT.ORG 14 The books are in care of SAM HOUSTON Located at PO BOX 13901, RESEARCH TRIANGLE PARK, NC 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 check here and enter the amount of tax-exempt interest received or accrued during the year. 16 At any time during calendar year 2018, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country PartVILB 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. 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?
Website address WWW.NCSMT.ORG 14 The books are in care of SAM HOUSTON Located at PO BOX 13901, RESEARCH TRIANGLE PARK, NC ZIP+4 ZIP+4 ZIP+4 ZIP+4 ZIP+4 ZIP+4 ZIP+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. 16 At any time during calendar year 2018, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country Part VILB 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. 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? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (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? (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). 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, check here Organizations relying on a current notice regarding disaster assistance, check here
Website address ► WWW.NCSMT.ORG The books are in care of ► SAM_HOUSTON 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. 16 At any time during calendar year 2018, 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?. See the instructions for exceptions and filing requirements for FinCEN Form 114. 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. 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? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (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 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). 5 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, check here
Located at ▶PO BOX 13901, RESEARCH TRIANGLE PARK, NC 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
Located at ▶PO BOX 13901, RESEARCH TRIANGLE PARK, NC 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
and enter the amount of tax-exempt interest received or accrued during the year. 16 At any time during calendar year 2018, 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?. See the instructions for exceptions and filing requirements for FinCEN Form 114 if "Yes," enter the name of the foreign country ▶ Part VILB 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. 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?
At any time during calendar year 2018, 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?. See the instructions for exceptions and filing requirements for FinCEN Form 114. 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. 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 X No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? X Yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X 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 X 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 X 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 Xerical No. Xerical State Regulations in the supplications in the property of the property is a government service, if terminating within 90 days) Xerical State Regulations in the property is a government of the acts fail to qualify under the exceptions described in Regulations in the property is a government of the acts fail to qualify under the exceptions described in Regulations in the property is a government of the
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(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
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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
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
section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions
Organizations relying on a current notice regarding disaster assistance, check here
_
were not corrected before the first day of the tax year beginning in 2018?
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 2018, did the foundation have any undistributed income (lines 6d and
6e, Part XIII) for tax year(s) beginning before 2018?
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)
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?
b If "Yes," did it have excess business holdings in 2018 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 2018)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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 2018? 4b

"Par	t VII-B Staten	nents Regarding Activities	for Which Form	4720 May Be Req	uired (continued)			
5a	During the year, did	the foundation pay or incur any amo	ount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?							٠٠١
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							~)
	directly or indirectly, any voter registration drive?							. }
	(3) Provide a grant to an individual for travel, study, or other similar purposes?							
	• •	to an organization other than a				' '		. [
	•	(4)(A)? See instructions				lo ' -	٠, ا	- {
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational							
	purposes, or for the prevention of cruelty to children or animals?							
b								
_	Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions							
	•	g on a current notice regarding disas	-			·		
С	-	es" to question 5a(4), does the						- {
·		ed expenditure responsibility for the		•		lo		- (
			•					
c -		statement required by Regulations s		actly to say aromy				Ì
6a		during the year, receive any fur				, j.		
h		t contract?			. — —	6b		$\frac{1}{x}$
D	•	• • • • • • • • • • • • • • • • • • • •	ectly of indirectly, on a	personal benefit contra	ici,	. 60		
• •	If "Yes" to 6b, file Fo			v abaltar transaction?	Yes X N	, ,		
7a ∟		ne tax year, was the foundation a p	•	-	. — —			
ь	,	ndation receive any proceeds or ha	•		on,	. 7b		, ,
8		bject to the section 4960 tax on pay			. Yes X N		:	\$ ° }
		ess parachute payment(s) during the tion About Officers, Directo						<u> </u>
	and Cor	ntractors						
1	<u>List all officers, di</u>	rectors, trustees, and foundat	ion managers and (b) Title, and average	(c) Compensation	. See instructions. (d) Contributions to	Τ.		
	(a) Na	me and address	hours per week devoted to position	(if not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expen other al		
ATCH	7			312,812.	113,116.			0.
-								
	Componentian of		 			1 1 15	one /	enter
	"NONE."	five highest-paid employees	(other than thos	e included on line		ions). If n	one, t	
(0)	"NONE."		(b) Title, and average		(d) Contributions to employee benefit	(e) Expen		nt,
(a)	"NONE."	five highest-paid employees ach employee paid more than \$50,000	· 	(c) Compensation	(d) Contributions to employee benefit plans and deferred	1	se accou	
(a)	"NONE."		(b) Title, and average hours per week		(d) Contributions to employee benefit	(e) Expen	se accou	
	"NONE."		(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expen	se accou	
	"NONE." Name and address of e		(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expen	se accou	
	"NONE." Name and address of e		(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expen	se accou	
	"NONE." Name and address of e		(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expen	se accou	
	"NONE." Name and address of e		(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expen	se accou	
	"NONE." Name and address of e		(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expen	se accou	
	"NONE." Name and address of e		(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expen	se accou	
	"NONE." Name and address of e		(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expen	se accou	
	"NONE." Name and address of e		(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expen	se accou	
	"NONE." Name and address of expension of the second secon		(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expen	se accou	

Page 8

Par	rt X Minimum Investment Return (All domestic foundations must complete this part see instructions.)	Foreign foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, e	etc,	
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	201,014.
	Fair market value of all other assets (see instructions)		
d	Total (add lines 1a, b, and c)	1d	201,014.
е	,		·
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets		
3	Subtract line 2 from line 1d		201,014.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount,	see	
	instructions)		3,015.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, lin	e 4 5	197,999.
6	Minimum investment return. Enter 5% of line 5	6	9,900.
Pai	Tt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations, check here ▶ and do not complete this part.)	g foundations	
1	Minimum investment return from Part X, line 6	1	9,900.
2 a		10.	
b			
c		2c	10.
3	Distributable amount before adjustments Subtract line 2c from line 1		9,890.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4		9,890.
6	Deduction from distributable amount (see instructions)		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part		
	line 1		9,890.
Pai	rt XII Qualifying Distributions (see instructions)		
_	Assessed and (noted as a designate state of a community of a commu	1 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1,559.
a			1,333.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable,		
2			
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	, , , , , , , , , , , , , , , , , , , ,		
b			1 550
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, lin		1,559.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income and the section 4940(e) for the reduced rate of tax on net investment income and the section 4940(e) for the reduced rate of tax on net investment income and the section 4940(e) for the reduced rate of tax on net investment income and the section 4940(e) for the reduced rate of tax on net investment income and the section 4940(e) for the reduced rate of tax on net investment income and the section 4940(e) for the reduced rate of tax on net investment income and the section 4940(e) for the reduced rate of tax on net investment income and the section 4940(e) for the reduced rate of tax on net investment income and the section 4940(e) for the reduced rate of tax on net investment income and the section 4940(e) for the reduced rate of tax on net investment income and tax of tax		•
	Enter 1% of Part I, line 27b See instructions		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		1,559.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years whe		ether the foundation

	n 990-PF (2018)				Page 9
Pa	rt XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2018 from Part XI,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
٠	line 7				9,890.
,	Undistributed income, if any, as of the end of 2018				
	Enter amount for 2017 only.				· ·
- a	Total for pnor years 20 16 ,20 15 ,20 14				
	Excess distributions carryover, if any, to 2018				
	From 2012 ' 2,122.				
	From 2014				
	From 2015				
	F10111 2013				1
	From 2016				1
	From 2017 L	289,258.			<u> </u>
	Total of lines 3a through e				<u> </u>
4	Qualifying distributions for 2018 from Part XII, line 4 > \$1,559.				
а	Applied to 2017, 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 2018 distributable amount				1,559.
	Remaining amount distributed out of corpus				1
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	8,331.			8,331.
6	Enter the net total of each column as				
	indicated below:	280,927.			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	200,327.			
b	Prior years' undistributed income Subtract				
_	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				
d	Subtract line 6c from line 6b Taxable	•			;
_	amount - see instructions			· · · · · · · · · · · · · · · · · · ·	'
e	Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2018 Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2019	· · · · · · · · · · · · · · · · · · ·			1
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				•
	required - see instructions)				!
8	Excess distributions carryover from 2013 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2019.	200 027			
	Subtract lines 7 and 8 from line 6a	280,927.			+ .
10	Analysis of line 9	٠,			1
	Excess from 2014	ı			1
b	Excess from 2015 203,881.		١'	•	1
C	Excess from 2016				}
d	Excess from 2017		, [1
е	Excess from 2018				

,	. , ,	NODEL CAD	OLINA CCIENCE	матигматісс	04-	-3602929 Page 10
	990-PF (2018)		OLINA SCIENCE,			-3602929 Page 10 NOT APPL/PCABLE
		erating Foundations			T	NOT REFLICABLE
1 a	If the foundation has a foundation, and the ruling	_				
h	Check box to indicate v					(3) or 4942(j)(5)
	Enter the lesser of the ad-	Tax year	у с р	Prior 3 years		
	justed net income from Part	(a) 2018	(b) 2017	(c) 2016	(d) 201,5	(e) Total
	I or the minimum investment					
	return from Part X for each year listed					
h	85% of line 2a					
	Qualifying distributions from Part					
٠	XII, time 4 for each year listed				'	
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made					
_	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
а	"Assets" alternative test - enter		,			
_	(1) Value of all assets				<u> </u>	
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income (interest, dividends, rents,					
	payments on securities toans (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)(m)					
	(3) Largest amount of sup- port from an exempt					
	organization (4) Gross investment income .					
Dэ	• • • • • • • • • • • • • • • • • • • •	ntary Information (C	complete this part	only if the found	ation had \$5,000 o	r more in assets at
	any time d	uring the year - see	instructions.)			
	Information Regarding List any managers of			e than 2% of the tot	tal contributions receiv	ved by the foundation
a	before the close of any					
	N/A List any managers of	the foundation who	10% or more o	f the stock of a cor	poration (or an equal)	y large portion of the
D	ownership of a partner					y large portion of the
		omp or other onting, or		.		
	N/A Information Regarding	- Cantaibutian Cant	Cift Loon Scholarsh	in ata Brazzama:	<u> </u>	
2	<u> </u>	-				
		or funds. If the founda	ation makes gifts, gra		ritable organizations a als or organizations ui	
а	The name, address, a	nd telephone number		ne person to whom ap	plications should be add	dressed
b	The form in which app		mitted and information	on and materials they	should include	
	SEE ATTACH	IMENT 10			<u> </u>	
С	Any submission deadli	nes				

SEE ATTACHMENT 10

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

SEE ATTACHMENT 10

Page **11**

Part XV Supplementary Information (continued)								
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ing the Year or App	roved for	Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount				
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Purpose of grant or contribution	Amount				
a Paid during the year	0,000	<u> </u>						
a 7 and daring the year								
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				1				
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		<u> </u>						
Total	<u> </u>	· · · · · <u>· ·</u>	3a					
b Approved for future payment								
		i		-				
		t						
		İ						
		ŀ						
		<u> </u>						
Total	<u> </u>		▶ 3b					

Part XVI-A	Analysis of Income-Produ	ucing Acti	ivities			
	ounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program se		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
	NT SCIENCE RESEARCH					18,046.
				-		
					-	
						
f						
g Fees and	contracts from government agencies					
-	o dues and assessments					
	avings and temporary cash investments			14	493.	
	nd interest from securities				<u>. </u>	
	ncome or (loss) from real estate					·
	anced property					
b Not debt	-financed property					
6 Net rental inc	come or (loss) from personal property					
7 Other inves	tment income					
8 Gain or (loss) from sales of assets other than inventory					
	or (loss) from special events					
	or (loss) from sales of inventory					
11 Other reven	ue a					
b ATC	Н 8					1,559.
с						
d						
е						
12 Subtotal Ad	dd columns (b), (d), and (e)				493.	19,605.
13 Total. Add I	ine 12, columns (b), (d), and (e)				13	20,098.
	t in line 13 instructions to verify calcu		······································			
Part XVI-B	Relationship of Activities	s to the A	ccomplishment of Ex	empt Pur	poses	
Line No.	Explain below how each activity	v for which	n income is reported in	n column (e	e) of Part XVI-A contrib	uted importantly to the
	accomplishment of the foundation		· · · · · · · · · · · · · · · · · · ·			
	·					
1A	STUDENT SCIENCE RESEAR					
	SCHOOL STUDENTS AND T					
	CAROLINA TO DEVELOP SO					
	PROGRAMS. ACTIVITIES				 	
	ACADEMIES AND ONGOING				UDENTS	
	INVESTIGATE, DESIGN AN					
	CULMINATING WITH THE :			IN THE N	С	
	JUNIOR SCIENCE AND HUI	MANITIES	S SYMPOSIUM.			
			·			
						
						
						
					·	
			<u> </u>			
						000 DE

orm 990-PF Part XVI		egarding T	arolina science, mat ransfers to and Transac		cs, 04-36 nd Relationships With No	nchari		ge 1
1 Did t	he organization direct	ly or indirectly	y engage in any of the follow	ing with	any other organization describe	t	Yes	N
		than section	n 501(c)(3) organizations) o	or in se	ction 527, relating to political	ıl		
_	nizations? sters from the reportin	ia foundation t	to a noncharitable exempt org	anization	of			
		-	=			. 1a(1)		- :
	r transactions						-	-
								-
	•	•						
	~							L
			· ·					_
					Column (b) should always sh		four o	ட
					on If the foundation received le			
					ue of the goods, other assets, or			
a) Line no	(b) Amount involved	(c) Name of	f noncharitable exempt organization		Description of transfers, transactions, and s	haring am	angeme	nts
				N/A	<u> </u>			_
				<u> </u>				_
				<u> </u>				-
								_
				_				
				+				_
				- 				
			<u> </u>					
			· · · · · · · · · · · · · · · · · · ·					
				-				_
								_
desc		(other than se	offiliated with, or related to, of ection 501(c)(3)) or in section		ore tax-exempt organizations	٧ 🔲.	es X	_] _
	(a) Name of organization	<u>n</u>	(b) Type of organization		(c) Description of relati	onship		
	·							_
								_
Lun	der nenglies of nengry I decis	are that I have ever	mined this return including accompanying	schedules a	and statements, and to the best of my knowle	edne and l	nelief it	19
cor			taxpayer) is based on all information of white					_
ign	Han Hou	stor-	18/9/21	Pris		IRS discus preparer s		
lere ' s	ignature of officer or trustee		Date	Title	See instruc	· · -		_
	Print/Type preparer's na	me	Preparer's signature		Date Check if	PTIN		_
aid	TRAVIS L PATT		r repaid a signature	2_	Date Check if 5/12/2020 self-employed	P003	6962	3
reparei			OUSECOOPERS, LLP	-		40083		_
se Only		0 13TH ST	NW, SUITE 1000				-	
		SHINGTON,	DC	2	0005-3005 Phone no 202-	414-1	ດດດ	

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Employer identification number

NORTH CAROLINA SCIENCE, MATHEMATICS, AND TECHNOLOGY EDUCATION CENTER, INC. 04-3602929 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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, 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 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) (2018)

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	_	Person X Payroll				
	21 T.W. ALEXANDER DRIVE, PO BOX 13901	\$ 697,520.	Noncash X				
	RESEARCH TRIANGLE PARK, NC 27709	_	noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroli 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.	_	
		\$	VAR
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
		s	
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

lame of or	ganization NORTH CAROLINA SCIENCE			Employer identification number		
	AND TECHNOLOGY EDUCATI		····	04-3602929		
	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional transfer in the copies of the cop	the year from any one of ons completing Part III, e e year. (Enter this informa	contributor. Contributor contributor. Co	omplete columns (a) through (e) and fexclusively religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Parti						
		(e) Transfer of g	ıft			
	Transferee's name, address, ar	nd ZIP + 4	Relations	hip 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					
	Transfered a name, address, as		7,010,10			
(a) No from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of g	iff			
		(e) Transier or g	iit.			
	Transferee's name, address, ar	nd ZIP + 4	Relations	hip of transferor to transferee		
(a) No from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(a) Tanasan	.64			
		(e) Transfer of g	III.			
	Transferee's name, address, ar	nd ZIP + 4	Relations	hip of transferor to transferee		

04-3602925

	RESEARCH	EXPENSES
DESCRIPTION	STUDENT SCIENCE	REIMBURSED EXPE

ADJUSTED NET	3 Ö	

19,605.

19,605.

TOTALS

ATTACHMENT 2

	CHARITABLE	PURPOSES		
	ADJUSTED NET	INCOME		
	NET INVESTMENT	INCOME		
	REVENUE AND EXPENSES	PER BOOKS	839. 186.	1,025.
FORM 990PF, PART I - LEGAL FEES		DESCRIPTION	SMITH MOORE LEATHERWOOD LLP SCHWARTZ & SHAW PLLC	TOTALS

04-3602929

NORTH CAROLINA SCIENCE, MATHEMATICS,

 	•			1 11
TT 3		CHARITABLE PURPOSES		
ATTACHMENT 3		ADJUSTED NET INCOME		
		NET INVESTMENT INCOME		
		REVENUE AND EXPENSES PER BOOKS	25,520.	25,520.
	FORM 990PF, PART I - ACCOUNTING FEES	DESCRIPTION	PRICEWATERHOUSECOOPERS LLP	TOTALS

FEES	
PROFESSIONAL	
- OTHER	
H	ļ
PART	
990PF,	
FORM	

2,43	2,43
640. 50,034. 3,764.	54,438.
	TOTALS
CONSULTANT EXPENSE PROFESSIONAL DUES INSURANCE	
	SE 640. S 50,034. 3,764.

CHARITABLE PURPOSES	500.	500.
ADJUSTED NET INCOME	2,431.	2,431.

2018 FORM 990-PF NORTH CAROLINA SCIENCE, MATHEMATICS, 04-3602929

ATTACHMENT 5

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

PER BOOKS

FEDERAL EXCISE TAXES

50.

TOTALS

50.

ATTACHMENT

FORM 990PF, PART I - OTHER EXPENSES

ADJUSTED NET	INCOME 5.200.	1,013.				296.	6,509.
REVENUE AND EXPENSES	PER BOOKS 12,700.	13,192.	1,228. 10,947.	12,000.	21,750. 3,820.	14,643.	OTALS 90,278.
	DESCRIPTION STIPENDS	SUPPLIES	KEGISIKATIONS WEB ENHANCEMENTS	COMPUTER SUPPLIES	ADVERTISING PROMOTIONAL ITEMS/MEDALS	MISCELLANEOUS	TOI

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

ATTACHMENT 7

CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER TON BENEFIT PLANS ALLOWANCES	0. 0. 0.	0. 0. 0.	0. 0. 0.	.0 .0	0. 0.	0. 0. 0.
TITLE AND AVERAGE HOURS PER	TRUSTEE (AS OF 11/2018)	BOARD MEMBER (UNTIL 11/2018)	BOARD MEMBER & TREASURER	BOARD MEMBER	VICE CHAIRMAN OF THE BOARD	BOARD MEMBER
WEEK DEVOTED TO POSITION COMPENSATION	0.	0.	0.	0.		0.
NAME AND ADDRESS	MS. TOMIKA ALTMAN	DR. MEG BLANCHARD	DR. JOHN BURRIS	MS. LEANNE DAUGHTRY	MR. JOSE GARCIA	MS. CRYSTAL HARDEN
	P.O. BOX 13901					
	RESEARCH TRIANGLE PARK, NC 27709-3901	RESEARCH TRIANGLE PARK, NC 27709-3901	RESEARCH TRIANGLE PARK, NC 27709-3901	RESEARCH TRIANGLE PARK, NC 27709-3901	RESEARCH TRIANGLE PARK, NC 27709-3901	RESEARCH TRIANGLE PARK, NC 27709-3901

ATTACHMENT 7 (CONT'D)

STEES	
AND TRU	
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTE	
PART VIII - LIST OF OFFICERS, D	
FORM 990PF, PART VIII - LIST OF	
ı	
VII	
PART	
990PF,	
FORM 9	

E s		·		o	
EXPENSE ACCT AND OTHER ALLOWANCES					
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	Ö	Ö	78,551.	·o	
COMPENSATION	Ö	ó	231,778. E,	Ö	ó
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	BOARD MEMBER 0.	BOARD MEMBER 0.	PRESIDENT & CEO 0. DR. SAM HOUSTON ARE PAID BY PROVIDED TO NORTH CAROLINA SCIENCI CENTER, INC. THESE SERVICES ARE EXPENSES ON NCSMI'S FORM 990-PF.	BOARD MEMBER 0.	BOARD MEMBER (UNTIL 11/2018) 0.
NAME AND ADDRESS	DR. TRACY HARGROVE P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	DR. MARY HEMPHILL 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 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.	DR. ANTHONY JACKSON P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	MR. MARK JEWELL P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901

ATTACHMENT 7

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

NORTH CAROLINA SCIENCE, MATHEMATICS,

ATTACHMENT 7 (CONT'D)

04-3602929

NORTH CAROLINA SCIENCE, MATHEMATICS,

	•			
ATTACHMENT 7 (CONT D)	EXPENSE ACCT AND OTHER ALLOWANCES	Ċ	.c	Э.
ATTACH	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	34,565.	.0	O
	COMPENSATION	81,034.	0.	O
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	SENIOR PROGRAM ASSOC/SECRETARY 0. S. LISA RHOADES ARE PAID BY FOR SERVICES PROVIDED TO NORTH CAROLINA SCIENCE, DGY EDUCATION CENTER, INC. THESE SERVICES ARE RIBUTIONS AND EXPENSES ON NCSMT'S FORM \$90-PF.	BOARD MEMBER 0. NC 27709-3901	BOARD MEMBER 0.
FORM 990PF, PART VIII - L.	NAME AND ADDRESS	MS. LISA RHOADES P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901 COMPENSATION AND BENEFITS PROVIDED TO MS. LISA BURROUGHS WELLCOME FUND FOR SERVICES PROVIDED MATHEMATICS, AND TECHNOLOGY EDUCATION CENTER, REPORTED AS IN-KIND CONTRIBUTIONS AND EXPENSES	MS. SUSANNE SWANGER P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	MS. CLAUDIA WALKER P.O. BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901

GRAND TOTALS

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

ATTACHMENT 8

AMOUNT

EXCLUSION CODE

AMOUNT

BUSINESS CODE

RELATED OR EXEMPT FUNCTION INCOME

1,559.

1,559.

TOTALS

REIMBURSED EXPENSES

DESCRIPTION

4

ATTACHMENT 8

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

ATTACHMENT	9

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

- 1) STUDENT SCIENCE RESEARCH THE SMT CENTER WORKS WITH HIGH SCHOOL STUDENTS AND THEIR TEACHERS IN RURAL, EASTERN NORTH CAROLINA TO DEVELOP SCIENCE AND ENGINEERING RESEARCH PROGRAMS. ACTIVITIES INCLUDE SATURDAY STUDENT RESEARCH ACADEMIES AND ONGOING SUPPORT FOR STUDENTS AS THE STUDENTS INVESTIGATE, DESIGN AND COMPLETE RESEARCH PROJECTS CULMINATING WITH THE STUDENTS PARTICIPATING IN THE NC JUNIOR SCIENCE AND HUMANITIES SYMPOSIUM.
- 2) 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 \$2,468 FOR TEACHER PROFESSIONAL DEVELOPMENT 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 \$999 FOR SCIENCE COMPETITIONS DURING THE FISCAL YEAR.

ATTACHMENT 10

FORM 990PF - PART XV - SUPPLEMENTARY INFORMATION

2A. INDIVIDUAL TO WHOM APPLICATIONS SHOULD BE ADDRESSED:

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

FORM IN WHICH APPLICATIONS SHOULD BE SUBMITTED AND INFORMATION AND 2B. 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.

